



Concept note (draft)

Achieving food and nutrition security in West Africa: understanding the role of social transfer programs

Institut de Recherche pour le Développement (IRD)

UMR 204 'NUTRIPASS'

911 Avenue Agropolis, BP 64501, 34394 Montpellier cedex 5, France

International Food Policy Research Institute (IFPRI),

2033 K Street NW, Washington, DC, 20006

Contacts:

- Dr Mathilde Savy, Tel: +33 4 67 41 62 98, mathilde.savy@ird.fr
- Dr Yves Martin-Prével, Tel: +33 4 67 41 61 68, yves.martin-prevel@ird.fr
- Dr Marie Ruel, Tel: 202 862 5767, m.ruel@cgiar.org

Preliminary note

This concept note describes an approach to evaluate and strengthen social transfer programs to improve food and nutrition security in West Africa. The note is organised as follows: section 1 provides the rationale for strengthening social transfer programs and enhancing their impact on food and nutrition security in developing countries, and in West Africa in particular, and identifies research gaps in this area; section 2 describes the experience of our teams in evaluating a variety of social transfer models in a wide range of developing countries from Africa, Asia and Latin America; and section 3 presents suggestions for applied research to improve the design, targeting and implementation of social transfer programs in West Africa and maximize their impact on the food and nutrition security of poor populations.

The note highlights the combined program impact evaluation expertise of our two partner institutions (IRD and IFPRI) and invites international and local institutions interested in implementing and evaluating social transfer programs with a strong food and nutrition security focus in West Africa to contact us. We are entirely open to suggestions and sharing of additional research ideas and to establishing collaborations with other research institutes and universities, at the local and international levels.

1 - Rationale

The role of social transfer programs in improving food and nutrition security

The successive crises in food, fuel and finance that recently hit the world have plunged many households deeper into poverty, food insecurity and hunger (1-3). The persistence of high food prices and the current economic recession are making the situation worst for many of the world's poor. This situation seriously jeopardizes the achievement of the United Nations Millenium Development Goal 1 (MDG1), which is to eradicate extreme poverty and hunger. Considering the consequences of poverty and food insecurity, especially among the most vulnerable, the targets for MDG4A and MDG5A, which are to reduce the under 5 and maternal mortality rates respectively, are also threatened (4). Those crises have revealed a profound malfunctioning in several sectors (agriculture, economy, health, education, etc.) that urgently need to be addressed.

A series of nutritional interventions has been identified as cost-effective to reduce maternal and child malnutrition (5). These interventions (including micronutrient supplementation, food fortification, promotion of breastfeeding and adequate complementary feeding) tackle the most immediate determinants of undernutrition and could reduce undernutrition-related mortality and morbidity by 25% in the short term if implemented at scale during the window of opportunity (i.e. the 1000 days from conception to the child's second birthday). To address malnutrition in the longer term, it is well acknowledged that these 'short route' interventions should be supplemented by multisectoral interventions aimed at improving the underlying determinants of malnutrition ('long routes'), such as poverty and food insecurity, lack of access to health and other basic services, and gender inequity (5, 6). Example of promising multisectoral interventions include agricultural development programs that incorporate specific nutrition objectives and actions in order to achieve better nutrition and overall development outcomes (7, 8). Social protection programmes are another way to reduce poverty and undernutrition. Social transfer programs have become a mainstay in social protection and poverty

reduction strategies throughout Latin America, and are increasingly being implemented in Sub-Saharan Africa. Among them, cash transfers (either unconditional or conditional) are becoming increasingly popular worldwide, probably due to their versatile features and demonstrated impacts on poverty, food security and a number of other health, nutrition and education outcomes (9). However, successful social transfer strategies in Latin America may not be easily transferable to West Africa, where constraints and development issues are different. This region is indeed globally marked by weak macroeconomic conditions, high poverty rates, limited offer in social services, limited administrative capacity, low formal employment and human development, difficult and variable climatic conditions, and sometimes recurring armed conflicts. The recent financial crises and price volatility have worsened the situation and amplified the need for strong social protection programs in the region. Designing appropriate and sustainable programs in such conditions and targeting those who are in greatest need when a large share of the population is poor is however challenging.

The concept of cash transfers

The concept of cash transfer (CT) programs implies giving money - in the form of cash, checks, money orders or vouchers - to help vulnerable households protect their livelihoods in times of crises and mitigate the impacts of stresses or shocks such as illness, mortality, loss of employment, food price volatility, climate related disasters or economic crises. Some cash transfers are linked to “conditionalities”, where recipients are asked to undertake specific actions in order to receive their benefits. These programs, called “conditional cash transfers” (CCT), require that families commit to behaviors such as enrolling and maintaining their children in school, attending pre- and post-natal health care visits and nutrition behaviour change communication activities, and/or ensuring that their young children receive all their immunization and health checkups during their first years of life. The aim of the conditionalities is to encourage families to invest in human capital formation and break the cycle of intergenerational transmission of poverty. Cash transfers that include nutritional objectives are often designed as CCTs, which in some cases also provide fortified foods or products to children and pregnant and lactating women (10).

Evidence of the impact of social transfer programs on poverty, and food and nutrition security

The bulk of the evidence regarding the impact of social transfer programs on poverty and food and nutrition security comes from Central and South America where numerous large-scale CCT programmes have been implemented and evaluated for more than 15 years (e.g. programs such as ‘Progresas/Oportunidades’ in Mexico, ‘Bolsa Familia’ in Brazil or ‘Bono de Desarrollo Humano’ in Ecuador). Most of these programmes included high-quality monitoring systems, as well as rigorous evaluation schemes, and often included a research component supported by academic institutions, a strong support from governments, and appropriate funding. The positive and consistent poverty reduction impacts of these CCT programs have been well documented, a factor likely responsible for their popularity and adoption by a number of countries in the region and beyond (11-14). The evidence regarding the impact of CCTs on school enrolment rates is also strong, in particular where enrolment rates were low at baseline; evidence of their impact on school performance, however, is weaker (9, 13). CCT programs have also been shown to have positive impacts on the use of health services and on participation in growth monitoring sessions for young children, but the impacts on immunisation coverage and health status outcomes are less consistent (15). The general modest effects on ‘final’ outcomes in education and health have been attributed, at least partly, to the lack of improvements in the supply side – i.e. low quality of health education services or inability to

respond to increased demand resulting from the conditionalities. With respect to food security, a number of programmes have been shown to increase household food expenditure, for example in Colombia (16), both in terms of quantity (energy intakes) and quality as seen by increased consumption of nutrient-rich foods such as fruits, vegetables, meat and dairy products, in Honduras, Nicaragua and Mexico. In this latter country, a positive impact of the program on fruit and vegetable consumption and dietary diversity was found (17). Only a few evaluations have assessed the impacts of CCTs on maternal or child anthropometry or on micronutrient status. For child stunting, positive effects were found in several countries (Nicaragua, Mexico, Colombia), although the magnitude of effect was generally modest (18, 19). Effects were generally larger for children exposed to the programs at younger ages; and in countries where the size of the transfer was larger (for example, Mexico, Nicaragua, and Colombia – where transfers represented 15 to 25 per cent of total household expenditures). The review shows a modest impact of the CCT program on micronutrient status in Mexico and no impact in the other two countries that examined this outcome (Nicaragua and Honduras) (28). In Mexico, the CCT program also had a positive impact on birth weight (+127g on average). Overall, evidence from Latin America suggests that CCTs have been an effective mechanism to alleviate poverty and food insecurity, but that their potential to improve maternal and child nutritional outcomes is yet to be unleashed.

In Africa, social protection has long been in the form of national pension schemes allocated by the governments to specific groups (orphans, elderly, etc.), especially in Eastern and Southern Africa. However the most vulnerable do not always benefit from it (22). Cash transfer programs (other than the usual emergency food-aids) have been experimented in a number of African countries over the last decade. The programs are diverse in design and implementation, but they have some common features, at least in West Africa, including aspects such as: targeting the most vulnerable population groups; being relatively small in scale and limited in time and qualifying as “pilot projects” rather than large programs or policies; and being supported by external donors (The World Bank, WFP and UNICEF in particular). The government’s commitment to these initiatives is variable but often quite low. So far none of these pilot projects has become a government-owned social protection programme with a national coverage (in spite of some attempts in Malawi and Ghana). The lack of capacity and resources to attend to the large numbers of poor and food insecure people, the restricted fiscal space, and the lack of political will are often given as explanations for the governments’ reluctance to adopt and scale-up such programs. The success of CCTs programmes in Latin America may therefore not be transferable to Africa, where circumstances and cultures are very different and other safety net modalities may be needed.

There are however a few large social transfer programs in Africa, mainly in South Africa, Lesotho, Namibia, Ghana, Ethiopia, Kenya, Malawi and Zambia. These programs mostly aim at reducing poverty or improving food security or school attendance (23). Very few data on their evaluation have been formally published. The Productive Safety Net Programme (PSNP) in rural Ethiopia, the largest of his kind in Africa, targets 7 million households during the food shortage season (6 months). The program was shown to have a significant impact on reducing food insecurity (24). A recent evaluation of the Malawi’s cash transfer programme targeting the 10% poorest of the population, showed a substantial increase in food expenditure and dietary diversity, as well as in school enrolment (25). The Social Cash Transfer Scheme (SCTS) in Zambia, a country that has been heavily impacted by the

HIV/AIDS pandemic, has also shown positive effects on dietary outcomes (higher number of meals and dietary diversity, decreased hunger), as well as improvements in livelihood opportunities (e.g. increase in livestock and small investments), and reductions in illness episodes and stigmatisation of HIV/AIDS positive people by the community (26).

The need for nutritional objectives, and rigorous evaluation, in social transfer programs

Social transfer programs are potentially a powerful mean to improve child and maternal nutrition, acting on the immediate and/or underlying causes of malnutrition (27). Leroy et al. recently reviewed and highlighted the multiple pathways by which CCTs may improve the nutritional and health status of household members (28). These include: improvements in food security both in terms of increased quantity and quality of the diet; improvement of food and nutrient intakes and micronutrient status (in particular for CCTs that include the distribution of micronutrient supplements or fortified food); increase of knowledge and practices regarding child feeding and care practices; better use of health services and improved health (providing that the supply of health services is adequate in terms of quantity and quality); better attendance and performance at school (and hence potentially a better child nutrition in the next generation) (29, 30). Although evaluations of CCT programs have shown impacts on several of the outcomes hypothesized to lead to improved nutrition, none of the evaluations used program theory to carefully document the program impact pathways (or to identify the bottlenecks that prevent CCT programs from achieving greater nutritional impacts). Another potentially important pathway of impact of CCT programs is through their targeting mechanisms which usually involve targeting women. It is acknowledged that women have a key role in ensuring food security of their household and protecting their children's health and nutrition. By giving cash transfers directly to women, CCTs may increase their control over resources, empower them and increase their decision-making power relative to nutrition and health issues. Considering their traditional caring role for the family and children, as well as their role in managing the household food purchases and consumption, including (and targeting) women in social transfer programs seems essential to improve childhood nutrition and health. Since growth retardation and other forms of malnutrition are more likely to occur within the timeframe between gestation and the first two years of life, targeting women and their children during the "1000 days" may be critical to maximize their impact on nutrition.

Despite the large potential of cash transfers to reduce childhood undernutrition, few programmes specifically articulate specific nutrition goals and even fewer include well designed and targeted nutrition interventions. The lack of rigorous evaluations is also a concern, and consequently, evidence of the impact of CCT programs on nutrition is limited to a few countries in Latin America (20, 28, 31), and/or in emergency and transitional settings (32). Experience in these settings revealed that cash transfers can, and in some cases do, improve nutritional outcomes, e.g. growth retardation and micronutrient status, but again, the magnitude of effects were overall disappointingly modest (9, 13, 20, 28, 31-33). In addition the evaluation designs usually do not allow isolating the individual role of the nutritional components of a cash transfer program from other components.

Several lessons can be derived from existing evidence regarding (C)CTs and their role in improving food and nutrition security: i) programs should be better designed to address the country- or population-specific nutrition and health problems; ii) programs should preferentially target pregnant and lactating women and children under two during the window of opportunity for improving

nutrition (34); iii) programs should ensure that the capacity and quality of nutrition and health education and services in the areas where the programs operate are able to respond to the increased demand (28); and iv) programs should be evaluated using state-of-the-art designs and tools to evaluate their impact, impact pathways and cost-effectiveness. Evidence regarding impact pathways is particularly important to better understand why, how and in what circumstances do (C)CT programs improve nutrition. This information is essential also for the successful scale up and replication of programs in different contexts.

2 - Our experience in evaluating social transfer programs

Both IFPRI and IRD have a strong and complementary experience in evaluating social transfer programs in different parts of the world. IFPRI has extensively worked on evaluations of large-scale and varied programs throughout the world (Latin America, Africa and Asia). IRD has a long and in-depth knowledge of poverty and nutritional issues in West Africa, and has recently evaluated several cash and food voucher transfer programs in this region.

IFPRI

IFPRI first developed its strong reputation for impact evaluation through its work assessing the impact of Mexico's path-breaking CCT program, PROGRESA (Programa de Educación, Salud y Alimentación), later named *Oportunidades*. At the request of the Government of Mexico, IFPRI designed a state-of-the-art evaluation, which used an experimental cluster-randomized design complemented by operations research and qualitative research to assess the impact of this program on education, nutrition, health, consumption, rural poverty, child labor and social capital.

IFPRI has built on the strong foundations developed through the PROGRESA/Oportunidades evaluation. In the last ten years, IFPRI has evaluated, or is currently evaluating, a variety of programs such as: dissemination of biofortified crops; cash transfer (conditional or not) programs and including comparisons of different modalities (cash, food, vouchers, etc.); maternal and child health and nutrition programs; public works targeted to vulnerable groups; community driven public works interventions; and has evaluated the impact of agriculture research and programs on poverty, health and nutrition outcomes. These have been (or are currently being) undertaken in a large number of countries in key regions of the developing world, including in Latin America and the Caribbean: Brazil, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Haiti; Africa: Burkina Faso, Burundi, Ethiopia, Malawi, Mali, Mozambique, Nigeria, Uganda, Zambia, South Africa; and Asia: Bangladesh, China, East Timor, India, Sri Lanka, Vietnam and Turkey.

IFPRI recognizes the significant benefits to using randomized designs and has done so in several of its evaluations. While randomization is clearly a useful tool for rigorous evaluation designs, evaluations are often undertaken after projects have already been initiated, so randomized placement is not feasible. IFPRI has used alternative methods to select suitable counterfactual situations, including the application of propensity score and nearest neighbor matching techniques, generalized propensity score dose-response models and regression discontinuity designs. These quantitative methods are being augmented by qualitative methods such as impact pathway analysis, operations research, in-depth ethnographic studies, which provide complementary information on how and why impacts occur (or do not). In addition, IFPRI is regarded as a global leader in the assessment of the targeting of these interventions.

Regardless of the methods used, a hallmark of IFPRI's evaluation work has been close collaboration with program designers and national collaborators. In its evaluations of social protection, maternal and child health and nutrition, and agriculture programs IFPRI has worked extensively with program implementers such as the World Food Program (WFP), UNICEF, local and international nongovernmental organizations (e.g. Helen Keller International, Concern Worldwide, Save the Children, World Vision, BRAC, Mercy Corps, Catholic Relief Services). IFPRI considers the early and continuous engagement of researchers with implementing partners throughout the project cycle an essential element of success in program evaluation. Strong partnerships between researchers and program implementers are also critical for the development of a feasible evaluation design and to discuss the advantages, disadvantages and possible use of experimental methods. For example, randomization of program placement is often controversial when first introduced, and hence all participants, including development agency, national government, and impact evaluators need to understand the principles underlying the study. Because the results of evaluations are often viewed as a black box, which do not necessarily yield useful lessons for project implementers, IFPRI complements its expertise in impact evaluation with operations research and qualitative studies that help project implementers understand program implementation and why programs work (or don't work) such as its studies on rural roads in El Salvador, Peru, Guatemala, Trinidad and Tobago and Ecuador, of market information systems in India, of property rights in Peru, of contract farming arrangements in Peru and Tanzania, and of maternal and child health and nutrition in Bangladesh, Burundi, Guatemala, Ethiopia and Vietnam.

IFPRI's evaluations have several *signature* characteristics: first, they always involve multi-disciplinary teams (typically composed of economists, agricultural economists, statisticians, epidemiologists, rural sociologists, nutritionists, geographers, health experts, to name a few); second, they analyze impacts across multiple sectors (e.g. agriculture, , health, nutrition, household economics); third, they include strong gender analysis; and fourth, they use mixed evaluation methods drawn from the several complementary disciplines they bring on board.

IRD

IRD has recently conducted a number of procedure and/or impact evaluations of social transfer programmes in West African countries, albeit most of them had no specific nutritional objectives. A brief description of the programmes and the main results of their evaluation are given below. Additional information is available on request.

- *Ouagadougou, Burkina Faso*: in 2008-2009, the government and WFP implemented a monthly food voucher distribution to 20,000 very poor households living in Ouagadougou (1500 Fcfa/person with a maximum of 6 vouchers/household over a period of 12 months). Geographic targeting was first used to identify the poorest districts of the city and then proxy-means test was used to identify the most vulnerable households living in these districts. IRD was in charge of evaluating the targeting procedure and the impact of the programme. For the impact evaluation, a quasi-experimental design was used by comparing beneficiaries with non-beneficiaries before and after intervention. Various indicators were used, including: monthly household food expenditure/adult-equivalent (AE), individual dietary diversity score (IDDS) and household food insecurity access scale (HFIAS).

Main results: although the results of the targeting process were disappointing, the impact analysis showed interesting results. Household food expenditure increased, equivalently in both groups, as a result of the food price hike during this period. However, the proportion of the households' budget spent on food increased the most in households who did not receive the vouchers. We also observed a small decrease in dietary diversity and a small increase in food insecurity between 2008 and 2009, which were equivalent in both groups.

- Dakar-Pikine, Senegal: the programme implemented by WFP in 2010-2011 consisted of food voucher distribution (3000 Fcfa/person with a maximum of 6 vouchers/household) to poor households living in Pikine, Dakar, over a period of 6 months. Beneficiaries were selected using a community-based approach. IRD was in charge of evaluating the impact of the intervention, using a quasi-experimental design as described previously and key indicators such as the food consumption score (FCS), the household dietary diversity score (HDDS), the HFIAS and monthly food expenditure per AE. Mid-term and final qualitative surveys were also conducted.

Main results: we observed a reduction in food consumption (FCS), dietary diversity (HDDS) and monthly food expenditures between the two rounds, in all households, whether they had received the vouchers or not. Nevertheless, food insecurity, as measured by the HFIAS, decreased in both groups between the two rounds. Based on these indicators, the intervention therefore had little visible impact, which may be explained by the concomitant rise in food prices during the program, the fact that most households shared their vouchers with relatives, the short duration of the program or the fact that beneficiaries gave priority to non-food related expenses such as reimbursement of debts. However, an in-depth analysis showed a protective effect of the intervention among a sub-group of very poor households (15% of the sample). In addition, qualitative interviews of beneficiaries revealed that the intervention was perceived as beneficial by the households, who declared that the intervention helped them prepare better daily meals, both in terms of quantity and quality, pay health care, schooling fees or bills, and reimburse loans.

- Ziguinchor, Senegal: a food voucher distribution was implemented by WFP in 2010-2011 in Ziguinchor, using the same methodology as in Dakar-Pikine. IRD conducted the impact evaluation, using the same design and indicators as described above.

Main Results: the FCS decreased in all households, whether they had received food vouchers or not. The HDDS also decreased in both groups, but significantly less in beneficiaries compared to non-beneficiaries. The proportion of food insecurity (HFIAS) decreased between the two rounds in beneficiary households while it increased in non-beneficiary households. Qualitative interviews revealed the general satisfaction of the beneficiary households towards the intervention, including improvement in their diet, as well as the possibility to invest in non-food business such as health care, education or housing.

- Louga, Senegal: a cash transfer programme was conducted in rural Senegal by the Cellule de Lutte contre la Malnutrition (CLM) and financed by the World Bank. The project was evaluated in the region of Louga by the LARTES, Dakar (Laboratoire de Recherche sur les Transformations Economiques et Sociales), with support from IRD. The targets were vulnerable women who were taking part to the "Programme de Renforcement de la

Nutrition” [Nutrition reinforcement Programme]. The impact evaluation showed small improvements in food security, mainly an increase in the number of meals eaten by children, but not in dietary diversity nor in externalities that were not specifically targeted (such as iodized salt utilization or vaccine coverage).

The evaluations conducted in the three urban areas showed a global deterioration of food security indicators both in beneficiary and non beneficiary households and uneven effects of the interventions. Despite the general satisfaction of the beneficiaries, the intervention had no or little visible impact on their food security in Ouagadougou and in Pikine. This may be explained by a number of factors at different levels, including: the concomitant rise in food and non-food prices, hence households did not give priority to their diet (reduction of food expenses); the short duration of the programs; the amount of the transfers which may not be sufficient in such big cities; the fact that households were allowed to exchange the vouchers against pre-defined and basic food items only which may have limited the impact on dietary diversity; the fact that most households shared their vouchers with relatives or friends which may have diluted the effect of the intervention.

In Ziguinchor the intervention had a protective effect on food security of beneficiaries, probably because this program has benefited from the lessons learned from the pilot program previously conducted in Pikine, and maybe because the amount of the transfer was more relevant to a smaller city with a lower ‘standard of living’. Full reports of these evaluations are available on request.

Lessons learned include:

- Similar interventions have different effects in different contexts.
- The interventions must take into account the initial context of the area, but also its change over time.
- Targeting is a key and challenging procedure, in particular when the number of poor people is high.
- A regular monitoring of the intervention is essential, since households may not act as expected. A re-orientation of the intervention may be necessary.
- A rigorous evaluation scheme is necessary, though it does not always guarantee a good comparability between beneficiaries and non beneficiaries in practice.
- The question of the durability of such programs is raised (hence the question of the extrapolation of results from ‘pilot’ programs is too).

3 - Future research activities

The experience described above provides valuable insight on the impact of social transfer programs on food security in various contexts. We now intend to focus our efforts on working with implementing partners to strengthen the design, targeting and implementation of social transfer programs presenting clear nutritional objectives, and on documenting their impact and pathways of impact. Programs in other sectors, notably in agriculture, explicitly aiming at improving the nutritional status of populations are also of much interest to us, as well as programs that combine interventions in social protection, agriculture, health and nutrition.

Overview of broad areas of research on social transfer programs in West Africa

Despite the growing interest in social transfer programs, there is a dearth of information regarding the feasibility and potential of these programs to improve food and nutrition in Africa. We provide a non-exhaustive list of research areas that we feel should be prioritized and addressed through rigorous applied research in the short and mid-term:

- *Eligibility and targeting:* Social transfer programs often aim at reaching those in greatest poverty, and thus effective identification and targeting of beneficiaries is essential. Several methods can be used, including geographic targeting, categorical targeting, means and proxy-means tests, community selection, self-selection. All these methods have their advantages and disadvantages and combinations of approaches are often desirable. An important question that remains is: what is the most effective selection and targeting mechanism that minimizes inclusion and exclusion errors without being excessively complex and expensive? What approach should be used to select the best targeting tools for different contexts? Also, if an emphasis is placed on improving nutrition, is targeting mothers during pregnancy and lactation and children up to 24 months of age most effective approach? How would this approach be operationalized (e.g. how can we ensure that eligible households are identified and reached at the right time)? If targeting is based on the 1000 days, what happens to poor households who do not have household members of that age/physiological status?
- *Type and amount of transfer:* the international community is still debating whether transfers should be in the form of cash, vouchers, or in kind (35, 36), and evidence suggests that there is no simple answer to this question. Some studies suggest that again, the best modality may be context specific and depend on the specific objectives of the program, the location (e.g. urban vs. rural), the situation (development or emergency) and factors such as the availability of markets and food commodities in these markets. In order to improve nutrition, the distribution of nutritious or fortified foods may be a good option, as the use of vouchers to be exchanged against nutritious foods. The cost of distribution of the different types of transfers is also a critical question that needs to be better documented, as well as the cost of behaviour change and communications interventions that might be needed to ensure that beneficiaries do consume the foods distributed or do spend additional cash on high-quality foods. The meta-evaluation of ACF fresh food voucher programs implemented during emergencies in five countries showed an increase in dietary diversity in all programs but with mixed success depending on the context, and the nutritional impacts were inconclusive (37). Preliminary results from an evaluation of a WFP program in Ecuador comparing food, cash and food vouchers for nutritious foods showed that the latter had a greater impact on dietary diversity indicators than the other two modalities. Additional research questions that still need to be better addressed include what is the ideal amount or size of the transfer and what is the ideal frequency of distribution for the different modalities.
- *To condition or not:* The inclusion of conditionalities in social transfer programs is controversial (38-40). Conditionalities may help achieve the program objectives, give

beneficiaries a sense of responsibility and ensure that households invest in human capital (e.g. through increased use of health, nutrition and education services). However, some conditionalities may not be achievable by the poorest or may not be feasible in some African contexts, due to lack of infrastructure and funds to implement and monitor compliance with the conditions, and other capacity or coordination constraints in the education and health sectors. Feasibility studies based on interviews and analysis of institutional capacity should be first conducted before testing the possible benefits of conditionalities.

- *Which nutrition components:* There is a need to carefully assess which nutrition interventions should be included in transfer programs. This will require developing a methodology to assess what the nutritional problems are, which population groups are affected, who they are and where they live, and which of the existing nutritional problems could/should be addressed by transfer programs (as opposed to being addressed by the health or other sector). To our knowledge, there has never been any structured analysis of the opportunities and constraints of incorporating nutrition interventions in transfer programs, and such analysis needs to be done to avoid over-burdening transfer programs with nutrition goals and actions that they cannot deliver on. We therefore propose to investigate this issue by: 1) carefully assessing the needs as well as the opportunities for including nutrition interventions in different transfer programs; 2) assess the feasibility and implementation constraints through process evaluation; and 3) use experimental designs to evaluate impact and cost-effectiveness.
- *Mechanisms and impact pathways:* As noted above, little research has been done on elucidating the pathways by which transfer programs and their different components may or may not improve nutrition. We will use program theory to develop program-specific impact pathway frameworks, and a mix of qualitative and quantitative methods to measure critical points along these impact pathways. This information will help understand the real potential of transfer programs to improve nutrition and how they can be better designed and implemented to maximize their nutritional impacts.

Objectives of the research

Our overall objective is to investigate the features and the conditions of implementation of social transfer programs in West Africa that ensure a maximal impact on nutrition.

Specific objectives could include:

1. Assess which packages of nutrition interventions and how they are integrated in social transfer programs work best to improve nutrition in different contexts; and at what cost.
2. Understand the pathways of impact to improve the effectiveness of current and future programs and identify general principles that can be applied elsewhere;
For that we would need to:
 - a. Determine how the program components interact and contribute to the impact.

- b. Determine the role of contextual factors and how they may influence the program effectiveness.
3. Understand how projects should fit together as components of an integrated, consolidated, national social protection program.

Ultimately, this project is expected to provide the evidence needed, through rigorous evaluations of different programs, to help the international community make rational choices about social transfer programme design(s) appropriate for specific contexts, and to motivate governments to integrate such interventions into a comprehensive national social protection policy.

Project implementation

In order to reach our objectives, we plan to work on the evaluation of a diverse set of social transfer programmes implemented in different contexts. Given the importance of planning evaluations early on in the process of program design and planning, we will try to identify and work with governments and other institutions in the West African region who are in the process of developing their social transfer programs, rather than wait until programs have already been fielded. The series of evaluations could take place in the Sahelian region in particular, where several agencies are currently planning projects including social transfers among other activities against food insecurity and malnutrition. All social transfer programmes that incorporate specific nutrition goals and interventions and appropriate targeting of nutritionally vulnerable individuals will be considered.

Our research activities will rely on multiple partnerships and strong collaborations with governments and operational agencies at the regional and local level. The actual implementation of the project will depend on opportunities and contexts. As noted above, we will seek to engage with program implementers at a very early stage in program planning to ensure that a rigorous evaluation design can be used. As much as possible, we will use experimental or semi-experimental methods, including randomized design and valid comparison groups where appropriate. We will collect data at baseline, before the program starts and at endline, and will design a program theory framework to guide our data collection on program impact pathways. We will use a combination of quantitative and qualitative methods to document not only whether or not programs have an impact on the outcomes of interest, but also why and how the impact is achieved.

Feasibility

The success of the project will very much depend on strong networking at the regional level. Dr Savy from IRD will be the main lead on this project and will be based in Dakar from 2012 onwards. Dr Agnès Le Port from IFPRI will also be based in Dakar at IFPRI's West and Central Africa Office. Dakar is a strategic choice, since the regional offices of the United Nations Organizations (FAO, UNICEF, WFP) and numerous NGOs (Action against Hunger, Save The Children, Hellen Keller International) are located there. Our teams have developed strong relationships with these institutions over the past years, either through the evaluation work described in Section 2, or through participation in workshops, roundtables and other activities that have been organised around social transfer programs. In addition, the Senegalese government has recently put in place an interdepartmental committee for social protection, and technical and financial partners such as UNICEF, WFP or the

World Bank are ready to invest in research activities associated with social transfer programmes in Senegal.

We have the strong willingness to collaborate with local universities and research institutions. In Senegal, our main partner will be the LARTES (Laboratoire de Recherche sur les Transformations Economiques et Sociales) from the IFAN (Institut Fondamental d'Afrique Noire) at the UCAD (University Cheich Anta Diop de Dakar), which would deal with the social and economic sides of the project. The Laboratoire de Nutrition de la Faculté des Sciences et Techniques of UCAD may also be involved, in particular regarding the measurements of food consumption and nutritional status of populations. At the regional level, other potential partners have been identified, e.g. the LAQADS (Laboratoire d'Analyse Quantitative du Développement – Sahel), the ISSP (Institut Supérieur des Sciences de la Population) and the IRSS (Institut de Recherches en sciences de la Santé) in Burkina Faso, the University of Abomey-Calavi in Benin.

International NGOs and agencies will be approached to increase our network and hence opportunities. As an example, The Cash Learning Project (CaLP), which is composed by Oxfam GB, the British Red Cross, Save the Children, the Norwegian Refugee Council and Action Against Hunger / ACF International, is a very proactive group that supports capacity building, research and information-sharing on social transfer programs.

In fact, this initiative may work better if we create a consortium of a few key research institutes and agencies that have a research division willing to contribute some time for this purpose. The consortium could also have an institutional or non institutional base in Africa; the CILSS (Comité permanent Inter-états de Lutte contre la Sécheresse dans le Sahel) [permanent inter-state committee for drought control in the Sahel], could for example have this function. Acting as a consortium may have several advantages: i) increasing opportunities of conducting research and evaluation work on social transfer programs; ii) increasing the scientific thinking around impact evaluations and their technical aspects; iii) ensuring the harmonisation of the evaluation procedures (design, indicators used, etc.), which is essential to make comparisons across different studies, contexts, regions or countries; and iv) guarantying a complete transparency of the evaluations. Some funding could be sought for the implementation of the consortium itself (e.g. to cover the costs of travels and meetings) while specific funding would be sought for each evaluative research project.

Potential donors

- European Union
- The World Bank
- 3iE
- DFID
- USAID
- GAIN
- Unicef
- WFP
- Bill & Melinda Gates

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