To what extent do conditions imposed on cash transfers affect their effectiveness in achieving their poverty reduction outcomes?

Contents

Introduction

Governments of both developing and developed countries consider poverty reduction an important macroeconomic goal. Increasing awareness of the role for social safety nets in promoting economic growth has pushed governments to formulate policies that prevent the most disadvantaged from extreme poverty (Collier, Paul, and Dollar 2002). To that end, cash transfers (CTs) programs - programs where aid is sent directly to beneficiaries in the form of cash - have been used by governments in an attempt to help the least fortunate of their populations (Son 2007).

The logic behind CTs is that "individuals can be trusted and empowered to make effective use of resources available to them to improve their living standards" (Arnold, Tim, and Matthew 2011). Today, cash transfers cover between 750 million and one billion people in the developing world (Arnold, Tim, and Matthew 2011, 10). The biggest share of participants still come from its birthplace: Latin America, but governments in both middle income countries (MICs) and lower income countries (LICs) have adopted similar programs, particularly the conditional variant of cash transfers.

Conditional Cash Transfers (CCTs) are a form of cash transfers that are "targeted to the poor and made conditional on certain behaviors of recipient households" (Fiszbein and Schady 2009a). The first of such programs, PROGRESA, started in Mexico, with the aim of alleviating poverty in addition to investing in human capital. Today, almost 20 years after its inception, and partially because of PROGRESA's success, several programs have taken off

with different, but interrelated goals in mind: improving health, nutrition and education outcomes; enhancing economic activity and growth; increasing female empowerment and social cohesion.

Another, more recent variant of CTs is unconditional cash transfers (UCTs), where cash transfers, as a form of aid, are also made directly to the poor, irrespective of their behavior. They allow recipients even more flexibility in allocating their funds, and are less costly to administer because there are no costs associated with monitoring and follow-ups of compliance.

According to Arnold, Tim, and Matthew 2011, "They [cash transfers] represent the largest and most long-standing body of programmes evaluated by Randomised Control Trials (RCTs) outside of medicinal trials and health sector policies.". Yet, gaps in knowledge still exist, both for certain geographic areas (e.g: Sub-Saharan, except for South Africa), long term impacts on public work and education (Fiszbein and Schady 2009a, 163), politicalization of these programs (Sandberg and Tally 2015), and studies comparing the relative merits of conditioning in these programs (Sarah Baird and Collaboration 2013, 14).

This essay examines the question "To what extent do conditions imposed on cash transfers affect their effectiveness in achieving their poverty reduction outcomes?" Effectiveness here is defined as "The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance" (OECD 2010).

The reasons I chose to investigate this are: 1) My personal interest in poverty reduction and the Effective Altruism[1] movement, and 2) my interest in evidence-based policies, as most CT programs have been coupled with an extensive use of Randomized Control Trials - a study design employed primarily in medicine, but its usage in the social sciences is becoming increasingly popular - in evaluating their impact (White 2011).

The research question itself stems from my curiosity about the merit of overhead costs of the conditionality aspect of CCTs, prompted by looking over the arguments put forward by the charity nonprofit GiveDirectly, a charity that sends UCTs to the poor via a mobile phone banking system.[2]

History of Cash Transfers

RCTs for intervention evaluation

Randomized Control Trials (RCTs) - experiments where participants are randomly assigned to either a treatment group or controlled group with the treatment being the one variable investigated - are considered by many to be the 'gold standard' of impact evaluation (Akobeng 2005). Indeed, in the 'hierarchy of evidence', RCTs are often placed in the top or near the top, second only to meta analyses and systematic reviews (Evans 2003). Figure one from Akobeng 2005 in Appendix A illustrates the hierarchy of evidence.

[1] Effective Altruism is about "using evidence and analysis to take actions that help others as much as possible." For more information, check the Effective Altruism Handbook published by the Centre for Effective Altruism at Oxford University: http://www.careyryan.com/files/EA_Handbook.pdf - Source for above quote: https://whatiseffectivealtruism.com/#whatis

[2] For more information, check the FAQ of GiveDirectly on their website: https://givedirectly.org/faq

RCTs and CTs

It is believed that the success of PROGRESA, the first CCT program in the world which originated in Mexico, and its survival of change of governments, was due to the "persuasive power of a successful randomized experiment" (Banerjee and Duflo 2012, chap. 4). Santiago Levy, the architect of PROGRESA, chose a number of eligible villages, and randomly chose a group of them to be in the treatment group (i.e: receive CCTs), while the rest was in the control group, receiving no CCTs. That allowed him to rigorously evaluate the effects of the CTs on health, education, and poverty alleviation in the treatment arm. The pilot, and the program, proved to be a success. It raised attendance in secondary schools, and has proven more effective in incentivizing the efficient allocation of private and social resources (Paul Schultz 2004).

After PROGRESA's demonstrated success, CCTs spread across Latin American and some Asian countries, along with the use of RCTs for evaluating and calibrating their impact. The growing body of evidence prompts more and more countries to pursue similar programs[3].

CTs and Human Development: How and why do CTs work in alleviating poverty and investing in human capital?

The stated goals of PROGRESA (renamed Oportunidades, and later renamed Prospera) were: 1) reducing poverty, and 2) investing in human capital, particularly education, nutrition, and health (Rivera et al. 2004). Similar programs across Latin America have sought after similar

[3] According to (Fiszbein and Schady 2009a, 31), as of 2009, there were CT programs operating in 29 countries, with other countries planning one. For most recent ones, see: http://www.worldbank.org/en/news/feature/2016/03/03/a-cash-transfer-program-improves-the-lives-of-cameroons-poorest-families and http://www.worldbank.org/en/news/press-release/2015/09/23/philippines-cct-proven-to-keep-poor-children-healthy-and-in-school

goals. Compared to in-kind transfers, which often lower prices substantially in the local community due to the increase in supply, especially in remote areas, CTs only increase the local prices negligibly (Cunha, De Giorgi, and Seema, n.d., 32). Also compared to in-kind transfers, cash transfers are fungible, as there have been reported cases of vouchers and in-kind aid being sold (Reed and Habicht 1998).

For short and medium poverty reduction, CTs help by increasing household consumption. In that regard, most CT programs, conditional and unconditional, have been shown to increase household consumption (Rawlings 2005). The increase in household consumption aids in closing the gap between the top and bottom income quintiles in the economy. In one study in Brazil, 28 percent of the 2.7 pp fall in the Gini coefficient were attributed to the two operating CCT programs (Soares et al. 2007).

However, it is important to note that some CCT programs, such as Cambodia's Education Sector Support Project, and Ecuador's Bono de Desarrollo Humano, didn't raise household consumption, and thus didn't help in short term poverty alleviation. Indeed, some of these programs didn't have short-term poverty alleviation as a goal in the first place, instead, these programs' stated goal was incentivizing families to send their children to school, which would help children's future earning prospects (Fiszbein and Schady 2009b, 106).

In addition to aggregate household consumption, increasing food security is often of interest to CT program administrators, due the link between food consumption (i.e: nutrition) and health and education (i.e: cognitive development) (Morley and Lucas 1997). Evidence shows that CTs change beneficiary households spending patterns, allowing them to purchase more

nutrient-rich food and less food staple, which has a positive effect on child development (Macours, Schady, and Vakis 2012).

With regard to human capital investment, CCT and UCT programs differ in their approaches. Since education positively correlates with income, it is no surprise that education, particularly child education, is a focal point of many CT programs (Psacharopoulos and Patrinos * 2004). And while CCT programs make payments conditional on certain behaviors, such as children attending school and attending health checkups, UCT programs entrust beneficiaries to allocate their resources efficiently. The merits of each approach are discussed in sections "Arguments for conditions", and "Arguments for lack of conditions".

In addition to that, income shocks, not just budget constraints, have been shown to lower the demand for education, health, and nutrition, which leads to underinvestment in children's human capital (Ferreira and Schady 2009). In one study, children whose growth has been stunted performed significantly poorer than their non-stunted peers on standardized tests (Walker et al. 2005). In these cases, not only do CCTs incentivize parents to seek health and education services, but it also helps smoothing their income, which should prevent a fall in demand for education in the first place (de Janvry et al. 2006).

Different implementations

The Conditionality Continuum

Despite the extensive research backing cash transfers, particularly CCTs, there's lack of rigorous research investigating the relative effectiveness of conditionality (Sarah Baird et al. 2014). In fact, in designing CT programs, many program designers don't ascribe to a binary approach to conditionality, and thus different variations exist.

For example, program designers can declare conditions and neither monitor nor penalize non-complying participants, or monitor compliance only, or monitor and penalize after repeated warnings etc. Or they can declare conditions with no intention of penalizing or monitoring them, or never declare conditions at all. Or treat monitoring and penalization as continuous variables and vary them in intensity (Ozler 2013).

This continuum makes it hard to compare different CT programs. In addition to that, there are other variables to account for, such as the size of the transfer, the gender of the recipient, the time of receiving the transfer (e.g: beginning of school year), and whether the transfer is monthly or lump-sum.

Indeed, one of the main systematic reviews of conditionality in recent years found significant differences in their analysis results when binary categorizing programs into unconditional versus conditional, versus when categorizing programs on a linear continuum from 0 to 6, with 0 being a UCT program and 6 being a CCT program that is strictly monitored and enforced (S. Baird, McIntosh, and Ozler 2011; Sarah Baird et al. 2014). In this section, I'll discuss different implementations of CT programs, with a focus on conditionality.

Targeting

There is evidence that in the poorest countries, targeting works better than random allocation to aid programs (Coady, Grosh, and Hoddinott 2004). But in absence of accurate and recent population data in many developing countries, particularly LICs, policymakers and aid organizations find themselves struggling to allocate their limited development funding. When the cost of targeting is taken into account as well, means-testing - checking and verifying a household's income and wealth - becomes out of reach.

Given that, many governments and development agencies find themselves relying on different types of targeting to reach eligible households. Several cheaper methods of targeting include proxy means testing (e.g: state of household, number of durable assets), community-based selection, and self-targeting.

The success and tradeoffs of different targeting methods are of interest to program designers, but usually a combination of any of the above with geographical targeting is used, particularly proxy means testing (John and Farrington 2009). Calibrations of different combinations, while not as accurate as means testing, are significantly cheaper, and the results can be very reliable (Grosh and Baker 1995).

For example, one study in Indonesia showed that adding a small fee to the application for aid considerably improved self-targeting (Alatas et al. 2016). Another example would be GiveDirectly, which, in its operations in Kenya and Uganda, checks for houses with thatched roofs as proxy means test, and then back-checks to verify eligibility[4].

[4] For more information on their operations, please check this webpage: https://www.givedirectly.org/operating-model

There is some evidence that, even among eligible households, only the poorest achieve desired outcomes. In one study, after dividing the treatment population into 5 strata by a poverty proxy, only the poorest 2 strata showed statistically significant increase in enrollment and decrease in child labor (Galiani, Sebastian, and McEwan 2013).

Age targeting is also an option. Indeed, when conditions are placed on cash transfers, the most common two are 1) school attendance of children in enrolled households, and 2) regular health checkups of children. The focus of conditions in CCTs is usually on children, in part because of political economy arguments that will be discussed in the section titled "political economy arguments". In many instances, widely held views about who are the 'deserving poor' influence program design. So even in households with children, 'child grants' become less acceptable if it includes households that don't need support (John and Farrington 2009). Thus, from a political standpoint, targeting should be rigorous to "reduce the number of beneficiaries relative to the number of those who are taxed to finance the program" (Fiszbein and Schady 2009a).

Conditions

When examining conditions of cash transfers, we need to answer a fundamental question: Given the importance of health and education services - the focal points of virtually all CCT programs - why would the beneficiaries not make use of them without conditions? After all, the 'theoretical default position should be favoring UCTs' (S. Baird, McIntosh, and Ozler 2011).

There several possible explanations, and they can be broadly grouped into two categories: Parents' 'shortcomings', and political economy arguments, in addition to the argument of social optimum.

Arguments against conditions

Parents' shortcomings

Imperfect information

In many cases, the parents might not be aware of the benefits of education in the first place. In that case, the parents' chosen level of investment in their children is below the private optimal (Fiszbein and Schady 2009a). While one might argue that an information asymmetry can be easily corrected with a targeted information campaign, the reality of the situation is often more complex than that. For example, some poor families might think that "effort (perhaps in education) is less important than connections in generating upward mobility" (Fiszbein and Schady 2009a). Parents might also have beliefs about who they consider 'able' enough to go through formal education, thus sending off only their 'higher ability' children to school.

Indeed, there is some evidence that misheld beliefs about education can persist across generations. In one study, participants whose parents had low level of education expected less returns on education than others (O. Attanasio and Kaufmann 2009).

Incomplete Altruism and Marginal Children

In certain cases, some children might be at a disadvantage due to intra-household bargains, such as between the father and mother, because of different discount rates for example. These

conflicts of interest might lead to “incomplete altruism”: “parental decisions that are not fully consistent with what the child would have chosen herself, if fully rational” (Fiszbein and Schady 2009a, 50). In these cases, the use of conditions makes not sending those children costly for those families.

Also, in the case of marginal children - children with a lower propensity to attend school in the absence of incentives: usually younger, female, and less intelligent children - CCTs have shown a positive effect on their attendance compared to UCTs (Akresh et al. 2013). The study suggests that conditions are worth their price tag when it comes to ensuring that marginalized children receive education, but not when it comes to children normally prioritized for education by their parents.

Political Economy Arguments

Nearly all CCT programs are funded through the government. As such, their size and nature are not only based on their optimal cost-effectiveness, but also on their political appeal. In conceiving CT programs, policymakers and program designers need to cater to the voter base. Indeed, when PROGRESA first started, one of the main concerns of its architects was its political acceptance by the electorate (Banerjee and Duflo 2012, chap. 4). This has led Santiago Levy, the principal architect of PROGRESA, to make two choices that would later become common of CT programs.

First, he added conditions to the program, making it more politically palatable. Second, he employed the use of Randomized Control Trials (RCTs), which ensured that the success of the program withstood change of governments by citing the strong evidence yielded from the trial.

Thus, proponents of CCTs often cite political support by taxpayers as one of the main reasons for imposing conditionality, as UCTs might be considered by taxpayers as 'cash handouts', but CCTs form a 'social contract', whereby fulfilling certain duties entitle the recipients to the money (Fiszbein and Schady 2009a, 60). This is evidenced in the use of term "co-responsibilities" instead of conditions in program statements (Fiszbein and Schady 2009a, 60) ("Conditional Cash Transfers: What Implications for Equality and Social Cohesion? The Experience of Oportunidades in Mexico" 2016).

Social optimum argument

Even if families do make use of supply-side interventions up to their private optimal level, their use might still be below that of social optimum. The reason for that might be that parents don't take into account the positive externalities associated with health or education services. The spillover effects of education and health services uptake is well documented (Blundell et al. 2005) (Blundell et al. 2005; Fletcher and Frisvold 2009), thus, as Fiszbein and Schady (2009) note, conditions on cash transfers can be "justified on that basis alone", given that health and education services are subsidized in many countries already (Fiszbein and Schady 2009a, 65).

Arguments for lack of conditionality

The lack conditions is often discussed in the context of Sub-Saharan Africa, primarily due to their funding constraints and issues of inadequacy on the supply-side (Schubert and Slater 2006). Below are a few arguments against imposing conditions on cash transfers.

Cost

Since there is some evidence to support conditions imposed on cash transfers in certain contexts, the question is whether the additional administrative costs are justified. Several studies estimate the cost of administrative (i.e: non-transfer) costs in CCT programs to be between 31-60 percent (Caldés et al. 2006). However, it is worth noting that as a program matures, its costs fall down, but program costs remain higher than that of UCTs (Benhassine et al. 2015).

One novel approach to this issue was made by Benhassine et al. 2015, where he and his colleagues introduced labeled cash transfer (LCTs): " a small cash transfer made to fathers of school-aged children in poor rural communities, not conditional on school attendance but explicitly labeled as an education support program". They compared the LCT arm with a more 'traditional' CCT arm, and found almost no difference between the two, despite the significant decrease in the cost-to-transfer ratio of LCTs compared to CCTs.

Incentive Perversion

One argument against conditions is incentive perversion by recipients around those conditions. In one study, it was observed that CCTs decreased the rate of growth of the children enrolled in the program, relative to the control group (Morris et al. 2004). This suggests that families might think that to be able to be eligible for the CT, their children had to be underweight.

Exclusion Errors

Another major argument against conditioning cash transfers is the exclusion of eligible recipients. Exclusion here doesn't mean an error in targeting, as discussed in the section titled "Targeting". It refers to households that find the conditions too costly that they self-exclude themselves. For example, if CTs are conditioned on health clinics visits, and a family has several children - as poor households often do - they might find it too costly to travel to the health clinic, especially if the cash transfer amount is the same irrespective of the number of children (O. P. Attanasio, Oppedisano, and Vera-Hernández 2015).

One study on school-age girls in Malawi - one of the few to compare the relative effectiveness of conditions using an RCT - found that while CCTs improved attendance considerably more than UCTs, dropouts from the CCT programs were more likely to marry and get pregnant (S. Baird, McIntosh, and Ozler 2011).

The second reason eligible households might opt out of the cash transfer program is their awareness of the inadequacy of their local clinic or school. This is specially relevant in the context of Sub-Saharan Africa, in that case "CCTs might be imposing costly distractions on people who are trying to do the best thing for their families under conditions of severe scarcity" (Fiszbein and Schady 2009a, 46).

Case study:

In order to evaluate the relative effectiveness of CTs, I use the case study of a 3 arm RCT in Burkina Faso. The reason I chose this study is that it's one of the very few studies that has

both a CCT and a UCT arm, in addition to a control arm (Akresh et al. 2013). The authors' goal was to estimate the impact of the two delivery mechanisms for CTs: UCTs and CCTs, on school enrolment. The following diagram from Akresh et al. 2013 shows the distribution of the population across the 3 arms:

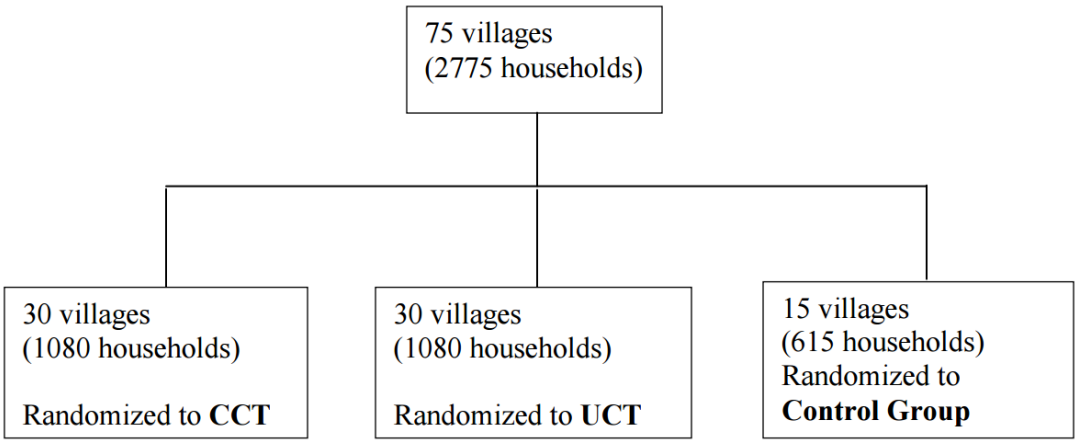

Figure 1

The study included three survey rounds: a baseline survey, 1-year follow-up survey, and an endline survey. The households in each arm were from separate villages, i.e: no CCT-receiving household with a UCT-receiving household in the same village.

The authors used two measures of enrollment as dependent variables, the first is the parental self reported attendance rate of their children, measured in household surveys. The second was school records. Using both a difference in difference (DiD) model and an average treatment effect (ATE) model, the authors obtained the following results:

Arguments Against Cash Transfers and Alternatives

Poor infrastructure, public investments and economic growth

In many developing countries, health and education infrastructures are poor and inadequate. Since there is strong evidence linking economic growth to human development, questions about future payoffs of cash transfers arise (Ranis, Stewart, and Ramirez 2000).

At best, poor infrastructures can limit the effectiveness of CTs, and there is evidence that, ceteris paribus, better infrastructure leads to better educational outcomes (Behrman, Parker, and Todd 2005). In Behrman, Parker, and Todd (2005)'s study, higher enrolment rates were recorded when students had access to public or technical schools, as opposed to 'satellite-based' schools - schools where lessons were broadcasted and only one teacher was available for exercise administration. However, Fiszbien and Schady (2009) argue that investments in public infrastructure often fail to reach the very poor. They also argue that cash transfers don't have the same price distortion effect as subsidies (Fiszbein and Schady 2009a, 47).

Politicization and Political Participation of Beneficiaries

As discussed before, large-scale CT programs can't exist without political support. Evidence shows that CT programs have an incumbency effect, and since governments are aware of that, fears of clientelistic voty buying are present (Layton and Smith 2011).

In 2000, 3 years after the pilot of PROGRESA, a study was conducted comparing the turnout and voting patterns in treatment villages. The results showed higher turnout and support for the incumbent government, but no decrease in the opposition parties' share, suggesting that

the program had a mobilizing effect, not a persuasive one (De La O 2013). Another study in Colombia found similar results (Baez et al. 2012). However, one study in Guatemala showed that CCT was used as a catch-all social policy to secure the rural vote (Sandberg and Tally 2015).

Whether that was related to conditionality or not seems to be irrelevant. A study conducted in Uruguay, examining the relationship between the government's *de facto* cash transfer program PANES and political support found an increase between 21 to 28 pp in the likelihood of supporting the incumbent government (Manacorda, Miguel, and Vigorito 2011). It's worth noting that, while the program was officially a CCT, just with no actual enforcement and monitoring of the conditions, suggesting that imposing conditions, or 'social contracts' might not have any effect on politicization at all.

Final outcomes

While substantial evidence exists for certain outcomes of CTs, such as attendance and enrolment, not enough evidence exists for the longer-term impacts of CTs, such as test scores (Sarah Baird et al. 2014). Coupled with poor infrastructure, policymakers need to balance cash transfers (demand-side interventions), with investments in public infrastructure (supply side).

Conclusion:

While evidence for cash transfers' role in alleviating poverty is substantial, research on individual aspects of cash transfers remains limited. One of the aspects that lacks that rigor of evidence is conditionality, as the cost-effectiveness ratio of adding conditionality is still unclear. As discussed in this essay, policymakers should note that there's no one-size-fits-all design of CT programs, but that they have to keep their desired objectives in mind while designing the program.

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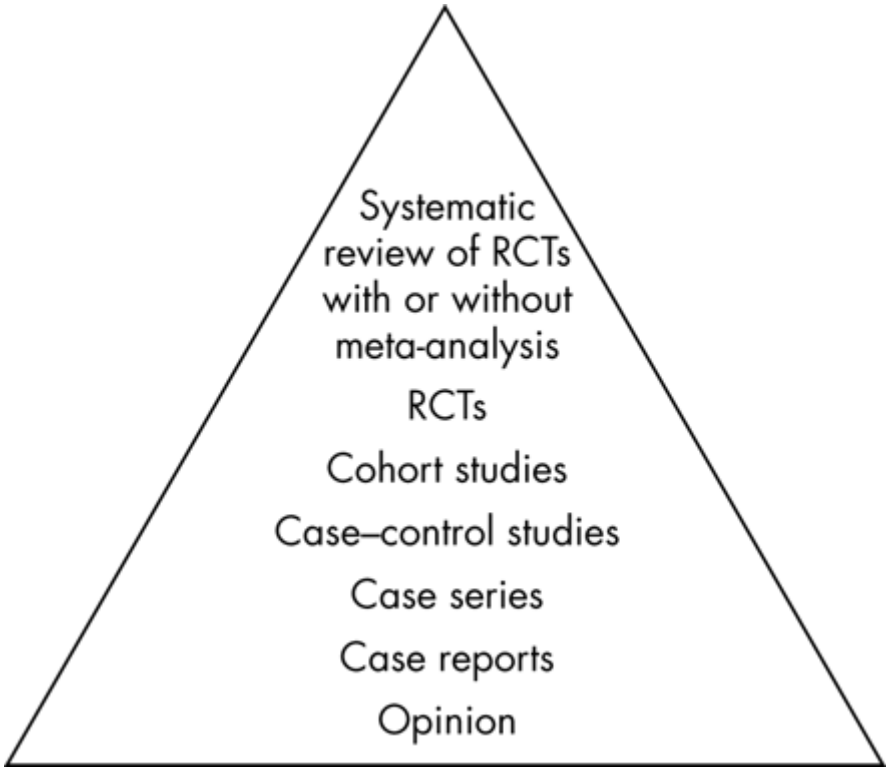
Appendix A


Systematic review of RCTs with or without meta-analysis
RCTs
Cohort studies
Case–control studies
Case series
Case reports
Opinion