

Innovations in Measurement Across the Life Course: Experiences from the Transfer Project

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Malawi and Zimbabwe results are preliminary—please do not cite without permission

Transfer Project: Overview



- **Who we are:** Community of research, donor and implementing partners – focus on coordination in efforts and uptake of results
 - ❖ UNICEF, FAO, UNC-Chapel Hill, Save the Children, National Governments
- **What we do:** Provide technical assistance and/or implement impact evaluations of cash transfer programs in SSA
- **Purpose:**
 - ❖ Provide rigorous evidence on government-run large-scale (mostly unconditional) cash transfer programs to governments
 - ❖ Align instruments and research questions
 - ❖ Secondary research: syntheses, deeper sector analyses, etc
- **Where:** Ghana, Kenya, Lesotho, Malawi, South Africa, Tanzania, Zambia and Zimbabwe

Cash Transfers in SSA

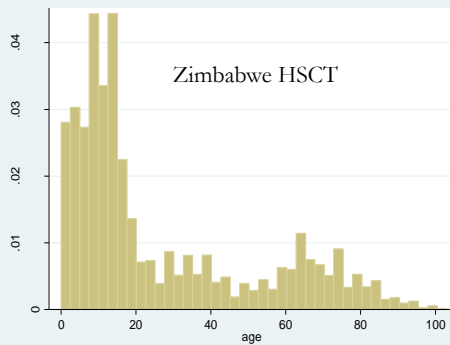
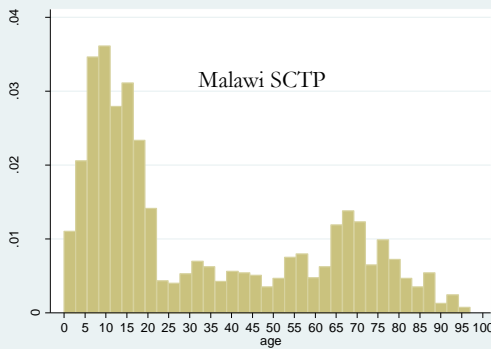
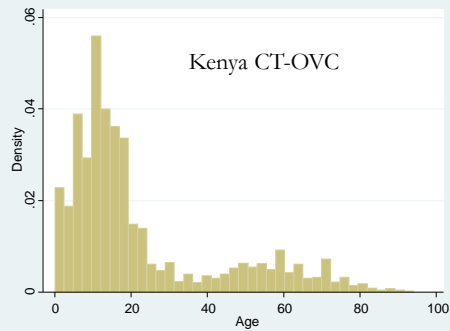
- Explosion in SSA:
 - ❖ >120 programs across the African continent of all kinds, ~30 long-term development programs in 20 countries (Garcia & Moore 2012)
 - ❖ Approximately half (21) countries had UCT programs in 2010, this nearly doubled (37) by 2013 (Gentilini et al. 2014)
- The Africa Model:
 - ❖ Target on poverty and vulnerability; greater role of community
 - ❖ Unconditional or ‘soft conditions’
 - ❖ Larger evidence base on impacts than any other region: more countries, more topics

Innovation 1: Adding young person’s module to large evaluation studies

- Youth/adolescence = critical juncture in life
 - ❖ Implications for later education, health, poverty, autonomy, intimate partner violence, HIV risk (among others).
- Early transitions in Africa
 - ❖ In SSA, 12% of women aged 20 to 24 were married/in first union by age 15, and 40% by age 18 (UNICEF 2014)
 - ❖ Globally, 16 million girls aged 15 to 19 give birth annually, ~95% in low and middle income countries (WHO 2014)
- Reviews of “What works” to prevent adolescent childbearing and HIV in low-middle income countries: **social cash transfers (SCTs) are promising interventions** (McQueston et al. 2013; Pettifor et al. 2012)
 - ❖ However, evidence is drawn from few, geographically and programmatically diverse studies.

Targeting: demographic structure of recipient households in OVC and labor-constrained models (missing prime-ages)

Households contain large numbers of youth 10 – 20 years old youth



Cash transfers and the transition to adulthood: conceptual framework

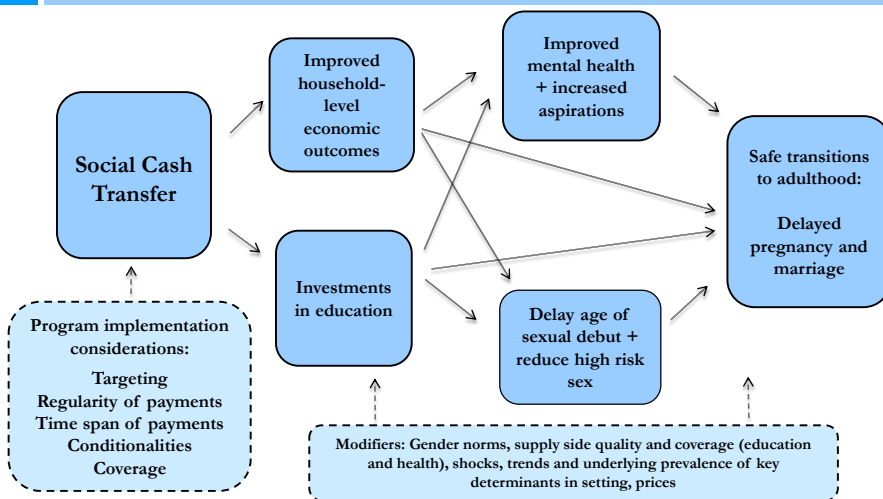


Figure Source: UNICEF et al. (2015). "Social Protection Programs Contribute to HIV Prevention." <http://strive.lshtm.ac.uk/system/files/attachments/Social%20protection%20programmes%20contribute%20to%20HIV%20prevention%20brief.pdf>

Include stand-alone young person's module in impact evaluations (**ongoing**)

Country	Households Sample Size	Adolescent Age Range	Adolescent Sample Size	Survey Years	Design
Kenya CT-OVC	1913	11-21	2223	2007, 09, 11	RCT
Zambia MCTP	3078	13-17	2098	2011, 13,14	RCT
Zimbabwe HSCT	3063	13-20	1170	2013, 14, 16	District Matched Case Control
Malawi SCTP	3500	13-19	2109	2013, 14, 15	RCT
Tanzania PSSN	TBD	14-28	TBD	2015, 17	RCT

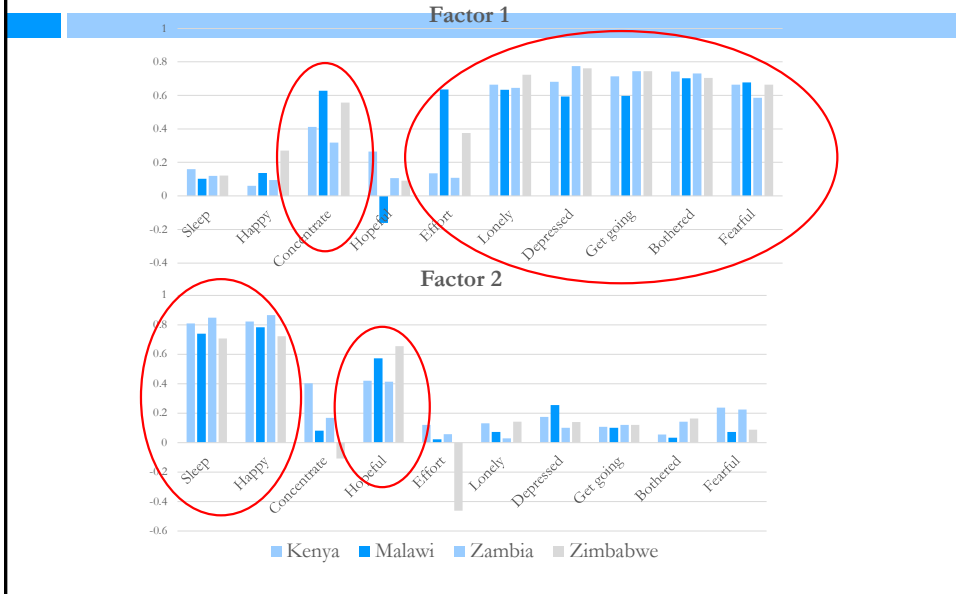
- One-on-one interviews with same sex enumerators
- Up to three eligible youth per household (census in Tanzania)
- Nested qualitative longitudinal studies in Malawi, Tanzania, Zimbabwe

Innovation 2: Comparing measures in same populations across countries

- 10-item version of Center for Epidemiological Studies Depression Scale (CESD-10) fielded in Kenya, Malawi, Zambia, Zimbabwe to essentially similar populations
- In the last 7 days, how often ...(<1 day, 1-2 days, 3-4 days, 5-7 days)

...did you sleep well	...did you feel hopeful about the future
...were you happy	...did you feel you could not get going
...have trouble concentrating	...bothered by things that don't usually bother you
...feel everything you did was an effort	...did you feel depressed
...did you feel lonely	...did you feel fearful

Factor analysis behaves consistently across countries (alpha always above 0.70; first two factors explain ~45% of variation)-'positive' and 'negative' factors



Determinants of CESD in same populations across countries-does measure respond to good and bad 'stuff'?

OLS regression of CESD on lagged CESD plus shocks (higher is worse)

	Zimbabwe	Malawi	Zambia
CESD(t-1)	0.032 (0.52)	0.104 (2.65)	0.005 (0.13)
Material well-being (blanket, shoes, clothes)	-1.053 (2.06)	-0.201 (1.52)	-0.961 (4.17)
Physical violence within period	2.787 (3.71)		
Death in hhld within period		1.297 (1.45)	0.487 (0.87)
Treatment (cash transfer)	-0.037 (0.04)	-1.195 (4.13)	0.180 (0.51)
Time between waves (months)	12	17	36

Linking youth outcomes with parents

Example from Kenya, caregiver asked about expectations on future well-being and life satisfaction scale

1) Will your life be better, the same or worse in 1,2, 3 years from now?

2) Strongly agree (5) to strongly disagree (1) with the following statements:

- I enjoy life.
- I experience positive feelings in my life.
- I feel positive about my future.
- I am satisfied with my health.
- I am satisfied with my life

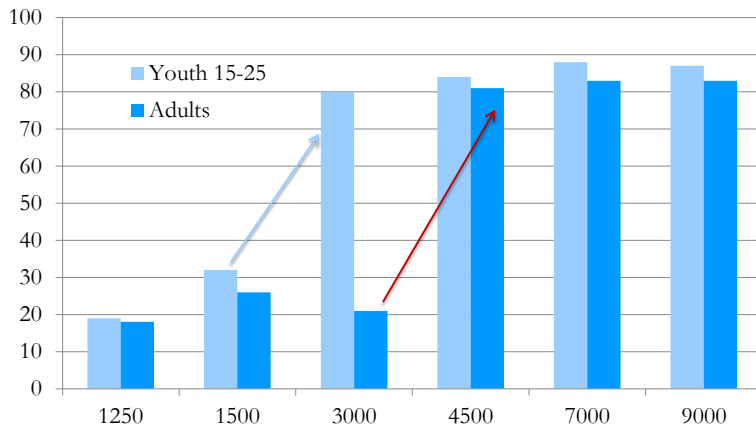
Innovation 2: Linking youth outcomes with parents Transfer affects youth through well-being of caregiver!

OLS regression of treatment effect on caregiver and youth well-being (t-stats)

	Caregivers				Young People		
Outcome:	Better 1y	Better 3y	Better 5y	QoL	CESD (- coded)		
Treatment	0.0657 (2.16)	0.0638 (2.10)	0.0546 (1.72)	0.763 (2.51)	-0.513 (-1.63)	-0.448 (-1.42)	-0.478 (-1.53)
QoL*						-0.0808 (-2.29)	
Future Well-Being*							-1.076 (-3.22)
Observations	1,802				2210		

*caregiver measure

Measuring future orientation: Take Ks 1500 or wait one month for.... (Kenya CT-OVC)



Linking youth outcomes with parents Patience is transmitted from caregiver to youth Low mental health makes kids less future oriented

OLS regression estimates on log(impatient) for youth 15-25 from Kenya CT-OVC (t-stats)

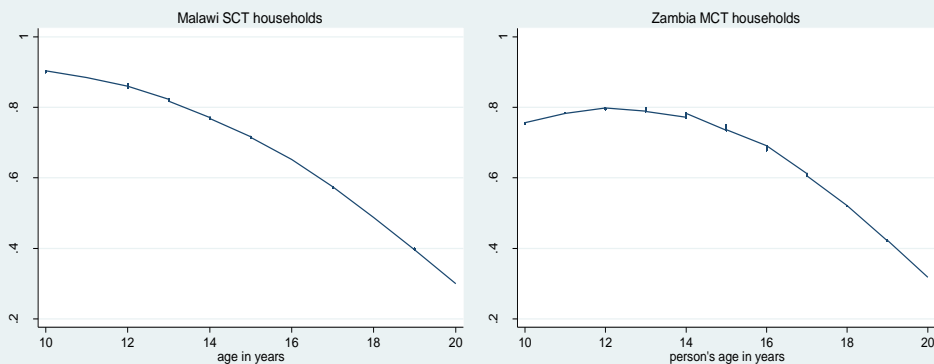
Outcome:	log(patience)			
	(1)	(2)	(3)	(4)
Treatment	0.00582 (0.53)	0.00879 (0.80)	0.0101 (0.92)	0.00996 (0.91)
CESD-youth (-)		0.00378 (3.80)	0.00364 (3.66)	0.00361 (3.65)
QoL-caregiver			-0.00214 (-1.92)	-0.00176 (-1.57)
Log(impatience)-caregiver				0.0567 (4.35)
Observations	2,170	2,170	2,170	2,170

Exploiting panel to track change and estimate program effects

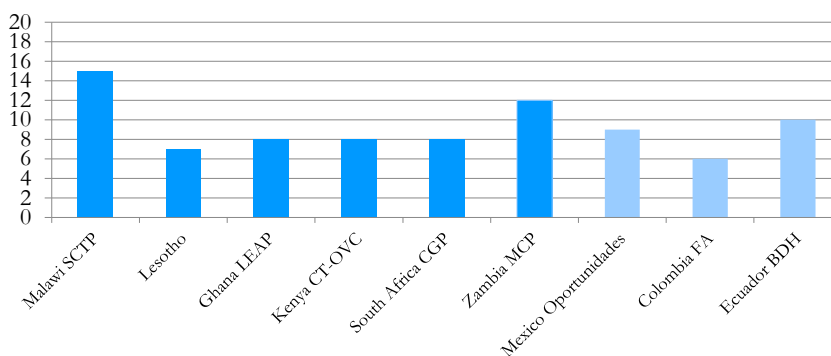
- Adolescence is period of rapid change, panel allows us to track trajectories and understand their influences

	Malawi	Zambia	Zimbabwe
Change in CESD status for depressive symptoms (10+) (%)	49	61	43
% Sexual debut at baseline (mean age)	31 (17)	14 (15)	9 (15)
% debuted between baseline and follow-up (mean age)	28 (16)	35 (17)	17 (16)
Elapsed time between waves (months)	17	24	12

Big changes in schooling at these ages—schooling our the key transmission channel for cash transfer



We use panel to track impacts of cash transfers on secondary age school enrollment; large impacts, similar to or larger than Latin American CCTs



Notes: Bars represent percentage point impacts. Enrollment for primary aged children already high, thus impacts reported at secondary age enrollment

Zimbabwe: No impacts on enrollment (crowding out due to BEAM). However, 7 pp increase in attendance.

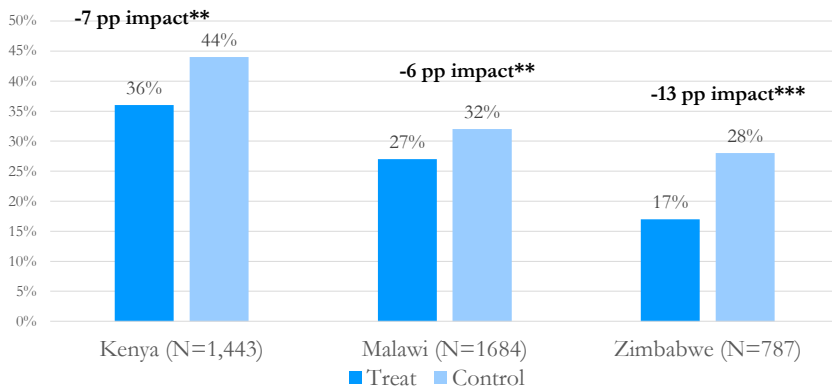
Without longitudinal data or control group what would we get?
MLW, Zambia general trend is positive
Kenya, Ghana general trend is negative

	Impact (pp)	Cross-section	Reflexive
Malawi (all ages)	11	9.5	17.5
Ghana	8	5	-6
Kenya	8	5	4
Zambia	12	8	13

Cross-section: Ignores baseline differences between T and C
All cases, under-estimates impact, T group slightly worse off at baseline

Reflexive: Ignores general time trends

Impacts on sexual debut among youth (controls for baseline status)—some consistency



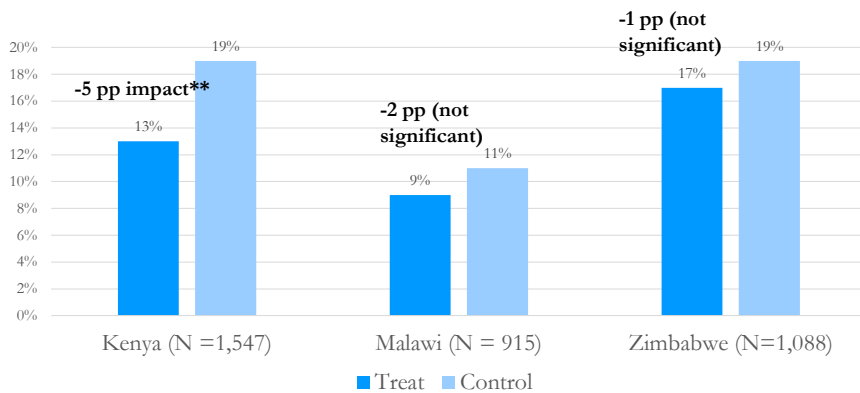
Note: Results from multivariate adjusted models (ages of youth vary by country),
 5% significance; *1% significance.

☐ No impact in Zambia despite large schooling impacts

Sexual debut impacts based on no temporal information (pure cross-section): large under-estimates in Kenya, Malawi due to higher baseline debut rates

	Impact (pp)	Cross-section (pp)
Kenya	7	1
Malawi	6	1
Zimbabwe	7	6

Impacts on first pregnancy among females are less consistent (right direction, less significant)



Note: Results from multivariate adjusted models (ages of youth vary by country).
5% significance; *1% significance.

- Malawi: -4 pp** impacts on girls in poorer households

Final thoughts



- Policy side
 - Cash transfers are not a 'magic bullet'...but TP evidence suggests wide range of impacts across many domains (not shown here)
 - Programs are scalable, allow other programs to 'layer on' services to leverage cash depending on objectives
- Research side
 - Adolescence period of rapid change, risk--longitudinal surveys directly administered to youth important to understand trajectories, measure program impacts, and perform much needed validity checks on new measures
- Discussion items on longitudinal data
 - Young Lives (DFID), NIDS (GoSA), Family Life Surveys (NIH) – what makes the most sense?
 - How can 'narrow' studies like the TP evaluations be harnessed for the greater good? Need rigorous designs (panel, control group) to get the estimate right.

For more information



- Transfer Project website: www.cpc.unc.edu/projects/transfer
- Briefs: <http://www.cpc.unc.edu/projects/transfer/publications/briefs>

- Recent:
 - Methodological brief on adolescent modules
 - Methodological brief violence
 - Brief on education impacts

- Facebook: <https://www.facebook.com/TransferProject>
- Twitter: [@TransferProject](https://twitter.com/TransferProject)
- Email: Ashu Handa, shanda@unicef.org

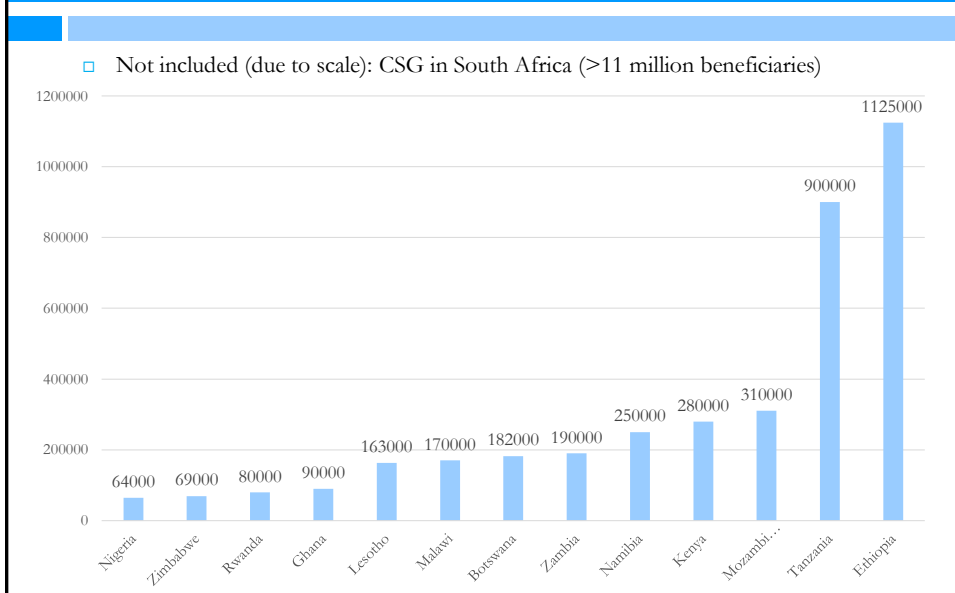
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Program components, 4 countries: Government UCTs

Country	Kenya CT-OVC	Malawi SCTP	Zimbabwe HSCT	South Africa
Implementer	Ministry of Gender, Children & Social Development	Ministry of Gender, Children & Social Welfare	Ministry of Public Service, Labour and Social Welfare	Social Security Agency
Targeting	Ultra-poor and contained OVC < 18 years old	Ultra-poor and labor constrained	Food-poor and labor constrained	Poverty-targeted with child (age range varies over time)
Transfer size (monthly)	1500 Ksh (~21 USD), Flat transfer	1,000-6,000 Mwk (by household size and number of children in school)	10 – 25 USD, by household size	330 R (~25 USD), by number of children
Evaluation period	2007 – 2011 (4 years)	2014 – 2015 (17 months)	2013 – 2014 (12 months)	2010-11 (up to 12 years)

Coverage of selected government programs



Transfer size (as percentage of HH baseline consumption)

