IEG WORLD BANK | IFC | MIGA
Independent Evaluation Group

Evidence and Lessons Learned from Impact Evaluations on Social Safety Nets

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INDEPENDENT EVALUATION GROUP

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Abbreviations

AC	*Atención a Crisis* (Nicaragua)
ALMP	Active Labor Market Program
BDH	*Bono de Desarrollo Humano* (Ecuador)
CCT	Conditional cash transfer
CSG	*Child Support Grant* (South Africa)
CSP	*Cambodia Education Sector Support Project Scholarship Program*
DID	Difference-in-differences
EGES	*Employment Generation Schemes* (Ethiopia)
EGS	*Employment Guarantee Scheme* (India)
FA	*Familias en Accion* (Colombia)
FFD	Free Food Distribution
FFE	Food for Education
FFW	Food for Work
GR	*Gratuitous Relief* (Ethiopia)
HAZ	Height-for-age z-score
IE	Impact evaluation
IV	Instrumental variable
JPS	*Jaring Pengamanan Sosial* (Indonesia)
OAP	Old-age pension
PACES	*Programa de Ampliacion de Cobertura de la Educacion Secundaria* (Program for Expansion of Secondary Education Coverage, Colombia)
PAL	*Programa Apoyo Alimentario* (Food Support Program, Mexico)
PATH	Programme of Advancement through Health and Education (Jamaica)
PETI	*Programa de Erradicacao do Trabalho Infantil* (Program to Erradicate Child Labor, Brazil)
PNBE	*Programa Nacional de Becas Estudiantiles* (National Student Scholarship Program, Argentina)
PRAF	*Programa de Asignacion Familiar* (Family Allowance Program, Honduras)
PROCAMPO	*Programa de Apoyos Directos al Campo* (Program for Direct Assistance in Agriculture, Mexico)
PROGRESA	*Programa Nacional de Educacion, Salud y Alimentacion* (National Program for Education, Health and Nutrition, Mexico; the program is now known as *Oportunidades*)
PSM	Propensity Score Matching
PSNP	Productive Safety Nets Program (Ethiopia)
PUJ/SPJ	Publicly Useful Jobs/ Socially Purposeful Jobs (Slovak Republic)
QE	Quasi-experiment
RDD	Regression Discontinuity Design
RE	Random experiment
RPS	*Red de Proteccion Social* (Social Protection Program, Nicaragua)
SD	Standard deviation
SF	School feeding
SSN	Social safety net
THR	Take-home rations
UCT	Unconditional cash transfer
WAZ	Weight-for-age z-score
WHZ	Weight-for-height z-score

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Executive Summary

This report finds that the evidence on the impacts of social safety nets accumulated through impact evaluations over the last decade provides lessons for developing effective programs in the future. The World Bank has been active in supporting impact evaluation work, conducted both inside and outside the Bank. Impact evaluations show that many safety net interventions, including conditional and unconditional cash transfers as well as workfare programs, have achieved their primary objectives of raising households' immediate consumption and income, and reducing poverty. Programs with an insurance function, and even some without, have also enhanced abilities to mitigate the negative effects of shocks. In addition, programs with explicit human development goals, such as conditional cash transfers, education fee waivers, and school feeding schemes, consistently improve the use of educational and health services and reduce the burden of labor for children. Although these may only reflect compliance with program conditions, they are important initial steps in enhancing investment in human capital. A subset of impacts is very similar across several similar conditional cash transfers and school feeding schemes, despite their differences in scales, context, or methods of evaluation.

The evidence is much thinner further along the result chain, and it is not clear yet whether these early investments lead to better learning or health status. Nevertheless, the emerging evidence provides some signs that school attainment increases and the associated welfare improvements do enable the vulnerable to build up their productive capital to better sustain their consumption and income growth. In terms of indirect effects, the limited evidence available shows that SSNs, for the most part, do not crowd out private transfers, discourage adult labor supply, or have negative spillover effects for the local environment. Rather, they appear to provide positive incentives such as education stipends that serve to delay early marriage and births among adolescent girls. In some cases, the transfers provided by SSNs also appear to increase liquidity in the community and benefit nonparticipant households.

Impact evaluation provides an opportunity to explore not only the impacts of safety nets, but also the mechanisms, context, and costs behind these results. Yet, little has been done to capitalize upon its potential. While there are efforts to document the variance of impact across beneficiaries, evidence is scarce regarding the contributions of program components, implementation processes, or of local context. Furthermore, not much is known about whether the benefits of programs offset their costs and, if so, by how much. The limitation of knowledge in these areas points to the need for better leveraging of the knowledge gained from impact evaluation, and integrating it with qualitative program information. Moreover, because most of the existing evidence concentrates on conditional cash transfers, more efforts should be devoted to studying other instruments that are currently being applied around the world.

The severe socioeconomic consequences of the three most recent global shocks—the food, fuel, and financial crises—marked a clear setback in the efforts around the world to reduce poverty. Governments are now confronted with the question of how to remediate the negative effects of these crises. Social safety nets—noncontributory transfers targeting the poor and vulnerable in order to protect and promote them from risks and poverty—are often used as an important tool not only during times of crisis, but also as part of countries' development agendas. Safety nets have four main objectives: (i) they aim to reduce poverty and inequality through the

redistribution of resources; (ii) they function as insurance and help improve households' social risk management; (iii) they are expected to enable households to invest in human and physical capital, which advances long-term economic opportunities; and (iv) they can mitigate the negative consequences of difficult but needed socioeconomic reforms.

Objectives of the Review

The increasing use of safety nets has reinvigorated the case for relevant, well-designed, and demonstrably effective instruments. Knowledge about how social safety nets work, their impacts, and the circumstances under which they deliver results is instrumental. This report reviews a comprehensive pool of recent impact evaluations of social safety net interventions.

Previous meta-analyses of impact evaluations of safety nets have captured rich evidence regarding the results of separate interventions. However, they mostly focused on a few interventions with abundant data. Moreover, very few questioned the effects of safety nets beyond their immediate outcomes, the efficiency of programs, or the contribution of different aspects of programs to impacts. This review is the first attempt to address those questions and identify evidence across program types and development outcomes, which could provide useful lessons for both policy makers and evaluators.

Overview of the Pool of Impact Evaluations for this Study

For this report, an exhaustive search of the literature was conducted, and four separate filters were used to select a pool of 149 impact evaluations, all of which had a development focus, applied rigorous methods (including the use of a credible counterfactual) and demonstrated robust findings.

This pool of papers covers 32 developing and transition countries in five regions. The 56 programs evaluated span 10 different intervention types, but the majority are conditional cash transfers, which is less a reflection of its prevalence than the focus on this type of intervention in the recent impact evaluation agenda. The papers explore a wide range of outcomes across multiple dimensions, including consumption, income, poverty, education, health, nutrition, labor, economic activities, risk-coping behaviors, and indirect effects (marriage and fertility decisions, private transfers, and so forth).

Less than half of the evaluations used an experimental design, while the remainder used such quasi-experimental methods as matching, difference-in-differences, instrumental variables, and regression discontinuity design to construct the counterfactuals. The data, in most cases, were collected no more than two years into the program's implementation, which limits the ability of the studies to explore the sustainability of impacts and long-term effects.

Main Findings of the Review

Despite the complexity of integrating the findings of numerous impact evaluations across a variety of policy instruments, implementation context, and intermediate and final outcomes, some clear patterns emerge.

In the short term, safety nets for which there is enough evidence are found to improve immediate consumption, current economic activities, households' investments in human capital, and abilities to mitigate the negative effects of shocks.

- Workfare programs and conditional and unconditional cash transfers generally increase immediate income and consumption, but not always by the full amount of the benefits due to foregone income and to parts of the transfers being saved and invested. These improvements lead to a decrease in poverty rates.
- Almost 90 percent of the impact evaluations with evidence showed that conditional cash transfer, education fee waiver, and school feeding programs increase school enrollment, attendance, and school progression as well as reduce child labor. Health care usage and growth monitoring are also enhanced through these interventions. These results are aligned with the compliance to the conditions imposed by these programs.
- The evidence, though thin, shows that conditional and unconditional cash transfer, workfare, and pension schemes contribute to alleviating the credit constraints for households and allow them to make more, and better, investments in assets and production. For programs that aim to protect and increase adult labor supply, the results on this outcome are mixed.
- Some conditional and unconditional cash transfers, education fee waivers, and workfare programs successfully protect consumption during crisis and help avoid the negative consequences of shocks on investments in children's human capital.

The literature on long-term outcomes is less abundant, but the limited available evidence suggests that the income and consumption gains are maintained, probably due to positive effect on educational attainment and productive investments.

- Beneficiaries of conditional cash transfers tend to accrue more years of schooling and are more likely to complete high school, which is expected to lead to higher earnings in the future.
- The improvements in productive assets made by the programs appear to remain over time, which signals a sustained change in investment strategies that could lead to long-term income growth.

Impact evaluations also investigated indirect effects of safety nets and found more positive than negative results.

- With some exceptions, most large cash benefits, such as conditional and unconditional cash transfers, do not appear to crowd out private transfers.
- Conditional cash transfers and education fee waivers, by keeping adolescent girls in school longer, seem to encourage them to adopt safer sexual practices and delay early marriage and childbirth.
- There are both positive and negative spillover effects of safety nets on nonparticipants in terms of education and adult employment. In addition, conditional cash transfers appear to provide additional liquidity to the communities with beneficiaries, which translates into increased savings and credits of nonparticipant households.

Lessons Learned and Knowledge Gaps on Other Aspects of Impacts

In addition to attributing impacts to interventions in the causal chain, impact evaluation is a useful tool to understand questions regarding for whom, at what cost, and under which circumstances each intervention works.

Many efforts have been devoted to understanding the distribution of program impacts across beneficiaries.

- More than 70 percent of the evaluations and programs reviewed for this report have evidence on the heterogeneity of impacts (across gender, age, education level, income group, locality, and so forth), which could help programs maximize impacts. Program impacts appear to vary depending on the characteristics of beneficiaries, yet the pattern of heterogeneity is specific to programs.

Few evaluations investigate the balance of benefits versus costs and how program design, implementation process, and local context affect impacts.

- A few studies managed to isolate different components of program design and recognized the added values of specifying the structure of benefits and conditionalities. However, evaluations seldom documented how factors within the implementation process and local environment contribute to the outcomes of safety nets. Only a few questioned whether benefits offset the costs and by how much.

A subset of impacts appears generalizable across interventions that are comparable in objectives and design yet different in their sizes, the implementation context, and the methods with which they are evaluated.

- The wide variety of interventions evaluated allows for a comparison of their impacts. This reveals that while results are often program and context specific, some key outcomes such as school enrollment, consumption, poverty, and child labor respond in the same direction to common conditional cash transfer and school feeding schemes, no matter how and where they are implemented.

World Bank Support for Impact Evaluations of Social Safety Nets

The World Bank has been active in promoting impact evaluations, both within and outside the Bank, through capacity building, research expertise, data collection, finance, and knowledge dissemination. Bank staff were involved in 39 percent of the completed IEs reviewed. This is due partly to the World Bank's heavy involvement in safety nets—half of the programs evaluated by the impact evaluations reviewed in this report were funded by the World Bank—and partly to the Bank's drive for results. While World Bank-involved impact evaluations are covering an increasing proportion of the Bank's lending portfolio, they also look at interventions outside. At least 36 percent of the studies with Bank staff involvement assessed programs not funded by the Bank.

The Bank's impact evaluation work on social safety nets has been concentrated on evaluation of unconditional cash transfers, food aid, education fee waiver, school feeding/take-home rations, with greater regional concentration in East Asia and the Pacific. Bank-produced IEs have tended to use experimental designs, and focus on the heterogeneity of program impacts, the effects of programs on households' ability to cope with shocks, and efficiency analysis.

Conclusions

This report shows that there is considerable evidence on the short-term impacts of safety net interventions. The majority of safety nets evaluated are found to meet their primary objectives of protecting and improving households' immediate consumption, poverty status, investments in human capital, productive investment strategies, and abilities to mitigate the negative effects of shocks. This has the potential to enhance their level of human and physical capital and future earnings. Indeed, a few existing evaluations provide signs of increased educational attainment

and income growth among beneficiaries over time. Most importantly, these positive impacts do not seem to come at the expense of nonbeneficiaries. Furthermore, some of them appear to remain consistent regardless of the context, scales, and evaluation methods of programs.

However, there is still broad scope for extending the relevance and influence of impact evaluations of social safety nets. The concentration of the existing evidence on conditional cash transfers (56 percent) means that future impact evaluations should pay more attention to other SSN instruments that are widely used. In addition, more evidence is needed on long-term outcomes (particularly after beneficiaries exit the program), the effects of program duration, the influences of different elements along the causal chain, and the efficiency of interventions.

Impact evaluation is an evolving field, and there are encouraging signs that ongoing evaluations may help fill some of these knowledge gaps. There are impact evaluations under way or planned that are expected to shed light on the application of safety nets in Africa and the Middle East, their long-term effects, as well as the variability of impacts with different benefit structures, conditionalities, and targeting. These new evaluations, taken jointly with the existing evidence, will be relevant for evaluators to identify future IE priorities, and policy makers to design more effective and efficient safety nets.

Chapter 1
Introduction

Evaluation Essentials

- SSNs are noncontributory transfers targeting the poor and vulnerable in order to protect and promote them from poverty and risks.
- SSNs have four main objectives: reducing poverty and inequality, promoting human capital investments, improving risk management, and facilitating reforms.
- This study is the first attempt to comprehensively review impact evaluation evidence across all SSN instruments and main development outcomes.
- Beyond immediate effects, this review also tracks outcomes along the causal pathway from interventions to their ultimate development objectives as well as factors that influence that pathway

1.1 **This report is a comprehensive review of the existing impact evaluation literature on social safety nets.** It aims to synthesize evidence and identify lessons learned through impact evaluations about the impacts on specific outcomes that can be attributed to these programs. This report complements a broader evaluation by the Independent Evaluation Group of the World Bank's assistance to social safety nets in developing and transition countries; and, where possible, it also seeks to provide relevant information to assist evaluators in considering the scope of future impact evaluations and policy makers in thinking about the impacts, design, and evaluation of safety nets.

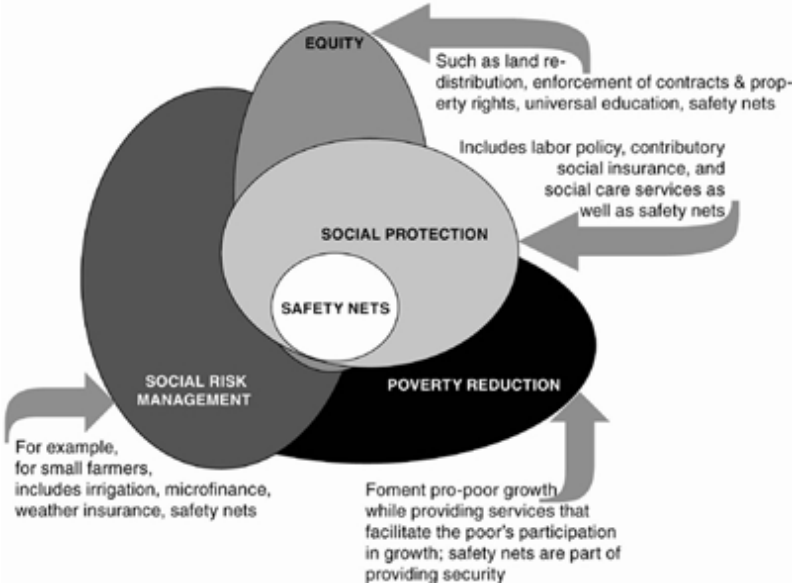
1.2 **This study is structured around five chapters:** (i) the first chapter provides an overview of social safety nets and the motivation of this review; (ii) next, there is a description of the methods used to search and select the literature for this report as well as of the coverage of the pool of studies; (iii) the third chapter presents the main findings of impact evaluations on the direct and indirect impacts of social safety nets on various development outcomes, both short- and long-term; (iv) the fourth chapter looks at other aspects of impacts of social safety nets that impact evaluations may or may not help explore, such as the variability of impacts across beneficiaries, the marginal impacts of program components and implementation, the external validity of impacts, and the balance between costs and benefits; and (5) the report briefly characterizes the World Bank's contribution to knowledge about safety nets through impact evaluations.

The Role of Social Safety Nets in the Current Context

1.3 **Social safety nets (SSNs) are noncontributory programs that target the poor and vulnerable and are designed to reduce poverty and inequality, enable better human capital investments, improve social risk management, and offer social protection.**[1] They are a subset of a wider collection of policies that constitute a typical poverty reduction strategy, and are often implemented alongside contributory social insurance, social investments in health and education, land redistribution, and microfinance, and so forth (figure

1). Many countries allocate a substantial portion of their domestic budgets and international aid to SSNs. Although it is difficult to quantify exact spending on social safety net programs, some estimates show that, across a sample of 87 developing and transition countries during 1996-2006, median spending on safety nets was 1.4 percent of GDP. Most countries fall within the range between 1 and 2 percent of GDP.[2]

Figure 1. The Role of Social Safety Nets



Source: Grosh and others 2008.

1.4 **In addition to their development function, SSNs could play an important protection role during times of domestic and international crises.** The World Bank estimates that approximately 200 million people fell below the poverty line due to the combined effects of the three recent global economic shocks (food, fuel, and financial), reversing many of the gains in poverty reduction achieved earlier, and intensifying the hardship of those still trapped in poverty. The effects of the crises are also being felt in other dimensions of human welfare such as infant mortality, nutrition, education, and health. Compounding these macroeconomic shocks are numerous other unresolved challenges. Even before the economic downturn, many countries were not on track to achieve the Millennium Development Goals, and many had been suffering the socioeconomic consequences of increasing weather variability, natural disasters, and internal conflicts. Added to these difficulties are the lingering effects of the recent labor market crisis, which have left countries with high chronic unemployment and dwindling job opportunities. In such situations, SSNs may help protect vulnerable people by providing needed liquidity, offer short-term employment, and discourage negative coping mechanisms.

1.5 **At the same time, there are many reservations regarding the effectiveness, cost, feasibility, and side effects of SSNs.**[3] Often safety nets need to be accompanied by other investments in improving the infrastructure and services in order to work. For example, an SSN intervention that encourages the poor to use public health care may not have an impact on the health of the beneficiaries if the health care system is of poor quality. SSNs may also impose financial burden on the governments, especially when the poor population is large and the programs require a long implementation period to materialize. Furthermore, there are real concerns about the administrative and management capacity in developing context, which may undermine the implementation of SSNs. Safety nets also take a wide variety of forms and their results depend not only on design, but also on context. Finally, there are possibilities that social safety nets create undesirable incentives, ranging from reducing work effort (dependency) to crowding out private transfers, to upsetting the local wage and price equilibrium. It is therefore important to understand whether these concerns are valid, what could be done to address those issues, and how the lessons from impact evaluations may inform this discussion.

Recent Reviews of Impact Evaluations of Social Safety Nets

1.6 **The variety in SSN instruments and the increasing demand for evidence on their results has driven an active and growing research agenda of rigorous impact evaluations.** Since the late 1990s, governments and donors have been facing tight fiscal constraints and increasing demands for real impacts on development outcomes (for example, the 2002 Monterrey Consensus of the International Conference on Financing for Development, the 2005 Paris Declaration on Aid Effectiveness). Out of these pressures has emerged a wave of impact evaluations (IEs) that measure the effectiveness of safety nets. These IEs—particularly of conditional cash transfers, school feeding, and workfare schemes—have created a rich pool of evidence on program impacts and other related issues, much richer than most other areas of social policy. Most of these evaluations investigated the impacts on intermediate human capital and welfare outcomes.

1.7 **Previous reports have taken stock of the impact evaluation literature on SSNs but offer a partial picture of program impacts.** These reports only synthesized the evidence on those interventions with abundant data such as conditional cash transfers, school feeding programs, and employment schemes.[4] They found that, in general, each intervention has positive impacts on the original objectives set out in the programs, particularly on the outcomes on which they are conditioned. For example, conditional transfers are shown to improve

school enrollment and the use of preventive health services; school feeding tends to have positive impacts on nutritional and anthropometric outcomes of children; and workfare schemes are found to raise short-term employment, but not future employability. However, many other SSN interventions and other aspects of impacts were not covered in these reviews, and this study aims to address those gaps.

Motivation and Objectives of This Review

1.8 **This review aims to fill the gaps of other meta-reviews in the following ways.** First, it is the first attempt to synthesize comparative evidence across all SSN instruments, including those with little evidence and those that have not been reviewed extensively in previous studies, such as food aid, noncontributory pensions, and fee waivers. This integration helps provide a more complete picture of the entire SSN sector and allows for extracting lessons about the effectiveness of different interventions against their primary and secondary objectives. Second, this report covers not only program impacts but also other aspects such as long-term and unintended effects, the effects of program design and implementation, the heterogeneity of benefits, external validity, and cost-effectiveness. Third, this report sheds light on where the evidence is thin and what can be expected of impact evaluations currently under way.

1.9 **The overall objective of this meta-review is to capitalize upon the vast existing impact evaluation literature on different SSN instruments and to integrate them into one comprehensive analysis.** Covering all completed IEs and a sample of ongoing ones, this study identifies patterns in the literature regarding what works, for whom, under which circumstances, and at what cost. It attempts to uncover the findings of impact evaluation research regarding the following questions: What are the patterns of program impacts in terms of direction and magnitude? Are the benefits equally distributed across beneficiaries, sustained in the long term, and generalizable to other settings? What factors contribute to the intermediate and final outcomes? Do safety nets provide good value for the money? Under what circumstances do programs yield results? In addition, this review reveals areas where more evaluation is needed and documents the Bank's support for impact evaluation of SSNs—whether through evaluations linked to Bank-supported projects or through research inputs. The lessons arising from this meta-review are meant to not only complement the broader evaluation of the Bank's assistance to safety nets, but also provide evidence that may or may not justify the expectations and reservations about the effectiveness, desirability, and applicability of SSNs. In this way, it will help inform

programmatic decisions within and outside the Bank about SSNs, and how impact evaluations can be made more relevant and useful for policy making.

Definition of SSNs Adopted in This Review

WHAT IS A SOCIAL SAFETY NET?

1.10 **This review is guided by the goal-centered definition of SSNs used by the World Bank, which refers to them as a particular set of noncontributory programs targeting the poor and vulnerable in order to reduce poverty and inequality, encourage more and better human capital investments, improve social risk management, and offer social protection.** The discussion of SSNs and their roles in society has been broadened over time, both within the Bank and in other international institutions, resulting in a variety of definitions (box 1). For the sake of consistency with previous work, this review considers only programs that have clear poverty objectives and are directed at households or individuals. Consequently, it does not include infrastructure or service investments that cater to communities or service providers (schools, health centers, and so forth). There might be overlaps between SSNs and education, health and labor policy. However, these other human development interventions focus on the supply of services, while SSNs emphasize improving the demand of households for these resources.

Box 1. Definitions of Social Safety Nets

The term SSNs is used by agencies and countries to refer to a wide variety of programs. In developed countries, especially in Europe and the United States, SSNs are often synonymous with welfare to the poor. In the developing world, the term safety nets can be used loosely as a substitute for all social policies. Some agencies use "social safety net," "social insurance," and "social assistance" interchangeably, whereas others, such as the International Labor Organization (ILO), distinguish between these categories. The Asian Development Bank (ADB) and the United Kingdom's Department for International Development (DfID) define SSNs as noncontributory transfers to those deemed poor or vulnerable but does not emphasize risk mitigation. The International Monetary Fund (IMF) defines safety nets as instruments aimed at mitigating adverse effects on the poor that may result from reforms.

Source: Grosh and others 2008.

THE FOUR MAIN OBJECTIVES AND TARGET POPULATIONS OF SOCIAL SAFETY NETS

1.11 **The goals of SSNs have evolved over time, growing more nuanced as they are adopted in different context.** Starting in the early 1990s, the term referred to an increasingly popular policy tool to

mitigate the impact of structural adjustment lending programs on low-income groups.[5] Some countries also used SSNs to respond to natural disasters or economic shocks. During the last decade, SSNs took on a more inclusive development role. In addition to managing risks, SSNs are now expected to address issues of inequality and poverty, hence catering to the "chronic" as well as the "transitional" vulnerable groups in the population.[6] In this context, the four main objectives are:

1. **Alleviate poverty:** Well-targeted and adequate transfers may help reduce poverty, ameliorate its burden, or prevent more people from succumbing to it in the first place. In some cases, by attacking poverty, safety nets can also have an immediate impact on inequality.
2. **Enable households to manage risks more efficiently:** When hit by shocks (idiosyncratic or systematic), credit-constrained households resort to coping strategies that cause irreversible losses, such as withdrawing children from school, reducing essential consumption (food, health care, and so forth), and selling productive assets. Furthermore, exposure to uninsured risks induces households to adopt low-risk, low-return livelihood choices that can perpetuate poverty. Safety nets can reduce the incidence of these adverse coping mechanisms and provide an insurance function to promote better risk-management choices.
3. **Help households make more and better investments:** Budget constraints prevent low-income households from taking up investments opportunities that can increase their human and physical capital and, thus, their future incomes. Safety nets can reduce underinvestment in nutrition, health, education, and productive assets that would otherwise worsen health status, physical growth, learning, productivity, employability, and wages in the future.
4. **Facilitate beneficial reforms in the social sector and other areas:** SSNs can replace inefficient redistribution schemes and facilitate reforms (macroeconomic, trade, labor markets, and so forth) aimed at supporting growth by assisting people who are vulnerable to the negative effects of such reforms over the short term.

1.12 **SSNs are intended to assist four main vulnerable populations.** These are: (i) **the chronic poor**—individuals who experience significant and continued deprivation and who lack the assets and human capital needed to support themselves; (ii) **the transitory poor**—those who move in and out of poverty; (iii) **other vulnerable groups**, including the elderly, people with disabilities,

orphans, girls, refugees, and people affected by natural disasters; and (iv) **losers in reforms,** for example, people who lose their jobs due to economic or other reforms.

CLASSIFICATION OF SSNS: COMBINING OBJECTIVES AND INSTRUMENTS

1.13 **As SSNs have evolved over time, the instruments have become increasingly complex.** On the one hand, programs with the same label may differ depending on the context in which they are implemented; on the other hand, interventions of different types may still share many common features. Some programs may aim to address multiple issues, hence encompassing elements of different instruments (table 1). Although the instruments and their objectives are becoming highly intertwined, SSNs can be classified into three broad categories: (i) unconditional transfers, (ii) income-generating programs, and (iii) human capital investing programs. A more detailed description of these intervention types and their examples are presented in appendix C.

Table 1. SSN Interventions and Their Objectives

Categories	*Interventions*	*Objectives*			
		Poverty alleviation	*Risk management*	*Investment support*	*Reform facilitation*
Unconditional Transfer	Food Aid	X	X		
	Unconditional Cash Transfer/ Basic Transfer	X	X		X
	Family/Child Allowance	X			
	Noncontributory Pension/Disability Benefit	X	X		
	Housing and Utility Subsidies	X			X
Income Generating	Wage/Employment Subsidies	X	X		
	Workfare	X	X		
Human Capital Investment	Conditional Cash Transfer	X		X	
	Waivers for Education and Health	X	X	X	
	School Feeding/ Take Home Rations	X		X	

Source: IEG.

1. ***Unconditional transfers in cash and in kind:*** **Their goal is mainly to increase the real income of the poor and vulnerable groups in society.** Within unconditional transfer

programs, it is important to differentiate cash transfers from in-kind transfers because they provide different incentives to the recipients. On the one hand, cash transfers (noncontributory pension, family/child allowance, and so forth) simply have an income effect (increasing the budget of the households). They tend to provide greater flexibility to beneficiaries and are simpler to administer than in-kind benefits. On the other hand, in-kind transfers (food aid, housing and utility subsidies, and so on) have both income and price effects (changing the relative values of goods consumed). Through in-kind transfers, policy makers may be able to induce more consumption of certain goods that they believe are undervalued by the households. These transfers could, however, distort prices and be more costly to deliver.

2. *Income-generating programs:* **They aim to provide short-term employment to the poor so as to link them with a source of income, especially during an economic downturn.** This should be distinguished from other labor programs (not covered here) that are meant to have a longer-term impact on employment, such as active labor market (training, job placement) and microfinance programs. The two types of programs focused on here are workfare and wage/employment subsidies. While these are not means-tested,[7] they are self-targeting (that is, they keep wages low—often below the market wage—so that only the poor willing to work at that rate will participate).[8]

3. *Human capital investment programs:* **They provide transfers on the condition that poor households make prespecified investments in the health and education of their children.** Most programs provide cash transfers, but some provide in-kind or near-cash transfers (for example, school feeding/take-home rations). One example is fee waivers for education and health, which provide subsidies or exemptions from the costs of services. Another example is conditional cash transfers (CCTs), which offer cash to households on the conditions of school enrollment, regular school attendance, and (in many cases) visits to health centers. Like unconditional transfers, these programs are often means-tested, using careful targeting mechanisms to select beneficiaries.

CAUSAL PATHWAYS FROM SSNS TO HUMAN DEVELOPMENT OUTCOMES

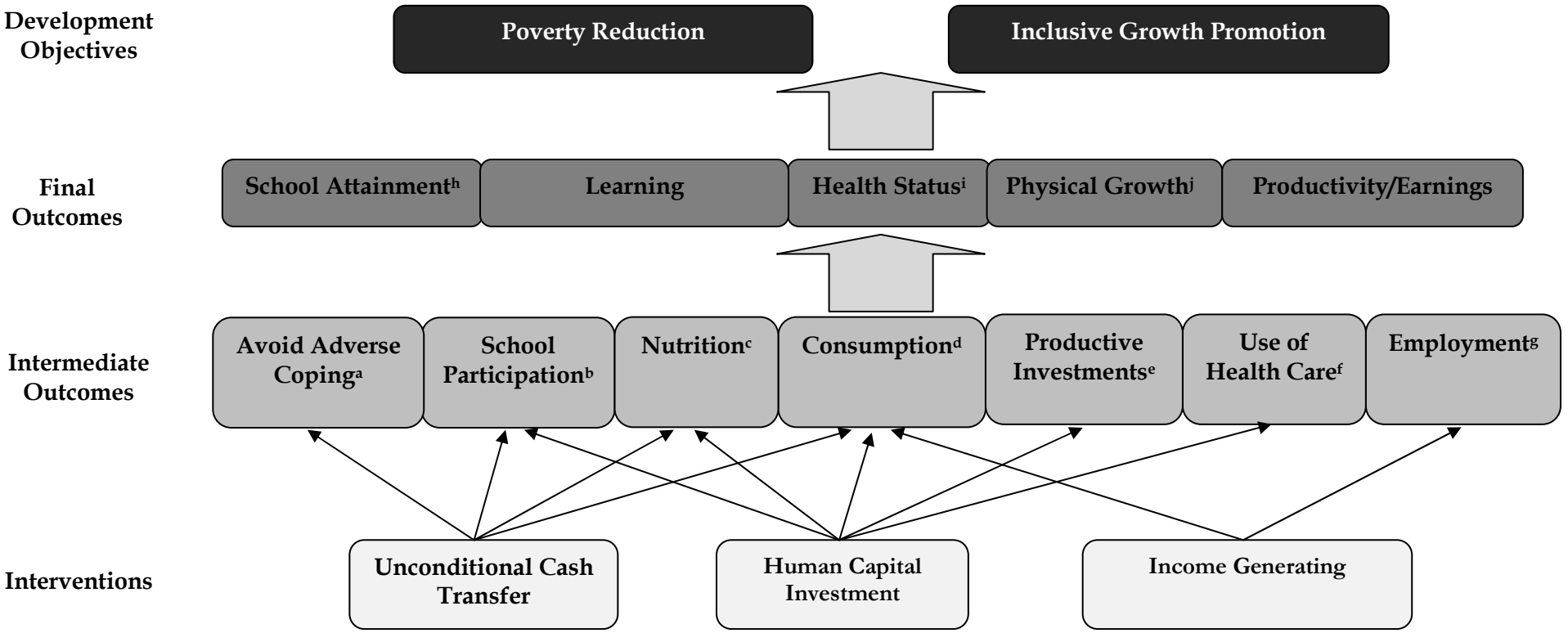
1.14 **While the development objectives of SSNs are to reduce poverty and inequality and promote human development, the causal pathways that connect interventions with their ultimate goals are long and complex.** First of all, programs can only directly influence intermediate outcomes that are linked to behavioral changes

of the beneficiaries. These include more and better investment in human capital and economic opportunities (for example utilization of school and health services), protection of short-term employment and consumption, and improvement in risk-coping behavior. Second, these changes are expected to lead to such final outcomes as higher stocks of human capital (for example, longer school attainment and better health and physical condition), improved productivity (for example, higher cognitive ability and wages), and better employment prospects. Finally, these improvements could result in higher incomes, consumption, and standards of living for the beneficiaries, hence linking the interventions to their ultimate development objectives (figure 2). A detailed list and description of typical outcome indicators influenced by SSNs is presented in appendix D.

1.15 **On the other hand, interventions may produce indirect effects that could positively or negatively affect outcomes.** These include household decisions surrounding private transfers, marriage, family planning, and power dynamics. For instance, when parents enroll their children in school to comply with the condition of CCTs, they might also reduce the hours children have to do domestic chores or work for pay. Child labor is therefore reduced as a result of the CCT program, although this is not necessarily its primary objective. At the same time, families may suffer from a decrease in income, at least temporarily, due to the reduction in child work. Indirect effects also include spillover to nonbeneficiaries within the same household or community. For example, families may reallocate resources away from other children and toward the child that qualifies for the CCT or school feeding program, thus negatively impacting the nonqualified siblings. SSNs may also influence the nonbeneficiaries' perception of education and health, encouraging them to invest in human capital and, thus, expanding benefits beyond the direct participants.

1.16 **Many factors may influence the causal chain from interventions to outcomes.** The effects of programs often depend on context, for example, the receptivity of the program within the community or external factors such as simultaneous events. In addition, programs may not achieve the anticipated outcomes if there is a gap between implementation and design as a result of conditions that are not always enforced, large attrition of participants, or cross-over between beneficiaries and nonbeneficiaries. It is therefore important to monitor the causal chain of effects to disentangle the influence of the program's various components as well as factors outside the program.

Figure 2. Causal Pathways from Interventions to Objectives



Note: (a) Avoid selling of assets, taking children out of school or cut backs in children's nutrition in cases of crisis; (b) Includes such indicators as school enrollment, attendance, drop-out, grade repetition and grade promotion rates; (c) Includes such indicators as caloric intake; (d) Includes food and non-food consumption; (e) Includes such indicators as assets, live stocks and tree holding; (f) Includes such indicators as immunization and attendance to growth monitoring; (g) Includes both working probability and working hours; (h) Includes such indicators as highest grade completed, graduation, and transitions from lower to higher school level; (i) Includes such indicators as morbidity, prevalence of anemia and mental health; (j) Includes such indicators as anthropometric measures and birthweight.

Chapter 2
Overview of Impact Evaluations in Social Safety Nets

Evaluation Essentials

- This study systematically searches the impact evaluation literature published between 1999 and 2010 as well as work in progress.
- A screening process to select rigorous evaluations yielded 149 completed and 36 ongoing evaluations, spanning 48 countries and 86 programs.
- While the instruments evaluated are diverse, the literature is largely concentrated on CCT and school feeding programs.
- Most of the studies measure impacts within two years of program implementation, which limits the outcomes evaluated to mostly immediate outcomes.

1.17 **This study systematically searches the existing impact evaluation literature and selects the rigorous ones in order to capture the robust evidence available on the impacts of social safety nets.** This chapter will first describe the search and screening methods and then provide an overview of the final pool of studies used for this analysis.

Methodology

SEARCH METHODS

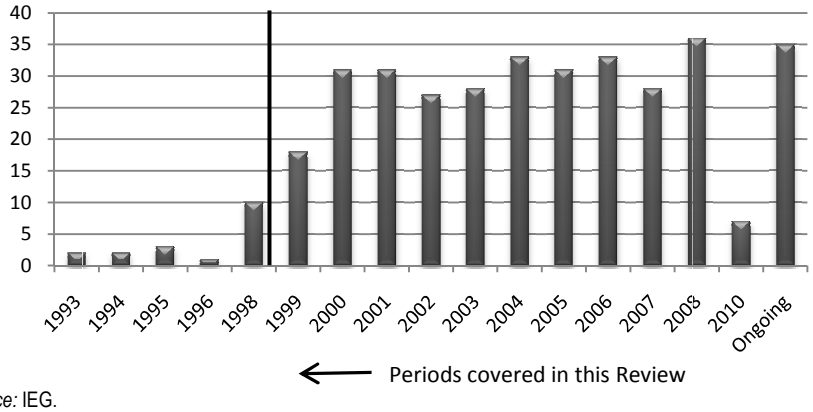
1.18 *Sources:* **The group of papers considered for this study was compiled through an exhaustive online search of both completed and ongoing impact evaluations of social safety nets, drawn from the following sources:**

- The World Bank's impact evaluation databases, including the Africa Impact Evaluation Initiative (AIM), the Development Impact Evaluation (DIME), the Spanish Impact Evaluation Fund (SIEF), the Social Protection Publication Database, and the Poverty Impact Evaluation Database
- Electronic databases of academic journals on economics, health and nutrition, and social policy (mostly JSTOR and Google Scholar)
- Websites of institutions involved directly in impact evaluations, including the Abdul Latif Jameel Poverty Action Lab (JPAL), the International Food Policy Research Institute (IFPRI), the Innovations for Poverty Action Lab (IPA), the International Initiative for Impact Evaluation (3ie), the International Policy Centre for Inclusive Growth (IPC-IG), the Institute of Development Studies (IDS), and other evaluation groups within international organizations

- Websites featuring discussion paper series of research centers (in academia, international organizations, and think-tanks) as well as publications with the proceedings of relevant conferences;
- Reference lists of evaluation reviews and related studies; and recommendations made by people familiar with the impact evaluation literature on SSNs within and outside the Bank.

1.19 *Time frame:* **Our search focused on papers published between 1999 and 2010 as well as papers in progress.** This period was chosen because a preliminary search revealed that the bulk of impact evaluations (94 percent) were carried out during this time (figure 3).

Figure 3. Impact Evaluations of Social Safety Nets by Year



Source: IEG.

SCREENING PROCESS AND FINAL POOL OF EVALUATIONS

1.20 **To confine this meta-review to rigorous impact evaluations of specific safety net programs, the studies identified in the search process were subject to four filters:**

- **Filter 1: Development focus, relevance, and consistency**. In order to focus on the role of SSNs in development policy, only studies of developing and transition countries were included. Papers that do not explicitly evaluate a SSN program or disentangle the impacts of safety net transfers from those of other interventions linked to broader social policies were excluded as well. This filter also discarded evaluations of programs that had a safety net objective but were neither targeted nor implemented in line with their original evaluation design.
- **Filter 2**: **Construction of a counterfactual and use of objective measures to estimate changes**. This filter selected only IEs where changes in specific outcome indicators can be attributed

to a particular safety net instrument. A paper has to demonstrate the use of a carefully and credibly constructed counterfactual, that is, a comparison group of nonbeneficiaries that resembles the without-program scenario for beneficiaries (box 2). An additional criterion for inclusion was the use of objectively measured and comparable indicators of outcomes. An example of an objective measure is the use of standardized test scores—rather than personal perceptions of cognitive abilities—to estimate the effects on cognitive development.

Box 2. Impact Evaluation Methods

The real net impacts of a program can only be calculated by comparing postprogram experiences of beneficiaries with what would have happened had they not participated in the program. Since the latter cannot be observed, the key to impact evaluation is constructing a credible counterfactual—a control group that is truly comparable to the treatment group. There are two main techniques for formulating counterfactuals: experimental and nonexperimental. Experimental evaluations require selection of treatment and control groups prior to the intervention. Through randomization, observable and unobservable characteristics of the two groups should not differ on average, and so any difference in outcomes can be attributed to program participation. In nonexperimental studies, treatment and control groups can be selected before, during, or after the intervention. In order to obtain unbiased estimates of program impact, any differences in the characteristics of the control and treatment groups that might affect the outcome of interest must be accounted for using econometric techniques. Nonexperimental techniques include propensity score matching (PSM), difference-in-differences (DID), instrumental variables (IV), regression discontinuity (RD), and multivariate regression that control for observable differences. appendix F gives more details on these impact evaluation techniques.

Source: Betcherman and others 2004.

- **Filter 3**: **Robustness of the findings**. Even the best efforts to eliminate potential biases that could contaminate the comparison between program participants and nonparticipants do not necessarily guarantee the legitimacy of the findings. Therefore, a third filter was applied in order to select only those studies with results that were convincingly robust (that is, not sensitive) to a variety of confounding factors. These factors include changes in econometric specifications and methods, endogeneity issues, characteristics of the population and context under analysis, and implementation aspects of the program.
- **Filter 4**: **Final inspection to double check.** The studies that passed the three previous filters were assessed independently

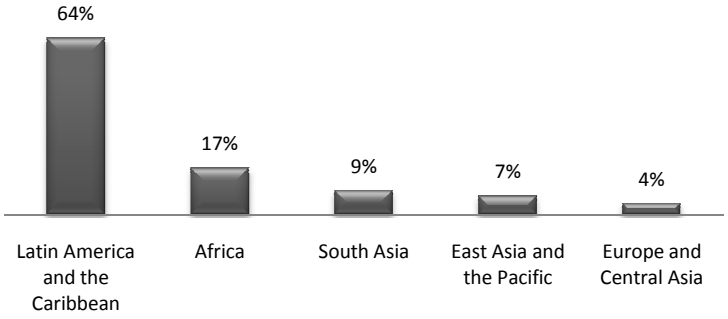
by different reviewers to ensure that only studies which demonstrate relevance and technical rigor and provide robust and stable findings were included in the sample. Furthermore, during this stage, papers were scrutinized to retain only the most recent version of the evaluation under analysis and avoid duplication.[9]

1.21 **This screening process narrowed down the initial list of more than 360 published articles and working papers to a selection of 149 impact evaluations.** In addition, in order to take stock of current research, an additional sample of more than 60 papers in progress was considered (and screened with the first two filters) to produce a final sample of 36 ongoing evaluations.[10] The full lists of completed and ongoing evaluations reviewed are presented in appendixes A and B. The following section discusses the main characteristics of these two pools of studies.

Description of the Evaluations Reviewed

1.22 *Regions and countries:* **The final inventory of 149 completed evaluations reviewed in this report present evidence from 32 developing and transition countries (figure 4).** A large number (64 percent, or 95 studies) are concentrated in Latin America and the Caribbean (LAC) due to the predominance of CCTs in the pool of studies and the fact that most CCTs have been implemented in LAC. Other regions include Sub-Saharan Africa (17 percent, or 25 papers), East and South Asia (16 percent, or 23 papers), and Europe and Central Asia (4 percent, or 6 papers). There are no evaluations from the Middle East and North Africa. Mexico has the most impact evaluations (48 papers) because of the widespread interest in their *Progresa/Oportunidades* program (henceforth referred to as *Oportunidades*), a large-scale CCT on which many other countries have since modeled their own CCTs. However, among the 36 ongoing evaluations, the majority (56 percent, or 20 papers) deal with SSNs in Africa, as a result of a new surge of poverty-targeting programs in the region (for example, Ghana, Lesotho, and Zambia). Most importantly, two studies of two pilot CCT programs, in Morocco and Yemen, will be the first IEs that focus on the Middle East and are expected to fill the knowledge gap on the effectiveness of CCTs in this unique region and socioeconomic setting.

Figure 4. Distribution of Completed Impact Evaluations by Region



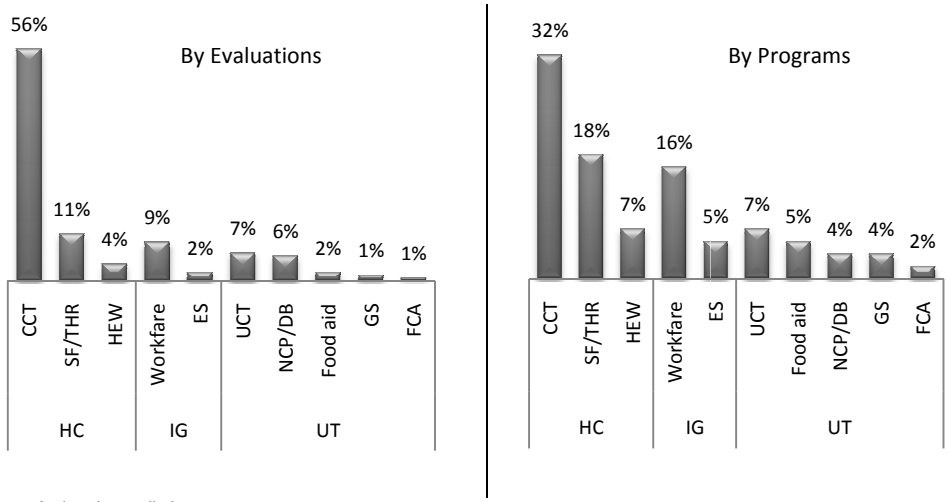
Source: IEG.

1.23 ***Types of interventions:*** **SSNs include a diverse group of instruments, yet the IEs that assessed these programs are highly concentrated in several particular types of interventions.** Within the completed papers, the group of programs that protect and promote investments in human capital (CCTs, school feeding/take-home rations, and fee waivers for education and health) receives the most coverage (71 percent, or 107 papers), followed by unconditional transfers (17 percent, or 25 papers) and income-generating programs such as wage/employment subsidies and workfare schemes (11 percent, or 17 papers). A breakdown by intervention type shows that, as expected, most of the evidence surrounding SSNs pertains to CCTs (56 percent, or 84 papers). Other major interventions are school feeding/take-home rations (11 percent, or 17 papers), and workfare (9 percent, or 14 papers). There are no evaluations of fee waivers for health care, disability benefits, energy subsidies, or basic transfers (see figure 5).[11]

1.24 ***Programs:*** **The 56 programs in the completed pool and the 35 programs currently being evaluated differ in many characteristics.** Programs often include a mix of activities that cut across multiple intervention types, depending on their context and objectives. For example, Ethiopia's food aid program includes both food aid (free distribution) and public work (food for work) components. An active labor market program in Poland includes both public work and wage subsidies. Others may be designed as one intervention but implemented as another, such as Ecuador's *Bono de Desarrollo Humano* (BDH). While it was meant to be a CCT, in reality, the lack of enforcement of the conditions made it function like an unconditional transfer. There is also large variation in terms of the types (cash or in kind) and the amount of the transfers. Among programs covered by the ongoing papers, there are four that include both CCT and UCT components (Burkina Faso, Morocco, Malawi, and Zambia). Some programs also experiment with different targeting mechanisms (a Cambodia's CCT pilot selects beneficiaries based on either a poverty

criterion or academic potential), varying transfers (a Tanzania's CCT offers benefits ranging from $10 to $30 a month), or different recipients (CCTs in Yemen, Morocco, and Burkina Faso randomize between mothers and fathers receiving the benefits). Interestingly, 30 of the 35 programs have never before been evaluated by an IE. Thus, these current studies will help broaden the base of evidence that impact evaluation offers surrounding diverse SSN programs.

Figure 5. Distribution of Completed IEs and Programs across Interventions



Source: Authors' compilation.
Note: CCT = Conditional Cash Transfer; HEW = Fee Waivers for Health and Education; ES = Wage/Employment Subsidies; SF/THR = School Feeding/Take Home Rations; UCT = Unconditional Cash Transfer; NCP/DB = Noncontributory Pension/Disability Benefit; GS = General Subsidies; FCA = Family/Child Allowances; HC = Human Capital; IG = Income Generating; UT = Unconditional Transfer.

1.25 *Outcome indicators:* **In addition to the mix of activities, the development objectives of the SSNs evaluated are also diverse; consequently, there are a large number of outcome indicators.** Both intermediate and final outcomes are measured to estimate program impacts across different dimensions: income, consumption, poverty, education, health, nutrition, labor, and indirect effects (table 2). Among these, the most common indicators explored by completed IEs are intermediate outcomes such as school enrollment and attendance, health care usage and health status, physical growth, consumption (total, food and nonfood), labor supply, and risk coping behavior. A fraction of the evaluations also investigated the indirect effects of programs (or program components) on many related aspects such as marriage and fertility decisions, sexual behaviors, private transfers, and spillover and general equilibrium effects. There is increasing focus among IEs currently in progress on outcomes further along the causal pathway and closer to ultimate development objectives. In particular, a number of studies look at physical growth, health status, test scores, school attainment, productivity, and employment. A more detailed list of all outcome indicators used to summarize the evaluations is presented in appendix D.

Table 2. Examples of Measured Intermediate and Final Outcome Indicators

Education	***Health and nutrition***
• Enrollment and attendance	• Preventive health care and immunization
• School progression, dropping out, and grade repetition	• Attendance to growth monitoring
• Transition between levels	• Mortality
• School completion and attainment	• Morbidity, birth weight and health status
• Learning achievement	• Anthropometrics and physical growth
Income, consumption, and poverty	***Labor and economic activities***
• Income and composition	• Adult and child labor
• Consumption and composition	• Wages
• Poverty ratio, gap and inequality	• Investment and financial services
Indirect effects	
• Remittances and private transfers	
• Intra-household behaviors	
• Sexual, marriage, and fertility decisions	
• General equilibrium and spillover effects	

Source: IEG.

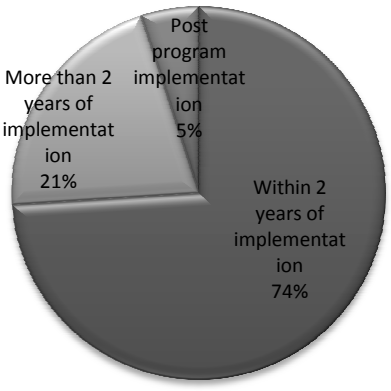
1.26 *Evaluation methods:* **Forty-six percent of the completed evaluations and sixty-seven percent of the ongoing studies used a randomized design to identify program impacts.** This is not surprising since many of the programs assessed were at the initial stage or pilot phase and, thus, managed to have the evaluation component embedded in their design. These experimental evaluations took advantage of random assignment of communities or individuals into treatment and control groups to estimate the effects of the program, that is, the difference in the outcomes of interest between the two groups. The rest utilized quasi-experimental methods, which include difference-in-difference (DID), propensity score matching (PSM), instrumental variables (IV), regression discontinuity design (RDD), and control functions (CF).[12] Finally, a couple of papers employed structural modeling to estimate relevant causal relationships for program design. All these methods are briefly described in appendix F.

1.27 *Evaluation data:* **The majority of studies reviewed in this report used baseline information and longitudinal data to estimate program impacts.** Most of the experimental evaluations had access to preprogram data through baseline surveys or at least retrospective questions in follow-up surveys. This information allowed them to estimate impacts by comparing relative changes in the outcomes of interest between treatment and control groups, rather than just comparing differences in levels. On the other hand, among the completed quasi-experimental studies, only 65 percent had this kind

of data. In some cases, in the absence of baseline information, evaluators took advantage of variations in program features (for example, eligibility, targeting, program roll out, and so forth) to construct credible counterfactuals (as described above). Furthermore, 71 percent of the completed evaluations implemented their empirical analyses with longitudinal data, and therefore, were able to account for time-invariant observed and unobserved household and individual characteristics that could otherwise have contaminated the attribution of impacts to programs. This applies particularly to experimental studies, most of which managed to track participants and nonparticipants over time.

1.28 ***Evaluation timeline:*** **Most of the completed studies included in this report measured impacts over a short time frame.** The majority (74 percent) of the IEs were done within two years of the program's implementation (figure 6). Only eight (5 percent) examined the sustainability of the effects after the programs were closed, but, of these, only two followed up more than two years after the beneficiaries were first exposed to the treatment. These programs were concentrated in workfare schemes where the interventions are short to begin with (6–12 months). Even among the 30 completed evaluations that managed to follow up beyond the first two years into the program, the households studied entered the program at different times so a systematic measure of their long-term exposure was not possible. The longest exposure of beneficiaries to a program was 9 or 10 years in the case of two CCT programs: *Oportunidades* in Mexico and *Familias en Accion* in Colombia. On the other hand, a large proportion of the ongoing IEs collect information more than two years into the implementation of the program; one of them (the Ghana's School Fee Fellowship) tracked the beneficiaries during at least 7 years of participation in the program.

Figure 6. Distribution of Evaluation Time Frame among Completed IEs



Source: Authors' compilation.

Chapter 3
Impact of Social Safety Nets on Development Outcomes

Evaluation Essentials

- In the short term, SSNs are found to increase immediate consumption, income, and poverty status as aligned with their primary goals.
- SSNs also improve investments in human capital, current economic activities, and abilities to cope with shocks.
- The evidence on long-term outcomes is more limited, but suggests that there is improvement in educational attainment and the income and consumption gains are maintained over time.
- Regarding indirect effects, SSNs tend to have more positive than negative results.

1.29 **This chapter discusses the evidence from the IE literature on the average impacts of SSNs across outcome indicators.** The heterogeneity of the 149 impact evaluations and 56 programs reviewed for this report makes the synthesis of findings challenging. As illustrated in previous chapters, SSNs have four objectives: poverty alleviation, risk management, investment support, and reform facilitation.[13] However, programs may use different tools, have mixed objectives, or make impacts beyond their scope. As a result, a systematic organization of the evidence around key and comparable outcome indicators seems most appropriate and reveals valuable insights on the impacts of SSNs.

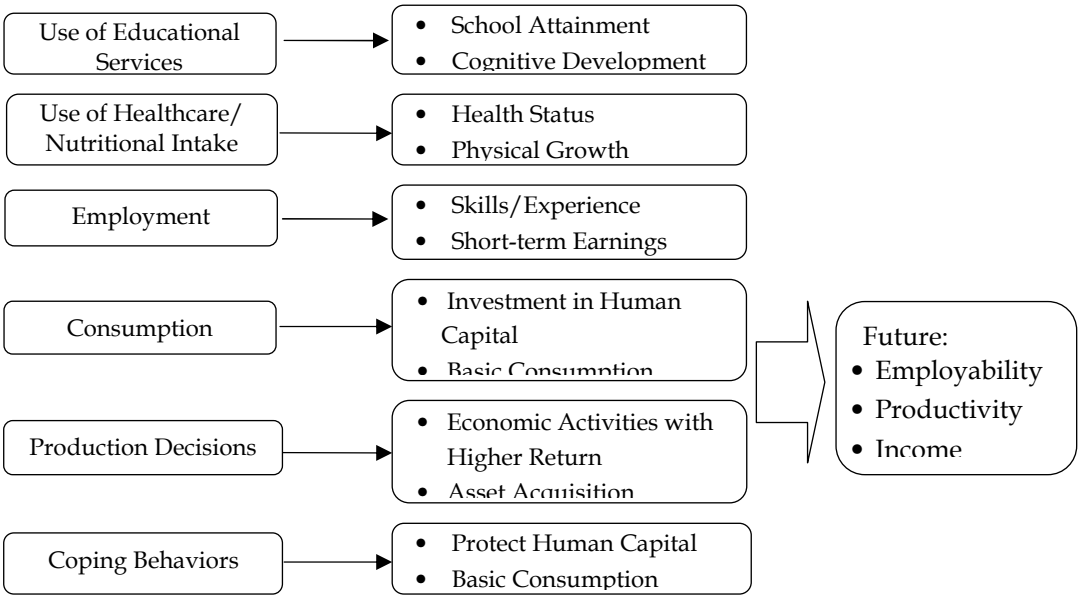
1.30 **This chapter is organized into three main sections according to the particular point along the causal pathway where the development impacts of interventions are assessed (figure 7).**[14] The first section focuses on the immediate behavioral responses or intermediate outcomes linked with the primary objectives of SSNs in such dimensions as income, consumption, and poverty; education; health and nutrition; labor supply and economic activities; and reaction to shocks. The next part moves further along the results chain to examine the evidence on final outcomes such as the attainment of human and physical capital. While these may not be the primary objectives of some SSNs, they could be argued to lead to sustained improvements in welfare that are more closely linked with the development role of SSNs. Finally, there is a discussion on the indirect effects of safety nets. These effects are often unintended and may or may not contribute to the development objectives of SSNs. The three main conclusions of this chapter are:

- There is consistent evidence that various types of SSNs improve households' immediate consumption, income, poverty status as aligned with their primary goals. The effects of SSNs are also positive regarding short-term investments in children's education and health and their burden of labor, which, in some cases, reflects the compliance to program conditions. Some programs also enhance households' abilities to mitigate the negative effects of shocks. The evidence, however, is thin and mixed for the direct impacts of SSNs on

the health and nutritional status of children and labor supply of adults.

- In terms of longer-term outcomes, although the evidence is scarce in many areas, especially adult learning outcomes, adult health status, and future employability, there are some signs that the positive impacts in the short-term may lay the foundation for future welfare benefits. Educational attainment appears to increase, which could contribute to sustained income growth. SSNs also seem to have multiplier effects by encouraging households to invest in productive physical capital, hence enhancing their income and consumption growth.
- Regarding indirect effects, the body of literature is not large, but overall safety nets do not have major negative externalities in the larger environment where they operate. The evidence is mixed of negative, positive, and no effects on crowding out of private transfers, time and food allocation of ineligible siblings, school results of nonbeneficiary children, and labor supply of nonparticipant adults. However, CCTs in particular may provide some positive incentives for behavioral changes such as adolescent girls adopting safer sexual practices and delaying early marriage and births, and nonbeneficiary households being able to save and borrow more.

Figure 7. Causal Pathway from Short-term to Long-term Outcomes



Source: IEG.

Impacts on Short-Term and Intermediate Outcomes

1.31 **Certain types of SSNs appear to consistently raise immediate income and consumption, reduce poverty in the short-term, increase the use of educational and health services, improve investment strategies, and enhance the ability of households to cope with shocks.** Additional findings suggest that some programs lead to reductions in child labor and do not, for the most part, influence the labor supply of adults. Greater details emerge when these findings are disaggregated by different dimensions of outcomes in the rest of this section: (i) income, consumption, and poverty; (ii) education; (iii) health and nutrition; (iv) labor and economic activities; and (v) coping with shocks.

CURRENT INCOME, CONSUMPTION, AND POVERTY

1.32 **Consistent with their primary objectives, SSNs are found to generally increase immediate income and consumption, and to reduce poverty. They also help direct spending toward foods, school inputs, and health care. These findings apply to a large range of interventions, including CCTs, unconditional cash transfers (UCTs), workfare schemes, food aids, and pensions, and are often directly linked to the value of the transfers, but also reflect some behavioral changes by the households.**

- ***Income:*** Six out of nine evaluations suggested that workfare, UCT, and CCT programs lead to a net increase in short-term household income, the majority of which is in direct response to the transfers. The income increase, however, is not always the entirety of the transfers. A number of factors can either augment the positive effect (for example, using the transfers as leverage to borrow or to expand economic activities) or neutralize it (for example, reducing income due to reductions in child or adult labor supply).[15] However, two evaluations of wage and general subsidies found no impact on incomes, and a third one—the *BDH* UCT program in Ecuador—reported a negative impact. The latter effect is argued to be caused by a substantial reduction in child labor, resulting in a loss of income more than twice the amount of the average transfer.[16]
- ***Consumption:*** Ten of 14 evaluations indicated that CCT, UCT, workfare, and food aid programs increase short-term consumption. Similar to income, the impacts on consumption vary considerably according to the size of transfers[17] and related behavioral responses. For example, transfers from the *PRAF II* CCT in Honduras of nearly 8 percent of the median per capita consumption increase total consumption by 7 percent; while payments equivalent to 15 percent of per capita expenditures given to beneficiaries of the *Atención a Crisis* CCT

pilot in Nicaragua lead to a 32 percent increase in total expenditures.[18] However, evaluations of a UCT program in China and a housing subsidy in Mexico found no impacts on consumption; the remaining two showed that consumption falls for beneficiaries of the *BDH* program in Ecuador (largely due to the fall in child labor noted above) and the *Ndihma Ekonomike* UCT in Albania (probably due to negative effects on adult labor supply).[19] In terms of expenditure composition, 17 out of 20 papers showed a rise in either food quantity or quality driven by larger consumption of milk, fruits, vegetables, and meat.[20] A similar proportion of evaluations (10 out of 12) also found that beneficiaries increase their expenditures on school-related inputs (mostly textbooks), children's clothing, and health care and spend less on unhealthy substances such as tobacco.[21]

- ***Poverty:*** Nine out of 11 programs reduce the number of people below the poverty line (five CCTs, a food aid, a pension, a UCT, and a workfare programs).[22] Since the poverty headcount is measured mostly through consumption, the magnitude of the impacts fluctuates primarily with the program effects on consumption. The magnitude also varies greatly even within programs depending on the poverty line used. For studies that used comparable measures, the impacts range from a reduction of two percentage points in the case of *Oportunidades* in Mexico to 26 percentage points in the case of the OAP program in South Africa.[23] As **Error! Reference source not found.** shows, the positive effects on measures such as the poverty gap and the square of the poverty gap indicate that SSNs also contribute to reducing the average income gap of poor people.[24]

Table 3. Summary of Impacts on Income, Consumption, and Poverty Outcomes

Outcome indicators	*No. of programs*	*Negative*	*0*	*Positive*
Income	9	11% (1)	22% (2)	67% (6)
				[15; 39% of income]
Composition of income	3	0%	0%	100% (3)
				[increase in agricultural income]
Consumption	14	14% (2)	14% (2)	72% (10)
				[7; 32%]
Food consumption	20	5% (1)	10% (2)	85% (17)
Non-food consumption	12	17% (2)	0%	83% (10)
Poverty (head-count ratio)	11	9% (1)	9% (1)	82% (9)
		[-7.6 pp]		[2; 26 pp]
Poverty gap	5	20% (1)	0%	80% (4)
		[-1.7%]		[10; 33%]
Squared poverty gap	4	0%	0%	100% (4)
				[4; 68%]

Source: IEG.
Note: Magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest. pp = percentage points.

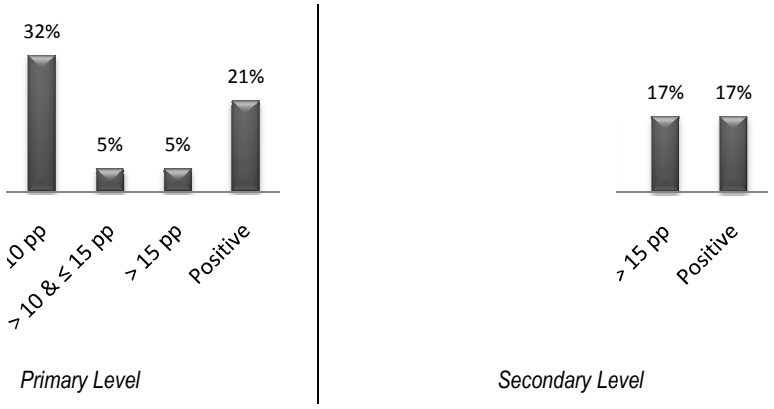
EDUCATION

1.33 **The majority of the evidence shows that the use of educational services improves as a result of SSNs, particularly CCTs, unconditional cash transfers, school feeding/take-home rations, and education fee waivers. This is in line with findings from previous reviews of CCT and school feeding/take-home rations programs, and is not surprising for programs that condition upon such inputs. Increased enrollment and attendance does not guarantee, however, improvements in academic performance of children in primary and early secondary schools. Systematic increases in cognitive development only happen to preschool children.**

School enrollment and attendance: Out of the 25 programs evaluated, 22 of them (88 percent) lead to an increase in the probability that children are enrolled in school and actually attend classes.[25] This improvement is mainly observed for CCT, school feeding and take-home ration, and education fee waiver programs, which have these outcomes as part of their requirements. At the same time, some other programs, especially UCT, still have positive impacts although they do not condition on school attendance.[26] Program impacts range widely from one percentage point in the *Programa de Asignacion Familiar - Phase II (PRAF II)*—a CCT in Honduras—to 43 percentage points in the Japan Fund for Poverty Reduction (JFPR) Scholarship

program in Cambodia. A closer examination of the evidence suggests that the size of the impacts is, on average, substantially higher for secondary school than for primary school (figure 8). Because most countries have achieved relatively high schooling coverage at the primary level, this result seems to indicate that the marginal gains of SSN programs with human capital objectives could be larger for secondary school where coverage is lower at baseline. Only one paper found a negative impact of a school-feeding program in Burkina-Faso on school attendance. However, this counterintuitive effect is largely due to the structure of the households whereby absenteeism increased particularly in those households where no other siblings are available to substitute for the labor of the participant children.[27]

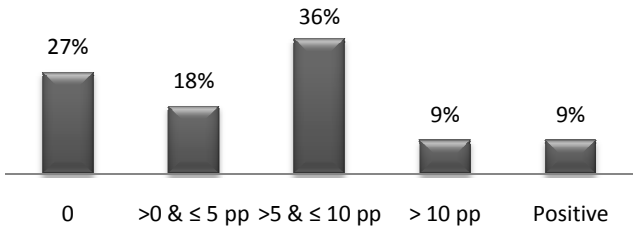
Figure 8. Distribution of Impacts on School Enrollment



Source: IEG.
Note: There are 19 IEs studying impacts on school enrollment at the primary level and 12 IEs at the secondary level; pp = percentage points; 0 = no impact found; positive = positive impact found but the exact magnitude was not reported or not reported in comparable units.

- ***Grade progression, repetition, and dropouts:*** Positive impacts are observed in at least 70 percent of the studies that measured these outcomes (figure 9).[28] However, these results are largely explained by the predominance of CCTs in the group of evaluations, which provides suggestive evidence of the value of the conditionalities on regular attendance.[29] Furthermore, most of these results come from samples of children in primary education. On the other hand, two papers found that CCTs (*Bolsa Escola* in Brazil and *Oportunidades* in Mexico) increased the failure rate among a subset of beneficiaries. The authors argued that this is driven by adverse incentives introduced by the design of the programs, which, in the case of Mexico, ceased payments after the third year of secondary school, thus discouraging students from passing beyond this grade.[30]

Figure 9. Distribution of Impacts on Grade Progression



Source: IEG.
Note: There are 11 IEs studying impacts on grade progression; pp = percentage points; 0 = no impact found; positive = positive impact found but the exact magnitude was not reported or not reported in comparable units.

- ***School transition:*** The evidence on whether SSNs facilitate the transition across major education levels (that is, primary to secondary to tertiary) is thin and inconclusive. This review identified only three papers that investigated the transition from primary to secondary school—one from lower to higher secondary school, and two from secondary to tertiary. *Subsidios* in Colombia increased the likelihood of entering tertiary institutions by 23 percentage points. On the other hand, while *Oportunidades* in Mexico has positive impact on transition to secondary and upper secondary school, it does not help students enter college. In addition, two CCTs in Pakistan and Turkey show a mix of positive and no impacts.[31] These results may suggest the importance of a differential structure of benefits to achieve higher marginal gains.[32]
- ***Early learning outcomes:*** SSNs are found to consistently increase learning for children in preschool but impacts vary for children in primary and early secondary school. All four evaluations (two CCTs, one UCT, and one housing subsidy) that measured program impacts for children in preschool (that is, early childhood development) showed a positive effect of 0.1 to 0.2 standard deviations. This could be due to improved investment in nutrition for young infants.[33] On the other hand, among nine evaluations of three different types of programs (school feeding, CCT, and UCT) that investigated academic performance for children in primary and early secondary education, only three reported a positive effect and three showed improvements in some tests but not others.[34] This could be due in part to the empirical difficulty in establishing whether the increase in the use of educational services attributed to SSNs actually leads to greater learning.[35] In sum, the results of the evidence reviewed and the findings of other parts of the literature suggest that the window of opportunity to improving learning is considerably higher for interventions that target young infants.

Table 4. Summary of Intermediate Educational Inputs and Outcomes

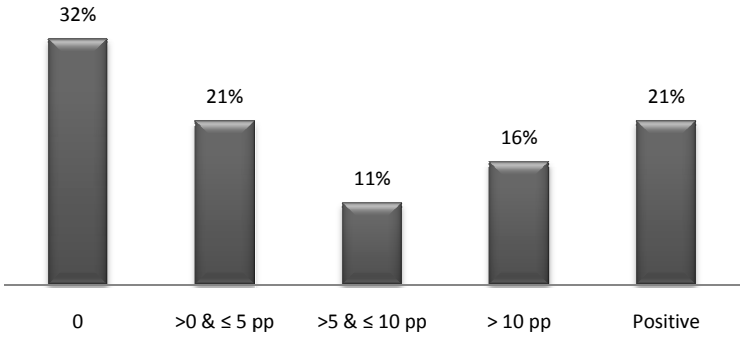
Outcome indicators	*No. of programs*	*Negative*	*0*	*Positive*
School enrollment	25	0%	12% (3)	88% (22) [0.74; 43 pp]
School attendance	25	4% (1) [–7.5 pp; -3.5pp]	8% (2)	88% (22) [0.8; 43 pp]
Drop outs	10[a]	0%	0%	90% (9) [2.5; 7.8 pp]
Grade repetition	7[a]	14% (1) [–0.8 pp]	0%	72% (5) [3; 12 pp]
Grade progression	11	0%	27% (3)	73% (8) [1.6; 15 pp]
Transition (primary/low secondary - secondary)	3	0%	33% (1)	67% (2) [5.5; 11 pp]
Transition (secondary - tertiary)	2	0%	50% (1)	50% (1) [23 pp]
Cognitive development (preschool)	4	0%	0	100% (4) [0.1; 0.19 of an SD]
Academic performance (primary and early secondary)	9[a]	0%	33% (3)	33% (3) [0.3; 0.5 of an SD]

Source: IEG.
Note: The range of magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest.
a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive. pp = percentage points; SD = standard deviation.

- ***Child labor:*** The increase in schooling due to participation in SSN programs is accompanied by a reduction in child labor. The 13 programs (out of 19 programs evaluated) with positive impacts include six conventional CCTs, two CCT that exclusively target girls in Cambodia and Pakistan, two school feeding programs in Bangladesh and Burkina Faso, one UCT in Ecuador, and two education fee waiver programs in Colombia and Indonesia (figure 10).[36] Even though not all programs reduce the extensive margin (labor participation), all those that were evaluated against the intensive margin (the number of hours worked) have positive impacts (CCT, UCT, noncontributory pension, and education fee waiver). The findings suggest that even if parents do not withdraw children from income-generating activities altogether, they might depend less on the income from children's work due to the transfers, hence allowing their children to spend more time in educational activities, or in leisure. In many cases the impacts

are economically meaningful, for instance, children in households eligible for the *OAP* in South Africa work one hour less a day, compared with a baseline of 3 hours per day for the average rural child.[37]

Figure 10. Distribution of Impacts on Child Labor Participation (in percentage points)



Source: IEG.
Note: There are 18 IEs that measured impacts on child labor; pp = percentage points; 0 = no impact found; positive = IEs showed reduction in child labor but did not report magnitude in comparable units.

HEALTH AND NUTRITION

1.34 **The findings show strong compliance with programs that are conditional upon health care usage and growth monitoring, such as CCTs. However, improvements in these health- and nutrition-promoting behaviors have not necessarily translated into better health and nutritional status for children.**

- ***Health care usage and attendance to growth monitoring:*** All but one of the eleven evaluations that investigated these outcomes found a positive impact. The only program that has no effect on the attendance to growth-monitoring sessions by beneficiaries is *BDH*, a UCT program in Ecuador that was originally designed as a CCT but ultimately executed without enforcement on conditions.[38] One challenge to synthesizing the existing evidence in this subject is finding a common measure across studies. Some studies looked at indicators such as regular check-ups at health centers, use of preventive treatment, and learning about good health practices. Others quantified the number of sessions attended by children and their mothers to identify treatable nutritional deficiencies and to educate them about good nutritional practices. Many of these practices are conditions tied to benefits, so these outcomes essentially measure the compliance with program rules.
- ***Health status:*** Despite improvements in health care usage, the health conditions of children beneficiaries do not seem to

improve. Infant mortality appears to fall but the evidence is limited to one study of the Mexican *Oportunidades* CCT, which leads to approximately two fewer deaths per thousand births.[39] There is mixed evidence regarding the prevalence of diarrhea, anemia, and parasitic infestations among young children—five programs have positive impacts and five have no impact. The five programs that reduce morbidity are four CCTs and one housing subsidy. The *Piso Firme* program in Mexico is a housing subsidy that replaced dirt floors with cement floors.[40] It is also inconclusive on whether SSNs improve child physical and mental health because only two out of six evaluations showed positive impacts.[41]

- ***Anthropometric measures for infants:*** Many evaluations reported results that captured changes in the physical and nutritional status of infants and children under six but they did not exhibit a clear pattern. This is partly due to the variety of measurements used to assess this outcome. Anthropometrics can measure either absolute gains in height and weight or changes relative to standards among a reference population—for example, weight for height (WHZ), weight for age (WAZ), height for age (HAZ), and levels of malnourishment (underweight, wasting, and stunting). Moreover, physical growth evolves in different ways and at different rates depending on one's age. The one indicator that has the most consistent direction of impact is weight gain, WAZ, and prevalence of underweight for children under six.[42] Five out of eight SSN programs (three CCTs and two school feeding programs) have positive impacts.[43] However, only two in seven evaluations found that a noncontributory pension in South Africa and a workfare in Ethiopia leads to substantial gains in WHZ and/or reduces the probability of wasting.[44] Similarly, half of the evaluations showed increases in the average height of participant children while the remaining seven found no impact.[45]
- ***Other measures with less evidence (immunization, birth weight, and anthropometrics for children between 6 and 13 years old):*** Less than half of the evaluations found any significant increase in the rates of immunization for children under six years old (all CCTs). One possible explanation is that increasing immunizations is not an explicit objective of some CCTs.[46] It could also be due to the high preprogram immunization coverage among target populations.[47] Regarding birth weight, the evidence is scarce and mixed of positive and no impacts, partly because the identification of significant impacts requires large sample sizes of direct beneficiaries (that is, pregnant women that participate in the

program).[48] Finally, only six evaluations investigated whether four school feeding programs (in Bangladesh, Uganda, Kenya, and Burkina Faso), a CCT (in Mexico) and a workfare program (in Ethiopia) produced gains in weight and height for older children. There is mixed evidence regarding WHZ and WAZ, while none of the evaluations that measured changes in HAZ reported a positive impact.

Table 5. Summary of Impacts on Health and Nutrition Outcomes

Outcome indicators	*No. of programs*	*0*	*Positive*
Health Care Usage	7	0%	100% (7)
			[8; 25 pp]
Attendance to Growth and Monitoring Session	4	25% (1)	75% (3)
Immunizations	8[a]	50% (4)	38% (3)
Mortality	1	0%	100% (1)
			Infant mortality: 11%
Morbidity	10	50% (5)	50% (5)
			Anemia prevalence: [8.3; 10.5 pp], diarrhea: [1.8; 9 pp]
Health Status of Children	6[a]	50% (3)	33% (2)
Birth Weight	2	50% (1)	50% (1)
			[0.55 kg]
Anthropometrics (Infants)	15[a]	27% (4)	40% (6)
Height Growth, HAZ, and Stunting	14	50% (7)	50% (7)
			[0.1; 1 z-score]
Weight Gain, WAZ, and Underweight	8	37% (3)	63% (5)
			[0.2; 0.79 z-score]
WHZ and Wasting	7	72% (5)	28% (2)
			[0.34; 2.45 z-score]
Anthropometrics (children above 6 years old)	6[a]	33% (2)	33% (2)

Source: IEG.
Note: Magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest.
a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive. pp = percentage points.

SHORT-TERM LABOR SUPPLY AND ECONOMIC ACTIVITIES

1.35 **Programs that are not meant to affect labor supply are indeed found to have no impact, whereas the evidence is mixed for programs, such as workfare, that are set out to protect employment in the short term. On the other hand, although the evidence is thin,**

it shows consistently that CCTs, UCTs, and workfare schemes lead to increased saving and borrowing abilities and better investment strategies.

- ***Adult labor supply:*** Three patterns emerge when results are broken down by intervention types. First, most of the programs that are not expected to directly affect labor supply appear to have no impact. Indeed, none of the four CCTs evaluated discourage beneficiaries from working. Some exceptions to this include programs that reduce the intensive margin of labor supply (that is, total hours worked). For instance, RPS, Nicaragua's CCT, reduces the hours worked by adult men and women by 3 and 6 hours per week, respectively. Analogous effects are found for a UCT program in Albania and a pension program in South Africa. Second, there are examples among workfare programs with both positive (Argentina and Colombia) and negative impacts (Poland and Ethiopia). Finally, in a few cases, SSNs influence the type of work and economic sector in which working-age adults choose to engage. Three out of five evaluations found that food aid, wage subsidy, and CCT programs produce positive changes in employment quality and returns.[49]
- ***Savings and credit:*** Although the evidence is scant, all of the four studies that investigated the impact of SSNs on the saving and borrowing capacity of households demonstrated a positive effect. This includes a CCT in Paraguay, two workfare programs in Ethiopia and Colombia, and a UCT in China. It is possible that the transfers allow households to use the additional income as leverage for credit. Furthermore, households may choose to save more or reduce inefficient precautionary savings as they rely on the transfers as a form of insurance. These transfers, together with the ability to save and borrow, can, in turn, improve households' welfare by allowing them to smooth their consumption, switch to other economic sectors, invest in productive inputs, and accumulate assets.
- ***Current investment decisions:*** Adding to the evidence regarding effects on savings and credit, four out of five studies that measured the immediate use of the transfers on assets and production investments suggested a positive effect. The evaluations quantified these outcomes through the changes in the amount invested or the probability that households invest in assets (such as livestock and trees), particular business activities (such as microenterprises and self-employment), or critical agricultural inputs (such as seeds, pesticides, fertilizers, and equipment). Overall, there is more consistent evidence of positive impacts on production investments than on asset

acquisition. The only program that improves both is *Tekoporã* (a CCT in Paraguay).[50] Nonetheless, the extrapolation of these results is difficult given that the evidence is very limited.

Table 6. Summary of Impacts on Labor Supply and Economic Activities

Outcome indicators	*No. of programs*	*Negative*	*0*	*Positive*
Adult labor	15	40% (6)	47% (7)	13% (2)
Labor composition	5	0%	40% (2)	60% (3)
Savings and use of financial services	4	0%	0%	100% (4) Savings: [20%], Credit: [7%]
Assets and production decisions	5	0%	20% (1) Asset acquisition	80% (4) Asset acquisition: [0; positive]; Production investment: [positive]

Source: IEG.
Note: Magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest.

PROTECTION AGAINST SYSTEMIC AND IDIOSYNCRATIC SHOCKS

1.36 **Another common goal of SSN instruments is to protect the welfare of the poor and vulnerable against the adverse effects of shocks.** The insurance role of these programs is expected to work through a range of mechanisms that seek to prevent or mitigate the negative—and sometimes irreversible—effects of shocks on investments in human and physical capital. Direct transfers in cash or in-kind may improve the ability of households to smooth consumption. Workfare and wage and employment subsidies are set up to cushion against employment loss due to systemic or idiosyncratic shocks. Conditional programs such as CCTs and health and education fee waivers may help deter households from adopting suboptimal coping strategies like withdrawing children from school. School meals and food aid programs could assist vulnerable households to protect the nutritional status of their children in times of hardship. In addition, noncontributory pensions aim to protect the elderly against sudden loss of income. And, as noted in this report, some SSNs may also encourage households to optimally diversify their sources of income.

1.37 **The existing evidence is large (12 IEs), is highly specific to workfare and CCTs, and shows that the programs evaluated help protect the welfare of households against shocks.**

- ***Workfare:*** Results from four out of five workfare programs are positive. An evaluation of the Employment Guarantee Scheme (EGS) in India indicated that the duration of participation in the program reduces the variance of household income among beneficiaries. The income of program participants of *Trabajar II*

and *Jefes y Jefas* in Argentina fell less, as compared with that of the control, and their income and employment recovered more quickly after the crisis that hit the country in the early 2000s. Similarly, one food-for-work program in Ethiopia helped mitigate the negative effects of crop damage on child growth. The other food-for-work program in Ethiopia shows mixed evidence because it is associated with a positive increase in risk-sharing between households in treated communities, but reduces the ability of these households to respond to some idiosyncratic shocks.[51]

- ***CCT:*** Evaluations of five CCTs also showed that participants are in a better position to deal with shocks. For example, households enrolled in the CCT pilot in Nicaragua (AC) are six percentage points less likely to increase the involvement of their children in income-generating activities when confronted by shocks. Two CCTs in Nicaragua (RPS) and Honduras (PRAF II) appear to have protected the consumption of coffee-growing households when they were affected by the considerable fall in international coffee prices. Recipients of the *Bolsa Familia* CCT (formerly *Bolsa Escola*) in Brazil used the cash transfer to diversify their income portfolio, potentially enhancing the ability of the poor to protect against adverse economic shocks. Although Mexico's *Oportunidades* does not preclude parents from increasing the use of child work, it mitigates the impact of shocks on enrollment. Moreover, the program allows even nonbeneficiary households to borrow more when hit by a negative idiosyncratic shock so that they could reduce their precautionary savings.[52]
- ***Education fee waiver:*** The *Jaring Pengamanan Sosial (JPS)* scholarship program was launched by the Indonesian government in response to the crisis of 1997–98 to prevent the decline in student enrollment, and it largely lessened this decline. The evaluation also found that the program allowed households to stabilize their consumption, protect their investments in education, and reduce child labor.[53]
- ***UCT:*** *Procampo* (Program for Direct Assistance in Agriculture) was set up in Mexico to compensate farmers for their losses due to the North America Free Trade Agreement (NAFTA) and, indeed, was found to prevent the incomes of participants from declining. Furthermore, through both direct and multiplier effects, the program also helps increase income by 18 percent.[54]

Table 7. Summary of Impacts on Protection against Shocks

No. of programs	*Negative*	*0*	*Positive*
12[a]	0%	0%	92% (11) [Mitigate negative effect of shocks on child labor and enrollment, income, and poverty; smooth consumption]

Source: IEG.
a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive.

Impacts on Final Outcomes and Sustainability of Effects

1.38 **It is expected that the immediate improvements in the welfare of households created by SSNs will eventually reduce long-term poverty—an ultimate development objective—through the protection and promotion of their future employability, productivity, and income.** There effects are, in turn, determined by other medium- and long-term outcomes such as educational attainment, health status, and sustained productive investments. There are many channels through which the impacts on intermediate outcomes discussed in previous sections may lead to positive effects on final development outcomes, for example:

- An increase in the use of inputs critical for the accumulation of human capital of children (for example, school attendance and progression, early cognitive development and learning, preventive health care, and nutritional intake). These are, in turn, expected to enhance productivity and employability in adulthood;
- Promotion of incentives to help households maximize their income-generating capacity through optimal (or close to optimal) production and investments decisions. Transfers could thus have multiplier effects that may have long-lasting impact on the income of beneficiaries; and
- Improvements in risk-coping strategies to avoid behaviors that could perpetuate poverty and have negative consequences on present and future consumption, human capital, and the means on which households rely to generate their incomes and consumption.

1.39 **Nevertheless, empirical difficulties and lack of incentives may constrain the investigation of such middle- and long-term effects in the impact evaluation literature.** Only 34 out of the 149 studies (23 percent) tried to measure the impacts on final (or close to

final) outcomes for 17 SSN programs. These outcomes capture the effects that are closer in the results chain to determining future welfare or the sustainability of the short-term effects. Understandably, these outcomes are most likely evident only in the longer-term and (as discussed in a previous section) the majority of IEs measure impacts within two years of program implementation. There are several possible explanations for this dearth of evidence. First, researchers may be confronted with empirical challenges when trying to undertake this type of analysis: lack of rich data that cover long periods of time, difficulties in tracking people over time, the shortage of long-running programs, contamination of treatment and control groups during and after program implementation, and difficulties in separating the long-term effects attributable to the program from those of external factors. Second, institutional incentives may be weak if the effectiveness of projects is assessed largely on the basis of short-term impacts. Third, evaluations focused on long-term outcomes take time to be conducted, their results could be available too late to be relevant and inform decisions, and they may be perceived as more expensive.

1.40 **Despite the limited amount, strong evidence is emerging which suggests that SSNs have positive impacts on school attainment, productive investments, and income and consumption growth.** The results are organized around different groups of outcomes that are closer in the causal chain to the final development objectives: (i) the stock of human capital (school attainment, test performance in early adulthood, and adult health status); (ii) the stock of physical capital; and (iii) future employment, income, and consumption growth.

STOCK OF HUMAN CAPITAL

1.41 **The evidence is scarce and does not show conclusively that SSNs lead to a higher probability of learning in early adulthood or health status. However, there are some signs that human capital interventions such as CCTs and education fee waivers do enhance high school graduation and school attainment.**

- ***Graduation rate:*** Five papers— four CCTs (two in Colombia, one in Pakistan, and one in Mexico) and an education fee waiver program in Colombia— investigated the impacts on secondary school completion. All programs help increase the rate of secondary school completion among beneficiaries by 4 to 8 percentage points.[55]
- ***School attainment:*** The increase in educational service utilization is consistently associated with positive impacts on school attainment in all six evaluations that examined this outcome, particularly those of CCTs. Studies often measured

the stock of human capital of an individual as the total number of years of education accumulated by that person.[56] Five out of six evaluations found that children covered by a particular SSN accrue more years of education (between 0.08 and 1.4 additional years). In particular, an evaluation of *Oportunidades* shows that positive and substantial effects on school attainment are also evident among young adults who were exposed to the program for about a decade. The remaining evaluation of a pension program in South Africa found significant positive impacts only for boys. However, once again, because half of the papers reviewed (three studies) dealt exclusively with CCTs, these results cannot necessarily be extrapolated to other programs.[57]

- ***Learning outcomes for older children:*** Whereas SSNs appear to increase learning for young children, it is difficult to establish a pattern among the few studies that assessed the impacts on learning for older children. Only six studies investigated the impacts of programs on learning outcomes during and at the end of secondary school. Results from the evidence are mixed with two CCTs in Colombia and Cambodia making no significant impacts on test scores, and three programs (two CCTs in Argentina and Malawi and the education fee waiver *PACES* in Colombia) were shown to improve participants' grades and college entrance exam scores. The Mexico's *Oportunidades* program has mixed results with improvements in some subjects and no impact on others. [58]

Box 3. Rethinking Program Design for Improved Learning

Although learning is not the primary objective of most SSN programs, it is a close determinant of enrollment in higher education and future labor productivity. Therefore, the apparent lack of impacts on learning outcomes should be taken into account when designing new SSN programs. The evidence reviewed here suggests that those SSNs with a clear emphasis on promoting investments in education are, indeed, increasing educational attainment. However, accumulating more years of education is not equivalent to learning more. The evaluations of CCTs and school feeding programs showed no clear positive effects on test scores or grades. Such results demonstrate the need for further research on this topic and for rethinking several aspects of SSN design. For instance, CCTs are transferring resources (as much as $30 a month in the case of *Oportunidades*), part of which are expected to improve learning through increased spending on books, food, and transportation, and so forth. It is perhaps important to tie the resources with incentives and support, such as conditionalities (basing them on performance instead of attendance), supplements (providing learning materials together with cash), and timing of transfers (after tests are completed). Constraints within the household (parenting, use of the children's time outside of school) and outside the household (the amount and quality of the supply of educational services) also need to be carefully considered.

- ***Adult health and nutritional status:*** Only three evaluations investigated the impacts on different self-reported measures of the health status of adults, but all had positive impacts. The three program evaluated were shown to help strengthen the health status of adults (Mexico's CCT, *Oportunidades;* Mexico's housing subsidy, *Piso Firme;* and South Africa's pension scheme, OAP). However, a caveat of aggregating this evidence is that the outcomes analyzed are hardly comparable across evaluations because they include measures such as physical strength, prevalence of severe illness, depression, and perceived stress.[59] Regarding the long-term effects on nutrition, recent evidence, also from *Oportunidades*, shows that the positive effects on nutrition among young beneficiary children found by earlier studies are not visible a decade later among the same beneficiaries.[60]

Table 8. Summary of Impacts on the Stock of Human Capital

Outcome indicators	*No. of programs*	*0*	*Positive*
Graduation rate	5	0%	100% (5)
			[4-8 pp]
School attainment~	6[a]	0%	83% (5)
			[0.08; 1.4 years]
Academic performance (secondary school)	6*	33% (2)	50% (3)
			[0.12; 0.3 of an SD]
Adult health status	3	0%	100% (3)
Attainment of nutrition	1	100% (1)	0%

Source: IEG.
Note: The range of magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest. Some results were obtained through simulation.
a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive. pp = percentage points; SD = standard deviation.

STOCK OF PHYSICAL CAPITAL

1.42 **The evidence is thin and seems more consistent regarding the sustained positive impacts on investments in productive capital, but almost no impact was found for the accumulation of nonproductive assets.**

- ***Productive physical capital:*** Households benefiting from *Oportunidades* invested around 12 percent of the transfers in profitable activities and assets five and half years into the program.[61] Participants in *Procampo*, a UCT program also in Mexico, appear to have used part of the transfers to increase their spending on agricultural investments, multiplying the effects of the transfers by 1.5 to 2.6 times. There is evidence that the benefits of RPS, a CCT in Nicaragua, increase

investments in agricultural equipment, but the impact is relatively small.[62]

- ***Nonproductive asset:*** The Chilean Progressive Housing Program (PHP), which provides low-cost housing solutions to the poor, leads to higher quality of housing among beneficiaries. However, a somewhat comparable housing program in Mexico aiming at replacing dirt floors with cement floors has no sustained impact on the value of assets or home improvement. Similarly, beneficiaries of the Chinese Southwest UCT did not experience higher asset growth relative to the control group four years after the disbursement of transfers had ended; and no differential change in asset acquisition is observed for participants 18 months after a food-for-work scheme was set up in Ethiopia in response to the 2002 drought.[63]

Table 9. Summary of Impacts on the Stock of Physical Capital

Outcome indicators	*No. of programs*	*0*	*Positive*
Productive physical capital	3	0%	100% (3)
Non-productive asset	4	75% (3)	25% (1)

Source: IEG.

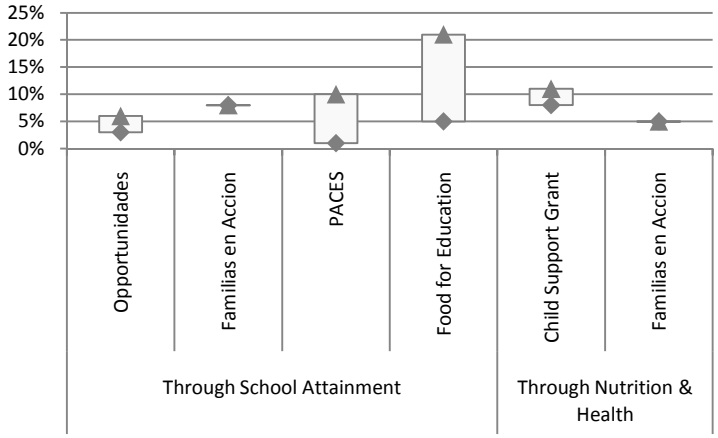
EMPLOYMENT, INCOME, AND CONSUMPTION TRAJECTORIES

1.43 **While the evidence on employment potential is inconclusive, it is suggestive that the gains in income and consumption due to SSNs endure over time.**

- ***Future employability:*** Most of the evaluations that investigated the impacts on the employability of beneficiaries are for interventions that seek to provide short-term employment during times of crisis (workfare and wage/employment subsidies). No clear patterns emerge from this group of studies, because three reported positive impacts and two showed negative impacts. There are some trends, however, by regions. Among East European transition countries (Poland, Romania, and Slovakia), both positive and negative impacts on the employment rates and length of unemployment arise for beneficiaries between 12 and 18 months after exiting the program. Conversely, studies testing comparable outcomes for similar programs and the same time frame in Latin America reported systematic positive impacts on employment. Only one CCT (*Oportunidades* in Mexico) studied employment prospects for long-term beneficiaries and showed positive effect, which seems to operate through the program's contribution to improved higher school attainment.[64]

- ***Income growth:*** Most of the evidence on this subject comes from simulation analyses that seek to quantify the increased future earnings as a result of the program. Five such exercises provide insights into the sizeable impacts of SSNs on income growth through two main channels. One is through the increase in school attainment. The other is through improved nutrition and health (figure 11). Results based on actual changes in income are also encouraging. In fact, beneficiaries of the *Empleo en Accion* workfare in Colombia and the Southwest UCT program in China experience sustained income gains nine months and four years after participation, respectively, although the gains for the latter are very modest in both a statistical and economic sense.[65]
- ***Consumption growth:*** Four of the six programs evaluated have positive impacts on consumption growth. Analyses of two workfare programs in Colombia (*Empleo en Acción*) and Ethiopia (Employment Generating Scheme) showed that increases in consumption among beneficiaries are still large and significant 9–18 months after they exit the programs; parallel trends in consumption growth are found for CCT beneficiaries in Colombia and Mexico two years and five and a half years, respectively, after they joined the programs. In contrast, short-term increases in consumption attributed to the CCT in Nicaragua, RPS, disappeared one year after the transfers ceased. And there no consumption gain remained in the China's UCT program, consistent with its short-term finding.[66]

Figure 11. Impacts on Income Growth



Source: IEG.

Indirect Effects on Other Outcomes of Interest

1.44 **The existing body of literature, though scarce, indicates that CCTs tend to have positive indirect effects in terms of adolescent girls' sexual behavior and marriage and nonbeneficiary households' saving and borrowing abilities. Evidence is mixed regarding time and food allocation of ineligible siblings, school results of nonbeneficiary children, and labor supply of nonparticipant adults. Finally, most of the evidence indicates that SSNs do not crowd out private transfers.** These outcomes are often unintended effects beyond the objectives of SSNs regarding their target population. Yet, it is important to assess these effects since they may undermine or contribute to the objectives of the program. However, perhaps due to various reasons related to empirical challenges (for example, lack of data on nonbeneficiaries or market) or incentives (for example, a narrow scope focusing on direct objectives), not many impact evaluations investigated these outcomes. In fact, only 21 out of 56 programs (38 percent) have such analysis. This section examines the available evidence on the indirect effects of safety net transfers on individual behaviors as well as aggregate effects on local conditions along four main topics: (i) remittances and other private transfers; (ii) marriage, sexual behavior, and fertility; (iii) other behavioral responses (time use, household size, and empowerment); and (iv) spillover and general equilibrium effects.

REMITTANCES AND OTHER PRIVATE TRANSFERS

1.45 **Most of the evidence shows that remittances and other private transfers to program beneficiaries remain unaffected after they start participating in the program.** Remittances and other inter-household transfers are regular sources of income for households in the developing world. In theory, these private transfers could be reduced in response to the safety net benefits, thus offsetting the impacts of the program. The existing evidence is not abundant (seven studies) with three suggesting that private transfers are not crowded out by SSN benefits (evaluations of a CCT in Nicaragua, a UCT in China, and a workfare program in Ethiopia).[67] On the other hand, one study indicated that 25–30 percent of the social pension of South Africa's OAP given to the elderly was offset by a reduction in private transfers from their children. Finally, different studies of the *Oportunidades* CCT in Mexico found both negative and no impact regarding private transfers to beneficiaries but some positive impact extending beyond the target population.[68] In this case, due to the money injected in the local economy, ineligible households in treatment villages are more likely to receive private transfers than ineligible households in control villages (box 4).

Table 10. Summary of Impacts on Remittances and Other Private Transfers

No. of evaluations	*Negative*	*0*	*Positive*
7	29% (2)	57% (4)	14% (1)
	Crowd out private transfer: [25–30% of benefit]		Transfer to non-beneficiaries: [positive]

Source: IEG.
Note: The range of magnitude of impacts is reported within square brackets.

Box 4. Impact of SSNs on Private Transfers: The Case of *Oportunidades*

Oportunidades, launched in 1997, is an ongoing CCT program in Mexico that provides transfers to women of poor households on the condition that they take their school-aged children to school and/or their infants for health checks. The cash transfers can be quite large, ranging from $9 to $80 a month, with the average monthly benefit of about $30, which is equivalent to about 22 percent of the monthly income or 19–20 percent of per capita expenditures of beneficiary families. It is often expected that these large public transfers may crowd out transfers within and across households through remittances, loans, and so forth. Indeed, this was confirmed in a study measuring the impact six months into the program. However, another study indicated that after 19 months, the program did not seem to crowd out overall, monetary, or nonmonetary transfers to beneficiary households. On the other hand, because social networks and informal lending channels are important means for smoothing consumption and insuring against risk within the community, even small liquidity injections into the network may have substantial spillover effects through increased loans and transfers. Indeed, studies found that, 18 months into the program, both loans and family and friend transfers to the ineligible are significantly higher by one third in treatment villages.

Sources: Angelucci and De Giorgi, 2009; Teruel and Davis, 2000 ; Albarran and Attanasio, 2002.

SEXUAL BEHAVIOR, FERTILITY, AND MARRIAGE

1.46 **The literature, though limited, consistently shows that incentives created by SSNs positively affect the decisions of adolescents regarding sexual behavior, fertility, and marriage.[69]**

- ***Sexual behavior:*** The evaluation of a randomized CCT targeting young women in Malawi (the Zomba Cash Transfer Program) showed a significant delay in the onset of sexual activity and a reduction in the number of sexual partners among young women in the treatment group, particularly those not in school before the program. Similarly, evaluations of the *Oportunidades* CCT in Mexico indicated that the program delays premarital sex and out-of-wedlock births among sexually active adolescents in the treatment group.[70]
- ***Fertility:*** The same two evaluations also showed that these programs reduce the likelihood of participating girls becoming pregnant. Similar evidence has been documented for young women that participate in the CCT component of the Social Risk Mitigation Project (SRMP) in Turkey. Adolescent girls are

also found to have fewer children due to a CCT program encouraging investments in education of girls in Pakistan (FSSP). Furthermore, spacing between first and second births increases among adolescent mothers in treatment villages in Mexico—probably as a result of the program's provision of information on reproductive health and use of modern contraception. Regarding adult women, however, one noncontributory pension (OAP in South Africa) and one CCT program in Brazil have no effects on fertility decisions.[71] It is expected that mothers who have fewer children tend to invest more in their human capital, so the positive effects on childbirths could translate into positive intergenerational effects.

Box 5. Possible Incentives of Program Design on Fertility Decisions

Despite frequent concerns about the impacts of program benefits on the fertility of participant households, the few effects documented to date could be associated with differences in program design. In the case of programs like school feeding, CCTs, child allowances, health and education fee waivers, and UCTs, the amount of benefits provided may be based on the number of children in a household. Therefore, a natural concern is that such rules may encourage households to have more children to obtain more benefits from the program. An evaluation of the PRAF II CCT program in Honduras, whose benefits are determined by the number of young children, found that fertility increased among eligible households by 2 to 4 percentage points. In order to avoid these adverse incentives, programs tend to use caps or lump sum transfers to regulate the flow of benefits to households with children. To date, the evidence is still scant and, therefore, more research has to be conducted to either confirm or reject that a scheme of benefits based on the number of children encourage families to have more children and whether caps are required to remove such adverse incentives.

Sources: Stecklov and others, 2006, Fiszbein and Shady, 2009; Arias and others, 2006.

- ***Marital status:*** The two CCTs in Malawi and Mexico lead to substantial declines in early marriage. For example, girls and boys who were ages 9 to 15 upon entering *Oportunidades* were between 12 and 25 percent less likely to be married six years later. PACES, a randomly allocated education fee waiver program in Colombia, also reduces marriage and cohabitation rates for beneficiaries. In addition, the FSSP in Pakistan also induces girls to delay marriage by more than one year.[72]

Table 11. Summary of Impacts on Sexual Behavior, Fertility, and Marital Status

# Programs	*0*	*Positive*
7	29% (2)	71% (5)
		First sexual activity: [31; 46%]; Childbearing: [0; 34%]; Marriage decision: [0;48%]

Source: IEG.
Note: The range of magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest.

Box 6. Impact of SSNs on Sexual Behavior, Fertility, and Marriage: The Case of Zomba Cash Transfer Program

Zomba is a two-year randomized CCT in Malawi that provides school fees and cash transfers to unmarried girls, aged 13–22, to stay in, or return to, school. The average cash transfer to the households consists of $10 a month for 10 months, which represents roughly 15 percent of total monthly household consumption. By the end of the first year, together with an increase in school enrollment, there is a reduction of 40 percent in the marriage rate among the girls who were not in school when the program started. These girls are also 30 percent less likely to become pregnant. The onset of sexual activity and the number of sexual partners also decrease significantly. The evidence suggests that as girls stay in school longer, they delay marriage and sexual activity, which will lead to a reduction in their risk of HIV infection. This is a particularly important result in areas like Zomba where educational attainment is low and the HIV/AIDS rate among women is high (24.6 percent).

Source: Baird and others 2009.

OTHER INTRA-HOUSEHOLD BEHAVIORAL RESPONSES

1.47 *Time reallocation:* **The evidence on the indirect effects of programs on responsibilities and the use of time within households is limited, mixed, and based mostly on CCTs.** The conditionalities and transfers of CCTs and other SSN instruments could have income, substitution and "displacement" effects on ineligible members of beneficiary households. For example, *Oportunidades* has favorable effects on beneficiary children but at the expense of others in the households: adult women end up substituting for children's time in domestic and farm work, and boys 12–17 years old who have beneficiary siblings devote less time to school-related activities. Similarly, the CCT program *Subsidios* in Colombia reduces the school enrollment of ineligible siblings, particularly girls. In contrast, two CCT programs targeting girls, the CSP in Cambodia and the FSSP in Pakistan, do not have effects on the school enrollment and work of ineligible siblings.[73]

1.48 *Food reallocation:* **Evaluations of three school feeding programs showed that there is little or no reallocation of calories within households whose children receive food transfers.** It is often expected that households might, in response to school feeding and food aid schemes, reallocate calories away from beneficiary children. However, such responses are not evident in the literature. Three evaluations of three school feeding programs in Philippines, Kenya, and India showed that children who receive meals at school continue receiving the same amount of calories from home as nonparticipant children.[74]

1.49 *Bargaining power:* **Two studies showed that SSNs may help women gain more decision-making power within the household when the benefits are given to women.** The rationale behind this is that the status of women in poor households and their power to make decisions may be strengthened if they have more control over the resources of the family. The evidence from the BDH UCT in Ecuador and *Oportunidades* CCT in Mexico is, again, too limited to make credible extrapolations, but it is encouraging to learn that they both show positive impacts.[75]

Table 12. Summary of Impacts on Other Intra-household Behavioral Responses

No. of programs	*Negative*	*0*	*Positive*
14[a]	7% (1)	43% (6)	21% (3)
	Education of nonparticipating siblings: [negative]		Bargaining power of women: [positive]

Source: IEG.
a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive.

SPILLOVER AND GENERAL EQUILIBRIUM EFFECTS

1.50 **The little evidence available does not show any particular patterns of SSNs causing significant spillover and general equilibrium effects in the communities where they are implemented.** SSNs are often targeted toward specific geographic areas with high concentrations of poor and vulnerable people. A relatively high volume of transfers could create externalities for these communities in the form of changes in local prices or wages due to fluctuations in liquidity or labor supply. In addition, changes in behaviors associated with the program may have secondary effects on members of nonbeneficiary households. For example, a reduction in child labor among the treatment group may decrease the local supply of child labor and either encourage nonparticipant households to depend more on the work of their own children or discourage the social norm of using child labor among nonbeneficiaries. Similarly, programs that encourage children to attend school may end up

overcrowding local schools, creating negative externalities to nonbeneficiaries.

- ***Schooling and labor of nonparticipant children:*** Among the six evaluations of three different types of programs with evidence on this effect, there are examples with positive externalities (increases in school attendance and progression), negative externalities (increases in child labor, reductions in enrollment, and negative peer effects on test scores), and no externalities.[76]
- ***Labor supply and earnings of nonparticipant adults:*** The only existing evidence on this comes from evaluations of the *Oportunidades* CCT in Mexico. The program was shown to decrease labor force participation by nonbeneficiary adults in treatment villages, reduce salaried work and self-employment among ineligible women, but have no effects on the labor earnings of ineligible households in treatment villages.[77]
- ***Savings and access to credit for nonparticipant households:*** Evaluations of two programs showed positive spillover effects. The *Tekoporã* CCT in Paraguay increases the savings rate among nonbeneficiary households living in municipalities where the program is implemented; ineligible households in communities where *Oportunidades* has been implemented also have greater access to loans.[78]

Table 13. Summary of Spillover and General Equilibrium Effects

No. of programs	*Negative*	*0*	*Positive*
13[a]	23% (3) [Negative spillover on prices, labor supply of nonbeneficiary adults, and on test scores and labor of nonbeneficiary children]	23% (3)	38% (5) [Positive spillover on school attendance and nutrition surveillance of peers, and on saving and borrowing capacity of nonbeneficiaries]

Source: IEG.
Note: (*) a. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive.

Chapter 4
Lessons Learned and Knowledge Gaps on Other Aspects of Impacts

Evaluation Essentials

- Many efforts have been devoted to understanding the distribution of program impacts across beneficiaries showing that distributional patterns are specific to program and context.
- Few evaluations investigate the cost effectiveness of programs and how program design, implementation process, and local context affect the impacts of SSNs.
- A subset of impacts appear similar in direction across interventions that are comparable in objectives and design yet different in their sizes, the implementation context, and the methods with which they are evaluated.

1.51 **The discussion so far focused on the average impacts of SSNs; this chapter investigates these impacts more deeply and explores what the literature says about how, why, to whom, at what cost, and under what circumstances they deliver these results.** The next four sections present how impact evaluations may help answer four questions: (1) which groups of people benefit more from SSNs? (2) which factors along the causal pathway are more important for the success of SSNs? (3) do the gains outweigh the costs of interventions? and (4) are some of the findings externally valid, that is, consistent across different implementation context, program sizes, and evaluation methods? Finally, this chapter discusses remaining knowledge gaps and assesses whether they are addressed by the IEs in progress or planned. The four main conclusions of this chapter are:

- Substantial effort has been devoted to understanding the underlying preferences and constraints linked to the decisions of participant households as well as the distribution of program impacts across beneficiaries. The distributional patterns of impacts, however, are found to be specific to programs and context;
- Little is known about how program components, duration of benefits, implementation processes, and local context affect the impacts of SSNs;
- Evidence is also thin on whether the benefits of programs offset the costs and by how much;
- The direction of a subset of impacts appears to be consistent for a group of similar interventions and outcomes across different context (countries), program sizes, and evaluation methods despite the large variation in magnitude.

Distribution of Impacts across Beneficiaries

1.52 **Treatment effects may vary according to differences in individuals' socioeconomic characteristics, and understanding these**

variations is instrumental to effective program design. Preprogram differences among individuals determine their exposure to social risks, responsiveness to treatment, and other preferences and constraints that may amplify or diminish the impacts of SSNs. The benefits of nutritional supplements, for instance, might be greater for infants than for older children because body growth is more responsive at early stages of life. Programs that disseminate knowledge on health practices may be more effective among more educated parents. Similarly, families that already have some level of productive assets and capacity may be better able to leverage the transfers from programs. With the variability of impacts across beneficiaries, the average impacts may be over- or under-estimated for some. From a policy-making perspective, knowing the distribution of impacts is useful for targeting more resources toward those populations that benefit the most in order to make the program more effective. This evidence is also important for the political economy of SSNs in attracting the support for programs from those more likely to reap their benefits.

Table 14. Evidence on the Heterogeneity of Impacts across Interventions

	ALL	*CCT*	*SF/THR*	*WF*	*NCP*	*UCT*	*HEW*	*ES*	*FCA*	*GS*	*FA*
No. of evaluations	109	59	15	10	7	7	6	2	1	1	1
% by intervention type	100%	54%	14%	9%	6%	6%	6%	2%	1%	1%	1%
% of IEs [a]	73%	70%	88%	71%	78%	70%	100%	67%	100%	50%	33%
No. of programs	47	16	8	8	2	4	4	2	1	1	1
% by intervention type	100%	34%	17%	17%	4%	9%	9%	4%	2%	2%	2%
% of programs [b]	84%	89%	80%	89%	100%	100%	100%	67%	100%	50%	33%

Source: IEG.
a. As a percentage of the IEs in the pool of studies.
b. As a percentage of the programs evaluated by the IEs reviewed. CCT = conditional cash transfer; ES = wage/employment subsidies; FA = food aid; FCA = family/child allowances; GS = general subsidies; HEW = fee waivers for health and education; NCP = noncontributory pension; SF/THR = school feeding/take-home rations; UCT = unconditional cash transfer/basic transfer; WF..=..workfare.

1.53 **A large proportion of SSN impact evaluations considered for this report investigated the heterogeneity of impacts across beneficiaries.** Indeed, this analysis was done in 109 of the 149 papers reviewed (73 percent) and for 47 of the 56 programs evaluated (84 percent). As shown in table 14, this pattern still holds when the pool of studies is broken down by types of intervention, even for those with fewer evaluations such as health and education fee waivers, employment/wage subsidies, family and child allowances, and general subsidies. Moreover, impact evaluations of SSNs often attempt to carefully model (theoretically and empirically) the

behaviors of the beneficiary households. In many cases this includes the collection of rich baseline and follow-up data to test these models and understand the constraints (for example, liquidity and time) and preferences (for instance, consumption, leisure, and fertility) that govern the responses of households to transfers and conditionalities.

1.54 **Evaluations looked at the heterogeneity of impacts across several baseline characteristics and conditions of the beneficiaries.** The differences most often analyzed have to do with gender, age, income and poverty level, education levels of children enrolled in school, parental education, and geographic location (regions, urban or rural) (table 15). Other levels of disaggregation less frequently studied but still of great interest include ethnic groups, economic activities, and household structure.

Table 15. Evidence on the Heterogeneity of Impacts by Baseline Characteristics of Beneficiaries

	Gender	*Age*	*Location*	*Income/ Poverty*	*Child's Education*	*Parental Education*	*Others*
No. of evaluations	65	44	32	27	11	10	13
% by characteristics	60%	40%	30%	25%	10%	9%	12%
% of IEs [a]	44%	30%	21%	18%	7%	7%	9%
No. of programs	34	23	23	20	6	8	6
% by characteristics	72%	49%	49%	43%	13%	17%	13%
% of programs [b]	61%	41%	41%	36%	11%	14%	11%

Source: IEG.
Note: Percentages do not add up to 100% because one IE or program may include heterogeneity of impacts on multiple dimensions (ages, gender, and so forth).
a. As a percentage of 136 IEs in the pool of studies.
b. As a percentage of 56 programs evaluated by the IEs.

1.55 **The way in which the characteristics and conditions of beneficiaries affect the outcomes of SSNs appear, in most cases, to vary greatly from one program to another and from one country to another, making it difficult to extrapolate meaningful lessons outside of a particular environment. Some examples of the heterogeneity of impacts are:**

- ***Gender:*** In some cases, women benefit more from programs and this helps reduce the gender disparity in some outcomes. For example, the school feeding program National Program of Nutritional Support to Primary Education in India helps girls catch up with boys in school attendance; women participating in the *Jefes y Jefas* workfare scheme in Argentina have larger net income gains than their husbands because they are more likely to be unemployed or inactive before participating in the

program. However, *Oportunidades* is more successful in reducing child labor for boys because the increased enrollment of boys is obtained mainly by their withdrawing from labor force activities while for girls the increased enrollment is mostly occurring by combining domestic work with school.[79]

- ***Age:*** The CSG program in South Africa, for instance, is found to improve the nutritional status of young children. A closer inspection indicates that most of the gains are accrued by children that start receiving treatment when they are less than one year old. In terms of school-work balance, however, the transfers from Ecuador's BDH appear to be more effective for children aged 10 and over because they are more at risk of leaving school for work while younger children are more likely to be in school regardless of the transfer.[80]
- ***Socioeconomic status:*** The improvements in consumption, schooling, and anthropometrics attributed to the RPS CCT in Nicaragua are greater for the extremely poor. On the other hand, positive school enrollment effects of the Female Secondary School Stipend education fee waiver program in Bangladesh are disproportionately concentrated on girls from relatively richer households that own more land.[81]
- ***Level of education of children:*** While evidence on the Brazilian *Bolsa Escola* CCT shows that impacts on education indicators are equally large for primary and secondary schools, an evaluation of *Oportunidades* in Mexico indicated that positive enrollment effects are greater for children in secondary school, partly due to the higher transfers at the secondary level (intended to outweigh the higher opportunity cost of school attendance) and the already high enrollment rate at the primary level.[82]
- ***Parental education:*** The education level of parents and household heads is found to be an important complementary determinant of impacts. The impacts on cognitive development and health resulting from the BDH UCT in Ecuador were much larger for children (at least in primary school level) with more educated mothers. Also, short- and long-term income gains among low-income beneficiaries of the Southwest UCT in China appear to be larger for those that are relatively more educated.[83] Although the positive influence of parental education on impacts seems to be consistent, the evidence is too thin to draw general conclusions.
- ***Location:*** Program impacts seem to differ across localities, depending on available facilities and socioeconomic environment. For example, the school feeding/take-home ration program in Uganda has varying impacts on different

outcomes across the two implementation districts, with no clear pattern favoring one over the other. Similarly, the effects of Colombia's FA on school attendance and time devoted to homework are larger for urban children while the opposite is true for grade retention and test scores. Evaluations of two CCTs in Cambodia and Mexico indicated that the impacts on enrollment and school attainment are considerably larger for children who lived in areas where schools were far away.[84]

Factors That Influence Impacts

1.56 **It is important to understand not just what SSNs deliver and who benefits more, but also how and why.** Impact evaluations have the advantage of attributing changes in outcomes to interventions. However, it is equally relevant for policy making to understand the mechanisms of effects within the "black box," that is, the elements in the causal chain that explain why the anticipated outcomes were or were not achieved, how each part of the intervention was actually implemented, which part contributed the most or least to outcomes, and how local conditions may influence the impacts.[85] For example, flaws in program design may diminish the effectiveness of interventions. But even a well-designed safety net may not accomplish the anticipated outcomes if implementation does not go as planned, if local capacity is weak, or if there are institutional constraints. Impact evaluations could shed light on the causal story if they complement the analyses with information on the framework within which the interventions function and the causal pathways that link inputs with intermediate and final outcomes. This section discusses the extent to which the causal chain was documented in impact evaluations in three main areas: (1) program design, (2) implementation, and (3) local context.

PROGRAM DESIGN

1.57 **Despite several efforts (45 evaluations of 26 programs) that measure the contribution to impacts of individual components of a program's design, the evidence is scattered and the effects of individual elements are largely context-specific.** Issues of program design discussed here include: (i) treatment types, (ii) structure and duration of benefits, and (iii) conditionalities.

1.58 *Treatment types:* **A small number of evaluations explored whether one form of treatment performs better than another, but the results do not clearly favor one particular treatment.** A few illustrations are:

- *Comparison within programs*. Similar programs in Burkina Faso, Uganda, and India provide both in-school feeding and take-

home rations. Moreover, the Kenya School Meals experiment provides different meal types (meat, milk, and energy supplements). Overall, there are mixed results in terms of school and nutrition outcomes on the relative performance of each provision mechanism and meal type.[86]

- *Comparison across programs*. The evidence from two interventions in Ethiopia and one in Bangladesh is inconclusive regarding the effectiveness of food aid as compared with food-for-work treatments on nutritional intake and insurance against shock. Similarly, while the comparison between workfare and wage subsidy programs in Slovakia favored workfare, both programs appear to result in negative effects in terms of employment in Poland.[87]
- *Add-ons to core treatment*. The evaluation of the *Atención a Crisis,* a multicomponent CCT in Nicaragua, indicated some marginal impacts on child labor due to the training and investment grant treatments that complement the core CCT of the program.[88] However, most treatment effects are similar across different treatment arms, which does not allow for drawing conclusive evidence on their additional benefits.[89]
- *Supply-side interventions*. Again, the results are mixed. On the one hand, an evaluation of the Dropout Intervention Program in the Philippines found that supplying pedagogical materials to teachers is more effective than school feeding in terms of school outcomes. On the other hand, an evaluation of the PRAF II CCT in Honduras showed that the supply intervention (direct grants to schools and health centers) did not bring additional significant impacts.[90]

1.59 ***Structure and duration of benefits:*** **The quantity, timing, and duration of transfers seem to have an effect on the outcomes of SSNs.** However, the base of evidence is too small to detect a conclusive pattern. Few impact evaluations explored the variety of impacts across different lengths of treatment, and only some looked at the differential effects of benefit structure. For instance, a study of the FSSP (a CCT in Pakistan) indicated that the length of exposure appears to have positive marginal impacts on high-school grade completion and delayed marriage. Similarly, evidence from CCTs in Cambodia, Ecuador, and Malawi shows that transfer size has positive but diminishing marginal impacts. The experience from the *Subsidios* CCT in Colombia shows that the timing of transfers matters—by giving the subsidies to participants only when they complete a certain school level, the program increases enrollment in secondary and higher education. However, the evidence regarding the type and recipient of transfers is more mixed. In terms of cash versus in-kind transfers, the impacts are almost identical, at least in the context of the

Mexican PAL food aid program. While the results from *Oportunidades* in Mexico suggest that the choice of women as transfer recipients is the right one if one of the objectives is improving children nutritional status, there is no such clear pattern in the South African pension program.[91]

1.60 ***Conditionalities:*** **The few papers that manage to evaluate the marginal effect of the conditionalities show that they have an additional impact, yet the small base of evidence makes it difficult to conclude.** The most popular conditions are those that require children to attend school regularly (CCTs and school-feeding/take-home rations schemes) and people to work (workfare and food-for-work programs). It is expected that the "price" effects induced by these conditions will affect the behavior of those beneficiaries on the margin. Evidence from an evaluation of a CCT in Malawi that fully randomized the conditionalities and evidence from nonexperimental evaluations of a CCT in Mexico and a UCT in Ecuador support this observation because they show that the lack of conditionalities reduces the likelihood that children covered by these programs attended school. Likewise, differences in the work requirements between two workfare programs in Argentina (*Trabajar* and *Jefes y Jefas*) also help explain the variation in the net income gains of program participants. In addition to comparisons of scenarios with and without conditionalities, some evaluations studied the impacts of different types of conditionalities. An example is the evaluation of the Argentinean PNBE CCT which showed that impacts are larger when future receipt of the scholarship is conditioned upon current academic performance. However, questions regarding the efficiency of the conditionalities (whether their benefits offset the costs of enforcing them) remain unanswered in the existing literature.[92]

PROGRAM IMPLEMENTATION

1.61 **Although the implementation process is an important determinant of program impacts, few evaluations documented its effects on outcomes.** Implementing a program typically involves many actors and a wide range of activities, such as funding, staffing, training, dissemination of program information, verification of eligibility, inscription of beneficiaries, supervision of compliance with conditions, payment, and delivery of services and other benefits. As a result, it is difficult for impact evaluators to exactly establish which component has what effect on outcomes. This often requires strong management and monitoring and evaluation systems. Such systems could then generate information to support rigorous process evaluations and to assess whether programs are implemented according to plan.[93] Only a few SSNs (such as CCTs in Latin America and workfare programs in Argentina and Ethiopia) have such systems in place. A few evaluations of these programs managed to

complement the quantitative analysis with information on program monitoring to provide plausible reasons for how implementation issues may influence the direction and size of the effects on outcomes. A notable example is an evaluation of *Bolsa Escola* CCT in Brazil, which exploited variation in implementation across municipalities to show that more transparent beneficiary identification and stricter enforcement of the conditionalities lead to higher positive impacts on dropout rates.[94]

CHARACTERISTICS OF THE LOCAL CONTEXT

1.62 **Although there is little existing evidence to draw meaningful lessons, findings from available evaluations show that program impacts could be influenced by features specific to the local context where programs are implemented.** Local features include conditions of the communities where programs are placed, such as institutional environment, local capacity, political economy, supply and quality of services, and condition of critical infrastructure. This report found only three evaluations where researchers carefully documented and incorporated this part of the causal chain in the analysis. An evaluation of the PNBE educational CCT in Argentina showed that program impacts on student performance are higher in schools with greater institutional capacity and better management. Similarly, the effects on test performance of children participating in a school feeding program in Kenya are greater in schools with more experienced and better trained teachers. The evaluation of the Brazilian *Bolsa Escola* CCT suggested that political economic factors (for example, expected electoral rewards on incumbent mayors) also help explain the effectiveness of the program in certain municipalities.[95]

Insights into Possible External Validity of Some Program Impacts

1.63 **Lessons regarding the generalizability of program impacts across different context and scales are essential for policy makers when designing or adjusting SSN instruments.** These lessons help answer such questions as: Is it possible to import safety net instruments that have successfully addressed the needs of the poor and vulnerable in other places? Which model works best for a particular context or need? Which elements of programs address specific causes of risk, poverty, and vulnerability, and which can be adapted to others? How do existing programs need to be tailored when replicated in a new environment? Could the program be scaled up and sustained over time? The amount of evidence accumulated over a decade of impact evaluation work on a number of SSNs provides an opportunity to examine whether some of the effects of

these programs could be attained under different settings, that is, whether they are externally valid.

1.64 **This report identifies a number of program impacts for a subset of SSN instruments that appear to hold under varying context, program size, and evaluation methods; this provides suggestive but not conclusive evidence about their external validity.** The previous sections show that the impacts attributed to programs through impact evaluations are most often program and context specific. Many interventions reviewed in this report have similar design and objectives and are evaluated with comparable methods, yet they turn out to have different results due to factors along the causal chain stretching from program inputs to outputs. However, a closer inspection of the data reveals a number of program impacts whose direction (and, in a few cases, the magnitude) is similar across CCTs and school feeding/take-home ration schemes. These programs, although distinct from each other in various aspects, seek to achieve parallel objectives through comparable designs that include cash and in-kind transfers with conditionalities on behaviors (appendix G). The examples presented below show that the consistence in the direction of program impacts occurs for changes in three main dimensions: (i) context, (ii) program scale-up, and (iii) evaluation methods. It is worth noting, however, that this evidence is suggestive and more research is needed before definitive conclusions on external validity can be reached.

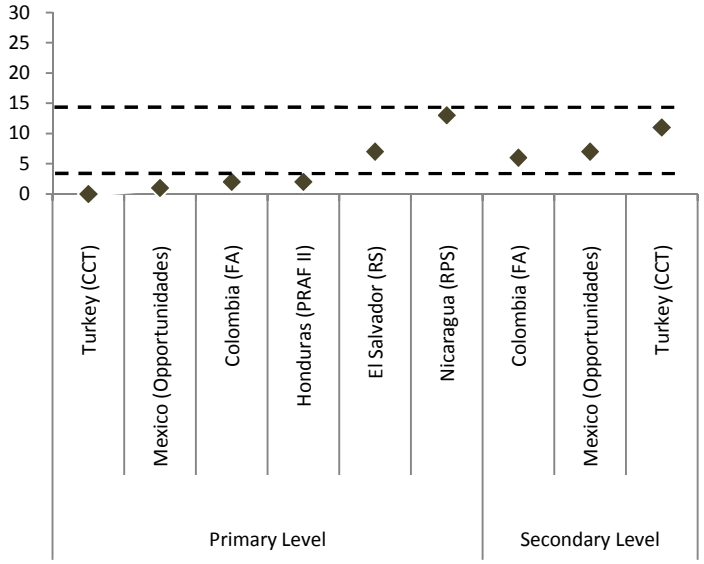
ASSESSING THE EXTERNAL VALIDITY OF IMPACTS TO VARYING CONTEXT

1.65 **Impacts of CCTs on school enrollment, morbidity, consumption, and poverty are consistent across various countries with different conditions; the same is true for school feeding programs in terms of school attendance.** Conventional CCTs (education and health) have been implemented in several low- and middle-income countries in Latin America. Likewise, large CCT programs have been adopted in other countries such as Cambodia, Malawi, Pakistan, and Turkey. As interest in the effectiveness of CCTs has grown considerably in recent years, it is natural to ask whether their impacts are applicable to other settings. This report shows that, where comparable data exist, the direction of certain impacts do not vary much across different context:

- ***School enrollment:*** The comparison is made across six CCTs implemented in countries at different income levels: Nicaragua, Honduras, El Salvador (lower-middle income), Colombia (middle income), and Mexico and Turkey (upper-middle income).[96] All but one of the programs increase enrollment by amounts ranging from 2 to 13 percentage points in primary school; three programs increase enrollment in

secondary school with impacts in the 6–11 percentage points range (figure 12).

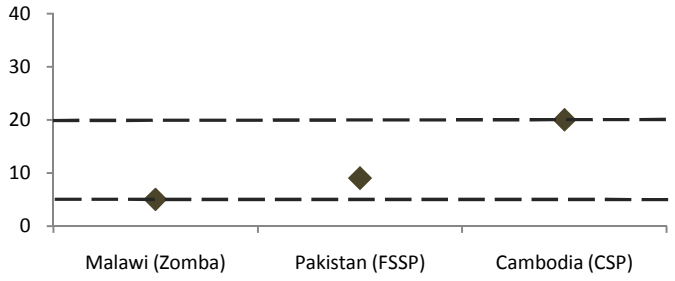
Figure 12. Impacts on School Enrollment across Comparable CCTs (percentage points)



Source: IEG.
Note: Dotted lines show the maximum and minimum impacts across programs. See appendix G for details about the main aspects of the programs compared.

- ***School enrollment for girls:*** The impacts of three CCTs in Malawi, Pakistan, and Cambodia that focus exclusively on girls and seek to address gender disparities in school enrollment at the secondary level exhibit a similar pattern, with positive impacts that vary between 5 and 20 percentage points (figure 13).

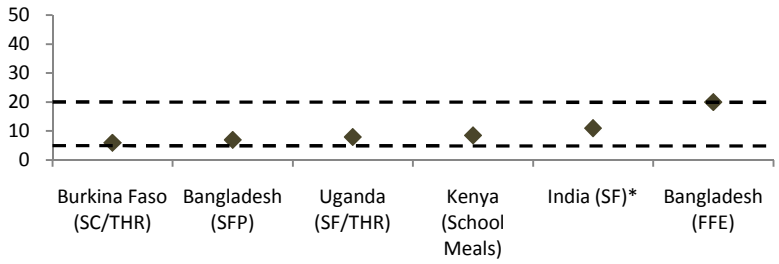
Figure 13. Impacts on School Enrollment across Comparable Secondary School Female CCTs (percentage points)



Source: IEG.
Note: Dotted lines show the maximum and minimum impacts across programs. See appendix G for details about the main aspects of the programs compared.

- ***School attendance:*** Six similar school feeding interventions implemented in five countries (Burkina Faso, Uganda, Kenya, Bangladesh, and India) deliver similar positive impacts on school attendance, ranging from 6 to 20 percentage points (figure 14).

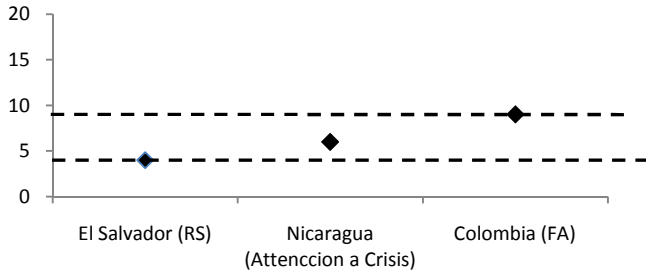
Figure 14. Impacts on School Attendance across Comparable School Feeding Schemes (percentage points)



Source: IEG.
Note: Dotted lines show the maximum and minimum impacts across programs. See appendix G for details about the main aspects of the programs compared.

- ***Morbidity:*** Evidence from similar CCTs in Nicaragua, El Salvador, and Colombia, with comparable data, shows that the programs reduce morbidity (measured as the prevalence of diarrhea during the reference period of the survey) by a similar amount—from 4 to 9 percentage points (figure 15).

Figure 15. Impacts on Morbidity across Comparable CCTS (reduction in diarrhea prevalence in percentage points)

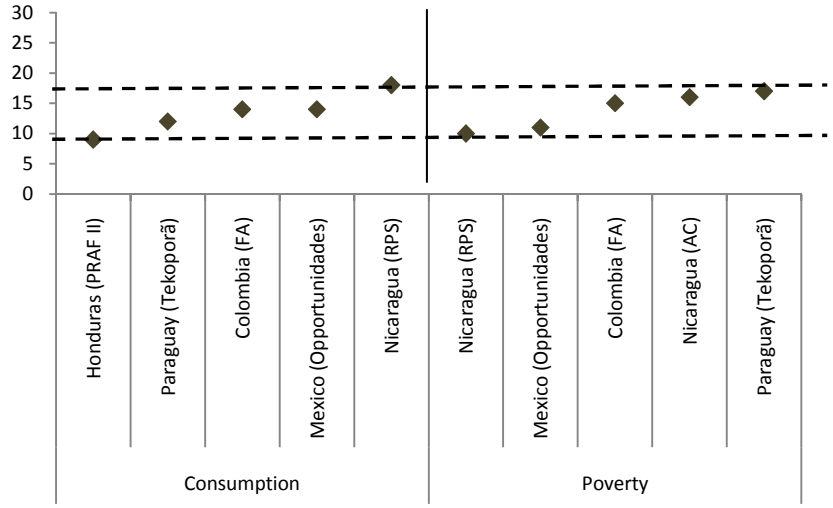


Source: IEG.
Note: Dotted lines show the maximum and minimum impacts across programs. See appendix G for details about the main aspects of the programs compared.

- ***Consumption and poverty:*** Evidence from five CCTs implemented in five countries (Nicaragua, Honduras, Paraguay, Colombia, and Mexico) shows increases in consumption by 9–18 percent and reductions in extreme

poverty (head count ratio) by 10–17 percent among program beneficiaries (figure 16).

Figure 16. Impacts on Consumption and Poverty across Comparable CCTs (percent)



Source: IEG.
Note: Dotted lines show the maximum and minimum impacts across programs. See appendix G for details about the main aspects of the programs compared.

ASSESSING THE EXTERNAL VALIDITY OF IMPACTS TO PROGRAM SCALE UP

1.66 **A few examples indicate that the direction and magnitude of some impacts of similar CCTs do not vary substantially with the scale of the program, even within the same country.** For example, *Red de Proteccion Social* (RPS) is a national program in Nicaragua that has been implemented for over six years; and *Atención a Crisis* is a pilot modeled after RPS and took place for about a year in only six municipalities in rural Nicaragua. Despite their different sizes, they yield similar positive results in key outcomes such as school enrollment, health care usage, infants' physical growth, consumption, poverty, and child labor (table 16).

Table 16. Comparison of Program Impacts between Comparable CCTs of Different Scales in Nicaragua

Outcomes	*Atención a Crisis* (scale: pilot)	*Red de Proteccion Social* (scale: national)
School enrollment—primary	6 percentage points	13 percentage points
Health checks—infants	8 percentage points	13 percentage points
Anthropometrics—infants	No impact on WHZ, HAZ, and WAZ	No impact on WHZ, HAZ; prevalence of underweight children (WAZ) decreased by 6.2 percentage points
Total consumption	35%	18%
Extreme poverty (head-count ratio)	Decreased by 16 percentage points	Decreased by 10 percentage points
Child labor	Decreased	Decreased by 4–5 percentage points

Source: IEG.
Note: See appendix G for details about the main aspects of the two programs.

1.67 **The consistency of impacts is also true for programs of different scales implemented in different countries, which could signal some degree of robustness for their impacts.** *Oportunidades*, *Familias en Acción*, and *Red Solidaria* are all national CCT programs with similar components but very different sizes – at the time of their short-term evaluations, they assisted over 3 million, 800,000, and 100,000 families, respectively. Nonetheless, these programs have achieved parallel results in several short-term outcomes (table 17).

Table 17. Comparison of Similar CCTs of Different Sizes across Countries

Outcomes	*Red Solidaria* - El Salvador (scale: small)	*Familias en Acción* – Colombia (scale: medium)	*Oportunidades* – Mexico (scale: large)
School enrollment—primary	7 percentage points	2 percentage points	1.5 percentage points
Grade repetition—primary	Decreased by 3 percentage points	Decreased by 10 percentage points	Decreased
Morbidity—infants	Diarrhea prevalence decreased by 4 percentage points	Diarrhea prevalence decreased by 9-10 percentage points	N/A
Anthropometrics—infants	No impact	HAZ increased by 0.2 standard deviation	HAZ increased and prevalence of stunting decreased

Source: IEG.
Note: See appendix G for details about the main aspects of the three programs.

ASSESSING THE EXTERNAL VALIDITY OF IMPACTS TO EVALUATION METHODS

1.68 **Four CCTs with nearly identical design but evaluated with different methods do not show major discrepancies in impacts.** The

filters applied to construct the pool of studies for this review exclude any impact evaluation with inconsistent results across different methods used to evaluate the same program. Therefore, to assess the sensitivity of program impacts to different evaluation methods, this report compares similar programs that were evaluated with different methods. For example, *Oportunidades* is one of the few CCTs with an experimental design. Similar CCTs (FA, PATH, and *Bolsa Escola/ PETI)* were evaluated with a variety of quasi-experimental methods—propensity score matching (PSM), difference-in-differences (DID), regression discontinuity design (RDD), and instrumental variable (IV)— to construct valid counterfactuals. Despite clear differences in the methodology used to evaluate them, these programs have very similar impacts (table 18).

Table 18. Comparison across Similar CCTs Evaluated with Different Methods

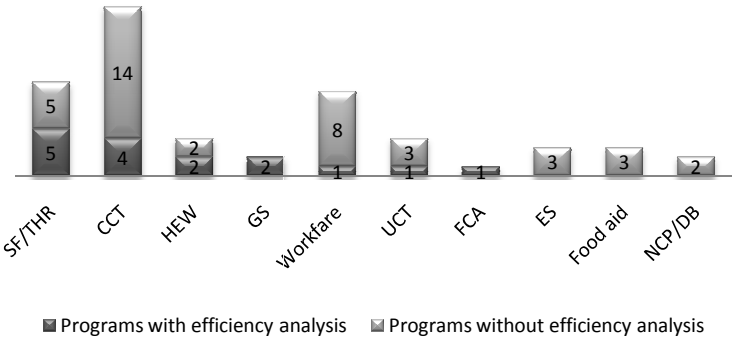
Outcomes	*Oportunidades* - Mexico (Randomization)	*Familias en Acción* – Colombia (PSM/DID)	*PATH* – Jamaica (RDD)	*Bolsa Escola/PETI* - Brazil (IV)
School attendance—primary	No impact	Increased by 3–4 hours	Increased by 0.55 days	Increased by 5–17 hours
Food consumption	Increased by 14.5%	Increased	N/A	Increased by 9%
Child labor	Decreased by 4–7%	Decreased by 3–5 percentage points	No impact (already low baseline)	Decreased by 8–10 percentage points

Source: IEG.
Note: PSM = propensity score matching; DID = difference-in-differences; RDD = regression discontinuity design; IV = instrumental variable. See appendix G for details about the mains aspects of the programs compared.

Efficiency Analyses of SSNs

1.69 **Few of the impact evaluations reviewed conducted efficiency analyses, but some program types underwent this exercise more frequently than others.** Overall, only 17 of the 149 evaluations in the pool of studies (11 percent) conducted efficiency analysis for 16 of the 56 programs evaluated (29 percent). These analyses concentrate on school feeding/take-home rations programs with half of them having efficiency analysis done. However, although CCTs constitute the largest number of programs in the group of studies reviewed for this report, there are some forms of efficiency analysis for only four programs (22 percent)—the Zomba Cash Transfer program in Malawi, *Oportunidades* in Mexico, FSSP in Pakistan, and FA in Colombia (figure 17).

Figure 17. Distribution of Efficiency Analyses by Interventions



Source: IEG.
Note: SF/THR = school feeding/take home rations; CCT = conditional cash transfer; HEW = fee waivers for health and education; GS = general subsidies; UCT = unconditional cash transfer; FCA = family/child allowances; ES = wage/employment subsidies; NCP/DB = noncontributory pension/disability benefit.

1.70 **Efficiency analyses of SSNs have been conducted at different levels using five approaches:** (i) an estimation of the economic rate of return (ERR); (ii) a comparison of costs and benefits to calculate the net benefits of the program (benefit-cost ratio); (iii) a comparison of costs in monetary terms and outcomes in quantitative but nonmonetary terms relative to other programs (cost-effectiveness analysis); (iv) a comparison of benefits and costs among different arms of the same program (intra-program cost-effectiveness analysis); and (v) a basic discussion of program results in relation to program costs. In some cases, the benefits are estimated through simulations of the potential impacts on final development outcomes such as income and wages based on the effects of programs on improved educational achievement and reduced incidence of child morbidity. Table 19 summarizes the methods and results of these exercises across different programs.

1.71 **Available analyses concluded that all the programs are efficient (the overall benefits offset the costs), yet few discussed the rationale behind the benchmarks used to justify the efficiency of programs.** In one evaluation (Progressive Housing Program in Chile), the assessment was based on the comparison of the ERR against a benchmark of 12 percent, which is argued to be the national cut-off rate. Yet, little or no discussion was given in the paper about the logic behind this benchmark. In addition, five programs were compared with other existing or potential interventions with similar objectives to determine whether they are more cost-effective. However, while establishing these benchmarks and determining whether the programs exceed them is informative, it does not necessarily mean that further gains in efficiency of the program could not have been

achieved or resources could not have been better used on alternative programs.

1.72 **It is important to stress that the lack of efficiency analysis may be largely driven by several technical factors.** Rigorous impact evaluations provide quantitative estimates of program impacts that can be used to carry out more precise comparisons of program benefits and costs. However, the large number of outcomes in different dimensions, the numerous interactions between program components, the size and complexity of programs, and the nature of the benefits often makes it challenging to accurately measure and quantify impacts. Furthermore, researchers sometimes lack access to detailed data on project costs and have difficulty allocating costs to the parts of the program that matter most in explaining the impacts.

Table 19. Summary of Efficiency Analyses and Results

Intervention type	*Program/Country*	*Method*	*Results*	*Study*
Conditional Cash Transfer	*Familias en Accion*/Colombia	Benefit-cost ratio	Benefit-cost ratio = 1.59	IFS, Econometrica, SEI (2006)
	Female School Stipend Program/Pakistan	Benefit-cost ratio	The program impacts on educational attainment, which may translates into higher earnings more than compensate stipend cost	Alam and others (2010)
	Zomba Cash Transfer/Malawi	Relative cost-effectiveness among different arms of intervention	CCT arm more cost-effective in improving schooling outcomes but less cost-effective in reducing marriage rates among teenage girls	Baird and others (2010)
	Oportunidades/Mexico	ERR; cost-effectiveness analysis	ERR = 8%/year (lower bound); more cost-effective than expansion of supply side	Coady and Parker (2004); Schultz (2004)
Family/Child Allowance	Child Support Grant/South Africa	Benefit-cost ratio	Benefit-cost ratio = 3.3–4.5	Agüero and others (2007)
General Subsidy	*Piso Firme*/Mexico	Cost-effectiveness analysis	More cost-effective than Mexico's Oportunidades, Ecuador's Bono de Desarollo Humano (BDH), and most early child development and nutrition programs in developing countries in terms of improving cognitive development	Cattaneo and others (2007)
	Progressive Housing Program/Chile	ERR	ERR = 18%, much higher than country's official cut off rate of 12%	Marcano and Ruprah (2008)
Education Fee Waiver	*Programa de Ampliacion de Cobertura de la Educacion Secundaria* (PACES)/Colombia	Benefit-cost ratio	Benefits outweigh total social costs	Angrist and others (2002)

	Quetta Urban Fellowship Program/Pakistan	Cost-effectiveness analysis	More cost-effective than building government schools and direct subsidy	Kim and others (1999)
School Feeding/ Take Home Ration	Dropout Intervention Program/Philippines	Intra-program cost-effectiveness analysis	The combination of multi-level learning materials and parent-teacher partnerships is most cost-effective while school feeding (if untargeted) is the least cost-effective	Tan and others (1999)
	Food for Education (FFE)/ Bangladesh	ERR	ERR = 15–24%	Ryan and Meng (2004)
	National Program of Nutritional Support to Primary Education/India	Program results relative to costs	Improvement in calorie, iron and protein deficiency achieved at very low costs	Afridi (2009)
	School Canteen and Take Home Ration/ Burkina Faso	Cost-effectiveness and intra-program cost-effectiveness analysis	More cost-effective than cash transfer; Take-home ration more cost-effective than school meal	Kazianga and others (2009)
	School Feeding Program/Bangladesh	Cost-effectiveness analysis	More cost-effective than Bangladesh' FFE and other WFP-supported school feeding programs	Ahmed (2004)
Unconditional Cash Tranfer	Southwest China Poverty Reduction/China	ERR	ERR = 8.6–9.8% (lower bound)	Ravallion and Chen (2005)
Workfare	Employment Generation Schemes (EGES) and Gratuitous Relief (GR)/Ethiopia	Intra-program cost-effectiveness analysis	GR (free food distribution) more cost-effective than EGES (food-for-work) in terms of raising food consumption	Gilligan and Hoddinott (2006)

Source: IEG.

Gaps in Knowledge and Impact Evaluations in Progress

1.73 **Impact evaluations have generated considerable knowledge about different aspects of the effectiveness of SSNs through more than a decade of evaluation work on 56 different programs, but there are still key questions for which further research is needed.** More and more programs are now incorporating impact evaluation into their design and collecting data for rigorous evaluation purposes. However, impact evaluation is still an evolving field, and the difficulty of disentangling program impacts from other factors and conditions has been a constant challenge to impact evaluation efforts. And as more knowledge on the average impacts of programs became available, further questions have emerged about less-known aspects such as changes to program design, the contribution of different elements in the causal chain, and the sustainability of impacts. Rather than exhaustively listing existing gaps in knowledge, this section highlights five general gaps that are applicable to all interventions and, thus, call for more attention in future research agendas:

1. **Concentration of impact evaluation evidence on a narrow range of program types.** Three quarters of completed evaluations assessed CCTs, school feeding, and workfare programs. Therefore, little is known about the impacts of other types of interventions such as health and education fee waivers, employment and wage subsidies, unconditional cash transfers, noncontributory pensions, disability benefits, food aid, family and child allowances, and general subsidies even though these safety net instruments are employed by many countries to assist the poor and vulnerable. In order to balance out the evidence, future research efforts should be directed toward these interventions as well as new SSN models.
2. **Little evidence on final outcomes and long-term effects.** As this report has shown, impact evaluations of SSNs tend to measure results on short-term or intermediate outcomes such as the utilization of education and health services, immediate consumption and poverty, and school progression, cognitive development and health status of children. Only a few evaluations explored whether the protection and promotion of investments in human capital due to SSN programs are indeed converted into more schooling, better health status, and higher earnings later in life. Although this subject is empirically difficult to investigate, it is highly relevant to further assess the effectiveness of SSNs and, thus, deserves more attention.
3. **Shortage of evidence on the effects of program duration and length of participation.** Most of the studies reviewed in this report (74 percent) were carried out within two years of the program's implementation. A few others estimated impacts only a little beyond two years. Moreover, the length of participation of the beneficiaries is also short, typically no more than two years. As a result, there is little relevant evidence to answer such questions as: Do programs take time to mature and yield significant, sustainable results? And, if so, do program impacts vary if measured one, five, or ten years after the program begins? Do marginal impacts increase or decrease with the duration of benefits?
4. **Little understanding of the causal pathway.** Few studies attempted to complement impact evaluations with quantitative and qualitative information to document the influence of different elements of the causal chain, from program design to implementation to local context. Although empirically difficult to undertake, particular attention should be paid in future research to the varying effects of different types of program, the structure of benefits, conditionalities and enforcement levels, the supply of social services (coverage and quality), the specific causes of poverty and risk, and the

coordination and interaction with other (local or national) social safety net systems.

5. **Few comparisons of costs and benefits.** Efficiency analyses are often omitted in impact evaluations—program costs and benefits are contrasted for only a quarter of the SSNs reviewed for this report. Where possible, future impact evaluations should seize the inherent opportunity provided by this type of evaluation to contrast the impacts and costs of programs.

1.74 **Impact evaluation of SSNs remains active, and a number of evaluations in progress are expected to fill in some of these knowledge gaps.** With the goal of tracking the direction of ongoing research, this report constructed a sample of 36 evaluations—either in progress or planned—which cover 35 interventions (including 30 programs never evaluated before) in 30 countries. A review of the sample indicates that the evaluation agenda is innovative and covers areas and questions for which there is yet little or no evidence:

- **Geographic diversity**: While completed evaluations are concentrated in LAC, more than half of the ongoing evaluations assess SSNs in Africa. Furthermore, the sample includes evaluations in progress for two CCT pilots in Morocco and Yemen—the first evidence of this type focused on the Middle East.
- **Elements of program design:** Work in progress includes evaluations that seek to tease out the contribution to program impacts of: **(1) the structure of benefits** (changes in benefit amounts, types, and recipients are being tested in CCTs in Eritrea, Tanzania and Yemen); **(2) conditionalities** (treatments with and without conditionalities are being examined for CCTs in Burkina Faso, and Morocco; and different types of incentives are being compared in a CCT in Macedonia); **(3) targeting mechanisms** (eligibility criteria based on poverty and academic potential are being assessed in a pilot CCT in Cambodia); and **(4) strategies for delivering the benefits** (mechanisms that transfer the resources either to households or communities are being compared for a CCT in Indonesia and a workfare in Tanzania).
- **Impacts on indirect effects**: Ongoing evaluations are also focusing on other understudied outcomes such as sexual behavior, early pregnancy, reproductive health, intra-household bargaining power, remittances, time use, and spillover effects on the wages of nonbeneficiaries. Examples of program types being evaluated against these outcomes include CCTs in Malawi, Nicaragua, South Africa, Tanzania,

and Yemen, a mixed CCT/UCT in Zambia, and a workfare scheme in India.

- **Long-term outcomes:** A number of ongoing evaluations are looking at the impacts of SSNs on school completion, learning, performance on college-entrance tests, and labor market participation many years into program implementation. These include CCTs in Colombia, Macedonia, and Malawi. Some are also investigating impacts after the interventions have ended (a CCT in Nicaragua and an education fee waiver program in Ghana).

Chapter 5
World Bank Contribution to Impact Evaluation in SSNs

Evaluation Essentials

- In recent years, as part of the Bank's results and knowledge agenda, several decentralized initiatives have increased the number of Bank-supported IEs, particularly in SSNs.
- Bank staff have been actively involved in the production of IEs across all regions and instruments; yet more focus is needed on workfare, noncontributory pensions, and general subsidies.
- The Bank is supporting a good number of diverse and innovative ongoing and planned IEs in strategic areas where there are major knowledge gaps.

1.75 **This chapter gives a quick overview of the Bank's contributions toward building the evidence for impact evaluations of SSNs.** First, the Bank's efforts to promote impact evaluations of SSNs, both within and outside of the Bank, are discussed. This is followed by highlights of particular features of the subset of impact evaluations (completed, in progress, and planned) that were supported by the Bank and reviewed for this report. The main conclusions for this chapter are the following:

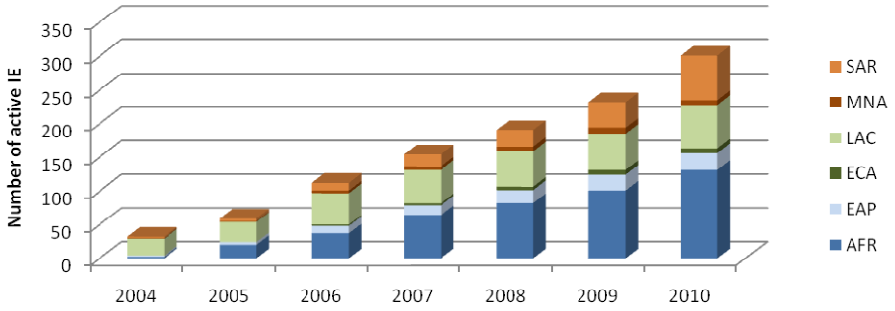
- Increasing calls for meaningful and accurate analyses that assess the effectiveness of development interventions have motivated the Bank to move toward supporting and undertaking more IEs both within and outside of the Bank; this is particularly evident for activities in the Human Development Network.
- Despite the vigorous participation of the Bank in impact evaluations of different SSNs across all regions, more focus is still needed on interventions such as workfare, noncontributory pensions, and general subsidies. In addition, more could also be done to assess the impacts of SSNs on long-term outcomes, and to assess program efficiency.
- The Bank is actively contributing to new knowledge by supporting a good number of diverse and innovative ongoing and planned IEs, with an emphasis in areas where knowledge gaps are more prominent.

World Bank Efforts to Promote Impact Evaluations

1.76 **Increasing calls from donor and client countries for more meaningful and accurate analyses that assess the effectiveness of development interventions have motivated the production of impact evaluations within the Bank (figure 18).** In recent years, as part of the Bank's results and knowledge agenda, there have been several decentralized initiatives to mainstream impact evaluations, thus increasing the number of IEs in Bank-supported projects and encouraging the use of impact evaluations within and outside the Bank. In particular, the Human Development Network (HDN) has

been very active in supporting and/or conducting IEs to generate empirical evidence on the outcomes of some human development programs. In fact, around 50 percent and 46 percent of the Bank's completed and active impact evaluations, respectively, are led by sectors in the HDN, with many of these focusing on SSN interventions.[97]

Figure 18. Evolution of Impact Evaluations in the Bank



Source: World Bank-DIME, 2010.
Note: AFR = Sub-Saharan Africa; EAP = East Asia and the Pacific; ECA = Europe and Central Asia; LAC = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia

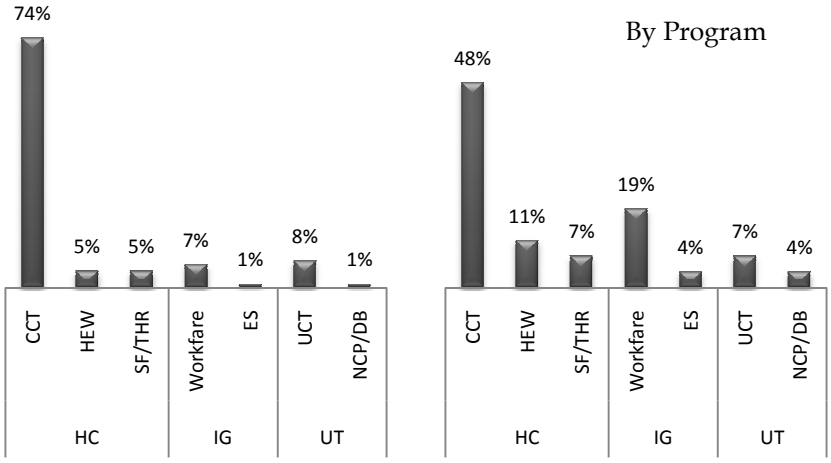
1.77 **Three Bank initiatives were introduced in the last six years to broaden the adoption of impact evaluations seeking to build sound evidence about the effectiveness of programs.** The Spanish Trust Fund for Impact Evaluation (SIEF), managed under the HDN, supports capacity building and funds impact evaluations of innovative programs that affect human development outcomes and are policy relevant; the African Impact Evaluation Initiative (AIM) is a program of the Bank's Africa Region to provide technical assistance to country-specific IEs of programs across sectors, including safety net interventions; and the Development Impact Evaluation Initiative (DIME) provides guidance on the design and implementation of IEs, serves as a repository of both completed and ongoing IEs, and disseminates lessons learned from completed evaluations. DIME-supported evaluations have an increasingly large coverage of the Bank's lending portfolio. To date, 26 percent of lending projects in human development have an ongoing or planned IE.[98]

1.78 **The Bank's contribution to rigorous IEs goes beyond its support of those IEs undertaken within the Bank.** The Bank widely shares its data, research expertise, technical assistance, capacity building, and lessons learned from completed evaluations with other research institutions and government agencies. The Bank provides funding for some IEs carried out by other institutions and does joint evaluations with governments. It also organizes periodic seminars and workshops as forums for learning and information sharing. The result has been increased attention to impact evaluation outside the Bank.

Characteristics of Bank's Impact Evaluations in SSNs

1.79 **Half of the programs reviewed in this report are funded by the World Bank.** These are implemented in 19 countries (out of the 32 countries covered in this review). Most of these Bank-funded programs are CCTs, which is consistent with the large representation of CCTs in the total evaluated programs rather than a reflection of the Bank's focus on CCTs.[99] Another area that has received a lot of Bank funding is workfare schemes that promote short-term employment during economic downturns. Poland, Ethiopia, and Argentina are among the countries that have received Bank assistance in this area. However, many other interventions are large government programs and, although not funded by the Bank, have received its advisory and technical assistance. *Ndihma Ekonomike*—a means-tested unconditional cash transfer in Albania—as well as labor programs in Romania and the Slovak Republic are examples of this type of support.

Figure 19. Distribution of World Bank-Funded Programs across Interventions

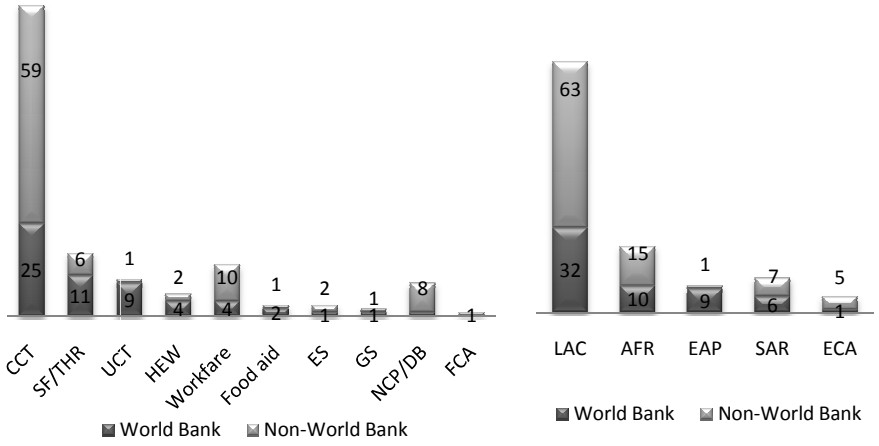


Source: IEG.
Note: HC = human capital; IG = income generating; UT = unconditional transfer; CCT = conditional cash transfer; HEW = fee waivers for health and education; ES = wage/employment subsidies; SF/THR = school feeding/take-home rations; UCT = unconditional cash transfer/basic transfer; NCP/DB = noncontributory pension/disability benefit.

1.80 **With its large involvement in SSN programs, the Bank has actively participated in undertaking impact evaluation of SSNs.** Bank staff were involved in 39 percent of the completed evaluations (58 out of 149) reviewed in this report. These evaluations were conducted by teams comprised entirely or partially of Bank researchers. As noted above, the Bank is interested in evaluating not only programs embedded in Bank-supported projects, but also those initiated by others. Among the impact evaluations with the Bank's involvement, at least 36 percent (21 IEs) looked at programs not funded by the Bank.

1.81 **Bank support for impact evaluations has contributed to knowledge generation on the effectiveness of SSNs of almost all program types and across all regions.** Except for family/child allowances, the Bank-involved impact evaluations cover all of the types of safety nets reviewed. Nevertheless, its greatest contribution has been for unconditional cash transfers, food aid, and school feeding/take-home rations—Bank staff participated in 90, 66, and 65 percent, respectively, of the evaluations assessing the impacts of these programs. In terms of geographic coverage, the distribution across regions of the Bank's work versus others is very similar. Notably, however, Bank staff participated directly in 90 percent (9 studies) of the IEs of SSNs in the East Asia and Pacific region.

Figure 20. Distribution of IEs with and without Bank Involvement across Interventions and Regions



Source: IEG.
Note: LAC = Latin America and the Caribbean; AFR = Africa; EAP = East Asia and the Pacific; SAR = South Asia; ECA = Europe and Central Asia; GS = general subsidies; FCA = family/child allowance; CCT = conditional cash transfer; HEW = fee waivers for health and education; ES = wage/employment subsidies; SF/THR = school feeding/take-home rations; UCT = unconditional cash transfer/basic transfer; NCP/DB = noncontributory pension/disability benefit.

1.82 **There are some differences between IEs with Bank participation and those without, in terms of the outcomes measured and questions regarding the heterogeneity of program impacts.** Overall, it is more common to find IEs with Bank participation that investigated the impacts of programs on strengthening households' ability to cope with shocks and impact heterogeneity across different groups of beneficiaries. In contrast, when it comes to identifying the precise mechanism of benefits in the causal chain, measuring medium and long-term effects and/or estimating program efficiency through a comparison of programs' benefits and costs, there are almost no differences between IEs with or without Bank participation.

1.83 Compared with the rest of the studies, more of the impact evaluations in which the Bank was directly involved used

randomized designs. Half of the evaluations that had the participation of Bank researchers (29 IEs) followed a randomized strategy to identify program impacts— compared with 44 percent of the rest of evaluations. This has clear implications for the quality of the analysis supported by the Bank, as fully experimental designs (that is, randomized) are considered the most robust method of quantitative impact evaluation. As for the type of data employed, the review finds that both Bank and non-Bank evaluations used baseline data and panel data to a similar degree (80 percent as compared with 77 percent in terms of baseline data, and 72 percent as compared with 74 percent in terms of panel data). However, it is worth mentioning that more than half of non-Bank evaluations that used panel data assessed different aspects of the same program (Oportunidades CCT in Mexico).

1.84 **Finally, the Bank is contributing to new knowledge by supporting a good number of diverse and innovative ongoing and planned IEs in strategic areas with major gaps.** This review gathered a sample of 32 ongoing and planned evaluations pertaining to SSNs, which are being carried out by Bank staff. These new IEs are expected to expand the base of evidence on the effectiveness of SSNs in regions less studied, such as Africa and the Middle East. Likewise, this research agenda appears to be critical toward helping to close the knowledge gaps on different aspects of program design (for example, changes in the structure of benefits, conditionalities, targeting mechanisms, and mechanisms for delivering benefits) as well as on long-term outcomes.

Table 20. Comparison on Questions of Interest between IEs with and without Bank Involvement

	World Bank	*Non-World Bank*
Measure impacts on medium/long-term outcomes	10 (17%)	19 (21%)
Disentangle the role of components in causal chain	28 (48%)	37 (41%)
Measure the distribution of program impacts	48 (83%)	61 (67%)
Perform efficiency analysis	8 (14%)	9 (10%)
Measure indirect effects on:		
• Ability to cope with shocks	9 (16%)	8 (9%)
• General equilibrium or indirect effects	7 (12%)	10 (11%)
• Sexual behavior/fertility/marriage	5 (9%)	5 (5%)
• Remittances and other private transfers	1 (2%)	7 (8%)

Source: IEG.
Note: Shown in brackets are the percentages of the total number of IEs (with or without the Bank involvement).

Chapter 6
Conclusions

Evaluation Essentials

- The lessons arising from this review are meant to not only assist evaluators in planning future studies, but also inform programmatic decisions within and outside the Bank regarding the design of SSNs.
- While impact evaluations have covered substantial aspects of SSNs, there is still scope for expansion. More evidence is needed on other programs besides CCTs, long-term outcomes, the influences of different elements along the causal chain, and program efficiency.
- There is, however, encouragement that ongoing evaluations are expected to shed light on some of these knowledge gaps.

1.85 **In the context of increasing demands for outcome-oriented development interventions, this review capitalizes on the vast evidence from impact evaluations of many different SSN instruments to extract lessons about their impacts on development outcomes.** Covering 149 completed and 36 ongoing IEs, this study identifies patterns in the literature regarding what works, for whom, under which circumstances, and at what cost; it pinpoints knowledge gaps, and documents Bank's support for impact evaluation in SSNs. The lessons arising from this meta-review are meant to not only assist a broader evaluation of the Bank's assistance for safety nets, but also inform programmatic decisions within and outside the Bank regarding design and evaluation of SSNs in order to enhance the role of SSNs in countries' development policies.

1.86 **Numerous lessons about the results of SSNs can be drawn from over a decade of completed rigorous impact evaluations, which have studied 56 different programs.** These evaluations found that SSNs have generally met the primary objectives of supporting the incomes of poor and vulnerable people and promoting their use of education and health services in the short-term. More specifically, CCTs, UCTs, and workfare schemes help protect and improve short-term consumption and income, including spending on food, health, and education, which could signal adjustment in attitudes toward investments in the well-being of household members. In turn, such effects translate into important reductions in poverty among program beneficiaries. For most human capital programs, probably in complying with program conditions, beneficiaries have enhanced the investments in children through an increase in the use of educational and health services and a reduction in the burden of labor for children. These improvements range from increased school enrollment and attendance to higher-grade progression to more regular visits to health centers for preventive care and participation in monitoring sessions that weigh and measure children regularly. Finally, in regard to the protection role of SSNs, several programs, including those without an explicit insurance objective, seem to help households to be more resilient to shocks, because they are better able to smooth their consumption, diversify their income, and are less likely to engage in suboptimal coping strategies, such as withdrawing children from school or cutting their caloric intake.

1.87 **The limited amount of evidence on medium- and long-term impacts indicates that impact evaluations have mostly measured separate outcomes of interest and have yet to document the sequence of impacts along the result chain.** For example, the evidence is scarce and does not conclusively show that the investment in children's human capital leads to improvements in learning or health status. Nevertheless, even with the thin evidence, there are some signs that the increase in utilization of education inputs is consistently associated with positive effects on total school attainment, particularly among CCTs. Furthermore, using simulations and actual data, evaluations suggest that, in some cases, program beneficiaries are able to convert the gains in human and physical capital into better productive investments, and higher income and consumption growth.

1.88 **Giving transfers in cash and in-kind SSNs may have unintended effects beyond their primary objectives; therefore, it is important to assess these effects because they could undermine or contribute to the objectives of the program.** A few patterns emerge from a number of studies that investigated these secondary effects. For instance, while the impacts of SSNs on adult labor supply are mixed, there is consistent evidence showing that SSNs that are not intended to change labor supply do not discourage beneficiaries' participation in the labor market. Although in some cases, the benefits transferred by SSNs may crowd out private transfers, most of the evidence shows that they increase liquidity and provide support for saving, borrowing, and investment strategies in the eligible communities, while they do not appear to have major negative externalities. Furthermore, SSNs could provide positive incentives such as encouraging nonparticipant children to go to school, promoting safer sexual practices, and delaying early marriage and childbirth.

1.89 **Although the identified development results vary widely across similar interventions, this report identifies a subset of impacts for certain CCT and school feeding models that are consistent to varying different context, program sizes, and evaluation methods.** While the magnitude may differ, the direction of impacts remains consistent, signaling the possible generalization of these effects to different settings. Yet, it is worth noting that more research is needed before definitive conclusions on external validity can be reached. On the other hand, a majority of the evaluations and programs reviewed show that impacts vary across beneficiaries with different characteristics (gender, age, income groups, localities, and so forth). The patterns, however, are specific to programs.

1.90 **Impact evaluations provide great opportunities to identify program results, but need to also pay more attention to how these results are achieved and at what cost.** While there have been many efforts to understand the underlying preferences and constraints of households and the distribution of program impacts across beneficiaries, much more needs to be done to investigate how specific factors in program design, implementation processes, and local context contribute to the impacts of SSNs. Evaluations should also be designed to explore the dynamics of impacts over time and to question whether the benefits generated by a program offset its costs and by how much. These are important questions that determine the overall effectiveness and efficiency of social safety nets. Therefore, knowledge on these critical areas will surely yield high returns in making impact evaluations more relevant for policy making.

Appendix A. The Completed Impact Evaluations Reviewed

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Albania	Ndihma Ekonomike	UCT	$23	10 years	Households	PSM, CF with panel	N: FC, NFC, HDR, PG, AL; 0: LC	G, U	**Dabalen and others (2008)**
Argentina	*Plan Jefes y Jefas*	WF	$74	1 year	Adults	PSM, DID	P:TI, HDR, AL, CWS; 0: GEE, OIB	G	**Galasso and Ravallion (2003)**
Argentina	Proempleo Experiment	ES	$100-150	2 year	Adults	RE (DID, IV)	P: LC: 0: TI, AL,	A, G	**Galasso and others (2001)**
Argentina	Programa Nacional de Becas Estudiantiles	CCT	$11.70	5 years	13-19 year-old children	PSM	P: SA, CD, GR		Heinrich (2007)
Argentina	*TRABAJAR II*	WF	$160	2-3 years	Adults	PSM, TD	P: TI, AL, CWS; 0: OIB	R	**Ravallion and others (2001)**
Argentina	*TRABAJAR II*	WF	$200	3 months	Adults	PSM	P: TI	A, G, I	**Jalan and Ravallion (1999)**
Bangladesh	*Female Secondary School Stipend - Bangladesh*	HEW	$2.50	4-5 years	11-18 year old children	CF with FE	P: E, GEE	A, G, I	**Khandker and others (2003)**
Bangladesh	*Food for Education*	SF/THR	$3	5-7 years	Primary-school age children	CF	P: GEE	G	Ahmed and others (2006)
Bangladesh	*Food for Education*	SF/THR	$3	2-3 years	Primary-school age children	CF with first stage Tobit	P: SA, CL	G	**Ravallion and Wodon (1999)**
Bangladesh	*Food for Education*	SF/THR	$3	5-7 years	Primary-school age children	CF with first stage Tobit	P: E	G	**Ahmed and others (2004)**
Bangladesh	*Food for Education*	SF/THR	$3	5-7 years	Primary-school age children	CF, PSM, DID	P: SA, SAT	A, G, U	Ryan and Meng (2004)
Bangladesh	Public Food Grain Distribution System	FA	$3-16	6 months	Households	PSM, CF with Engel curve	P: FC, GEE,		Del Ninno and Dorosh (2002)

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Bangladesh	SF - Bangladesh	SF/THR	$0.13	1 year	Primary-school age children	DID, CF with FE	P: SA, E, DR, CD, AM, FC	I	Ahmed (2004)
Bolivia	*BONOSOL*	NCP	$10	1 years	Adults over 65 years	RDD, DID	P: E, FC, AAP	G, U	Martinez (2004)
Brazil	*Bolsa Alimentacao*	CCT	$6.25-18.70	At least 6 months	Children 6-72 months, pregnant women	DID	P: FC		Olinto and others (2003)
Brazil	*Bolsa Escola*	CCT	$7	3 years	6-15 year-old children	CF with FE	P: GP, DR; N: GR	E	de Janvry, Finan and Sadoulet (2006)
Brazil	*Bolsa Familia*	CCT	$42	2-3 years	0-15 year-old children, pregnant women	CF with FE	P: APD, CWS	U	**Lichand (2010)**
Brazil	*Bolsa Familia*	CCT	$42		0-15 year-old children, pregnant women		0: SBC		**Rocha (2009)**
Brazil	*PETI*	CCT	$25-37.8	3 years	7-14 year-old children	CF	P: SA, GP, CL: N: GEE	R	**Yap and others (2008)**
Brazil	*PETI*	CCT	$25-37.8	2 years	7-14 year-old children	PSM, DID	P: CL; 0: SA	R	**Pianto and Soares (2004)**
Brazil	*PETI, Bolsa Escola, Mimimum Income Program*	CCT		2-4 years	7-14 year-old children	PSM	P: SA; 0: CL	G, I	Cardoso and others (2004)
Burkina Faso	*SF/THR - Burkina Faso*	SF/THR	$4.6-5.7	1 year	6-15 year-old children, 6-60 month-old children	RE (DID)	P: E, AM, CL, CD: 0: MB; N: SA	A, G	**Kazianga and others (2009)**

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Burkina Faso	*SF/THR - Burkina Faso*	SF/THR	$4.6-5.8	1 year	6-15 year-old children, 6-60 month-old children	RE (DID)		G	**Kazianga and others (2009)**
Cambodia	*CESSP*	CCT	$4-5	1-2 years	Students grades 7-9	RDD	P: E, CL; 0: GEE	A, G	**Ferreira and others (2009)**
Cambodia	*CESSP*	CCT	$4-5	1-2 years	Students grades 7-9	RDD with DID	P: SA	I	**Filmer and Schady (2009a)**
Cambodia	*CESSP*	CCT	$4-5	1-2 years	Students grades 7-9	RDD	P: SA, E, SAT, NFC; 0: CD		**Filmer and Schady (2009b)**
Cambodia	Japan Fund for Poverty Reduction (JFPR) scholarship program	CCT	$4	2-3 years	7th grade girls	SD, PSM, RDD with IV	P: SA, E	G, I, Ed, R	**Filmer and Schady (2006)**
Chile	Progressive Housing Program	GS	$267-230	11 years	Households	PSM, pipeline method	P: SA, AAP; 0: HDR		Marcano and Ruprah (2008)
China	*Southwest China Poverty Reduction Project*	UCT	$11	9 years	Households	DID with PSM	P: E, TI, COI, HDR, SUFS; 0: LOC, FC, AAP, RPT, M, OIB, GEE	Ed, Et, I	**Chen and others (2008)**
China	*Southwest China Poverty Reduction Project*	UCT	$11	5 years	Households	DID with PSM	P: LOC, TI, HDR, SUFS		**Ravallion and Chen (2005)**
Colombia	Conditional Subsidies for School Attendance	CCT	$15	1 year	13-18 year-old children	RE (DID)	P: SA, GP, T, SCE, DR, NFC, CL; OIB, GEE	G, I	**Barrera-Osorio and others (2008)**
Colombia	Empleo en Acción	WF	$70	1-2 years	Adults	DID with IV	P : LC, FC, TI, AL; 0: E, HS, CL	A, G	Departamento Nacional de Planeación (2004)
Colombia	Empleo en Acción	WF	$70	2-3 years	Adults	DID with IV	P: LOC, TI, AL, SUFS	A, G	Departamento Nacional de Planeación (2007)

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Colombia	*Familias en Accion*	CCT	$8-16	1 year	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: SA, CL	A, U	Attanasio and others (2006)
Colombia	*Familias en Accion*	CCT	$8-16	1 year	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: LC, FC, NFC	U	Attanasio and Mesnard (2005)
Colombia	*Familias en Accion*	CCT	$8-16	1 year	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: E	A, G, U	Attanasio, Fitzsimons and Gomez (2005)
Colombia	*Familias en Accion*	CCT	$8-16	1 year	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: IM, MB, AM, BW, G, AGM, FC	A, U	Attanasio, Gómez, Heredia and Vera-Hernández (2005)
Colombia	*Familias en Accion*	CCT	$8-16	1-3 years	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: SA, E, CD, GR, HS, CL	A, U	García and Hill (2009)
Colombia	*Familias en Accion*	CCT	$8-16	2.5-3 years	8-17 year-old children; 0-60 month-old children	DID, PSM, other matching	P: E, GR, MB, AM, PG, SPG, AL, CL, IQ, BW, AGM, FC, NFC, HDR; 0: IM, LOC	A, U	IFS, Econometria, SEI (2006)
Colombia	*Familias en Accion*	CCT	$8-16	1-9 years	6-17 year-old children	SD, DID, PSM, RDD	P: SC; 0: CD	U, G	**Baez and Camacho (2010)**
Colombia	*PACES*	HEW	$21	1-5 years	Secondary school children	RE (SD, IV)	P: SC, GP, SAT, CD, NFC, CL, MD; 0:E	G	**Angrist and others (2002)**

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Colombia	*PACES*	HEW	$21	5-6 years	Secondary school children	RE (SD, non-parametric bounds, Tobit)	P: SCE, CD	G	Angrist and others (2004)
Costa Rica	Superemónos	SF/THR	$30	1 year	6-18 year old children	SD, CF, PSM	P: SA; 0: GP, CL		**Duryea and Morrison (2004)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	RE (blocking, IV)	P: E, NFC, CI; N: LoC, TI	A, G, U	**Edmonds and Schady (2008)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	RE (RE, Before-after, IV)	P: E	I	**Oosterbeek and others (2008)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	RE (CF, non-parametric)	0: E, HS; P: CD, HCU, MB,	A, G, Ed, I	**Paxson and Schady (2007)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	CF, IV	0: GP, NFC; P: E, DR, CL		**Schady and Caridad Araujo (2006)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	CF, DID	P: FC, GEE, GE	Ed, G	**Schady and Rosero (2007)**
Ecuador	*BDH*	UCT	$15	1.5 year	Children 0-17	RDD, CF, IV	0: CD		Ponce and Bedi (2008)
El Salvador	*Red Solidaria*	CCT	$10-20	6 months	7-12 year-old children	RDD	P: E, GR, HCU, MB; 0: IM, AM		IFPRI & El Salvador Social and Economic Development Department (2009)
Ethiopia	*EGS/FFD*	WF		18 months	Households	PSM, DID	P: LoC, FC; 0: APD	I	Gilligan and Hoddinott (2006)
Ethiopia	FFD/FFW	WF			Households, adults	CF, IV	P: G, CWS		**Yamano and others (2005)**
Ethiopia	FFD/FFW	WF			Households, adults	CF with panel	P: AM	G, I	Quisumbing (2003)
Ethiopia	FFD/FFW	WF			Households, adults	CF with FE	P: LOC, CWS		Dercon and Krishnan (2003)

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Ethiopia	*PSNP*	WF	$22.50	1 year	Households, adults	PSM	P: FC, SUFS, AAP; 0: ROE; N: AL	R	Gilligan and others (2008)
Ethiopia	*PSNP*	WF	$22.50	2 years	Households, adults	CF, PSM	0: APP, CWS		Andersson and others (2009)
Honduras	*PRAF II*	CCT	$4-23	2 years	Children 6-12, children 0-3, pregnant women	RE (SD, DID)	P: LoC, CWS	O	Coady and others (2004)
Honduras	*PRAF II*	CCT	$4-23	2 years	Children 6-12, children 0-3, pregnant women	RE (SD, DID)	P: SA, GP, E, SAT, DR; 0: CL	I	Glewwe and Olinto (2004)
India	EGS	WF		5 years	Households	Three-stage Heckman sample selection model	P: CWS		Scandiozza and others (2009)
India	National Program of Nutritional Support to Primary Education	SF/THR	$0.42-0.62	9 years	5-12 year-old children	CF with FE	P: FC, OIB	G, I	Afridi (2009)
India	National Program of Nutritional Support to Primary Education	SF/THR	$0.42-0.63	10 years	5-12 year-old children	DID	P: SA, E	G, E, I	Afridi (2010)
Indonesia	*JPS*	HEW	$1.2-3.4	4 months	10-18 year-old children	CF, matching	P: DR, CWS	E	**Cameron (2002)**
Indonesia	*JPS*	HEW	$1.2-3.5	6 months	10-18 year-old children	IV	P: SA, E, DR, CL, CWS	A, G, I, U, E	Sparrow (2007)
Jamaica	*PATH*	CCT	$6.50	1 year	0-17 year-old children, adults	RDD	P: SA, HCU; 0: GP, CD, IM, MB, CL	A, G, R	Levy and Ohls (2007)
Kenya	Meat, Milk and Energy Study	SF/THR		18 months	Third grade students	RE (SD)	P: AM, G	G	Grillenberger and others (2003)

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Kenya	School Meals - Kenya	SF/THR	$0.32	2 years	4-6 year-old children	RE (CF)	P: SA, E, AM; 0: CD, OIB	G	**Vermeersch and Kremer (2004)**
Malawi	Zomba Cash Transfer Program	CCT	$4-15	1 year	13-22 year-old girls	RE (DID with FE)	P: E, SBC, MD		**Baird, Chirwa, McIntosh and Özler (2009)**
Malawi	Zomba Cash Transfer Program	CCT	$4-15	1 year	13-22 year-old girls	RE (DID with FE)	P: SA, E, DR, CD; 0: GEE		**Baird, McIntosh and Özler (2009)**
Malawi	Zomba Cash Transfer Program	CCT	$4-15	2 years	13-22 year-old girls	RE with DID	P: SA, E, CD, SBC, MD	A, O	**Baird and others (2010)**
Mexico	*Oportunidades*	CCT	$30	2 years	0-17 year-old children	RE (DID)	P: E, CL, CWS	E, Et, G	**de Janvry and others (2006)**
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, probit)	P: E, T, SAT	G	Schultz (2004)
Mexico	*Oportunidades*	CCT	$30	5.5 years	0-17 year-old children	RE (DID)	P: APD, LC	O, Ed	**Gertler and others (2006)**
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, Probit)	P: HDR, PG, SPG, LC; 0: AL, LH; N: GEE	A, G	**Skoufias and di Maro (2006)**
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID)	P: SAT, DR,	I, Ed, O, R	Raymond and Sadoulet (2003)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID with FE)	P: AM, G	A	Behrman and Hoddinott (2001)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, SD)	0: M		Stecklov and others (2005)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (SM)	P: GP,GR	E, G	Dubois and others (2004)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID)	P: GP, AGM, HDR, PG, SPG	A, G	Handa and others (2001)

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Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, SD)	P: HCU, HS		Gertler (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, SM)			de Janvry and others (2005)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (probit, logit)	P: M		Angelucci and others (2004)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE	P: GP, E, T, DR, GR	G	Behrman,Sengupta and Todd (2001)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (SD)	0: CD		Behrman, Sengupta and Todd (2000)
Mexico	*Oportunidades*	CCT	$30	1 year	0-17 year-old children	Probit, PSM	P: SA	E	De Brauw and Hoddinott (2008)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID)	P: OIB		Martinelli and Parker (2008)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (CF)	0: RPT		Teruel and Davis (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	Re (DID, probit)	P: E, CL; 0: AL, LH	A, G	Parker and Skoufias (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (logit)	P: OIB		Adato and others (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (CF - parametric and non-parametric)	P: LC, FC; N: NFC; 0: GEE	I	Hoddinott and others (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID, Tobit)	0: SA	G	Schultz (2000)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID)	P: E	E, G	Nieves Valdés (2008)

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Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE	P: LOC, CWS, SUFS, RPT, CPW; 0: GEE		Angelucci and De Giorgi (2009)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE, SM			Attanasio, Meghir and Santiago (2005)
Mexico	*Oportunidades*	CCT	$30	1-3 years	0-17 year-old children	QE	P: MT	R	Barham (2005a)
Mexico	*Oportunidades*	CCT	$30	5.5 years	0-17 year-old children	RE (DID)	P: GP, SAT, M, MD; 0: CD; N: AL	G	Behrman, Parker and Todd (2005)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE (DID)			Coady and Parker (2004)
Mexico	*Oportunidades*	CCT	$30	5.5 years	0-17 year-old children	RE (CF)	N: LH; P: CL; 0: OIB	A, G	Rubio-Codina (2009)
Mexico	*Oportunidades*	CCT	$30	18 months	0-17 year-old children	RE, Semiparametric	P: CL, OIB		Dubois and others (2009)
Mexico	*Oportunidades*	CCT	$30	3-5 years	0-17 year-old children	RE (SD)	P: CD, AM; 0: MB, HS		Fernald and others (2008)
Mexico	*Oportunidades*	CCT	$30	2 years	0-17 year-old children	RE (CF)	P: MB, AM, G	A, I	Rivera and others (2004)
Mexico	*Oportunidades*	CCT	$30	1-3 years	0-17 year-old children	RE (DID)	P: IM	R	Barham (2005b)
Mexico	*Oportunidades*	CCT	$30	2 years	0-17 year-old children	Hazard model	P: SBC, MD	A	Gulemetova-Swan (2009)
Mexico	*Oportunidades*	CCT	$30	1-2 years	0-17 year-old children	DID with PSM	P: E, SAT, CL; 0: GE; N:LH	A, G	Behrman, Gallardo-Garc´ıa, Parker, Todd and V´elez-Grajales (2005)

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Mexico	*Oportunidades*	CCT	$30	2 years	0-18 year-old children	SM	P: FC	O	Angelucci and Attanasio (2009)
Mexico	*Oportunidades*	CCT	$30	6 months	0-18 year-old children	RE	N: RPT		Albarran and Attanasio (2002)
Mexico	*Oportunidades*	CCT	$30	1.5 years	0-18 year-old children	RE	P: E	O	Angelucci and others (2010)
Mexico	*Oportunidades*	CCT	$30	5 years	0-18 year-old children	RE	P: APD, CWS, RPT	O	Angelucci and others (2009)
Mexico	*Oportunidades*	CCT	$30	1.5 years	0-18 year-old children	RE	P: GEE	I	Bobonis and Finan (2009)
Mexico	*Oportunidades*	CCT	$30	9 years	7-10 year-old children	RE with PSM	P: CD, 0: SAT, AM		Behrman and others (2008)
Mexico	*Oportunidades*	CCT	$30	10 years	Young adults aged 19 to 22	DID, PSM	P: CD, SCE, T	G	Parker and Behrman (2008)
Mexico	*Oportunidades*	CCT	$30	6 years or more	15-21 year-old young adults	SD	P: AL		Rodriguez and Freije (2008)
Mexico	*Oportunidades*	CCT	$30	5.5 years	14-22 year-old young adults	DID with PSM	P: SAT, CL, LC	G, A	Behrman and others (2010)
Mexico	Oportunidades/PROCAMPO	CCT	$27-32	1 year	0-17 year-old children, farmers	DID with IV, SD	P: FC		Ruiz-Arranz and others (2002)
Mexico	Oportunidades/PROCAMPO	CCT	$27-30	1 year	0-17 year-old children, farmers	DID, CF	P: LOC, FC, AAP; N: NFC		Davis and others (2002)
Mexico	PAL	FA	$13	2 years	Households	RE (DID)	P: LoC, FC, HDR, PG, SPG, LC; 0: AL	G	**Skoufias and others (2008)**

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Mexico	Piso Firme	GS	$150	5 years	Households	PSM, IV	P: CD, MB, HS; 0: AM, TI, AAP	A	**Cattaneo and others (2007)**
Mexico	PROCAMPO	UCT	$27.40	3 years	Farmers	FE	P: TI, COI; N: AL; 0: LC	Et, I, R, P, Ed, O	**Sadoulet and others (2001)**
Nicaragua	*Atención a Crisis*	CCT	$22.5-39	9 months	0-15 year-old children	RE (DID)	P: SCE, CD, HCU, HS, AGM, FC, NFC; 0: AM, BW	A, G	**Macours and others (2008)**
Nicaragua	*Atención a Crisis*	CCT	$22.5-39	9 months	0-15 year-old children	RE	P: CL, OIB	A, E, G	**Del Carpio and Macours (2009)**
Nicaragua	*Atención a Crisis*	CCT	$22.5-39	9 months	0-15 year-old children	RE	P: CL	A, G	**Del Carpio (2009)**
Nicaragua	*Atención a Crisis*	CCT	$22.5-39	9 months	0-15 year-old children	RE	P: SA, E, HCU, MB, LOC, FC, HDR, PG, SPG, CWS; 0: NFC	A	**The World Bank and Johns Hopkins University (2010)**
Nicaragua	*RPS*	CCT	$18.7-28	2 years	Children under 5, children 7-13	RE (DID)	P: CWS		Maluccio (2005)
Nicaragua	*RPS*	CCT	$18.7-28	2 years	Children under 5, children 7-14	RE (DID)	P: SA, GP, E, HSU, LC, FC, NFC, HDR, IQ, LH; 0: IM, MB, AM, AL, CL, RPT	A, G, I	Maluccio and Flores (2005)
Nicaragua	*RPS*	CCT	$18.7-28	3 years	Children under 5, children 7-15	RE (SD, DID)	P :LC, FC, NFC< AAP		Maluccio (2007)
Nicaragua	*RPS*	CCT	$18.7-28	5-17 months	Children under 5, children 7-16	RE (DID)	P: IM	Ed, R, I, O	Barham and Maluccio (2008)
Pakistan	*Female Secondary School Stipend - Pakistan*	CCT	$3	1 year	Students grades 6-8	RDD, DID, TD	P: E	I	**Chaudhury and Parajuli (2008)**

ANNEX A
THE COMPLETED IMPACT EVALUATIONS REVIEWED

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
Pakistan	*Female Secondary School Stipend - Pakistan*	CCT	$3	3 years	12-19 year-old girls	DID, RDD	P: E, SC, T, CL, SBC, MD	R, Ed, I, A	**Alam, Baez and del Carpio (2010)**
Pakistan	Quetta Urban Fellowship Program	HEW	$3	2 years	4-8 year-old girls	RE (Before after, SD, DID)	P: E	A, G, R	**Kim and others (1999)**
Paraguay	Tekoporã	CCT		1 year	0-15 year-old children, pregnant women	DID, SD, PSM	P: SA, GP, DR, HCU, LOC, NFC, TI, COI, IS, HDR, SUFS, GEE, AAP; 0: IM, FC, AL, CL	A, G, I, U	Soares and others (2008)
Peru	Vaso de Leche	FA		10 years	Children under 5	CF with FE, IV	0: AM		**Stifel and Alderman (2006)**
Philippines	*Dropout Intervention Program*	SF/THR	$2.80	1 year	Grade 1-5 children	RE (DID, CF, IV)	P: DR, CD		**Tan and others (1999)**
Philippines	SF - Philippines	SF/THR			6-12 year-old children	DID	P: FC	G, I	**Jacoby (2002)**
Poland	*Intervention works/Training*	ES		9-18 months	Adults	DID with PSM	N: AL	G	Kluve and others (2001)
Poland	*Intervention works/Workfare/Training*	WF		9-18 months	Adults	DID with PSM	N: AL	G	Kluve and others (1999)
Romania	ALMP	WF	$49	3 years	Adults	PSM	N: AL	A, R	Rodriguez-Planas and Benus (2006)
Slovak Republic	SPJ/PUJ/Training	ES		2 years	Adults	Duration model	P: AM, AL		van Ours (2000)
South Africa	CSG	FCA	$25	6 years	Children under 3	PSM, CF	P: AM	A	Agüero and others (2007)
South Africa	OAP	NCP	$133	2-3 years	Women over 60, men over 65	FE	P: AL, M	G	Ardington and others (2009)
South Africa	OAP	NCP	$117	1 year	Women over 60, men over 66	CF	P: AM	G	Duflo (2003)

Country	*Project (a)*	*Intervention type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation methods (c)*	*Outcomes (d)*	*Heterogeneity of impacts (e)*	*Studies (f)*
South Africa	OAP	NCP	$87	6 years	Women over 60, men over 67	CF	P: SA, SAT, SCE; 0: CL	A, G	Edmonds (2006)
South Africa	OAP	NCP	$117	1 year	Women over 60, men over 68	CF	N: AL	A, G, Ed	Bertrand and others (2000)
South Africa	OAP	NCP	$117	3 years	Women over 60, men over 69	RDD	0: SBC, OIB		Edmonds and others (2004)
South Africa	OAP	NCP	$87	6 years	Women over 60, men over 70	SD	P: HS, AM		Case (2001)
South Africa	OAP	NCP	$44-97	3 years	Women over 60, men over 71	DID	P: HS, AM, HDR; 0: AL, M, OIB; N: RPT	R	Jensen (2004)
South Africa	OAP	NCP	$117	5 years	Women over 60, men over 72	IV, DID, CF	0: SAT; P: FC, NFC, OIB	A, G	Hamoudi and Thomas (2005)
Turkey	*Social Risk Mitigation Project*	CCT	$12.4-28.4	7 months	0-17 year-old children, adults	RDD with matching	P : SA, CD, IM, SBC; 0: E,T, FC, AL	G, U	Ahmed and others (2007)
Uganda	SF/THR - Uganda	SF/THR	$3.40	1-2 years	6-13 year-old children	RE (DID, SD, CF)	P: SA, GR; 0: E, T, SCE	A, G	**Alderman and others (2008)**
Uganda	SF/THR - Uganda	SF/THR	$3.40	1-2 years	6-13 year-old children	RE (DID, SD, CF)	0: CD	A, G, R	**Adelman S., Alderman H., Gilligan, and Lehrer (2008)**
Uganda	SF/THR - Uganda	SF/THR	$3.40	1-2 years	6-13 year-old children	RE (DID, SD, CF)	0: MB, AM	A, G, R	**Adelman S., Alderman H., Gilligan, and Konde-Lule (2008)**

a. Projects in *italics* are funded by the World Bank.ALM P = Active Labor Market Program; *BDH* = *Bono de Desarrollo Humano*; CSP = Cambodia Education Sector Support Project; CSG = Child Support Grant; EGS = Employment Guarantee Scheme; EGES/GR = Employment Generation Schemes and Gratuitous Relief; FFD = free food distribution; FFW = Food for Work; *JPS* = *Jaring Pengamanan Sosial*; OAP = old-age pension; *PACE S* = *Programa de Ampliacion de Cobertura de la Educacion Secundaria*; *PAL* = *Programa Apoyo Alimentario* - Food Support Program; PATH = Programme of Advancement through Health and Education; *PETI* = *Programa de Erradicacao do Trabalho Infantil* (Program to Eradicate Child Labor); *PRA F* = *Programa de Asignacion Familiar*; PROCAMPO = Program for Direct Assistance in Agriculture; *RP S* = *Red de Proteccion Social*; PSNP = Productive Safety Nets Program; PUJ = publicly useful jobs; SPJ = socially purposeful jobs.

b. CCT = conditional cash transfer; ES = wage/employment subsidies; FA = food aid; FCA = family/child allowances; GS = general subsidies; HEW = fee waivers for health and education; NCP = noncontributory pension; SF/THR = school feeding/take home rations; UCT = unconditional cash transfer/basic transfer; WF = workfare.
c. CF = control function; DID = difference-in-differences; FE = fixed effects; IV = instrumental variable; PSM = propensity score matching; RDD = regression discontinuity design; RE = randomized experiment; SD = single difference; SM = structural model; TD = triple differences.
d. P = positive impact; 0 = no impact; N = negative impact; AGM = attendance to growth and monitoring session; AL = adult labor supply/unemployment; AM = anthropometric measures; APD = assets and production decisions; BW = birthweight; CD = cognitive development; CL = child labor; COI = composition of income; CWS = coping with shocks; DR = dropout rates; E = enrollment; FC = food consumption; G = growth; GEE = general equilibrium and other spillover effects; GP = grade progression; GR = grade repetition; HCU = health care usage; HDR = headcount ratio; HS = health status; IM = immunizations; IQ = inequality; LC = labor composition; LH = leisure hours; M = migration; MB = morbidity; MD = marriage decisions; MT = mortality; NFC = non-food consumption; OIB = Other intra-household behavioral responses; PG = poverty gap; RPT = remittances and private transfers; SA = school attendance; SAT = school attainment; SBC = sexual behavior/childbearing; SC = school choice; SCE = school completion/entry; SPG = squared poverty gap; SUFS = savings and use of financial services; T = transition; TC = total consumption; TI = total income.
e. A = age; E = education level of children; Ed = parental education; Et = ethnic group; G = gender; I = income, expenditure, assets or socio-economic level; O = others; R = region or location; U = urban/rural.
f. Impact evaluations in **bold** have involvement of the World Bank.

Appendix B. The Ongoing Impact Evaluations Reviewed

Country	*Project (a)*	*Intervention Type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation Methods (c)*	*Outcome Indicators (d)*	*Author(s)/Institution (e)*
Morocco	*Tayssir Pilot Cash Transfer Program*	CCT/UCT	$8-13	2 years	Primary school age children	RE	E, SA, CD, TI, TC	**Devoto, Florencia; Esther Duflo, Pascaline Dupas**
South Africa	Child Support Grant (CSG)	FCA	$25		7-10 year-old children	RE	HS, E, TC, TI	**Richter, Linda**
Tanzania	Rewarding STI Prevention and Control in Tanzania (RESPECT Project)	CCT	$3.75	1 year	18-29 year old people	RE	MB, SBC, TC, SUFS, APD, OIB	**de Walque, Damien; William H Dow; Rose Nathan**
Zambia	Zambia Social Cash Transfer	CCT/UCT			Households	RE, RDD	SUFS, APD, AL, E, CD, TI, TC, RPT, LH, HS, MB, AM	**Martinez, Sebastian**
Ethiopia	*Productive Safety Nets Program (PSNP)*	WF	$22.50	2-6 years	Households, adults	PSM	FC, AM, APD	**Hoddinott, John**
Kenya	*Africa Program for Education*	HEW			Secondary school students	RE	SA	**AfIE**
Tanzania	*Tanzania Second Social Action Fund (TASAF II)*	WF		3 years	Households, adults	RE, PSM	TC	**Ozler, Berk**
South Africa	Conditional Cash Transfer (CCT) and Community mobilization (CM)	CCT			14-16 year-old girls	RE	SA, MB, SBC	**Thirumurthy, Harsha**
Malawi	Zomba Cash Transfer Program	CCT/UCT	$4-15	2 years	13-22 year-old girls	RE	MB	**Baird, Sarah; Craig McIntosh, Berk Özler**
Malawi	Zomba Cash Transfer Program	CCT/UCT	$4-15	4 years	13-22 year-old girls	RE	CD, AL, MB	**Baird, Sarah**
Nicaragua	*Red de Proteccion Social (RPS) / Basic Education Project (02)*	CCT	$18.7-28		0-13 year-old children	RE	CD, SBC, AL, HS, NFC	Barham, Tania
Yemen	*Basic Education Development Program*	CCT	$11.7-13.3	2 years	Girls grade 4-9, households, teachers	RE	E, SAT, CD, OIB, MD, APD, GE	**Fasih, Tazeen**

ANNEX B
THE ONGOING IMPACT EVALUATIONS REVIEWED

Country	*Project (a)*	*Intervention Type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation Methods (c)*	*Outcome Indicators (d)*	*Author(s)/Institution (e)*
Malawi	Dowa Emergency Cash Transfers	UCT			Households		TI, TC, HDR, PG	Devereux, Stephen
Burkina Faso	Conditional and Unconditional Cash Transfers	CCT/UCT			Households	RE		**SIEF**
Chile	*Chile Solidario/Puente*	CCT	$7-15	4 years	Households	DID, PSM, RDD	E, HS, AL, TI	**Galasso, Emanuela**
Lesotho	*CCT Pilot for Orphans and Vulnerable Children in School)*	CCT			Children	RE	SAT, HS, TC	**AfIE**
Brazil	*Bolsa Familia*	CCT	$24	2-4 years	Households	DID, PSM, RDD	AM, E, HS, CL	**Walker, Ian**
Cambodia	*Pilot primary school scholarship program*	CCT	$2	2-3 years	Upper-primary students (grades 4, 5 and 6)	RE, RDD	E, T, SA, CF	**Filmer, Deon**
Pakistan	*Child Support Program (PRSC II)*	CCT			Households	QE	E, SA	**del Ninno, Carlo**
Kenya	Hunger Safety Net Programme (HSNP)	UCT			Households			Devereux, Stephen; Rachel Sabates-Wheeler
Indonesia	*Community and household-based CCT*	CCT			Villages/Households			**SIEF**
India	Employment Guarantee Scheme (EGS)	WF			Households	DID, PSM	AL, HDR, GE	**Ravallion, Martin**
Ghana	Senior secondary school fee fellowship	HEW		9 years	Secondary school students	RE	HS, AL, SBC, MD	Duflo, Esther; Pascaline Dupas, Michael Kremer
Colombia	*Familias en Accion Urban Pilots*	CCT		1 year	Children 0-18 years old	DID	E, AM, HS	**Damien de Walque and others**
Dominican Republic	*Solidaridad*	CCT	$10-20		Children 0-16 years old	RDD	HDR, TC, SA, SCE, HCU, IM	
Laos	WFP School Feeding Program	SF/THR		2 years	Children 3-14 years old	DID, PSM	E, AM	**Buttenheim, Alison; Harold Alderman; Jed Friedman**

Country	*Project (a)*	*Intervention Type (b)*	*$ benefit per month*	*Exposure*	*Beneficiaries*	*Evaluation Methods (c)*	*Outcome Indicators (d)*	*Author(s)/Institution (e)*
Eritrea	*HIV/AIDS/STI, TB, Malaria, and Reproductive Health(HAMSET II)*	CCT		2 years	Expectant mothers and children 0-2 years old	RE	HCU, AGM	
Jordan	Women School to Work Transition	ES			Young female graduates	RE	AL	**David McKenzie; Tara Vishwanath**
Liberia	Ex-combatant Reintegration and Peacebuilding	ES			Urban youth ex-combatants	RE	AL	**Chris Blattman; Mattias Lundberg**
Macedonia, FYR	*Conditional Cash Transfer Project*	CCT	$22	2 years	Secondary school students	RE	E, SAT, HCU, AL	
Madagascar	*Africa Program for Education*	SF		1 year	Primary school children	RE	E, CD	**Elizabeth Beasley**
Mexico	Contigo Vamos por Mas	CCT plus			Oportunidades beneficiaries	RE	HDR, TI, AL, HS, AM, APD	**Theresa Jones**
Nigeria	*Kano Conditional Cash Transfer*	CCT	$10-20		Girls grade 4-6	RE	SA, SCE, T	**Marito Garcia**
Panama	*Red de Oportunidades*	CCT	$35	2-3 years	Children less than 18	RDD		**Benedicte de la Briere**
South Africa	Youth Wage Subsidy Experiment	ES	$100		20-24 year-old unemployed young workers	RE	AL	**Milan Vodopivec**
Sudan	Food Aid and Income Generation Program	FA		2 years	Female headed households	RE (RDD)	TI, AM	**Markus Goldstein; Michael O'Sullivan; Abebual Zerihun**

a. Projects in *italics* are funded by the World Bank.
b. CCT = conditional cash transfer; ES = employment subsidies; FA = food aid; FCA = family/child allowances; HEW = fee waivers for health and education; SF/THR = school feeding/take home rations; UCT = unconditional cash transfer/basic transfer; WF: workfare.
c. DID = difference-in-differences; PSM = propensity score matching; QE = quasi-experimental; RDD = regression discontinuity design; RE = randomized experiment; SD = single difference.
d. AL = adult labor supply/unemployment; AM = anthropometric measures; APD = assets and production decisions; CD = cognitive development; CL = child labor; E = enrollment; FC = food consumption; GEE = general equilibrium and other spillover effects; GP = grade progression; GR = grade repetition; HDR = headcount ratio; HS = health status; LH = leisure hours; MB = morbidity; MD = marriage decisions; NFC = non-food consumption; OIB = other intra-household behavioral responses; PG = poverty gap; RPT = remittances and private transfers; SA = school attendance; SAT = school attainment; SBC = sexual behavior/childbearing; SC = school choice; SCE = school completion/entry; SUFS = savings and use of financial services; T = transition; TC = total consumption; TI = total income.
e. Impact evaluations in **bold** have involvement of the World Bank.

Appendix C. Description of SSN Interventions[100]

1. **Unconditional Transfers in Cash and in Kind**

   - Unconditional cash transfers aim to lift poor and vulnerable households out of poverty or protect them from falling into poverty due to a crisis or reform. Most of these subsidies are means-tested. Based on expenditures and welfare, households are assigned to a poverty index and only those at the bottom are eligible for benefits. Other transfers may be categorical, that is, paid to families with children under a certain age (family/child allowances) or to vulnerable groups, such as the elderly who lack formal social insurance (noncontributory pension) and the disabled (disability benefits). In emergency and disaster contexts, cash transfers are often used as a flexible instrument to protect the poor, who are credit constrained and vulnerable to external shocks.
   - In-kind transfers are tied to the provision of goods either directly (food aid, basic transfers) or through price/tax subsidies that encourage the consumption of basic commodities (housing and utility subsidies). The most common of forms of in-kind transfers are food-based programs (food aid), which aim to help the poor achieve and maintain better nutritional status. Certain programs are activated only during shocks. For example, basic transfers provide care packages to cover the basic needs of poor elderly people or victims of natural disasters; and utility subsidies help smooth the transition during price hikes.

2. **Income-Generating Programs**

   - Workfare (or public work) typically employs low-skilled workers in labor-intensive jobs constructing or maintaining public infrastructure projects. If well-designed, these programs can make public spending more cost effective. The participants may be paid in cash (cash for work) or in-kind (food for work). These programs may also include on-the-job training to provide necessary skills to participants. They might also be gender sensitive, providing different types of work to men and women.
   - Wage/employment subsidies provide incentives for participants to take up temporary employment with the goal of helping them transition to more permanent jobs. The subsidies are offered to either the employees or employers on the condition that they maintain the job in a public or private enterprise for a period of time (often no less than six months). The transfers could be the total wage costs or just a portion. While these programs provide the beneficiaries with necessary skills for their transition into the workforce, the programs could have a displacement effect if employers replace other workers with program participants.

3. **Programs Promoting and Protecting Human Capital**

   - Conditional cash transfers (CCTs) have become increasingly popular instruments of human capital interventions. The first wave of CCTs began in Latin America where many such programs have shown encouraging results in increasing consumption, attention to health care, and school enrollment. The CCT model has now spread to

other countries in Africa and Asia. They have two explicit goals: to reduce current poverty and to promote investments by the poor in their human capital in order to increase the standards of living in the future. To encourage investments in education, they require that households enroll their children in school and that the children attend a majority of classes. In terms of health, the requirements may range from getting a complete set of immunizations to having regular health checkups to monitoring a child's growth.

- Similarly, health and education fee waiver programs aim to encourage the use of educational and health services so that the poor households (who might not be able to afford them otherwise) could maintain an acceptable standard of living. They often subsidize a part or the total of the costs of these services either directly to the beneficiaries (in the form of vouchers) or to the service providers to recover their costs. The two main types of these programs are fee waivers for health care and fee waivers and scholarships for schooling. Health care fee waivers may include the cost of services, drugs, and at times transportation to health centers. Fee waivers for schooling or scholarships may include tuition, stipends, and/or school-related materials such as textbooks and uniforms.
- There can also be conditional in-kind transfers such as school feeding and take-home rations to encourage students to attend classes.

Appendix D. Description of Outcome Indicators

Category	*Indicator*	*Definition*
Education	School choice	Choice of students to enter public or private school
	Enrollment	Percentage of school-aged children enrolling in school
	School attendance	Percentage or days students attending classes
	Dropout rates	The likelihood of students dropping out of schools
	Grade progression	The likelihood of students passing one grade and matriculating to the next grade
	Grade repetition	The likelihood that students repeat grades or the number of years repeated
	Transition (primary-secondary)	The likelihood that students complete primary school and progress to secondary level
	Transition (secondary-tertiary)	The likelihood that students complete secondary school and progress to a higher education level
	School completion	The likelihood or the age that students graduate from high school
	School attainment	The average years of school obtained by students
	Student achievement	Test scores that measure students' school performance (math, language, and so forth) and cognitive ability (short/long-term memory, vocabulary, visual integration, and so on)
Health	Health care usage	The utilization of preventive health care such as parasite treatments, attended childbirths, and health check-ups
	Immunizations	Vaccinations for children under 6 years old for such diseases as TB, measles, and DPT
	Morbidity	Diseases among children and/or adults such as diarrhea, parasites, and anemia
	Mortality	The probability of infants and/or adults dying
	Health status	Both physical (measured by days of illness) and mental health (measured by depression and other mental health scales)
Nutrition	Attendance to growth and monitoring Session	Probability of growth check-ups or nutrition surveillance, most likely due to compliance with conditions of CCT programs
	Birth weight	Average weight at birth of newborns
	Anthropometric measures and growth	Measures of children's adjusted average height or weight compared to the median values of a well-nourished reference population of the same age or height, and sex: height-for-age z-score (HAZ), weight-for-age z-score (WAZ), weight-for-height z-score (WHZ) -- the z-scores measure the number of standard deviations above or below the median. The prevalence of malnourishment as measured by the likelihood of having a z-score below -2 in HAZ, WAZ and WHZ (called stunting, underweight, and wasting, respectively).

ANNEX D
DESCRIPTION OF OUTCOME INDICATORS

Category	*Indicator*	*Definition*
Income, Consumption, and Poverty	Total consumption	Household expenditures on both food and non-food items
	Food consumption	The quantity and quality of foods consumed or caloric acquisition within households
	Non-food consumption	Household spending on non-food items such as education-related expenses, clothing, and medicines
	Total income	The total amount of goods, expressed in monetary terms, that a person or household receives (self-produced or earned)
	Composition of income	Shares of income from different sources such as self-employment, salaried work, and agricultural activities
	Headcount ratio	Percentage of households having their income or expenditure falling under the poverty line, measured by minimum food basket, consumption percentile or an absolute amount
	Poverty gap	Average distance separating the population from the poverty line with the non-poor having a distance of zero
	Squared poverty gap	Average of squared distance, which often indicates the severity of poverty of the poor
	Inequality	Distribution of income, with the most common metric being the Gini coefficient
Labor and Economic Activities	Adult labor supply/unemployment	Include both extensive (the probability of participating in the work force) and intensive (the hours worked) margins. Unemployment measures the percentage of the unemployed among the active labor force.
	Leisure hours	Time spent not being involved in school or work (both domestic and wage-earning works)
	Child labor	The probability of working or the hours worked among children (age range varies across studies)
	Wages	Average wage received by individuals
	Labor composition	Probability of working in different types of employment, such as self employment, wage employment, and family business
	Savings and use of financial services	Amount of money saved, borrowed, or utilized in financial services; probability of loan repayment
	Assets and production decisions	Investment in productive agricultural and non-agricultural assets such as livestock, fertilizers and micro-enterprise production
Indirect Effects	Remittances and private transfers	The probability of crowding out intra and inter-household transfers due to liquidity injection of the subsidies
	Sexual behavior/childbearing	Age of first premarital sex, number of sexual partners, use of contraception, age of first pregnancy, and birth spacing
	Marriage decisions	Age of first marriage or probability of early marriage
	Other intra-household behavioral responses	Change in household size or composition, and reallocation of resources, responsibilities, or bargaining power within households
	General equilibrium and other spillover effects	Change in local prices or wages and impacts on non-beneficiaries within the same community
	Coping with shocks	The probability of mitigating risks or negatives effects caused by idiosyncratic or global shocks. This often includes consumption smoothing (the ability to limit the variance in household consumption) and income smoothing (measures of diversification of household income).

Appendix E. Summary of Average Impacts

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
Education	School Enrollment	25	0%	12% (3)	88% (22)	CCT: 44% (11)	SF/THR: 24% (6)	HEW: 16% (4)	UCT: 8% (2), NCP: 4% (1), WF: 4% (1)
					[0.74; 43 pp]	[0; 43 pp]	[0; 7.2 pp]	[0; 32 pp]	[0; 14 pp]
	School Attendance	25	4% (1)	8% (2)	88% (22)	CCT: 60% (15)	SF/THR: 28% (7)	GS: 4% (1), NCP: 4% (1), HEW: 4% (1)	
			[-7.5 pp; -3.5pp]		[0.8; 43 pp]	[0; 43 pp]	[-7.5 pp; 29 pp]	[1.5; 4.5 pp]	
	Dropout Rates	10[b]	0%	0%	90% (9)	CCT: 60% (6)	SF/THR: 20% (2)	HEW: 10% (1)	UCT: 10% (1)
					[2.5; 7.8 pp]	[2.5; 7.8 pp]	[3.6; 5.2 pp]	[0; 3.8 pp]	[3.1; 3.6 pp]
	Grade Progression	11	0%	27% (3)	73% (8)	CCT: 73% (8)	HEW: 9% (1)	UCT: 9% (1)	SF/THR: 9% (1)
					(1.6; 15 pp]	(0; 10.5 pp]	(13; 15 pp]	[0]	[0]
	Grade Repetition	7[b]	14% (1)	0%	72% (5)	CCT: 72% (5)	SF/THR: 14% (1)	HEW: 14% (1)	
			[-0.8 pp]		[3; 12 pp]	[-0.8; 12 pp]	[10 pp]	[5; 6 pp]	
	Transition (Primary/Low Secondary - Secondary)	3	0%	33% (1)	67% (2)	CCT: 100% (3)			
					[11 pp]	[0; 11 pp]			
	Transition (Secondary - Tertiary)	2	0%	50% (1)	50% (1)	CCT: 100% (2)			
					[23 pp]	[0; 23 pp]			
	Learning (Pre-school up to Early Secondary)	13[b]	0%	23% (3)	54% (7)	CCT: 39% (5)	SF/THR: 39% (5)	UCT: 15% (2)	GS: 7% (1)
					[0.1; 0.5 of an SD]	[0; 0.17 of an SD]	[0; 0.5 of an SD]	[0; 0.19 of an SD]	[positive]
	Graduation Rate	5	0%	0%	100% (5)	CCT: 80% (4)	HEW: 20% (1)		
					[4-8 pp]	[4; 8 pp]	[5; 7 pp]		

ANNEX E
SUMMARY OF AVERAGE IMPACTS

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
Health	School Attainment[a]	6[b]	0%	0%	83% (5)	CCT: 50% (3)	NCP: 17% (1)	SF/THR: 17% (1)	HEW: 17% (1)
					[0.08; 1.4 years]	[0.2; 0.7 years]	[0.18 years only for boys]	[0.37; 1.4 years]	[0.08; 0.16 years]
	Learning (Secondary School)	6[b]	0%	33% (2)	50% (3)	CCT: 83% (5)	HEW: 17% (1)		
					[0.12; 0.3 of an SD]	[0; positive]	[0.2; 0.3 of an SD]		
	Health Care Usage	7	0%	0%	100% (7)	CCT: 86% (6)	UCT: 14% (1)		
					[8; 25 pp]	[8; 25 pp]	[10.3; 20.7 pp]		
	Immunizations	8[b]	0%	50% (4)	38% (3)	CCT: 100% (8)			
	Mortality	1	0%	0%	100% (1)	CCT: 100% (1)			
					Infant mortality: 11%	Infant mortality: 11%			
	Morbidity	10	0%	40% (4)	60% (6)	CCT: 60% (6)	SF/THR: 20% (2)	GS: 10% (1)	UCT: 10% (1)
					Anemia prevalence: [8.3; 10.5 pp], diarrhea: [1.8; 9 pp]	Anemia prevalence: [0; 10.5 pp], diarrhea: [4; 9 pp]	Anemia prevalence: [0]	Anemia prevalence [8.3 pp], diarrhea: [1.8 pp]	
	Child Health Status	6[b]	0%	50% (3)	33% (2)	CCT: 83% (5)	WF: 17% (1)		
						[0; positive]	[0]		
	Adult Health Status	3	0%	0%	100% (3)	CCT: 33% (1)	NCP: 33% (1)	GS: 33% (1)	
	Attendance to Growth Monitoring Session	4	0%	25% (1)	75% (3)	CCT: 75% (3)	UCT: 25% (1)		
Nutrition	Birth Weight	2	0%	50% (1)	50% (1)	CCT: 100% (2)			
					[0.55 kg]	[0; 0.55 kg]			
	Infant Anthropometrics	15[b]	0%	27% (4)	40% (6)	CCT: 31% (5)	SF/THR: 20% (3)	NCP: 13% (2)	UCT: 7% (1), GS: 7%, WF: 7%; FA: 7%; FCA: 7%

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
Income, Consumption, and Poverty	Height Growth, HAZ, and Stunting (Infants)	14	0%	50% (7)	50% (7)	CCT: 36% (5)	SF/THR: 22% (3)	NCP: 7% (1), FCA: 7%, WF: 7%	UCT: 7%, GS: 7%, FA: 7%
					[0.1; 1 z-score]	[0; 0.2 z-score]	[0; 0.36 z-score]	[0.1; 1 z-score]	[0]
	Weight Gain, WAZ, and Underweight (Infants)	8	0%	37% (3)	63% (5)	CCT: 63% (5)	SF/THR: 25% (2)	GS: 11% (1)	
					[0.2; 0.79 z-score]	[0; 0.2 z-score]	[0.36; 0.79 z-score]	[0]	
	WHZ and Wasting (Infants)	7	0%	72% (5)	28% (2)	CCT: 43% (3)	SF/THR: 14% (1)	NCP: 14%, WF: 14%	GS: 14% (1)
					[0.34; 2.45 z-score]	[0]	[0]	[0.34; 2.45 z-score]	[0]
	Anthropometrics (children above 6 years old)	6[b]	0%	33% (2)	33% (2)	SF/THR: 66% (4)	WF: 17% (1)	CCT: 17% (1)	
	Income	9	11% (1)	22% (2)	67% (6)	WF: 33% (3)	UCT: 33% (3)	CCT: 11% (1)	ES: 11%; GS: 11%
					[15; 39% of income]	[0.43; 1 cm]	[negative; 21% of income]	[31; 36% of income]	[0[
	Composition of Income	3	0%	0%	100% (3)	UCT: 67% (2)	CCT: 33% (1)		
					[increase in agricultural income]				
	Consumption	14	14% (2)	14% (2)	72% (10)	CCT: 43% (6)	UCT: 28% (4)	WF: 14% (2)	GS: 7% (1); FA: 7% (1)
					[7; 32%]	[7; 32%]	[negative; positive]	[9%]	[0;17%]
	Food Consumption	20	5% (1)	10% (2)	85% (17)	CCT: 35% (7)	UCT: 20% (4),	SF/THR: 15% (3)	NCP: 10% (2), FA: 10%; WF: 10%
	Non-food Consumption	12	17% (2)	0%	83% (10)	CCT: 58% (7)	UCT: 25% (3)	HEW: 8% (1)	NCP: 8% (1)

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
						[Educational expenditures: increase (4), decrease (2)]	[Educational expenditures: increase (1), decrease (1)]	[Increase educational expenditures[	[Increase health care expenditures[
	Poverty (head-count ratio)	11	9% (1)	9% (1)	82% (9)	CCT: 45% (5)	UCT: 18% (2)	WF: 9%, NCP: 9%, FA: 9%	GS: 9% (1)
			[-7.6 pp]		[2; 26 pp]	[5; 17 pp]	[-7.6; 11.5 pp]	[2; 26 pp]	0
	Poverty Gap	5	20% (1)	0%	80% (4)	CCT: 60% (3)	FA: 20% (1)	UCT: 20% (1)	
			[-1.7%]		[10; 33%]	[10; 33%]	[11; 30%]	[-1.7%]	
	Squared Poverty Gap	4	0%	0%	100% (4)	CCT: 75% (3)	FA: 25% (1)		
					[4; 68%]	[4; 68%]	[16; 37%]		
	Inequality	3	0%	0%	100% (3)	CCT: 100% (3)			
					[12.8 pp]	[12.8 pp]			
	Adult Labor (probability of participating in the work force)	15	40% (6)	47% (7)	13% (2)	WF: 27% (4)	CCT: 27% (4)	UCT: 20% (3), ES: 13% (2)	FA: 7% (1), NCP: 7%
						Unemployment rate: [- 15 pp; positive]	Labor participation rate: [0]	Labor participation rate: [-24; 0 pp]	[negative; 0]
Labor and Economic Activities	Labor Composition	5	0%	40% (2)	60% (3)	UCT: 40% (2)	CCT: 20% (1)	FA: 20% (1)	ES: 20% (1)
						[No impact on self-employment]	[Shift to non-agricultural activities]	[Increase in non-agricultural activities]	[Increase in wage employment]
	Child Labor	19	0%	32% (6)	68% (13)	CCT: 58% (11)	SF/THR: 16% (3)	HEW: 11% (2)	NCP: 5% (1), UCT: 5%; WF: 5%
					[2; 18 pp]	[0; 18 pp]	[0; 7.4 pp]	[3.8 pp]	
	Savings and Credit	4	0%	0%	100% (4)	WF: 50% (2)	CCT: 25% (1)	UCT: 25% (1)	
					Savings: [20%], Credit: [7%]	Credit: [7.1 pp]	Savings: [20%], Credit: [7%]	Savings: [positive]; Loan repayment: [0]	

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
Indirect Effects	Assets and Production Decisions	5	0%	20% (1) [Asset acquisition]	80% (4) Asset acquisition: [0; positive]; Production investment: [positive]	CCT: 40% (1) Asset acquisition: [positive]; Production investment: [positive]	WF: 20% (1) Asset acquisition: [0]; Production investment: [positive]	NCP: 20% (1) Production investment: [positive]	UCT: 20% (1) Asset acquisition: [0]
	Remittances and other Private Transfers	5[b]	20% (1) Crowd out private transfer: [25-30% of benefit]	60% (3)	0%	CCT: 40% (2) Crowd out private transfer: [negative; 0]; Transfer to non-beneficiaries: [positive]	NCP: 17% (1) Crowd out private transfer: [25; 30% of benefit]	WF: 17%, UCT: 17% [0]	
	Sexual behavior/childbearing/marriage decision	7	0%	29% (2)	71% (5) First sexual activity: [31; 46%]; Childbearing: [2; 34%]; Marriage decision: [0;48%]	CCT: 67% (4) First sexual activity: [31; 46%]; Childbearing: [0; 34%]; Marriage decision: [0;48%]	HEW: 17% (1) Marriage decision: [positive]	NCP: 17% (1) Childbearing: [0]	
	Other intra-household behavioral responses	14[b]	8% (1) [Reduction in education of nonparticipating siblings]	46% (6)	23% (3) Bargaining power of women: [positive]	CCT:46% (6) [Cross-substitution between children, nonparticipating siblings and adults in domestic work]	SF: 23% (3) Food reallocation to nonparticipating siblings: [0; positive]	UCT: 16% (2), WF: 16% (2) Household size: [-0.16; 0 person]; Bargaining power of women: [positive]; Labor supply: [0]	NCP: 8% (1) Household size: [0]
	General Equilibrium and Other	13[b]	23% (3)	23% (3)	38% (5)	CCT: 69% (9)	SF/THR: 8% (1)	UCT: 8% (1); CA: 8% (1)	HEW: 8% (1)

ANNEX E
SUMMARY OF AVERAGE IMPACTS

Dimensions	*Outcome Indicators* [a]	*# Programs* [b]	*Negative*	*0*	*Positive*	*Distribution across Interventions* [c]			
	Spillover Effects[a]		[Negative spillover on prices, labor supply of nonbeneficiary adults and on test scores and labor of nonbeneficiary children]			[Positive spillover on school attendance and nutrition surveillance of peers, and on saving and borrowing capacity of nonbeneficiaries]	Test score of nonbeneficiary students: [-8; 10 pp]	Prices: [-28.8%; 0]	[Change in gender composition of nonparticipating schools]
	Coping with Shocks	12[b]	0%	0%	92% (11)	WF: 42% (5)	CCT: 42% (5)	HEW: 8% (1)	UCT: 8% (1)
					[Mitigate negative effect of shocks on child labor and enrollment, income, and poverty; smooth consumption]	[Mitigate negative effect of shocks on child growth, income, employment, and poverty]	[Mitigate negative effect of shocks on child labor and enrollment; smooth consumption]	[Mitigate negative effect of shocks on child labor and enrollment; smooth consumption]	[Smooth income and consumption during shocks]

Note: The range of magnitude of impacts is reported within square brackets, this excludes results where units of measurement are not consistent with the rest. pp = percentage points; SD = standard deviation

a. Some papers extrapolate results through simulations.

b. Papers with no clear direction of impact on the indicated outcome are not reported negative, 0, or positive.

c. CCT = conditional cash transfer; ES = wage/employment subsidies; FA = food aid; FCA = family/child allowances; GS = general subsidies; HEW = fee waivers for health and education; NCP = noncontributory pension; SF/THR = school feeding/take home rations; UCT = unconditional cash transfer/basic transfer; WF = workfare.

Appendix F. Impact Evaluation Methods[101]

Impact evaluation is based on the comparison of a particular outcome between the situations with and without the intervention. The changes in these outcomes can therefore be attributed to the program and interpreted as its causal effect. However, in reality, it is not possible to observe the two situations for the same households or individuals simultaneously. As a result, it is necessary to generate a counterfactual that is similar to the group which receives the treatment in order to compare their outcomes. The specific techniques for identifying this counterfactual vary according to the program setting and available data, but can be broadly classified into two categories: (1) experimental and (2) quasi-experimental.

1. **Experimental:** This method can only be used when the treatment is randomly allocated among eligible beneficiaries. The randomization could occur at the individual, household, or the community level. This random process creates comparable treatment and control groups that are, on average, statistically similar in both observable and unobservable characteristics. For example, programs like the *Oportunidades* CCT in Mexico, the *Bono Desarollo Humano* UCT in Ecuador, and the School Canteen/Take-Home Rations program in Burkina Faso utilized this design at the onset through the phasing-in of eligible communities or lottery among eligible households. When such a perfect counterfactual is available, evaluators only need to compare the means in outcomes between the treatment and control groups at one point in time (single difference) or across multiple time periods (difference-in-differences). However, this design may still be contaminated by cross-over between the treatment and control groups and errors in implementing the randomization.

2. **Quasi-experimental:** When randomization is not possible (for financial, political, or implementation reasons), a quasi-experimental method needs to be used to construct the counterfactuals. A challenge to quasi-experimental methods is that, without randomization, it is difficult to identify a comparison group that is similar to the treatment group. Their differences, if not successfully isolated or measured, will be attributed to the differences in the outcomes of the programs, and cause selection bias to the results. Quasi-experimental methods attempt to reduce the bias due to observable characteristics, but typically cannot fully ensure that selection bias has been eliminated. Some examples of these techniques include:

- **Before/after evaluation (reflexive design)** compares outcomes for program participants before and after their involvement in the program. This often requires the availability of panel data to track the beneficiaries over a period of time. This comparison, however, can be biased by factors that occur during the period of concern and affect the outcomes (for example, an economic crisis, a natural disaster). De Janvry and others (2006) used the panel data on children, collected before and after the start of the *Bolsa Escola* CCT in Brazil, to estimate the program's impacts on school progression.
- **Matching** pairs the program beneficiaries with nonbeneficiaries of similar preprogram observable characteristics (simple matching) or predicted probability of receiving the treatment given a set of observable preprogram characteristics

(propensity score matching). Once the matched counterfactuals are constructed, they could be compared with the participants through a simple comparison of means of outcomes or other quasi-experimental techniques described below. This method, however, may not account for unobservable characteristics.

- **Regression discontinuity design** takes advantage of the cutoff score or selection criteria on which the treatment assignment is based. This technique assumes that those just above and below the cutoff point have similar characteristics and a comparison of their outcomes could provide an estimate of the program's local impact around the cutoff. For example, Filmer and Schady (2009) utilized the drop-out risk score that determines the eligibility of the Cambodia Education Sector Support Project Scholarship Program to calculate the impact of the program on students' school enrollment. All the student applicants were ranked according to a weighted formula the likelihood that they may drop out of school without the program.
- **Instrumental variable** technique utilizes a variable that helps predict the participation in the program but does not affect the outcomes of interest. This design estimates impacts through statistical econometric models in two steps. The first is to predict program participation based on the instrumental variable. The second is to calculate program's impacts given the predicted value of the first equation. For example, in analyzing the free distribution (FD) and food-for-work (FFW) program in Ethiopia, Yamano and others (2005) instrumented food aid allocations with past food-aid needs assessments and long-term rainfall patterns to control for program placement as a potential source of selection bias. Identifying an instrumental variable, however, is often difficult and there remain questions about the possible association between the variable and the outcomes (instrument exogeneity, that is, there may be unobserved factors that link the instrument with the outcomes of interest).
- **Difference-in-differences** combines the before/after comparison with the comparison of means. The differences in the growth rates of outcomes between the beneficiaries and nonbeneficiaries are interpreted as impacts attributable to the program. This technique is based on the assumption that the treatment and control groups would have progressed similarly over time without the intervention. It removes selection bias caused by the differences in time-invariant characteristics between the two groups, but does not account for time-variant characteristics (for example, after the start of the intervention, nonparticipants may be exposed to other treatments that are not available to the participants). Ravallion and Chen (2005) utilized this technique because they had baseline and annual follow-up data for beneficiaries and nonbeneficiaries of the China's Southwest Poverty Reduction Project.
- **Control functions** estimate impacts through an econometric regression that controls for various observable characteristics that may be a source of selection bias. It is based on the assumption that, by controlling for all possible differences between the treatment and control groups, the differences in their outcomes can only be attributable to the program. However, this assumption is challengeable because it is difficult to account for all differences, especially those that are unobservable or

immeasurable. For instance, the impacts of the Bangladesh's School Feeding Program were estimated using a multivariate regression that controls for child, school, and household characteristics, and location-specific fixed effects (Ahmed, 2004).

- **Structural modeling** seeks to simulate the impacts of different aspects of the programs (such as benefits, targeting, timing of benefits), possible long-term effects derived from changes in short-term outcomes, and/or the mechanisms of transmission along the causal pathway. The simulation model is based on an underlying economic model that estimates the changes in supply and demand, prices, wages, and household behaviors in response to a certain intervention.

Appendix G. Design Features of Comparable Programs

Country/Program	*Targeting population*	*Eligible beneficiaries*	*Benefit per month per individual*	*Payment frequency*	*Conditions*
Bangladesh/Food for Education	Families that are landless, female-headed or earn living from low-income professions in poor and low literacy villages	Primary-school age children	$3 (20 kg of wheat or 16 kg of rice)	Monthly	Enrollment in primary school and minimum school attendance of 85%
Bangladesh/School Feeding Program	Primary schools in chronically food insecure areas	Primary-school age children	$0.13 (1 packet of biscuits)	Daily	Enrollment in primary school and daily school attendance
Brazil/ Bolsa Escola	Families with monthly per capita income no greater than R$90 ($43)	6-15 year-old children	$7	Monthly	Enrollment in school and minimum school attendance of 85%
Burkina Faso/ School Canteen (SC) and Take Home Rations (THR)	Schools in the Sahel region	SC: 6-15 year-old boys and girls; THR: 6-15 year-old girls	SC: $4.6 (lunch); THR: $5.7 (10 kg of cereal flour)	SC: Daily; THR: Monthly	SC: daily school attendance; THR: minimum 90% attendance
Cambodia Education Sector Support Project	30-50 children per secondary school of 100 schools in poorest communes	Children who have completed grade 6 and have high drop-out risk	$4-5 ($45-60 scholarship)	Three times a year	Enrollment in secondary school and regular school attendance (no more than 10 days of absence a year) and maintaining a passing grade.
Colombia/Familias en Acción	Families in the poorest quintile	Education subsidy: 7-17 year-old children; Health subsidy: 0-6 year-old children	Education subsidy: $8-16; Health subsidy: $15	Bimonthly	Education: enrollment in school and minimum attendance of 80% bimonthly; Health: mothers take their children to growth and development check-ups
El Salvador/Red Solidaria	Families in the poorest quintile in 100 poorest municipalities	Education subsidy: 6-15 year-old children; Health subsidy: 0-5 year-old children	Education subsidy: $15 per houshold; Health subsidy: $15 per household	Bimonthly	Education: enrollment in school and minimum attendance of 80% monthly; Health: maintain the full immunization “package” and regularly monitor the growth and development of children aged 0-24 month

ANNEX G
DESIGN FEATURES OF COMPARABLE PROGRAMS

Country/Program	*Targeting population*	*Eligible beneficiaries*	*Benefit per month per individual*	*Payment frequency*	*Conditions*
Honduras/PRAFII	Poor families in 1,000 municipalities with the lowest average height for age Z-scores	Education subsidy: 6-12 year-old children who have not completed grade 4; Health subsidy: 0-3 year-old children, pregnant women	Education subsidy: $5 per household; Health subsidy: $4 per household	Semi-annually	Education: enrollment in primary school and minimum attendance of 85% ; Health: compliance with the required frequency of health centre visits
India/National Program of Nutritional Support to Primary Education	All public primary schools	Primary-school age children	$0.42-0.63 (School feeding: lunch; Take home rations: 2-3 kg of raw food grains	SF: Daily; THR: Monthly	SF: daily school attendance; THR: minimum 80% attendance
Jamaica/PATH	Families in the poorest quintile	Education subsidy: 6-17 year-old children; Health subsidy: children 0-5, adults 60 and older, pregnant women, people with disabilities	$6.50	Bimonthly	Education: minimum attendance of 85% ; Health: compliance with the required frequency of health centre visits
Kenya/School Meals	Randomly selected 25 preschools in Western Kenya	4-6 year-old children	$0.32 (breakfast)	Daily	Daily school attendance
Malawi/Zomba Cash Transfer		13-22 year-old girls	$4-15		
Mexico/Oportunidades	Families in the poorest quintile	Education subsidy: 6-18 year-old children; Health subsidy: 0-5 year-old children, pregnant women	Education subsidy: $12-74; Health subsidy: $17 per household	Bimonthly	Education: minimum attendance of 80% monthly; Health: minimum number of preventive medical checkups by all household members and attendance of household members older than 15 at health and nutrition lectures
Nicaragua/Atención a Crisis	Poor families in region affected by drought	7-15 year-old children	Education subsidy: $9 per household; Food transfer: $12 per household	Bimonthly	Enrollment in primary school and minimum attendance of 85% monthly
Nicaragua/Red de Proteccion Social	Families in extreme poverty	Education subsidy: 7-13 year-old children; Health subsidy: 0-5 year-old children	Education subsidy: $9 per household; Health subsidy: $17 per household	Bimonthly	Education: Enrollment in grades 1-4 and minimum attendance of 85% monthly; Health: attendance at bimonthly educational workshops and bringing under age 5 children for scheduled healthcare appointments

Country/Program	*Targeting population*	*Eligible beneficiaries*	*Benefit per month per individual*	*Payment frequency*	*Conditions*
Pakistan/Female Secondary School Stipend	Families in 15 districts with average literacy rates below 40 percent	Secondary-school age girls	$3	Quarterly	Enrollment in secondary school and minimum attendance of 80% monthly
Paraguay/Tekoporã	Families in extreme poverty in poorest districts	0-14 year-old children, pregnant women	$18-36	Bimonthly	Regular school attendance, visits to health centres and updating of immunizations
Turkey/Social Risk Mitigation CCT	Families in the poorest 6% of the population	Education subsidy: 6-17 year-old children; Health subsidy: 0-6 year-old children, pregnant women	Education subsidy: $13-30; Health subsidy: $12.5	Bimonthly	Education: minimum attendance of 80% monthly and no repeated grade; Health: regular visits to clinic
Uganda/School Feeding and Take Home Rations	Families in internally dispaced person camps in Northern Uganda	Primary-school age children	3.4 (mid-morning snack, lunch, and take-home rations)		Enrollment in primary school and minimum attendance of 80% monthly

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Endnotes

1. Noncontributory programs pay out benefits from public or donor financed sources (rather than contributions from participants).

2. Weigand and Grosh 2008.

3. Grosh and others 2008.

4. Fiszbein and Schady 2009; Kritsjansson and others 2009; Adelman and others 2008; Rawlings and Rubio 2005; Betcherman and others 2004; del Ninno and others 2008; Bundy and others 2009; Grosh and others 2008.

5. During this period, SSNs were seen as well-targeted transfers to those who suffered from the negative effects of growth-oriented reforms.

6. Grosh and others 2008; Paitoonpong and others 2008; World Development Report, World Bank 2000/01; World Development Report, World Bank 1990; Grosh and Milazzo 2009.

7. Means-tested programs select beneficiaries based on certain indicators that are proxies for their well-being and poverty level (for example, consumption, income, assets, and so forth). Only beneficiaries that are below the threshold are eligible for the benefits.

8. Most of the jobs created by SSN programs often do not last more than six months, which highlights the importance of complementary programs to support graduates' transition into long-term employment.

9. A significant number of papers were actually excluded because they were older versions of the same report or compilations of several evaluations of the same program (across different outcomes) or the same outcomes (across different programs).

10. Very few sources publish information on IEs in progress so the majority of the sample of ongoing evaluation is derived from the Development Impact Evaluation Initiative database. As a result, there is a bias toward IE supported by the World Bank.

11. Similar patterns are found among ongoing papers—61 percent (22 papers) examine the impacts of CCT interventions, while the rest look at workfare schemes (3 papers), wage subsidies (3 papers), school feeding/take-home rations (2 papers), fee waivers for health and education (2 papers), unconditional cash transfers (2 papers), food aid (1 paper), and family/child allowance (1 paper).

12. Quasi-experimental studies are sometimes very creative in utilizing different kinds of variation to create valid counterfactual groups, such as the phasing-in of program implementation, varying lengths of exposure to the treatment, administrative glitches in implementation, and the randomization of days in which people are interviewed.

13. Because little evidence was found on how effectively safety nets address the last objective, this report will focus on the first three goals.

14. SSNs achieve the ultimate development objectives through multiple steps in a causal chain. For example, households first influenced in a way that improves the inputs to their stock of physical and

human capital. This increased stock of capital can, in turn, enhance households' well-being in the future.

15. Two workfare programs in Argentina—*Jefes y Jefas* and *Trabajar II*—raised the income of beneficiaries by only 50–77 percent of gross wage due to foregone income (Galasso and Ravallion 2003; Jalan and Ravallion 1999).

16. Edmonds and Schady 2008.

17. From as little as $4 a month through a CCT to as much as the local minimum wage in a workfare scheme.

18. Coady and others 2004; World Bank 2010.

19. Edmonds and Schady 2008; Dabalen and others 2008.

20. The pool of successful interventions is large and diverse: six CCTs, three school-feeding, two workfares, two food aid, two pensions, and two UCTs.

21. Increased spending on food, health, and education is of interest because they could signal adjustments in attitudes toward investments in the well-being of household members.

22. In addition to an impact on poverty among program beneficiaries, simulation analyses have found important reductions in poverty headcount and squared poverty gap at the national level. These evaluated relatively large CCT programs, such as Mexico's *Oportunidades*, Brazils' *Bolsa Familia,* and Jamaica's *PATH* (Fizsbein and Schady 2009).

23. Handa and others 2001; Jesnsen 2004.

24. The distance between consumption of poor households and the poverty line.

25. Data on enrollment and attendance are collected at the school or individual level; in some cases this information was self-reported by individuals while in others it was verified with school authorities.

26. Among the 15 evaluations that assessed the effectiveness of CCTs in attendance and enrollment, 13 of these (87 percent) showed that both measures improved as a result of the transfers and conditionalities. The direction of the findings is also consistent across other types of SSNs. For instance, 5 out of 6 evaluations found that SF/THR programs raised enrollment; and 6 out of 7 found that they improved school attendance. Similarly, the vast majority of evaluations of HEW and UCT programs found positive effects on enrollment. Findings are analogous for other programs such as general subsidies, noncontributory pension, and workfare but the amount of evidence (one paper each) is rather low.

27. Kazianga and others 2009a.

28. Evaluations often measured grade progression as the probability of students matriculating to the next grade, and grade repetition as the number of years repeated or the probability that children repeat grades.

29. Seven of the eight programs that improved school progression, three of the five programs that reduced grade repetition, and six of the ten programs that reduced dropouts are CCTs. Other programs with a positive effect include three school-feeding schemes, one UCT, and three education fee waiver programs.

30. de Janvry and others, 2005 and 2006. *Oportunidades* has since increased the number of grades it covers in secondary school.

31. Alderman and others 2008; Ahmed and others 2007; Schultz 2004; Barrera-Osorio and others 2008; Alam and others 2010; Behrman and Parker 2008.

32. *Oportunidades* increases the amount of benefits for those matriculating to the secondary level while *Subsidios* targets, specifically, youth in secondary school.

33. An evaluation that tracked infants under 36 months when *Oportunidades* started shows that nine years of exposure to the program helped reduce behavioral problems and improve language development in these children (Behrman and others 2008).

34. An evaluation of the *Food for Education* program in Uganda found that children participating in the program scored better in the Primary Leaving Exam, but did not perform better in math, literacy, and other cognitive abilities, such as short-term memory and reasoning (Adelman and others 2008). Another example is *Familias en Accion*, a CCT in Colombia where fifth graders improved in both math and language as a result of the program, but no such impact was found among the ninth-grade children--mid-secondary (García and Hill 2009).

35. Programs such as CCTs, school meals, and education fee waivers appear to have a strong positive effect on school enrollment and attendance of beneficiary children. Because some of these children may be different in many dimensions from nonbeneficiary children who are already in school (for example, poorer, with nutritional problems, more likely to fall ill, with less time to do school work, or less motivated, and so forth), there is a compositional change in the student population. Consequently, studies that estimate the impacts of SSN programs on measured test performance of those children in school are susceptible to selection bias. If such biases are not corrected for, evaluations can produce misleading findings. In addition, studies do not always measure cognitive abilities in the same way (for instance, standardized tests, grades in class, time spent answering questions, and so forth), on the same subject, or at the same age. As a result, it is difficult to extrapolate evidence. Therefore, the existing evidence should be approached with these caveats in mind.

36. These interventions may, in principle, reduce child work through several channels. One is through the conditions of school enrollment and attendance imposed by programs such as school-feeding/take-home rations, CCTs, and those that offer waivers for education fees. Another channel has to do with the income effect of the transfers, which makes households less dependent on the work of their children. A third channel is through the information made available to parents, which helps them recognize the returns of schooling.

37. Edmonds 2006.

38. Paxson and Schady 2007.

39. Barham 2005a.

40. Cattaneo and others 2007.

41. Three evaluations found no impacts, and another CCT evaluation (FA in Colombia) showed positive impact on child health but no effect on adolescent health (Attanasio 2005).

42. These indicators measure body mass relative to age and determine whether children have the adequate weight to support growth either in absolute terms (weight gain), in relative terms (WAZ), or compared with the population average (underweight).

43. Among the CCTs, three CCTs led to gains in weight while two others did not. Both school feeding programs evaluated had positive effects (Burkina Faso and Kenya).

44. Indicators of WHZ and wasting (or thinness) reflect more immediate (shorter-term) episodes of weight loss, usually due to acute starvation or disease.

45. The lack of consistent evidence for height (height growth, HAZ, and stunting) is expected because it takes longer to affect height and this indicator is more appropriate for measuring medium-term nutritional deficits.

46. Results were better among several programs that had immunization as an explicit goal (a CCT program in Turkey and the *Red de Proteccion Social* program in Nicaragua).

47. *Red Solidaria*, a CCT in El Salvador, did not improve immunization rates, despite its conditions of families fulfilling a set of coresponsibilities, including keeping children younger than five years fully immunized (IFPRI 2009).

48. The *FA* CCT in Colombia was found to increase the birth weight (by over half a kilogram!) of the children of participant women (IFS 2006). In contrast, *Atención a Crisis (AC)*, a small pilot CCT program in Nicaragua, appears to have no impact (Macours and others 2008).

49. The *Proempleo* wage subsidy experiment in Argentina increased wage employment significantly and reduced temporary employment; likewise, a food aid program, *Programa de Apoyo Alimentario (PAL)*, and *Oportunidades* (both in Mexico) resulted in a reallocation of labor from agricultural to nonagricultural activities with higher returns (Galasso and others 2001; Skoufias and others 2008; Behrman and others 2010).

50. Two other programs increase investments in agricultural production, but one did not report impact on assets (a noncontributory pension, *Bono Solidario,* in Bolivia) and the other (the Productive Safety Net workfare program in Ethiopia) has no impact (Martinez 2004; Gilligan and others 2008; Soares and others 2008; Lichand,2010).

51. Scandiozza and others 2009; Ravallion and others 2001; Galasso and Ravallion 2003; Yamano and others 2005; Dercon and Krishnan 2003.

52. World Bank 2010; Coady and others 2004; Maluccio 2005; Angelucci and others 2008; de Janvry and others 2006; Lichand 2010.

53. Cameron, 2002; Sparrow 2007.

54. Sadoulet and others 2001.

55. Baez and others 2010; Barrera-Osorio and others 2008; Angrist and others 2004; Alam and others 2010; Behrman and Parker 2008.

56. Most studies calculated the actual change in the years of schooling but some provided estimates based on simulations that incorporated the actual changes in attendance and progression induced by the programs.

57. Angrist and others 2002; Glewwe and Olinto 2004; Ryan and Meng 2004; Filmer and Schady 2009b; Behrman, Parker, and Todd 2005; Edmonds 2006.

58. Baez and others 2010; Filmer and Schady 2009; Garcial and Hill 2009; Baird and others 2010; Behrman 2005; Heinrich 2007; Angrist, 2004; Behrman and others 2008;.

59. Gertler 2000; Cattaneo 2007; Case 2004.

60. Behrman and others 2008a.

61. The authors argue that these investments improved the ability of household to generate income with an estimated rate of return of 17 percent. (Gertler and others 2006)

62. Gertler and others 2006; Davis and others 2001; Davis and others 2002; Maluccio 2007.

63. Marcano and Ruprah 2008; Cattaneo and others 2005; Chen and Ravallion 2008; Gilligan and Hoddinott 2008.

64. Kluve and others 1999 and 2001; Benus and Rodriguez-Planas 2006; van Ours 2000; Galasso and others 2001; Galasso and others 2003; DNP-Colombia 2007; IFS-Econometria-SEI 2006; Eduardo and Freije 2008.

65. Schultz 2004; Fiszbein and Schady 2009; Meng and Ryan 2004; Aguero and others 2007.

66. Chen and others 2008; DNP-Colombia 2007; Gilligan and Hoddinott 2008; IFS-Econometria-SEI 2006; Gertler and others 2006; Maluccio 2007.

67. Maluccio and Flores 2005; Chen and others 2008; Gilligan and others 2008.

68. Jensen 2004; Teruel and Davis 2000; Albarran and Attanasio 2002; Angelucci and others 2008.

69. Sexual behaviors (age at first premarital sex, number of sexual partners, and use of contraception); pregnancy (age at first pregnancy, prevalence of early pregnancy, and birth spacing), and marriage decisions (age at first marriage).

70. Baird and others 2009; Gulemetova-Swan 2009.

71. Ahmed and others 2007; Gulemetova-Swan 2009; Edmonds and others 2004 ; Alam and others 2010 ; Rocha 2009.

72. Behrman and others 2005; Angrist and others 2002, Alam and others 2010.

73. Rubio-Codina 2009; Dubois and others 2009; Ferreira and others 2009; Barrera-Osorio and others 2008; Alam and others 2010.

74. Vermeersch and Kremer 2004; Jacoby 2002; Afridi 2009.

75. The *BDH* UCT in Ecuador increased the bargaining power of women (as measured by the increase in expenditures allocated to food in households with both adult females and males, as compared with households with only adult females. There is also an increase in the probability that women covered by *Oportunidades* decide how to use the extra income from the transfers (Shady and Rosero 2007; Adato and others 2000).

76. Adato and others 2000; Handa and others 2001; Barrera-Osorio and others 2008; Baird and others 2009; Yap and others 2008; Ahmed and others 2006; Khandker and others 2003; Bobonis and Finan 2009.

77. Skoufias and di Maro,2006; Angelucci and others 2008.

78. Soares and others 2008; Angelucci and others 2008.

79. Afridi 2010; Galasso and Ravallion 2003; Parker and Skoufias 2000.

80. Agüero and others 2008; Edmonds and Schady 2008.

81. Maluccio and Flores 2005; Khandker and others 2003.

82. Attanasio and others 2005; de Janvry and others 2006.

83. Paxson and Schady 2007; Chen and others 2008.

84. Filmer and Schady 2006; Raymond and Sadoulet 2003; García and Hill 2009; Adelman, Alderman, Gilligan, and Konde-Lule 2008.

85. World Bank 2009.

86. Kazianga and others 2009; Kazianga and others 2009; Alderman and others 2008; Adelman and others 2008; Afridi 2010; Grillenberger and others 2003.

87. de Janvry and others 2006; Quisumbing 2003; Del Ninno and Dorosh 2002.

88. While their hours worked do not increase, girls in households that receive the investment package for nonagricultural activities are more likely to increase work in these tasks, perhaps diverting them away from agricultural work.

89. Macours and others 2008; Del Carpio and Macours 2009; Del Carpio 2009.

90. Tan and others 1999; Glewwe and Olinto 2004.

91. Filmer and Schady 2009; Oosterbeek and others 2008; Barrera-Osorio and others 2008; Skoufias and others 2008; Alam and others 2010; Baird and others 2010; Angelucci and Attanasio 2009; Edmonds 2006.

92. De Brauw and Hoddinott 2008; Schady and Caridad Araujo 2006; Baird and others 2010; Galasso and Ravallion 2003; Heinrich,2007.

93. Gross and others 2008

94. de Janvry, Finan, and Sadoulet 2006.

95. Heinrich 2007; Vermeersch and Kremer 2004; de Janvry, Finan, and Sadoulet 2006.

96. This classification of economies follows the World Bank's guideline, which divides countries among income groups according to 2008 gross national income (GNI) per capita, calculated using the World Bank Atlas method. The groups are: low income, $975 or less; lower middle income, $976–3,855; upper middle income, $3,856–11,905; and high income, $11,906 or more. This classification is in effect from July 1, 2009 to July 1, 2010.

97. World Bank-DIME 2010.

98. World Bank-DIME 2010.

99. In fact, CCTs account for only 12 percent of Bank-supported programs in low-income countries and 27 percent in middle-income countries (World Bank-IEG 2010).

100. This appendix draws from Fiszbein and Schady 2009; and Grosh and others 2008.

101. This appendix draws from Fiszbein and Schady 2009; and Grosh and others 2008.