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The Political Economy of Cash Transfers

A Comparative Analysis of Latin American and Sub-Saharan African Experiences

Margherita Scarlato
Giorgio d'Agostino

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Abstract

This paper compares the consolidated experience of conditional cash transfers in Latin America with a variety of models of cash transfers in middle- and low-income countries in sub-Saharan Africa. We review the recent literature with the aim to highlight the underlying political economy factors that have underpinned the emergence and scaling-up of various kinds of social protection strategies in the two regions. From this review, some implications and policy suggestions are drawn regarding the opportunities and challenges for cash transfers in the future.

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Anti-poverty policy, Latin America, Africa, Comparative studies

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Rome, May 2016

Margherita Scarlato and Giorgio d’Agostino

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Abbreviations

CCT	Conditional Cash Transfer
CT	Cash Transfer
GDP	Gross Domestic Product
LA	Latin America
PSNP	Productive Safety Net Programme
SCTP	Social Cash Transfer Programme
SSA	Sub-Saharan Africa
UCT	Unconditional Cash Transfer
UNICEF	United Nations Children's Emergency Fund

1 Introduction

Cash transfer (CT) programmes are social protection instruments¹ that provide vulnerable families with regular cash payments, the aim being to alleviate poverty. These programmes are applied in almost all developed, developing and emerging countries around the world: by 2013, nearly 1 billion people were covered by this type of protection (Fiszbein, Kanbur, & Yemtsov, 2014).

CT programmes became popular throughout Latin America (LA) during the 1990s in the form of monetary transfers paid to poor households, on condition that the beneficiaries complied with specific behavioural requirements (conditional cash transfers, CCTs) (Adato & Hoddinott, 2010; de Brauw & Hoddinott, 2011; Fiszbein & Shady, 2009; Hoddinott, 2010; World Bank, 2015a). In more detail, CCTs are usually targeted to children and require parents – mainly mothers – to meet some conditions linked to improvements in their children’s health, education and nutrition: for example, in order to receive CTs, families must send their children to school and have them undertake regular health examinations. The guiding principle is to encourage the demand for social services and investments in human capital with the ultimate aim of reducing intergenerational transmission of poverty in the long term (Hanlon, Barrientos, & Hulme, 2010).

These programmes were then launched in several other emerging and developing countries. In the last decade, CTs have spread in sub-Saharan Africa (SSA), mainly without any particular conditions for beneficiaries (unconditional cash transfers, UCTs) or with “soft conditions” that impose no penalties for noncompliance (World Bank, 2015a; Garcia & Moore, 2012). Unlike the situation in LA, the approach of the “African model” of CTs deals with short-term measures against poverty and involves providing guaranteed extra-money to cover the lack of minimum income and to support the purchase of food and other basic needs (Qureshi, Dixon, & Wood, 2015). The main reasons for this arrangement in SSA are the greater incidence of poverty, lack of a sufficient supply of social services (which is a precondition for introducing social transfers) and the complexities in targeting and monitoring mechanisms, given the existing level of administrative capacity (Barrientos & Villa, 2015; Gaarder, 2012; Schubert & Slater, 2006). More recently, under the threat of food, financial and fuel crises, several low-income sub-Saharan African countries have introduced new CT programmes, some of them including “soft conditionalities”, and have improved the efficiency of their administrative systems (Fiszbein et al., 2014). Another factor driving the expansion of CTs in sub-Saharan African countries has been the AIDS crisis, which produced an increase in orphans and vulnerable children in countries with major epidemics (Adato & Bassett, 2012; Garcia & Moore, 2012).

Flourishing literature on the impact evaluation of CCT and UCT programmes confirms their positive effect on the education, health and nutrition of the beneficiary children and their families in both LA and SSA (World Bank, 2015a). More recently, the socio-institutional and political preconditions to make the introduction and scaling-up of CT policies feasible in these regions have gained a growing interest. Different contributions emphasise that the design and implementation of social protection programmes require political commitment, domestic ownership, or engagement of international donors, and a

1 Following Fiszbein et al. (2014), we define social protection as a collection of programs addressing risk, vulnerability, inequality and poverty through a system of transfers in cash or in kind.

proper understanding of the interplay among these factors is critical in explaining how CTs came into existence and what their characteristics are (Barrientos & Niño-Zarazúa, 2011; de Haan, 2014; Giovannetti, de Haan, Sabates-Wheeler, & Sanfilippo, 2015).

Our paper aims at contributing to this issue by reviewing a body of literature on the CTs implemented in LA and SSA from a political economy perspective. In more detail, we are interested in highlighting the mixture of socio-institutional conditions and political factors that drove the peculiar social protection trajectories of these regions by ensuring compatibility of incentives among government, political parties, interest groups and domestic élites, and between domestic and external actors such as international organisations and non-governmental organisations (Desai, 2007). Following a comparative approach proposed, among others, by Devereux (2013), Lavers and Hickey (2015), and Niño-Zarazúa, Barrientos, Hickey, and Hulme (2012), we discuss how the different political and institutional conditions have influenced the specific models and trajectories of CT policies that have emerged in LA versus SSA. Given the greater variability of experiences in the case of SSA, we focus on the ongoing process of implementation of CTs in a selection of countries, which properly represent the various types of CTs in the region.

The paper is articulated as follows. Section 2 explores the economic context and social and political dimensions that led to the introduction of CT policies and their evolution in LA. Section 3 replicates the analysis for SSA, examining the various features of such programmes and the peculiar aspects that influenced their emergence and scaling-up in a selection of countries. Section 4 concludes by drawing some policy implications.

2 Latin American countries: The “first generation” CCT programmes

2.1 The rise and expansion of CCTs in LA

CCT programmes were pioneered in LA in the mid-1990s. Some relevant examples are the CCTs that have been implemented in Mexico since 1997 (Progresa), in Chile since 2002 (Chile Solidario, a programme inspired by Amartya Sen's capability approach) and in Brazil since 2003 (Bolsa Família). In its first year, Progresa reached 11 states and 300,000 families in rural areas. Mexico's CCT, renamed Oportunidades and now called Prospera, currently helps about 6.1 million families living in extreme poverty, which is almost 25 per cent of the population.² At the time of implementation, Progresa / Oportunidad was a novel initiative; later, its effects on poverty indicators were extensively evaluated. As the results in terms of the effects on beneficiaries' consumption, health, nutrition, education, investment and use of labour time were positive, or even very positive, this experience became a benchmark for anti-poverty policies in other countries (Levy, 2006). Similarly, the Brazilian Bolsa Família programme was launched in 2004 and rapidly increased its coverage (de Britto, 2005). Today, with more than 70 million beneficiaries, Bolsa Família is the largest CCT in the world (World Bank, 2015a).

In the wake of these positive experiences, the expansion of CCT programmes in Latin American countries continued, and gradual improvements in terms of the size of the

2 Information about the Prospera programme is available online at the Secretaría de Desarrollo Social website: <http://www.sedesol.gob.mx/en/SEDESOL/Prospera>.

transfers and the scope of the programmes were achieved. Overall, by 2013, CCTs were adopted in 18 countries in LA and involved 129 million people (World Bank, 2013).

2.2 The political economy of CCTs in LA

2.2.1 Strong social and political support

Several political factors have encouraged the spread of CCTs in LA (de Britto, 2005). First of all, following the devastating effects of the financial crises and austerity policies of the 1980s, the levels of poverty, inequality and vulnerability rose sharply, and the inadequacy of the Latin American countries' welfare systems became apparent (Cecchini & Martinez, 2012; Ferreira & Robalino, 2010). Another major challenge was the massive presence of an informal economy. The huge proportion of the unofficially employed labour force was excluded from social insurance coverage, a phenomenon that increased from the 1980s onwards (Bastagli, 2009; Lo Vuolo, 2013; Mesa-Lago, 2008; Ribe, Robalino, & Walker, 2012). The limited formal insurance system, together with the absence of social assistance interventions, gave rise to a "truncated" welfare system (Barrientos, 2004; Bastagli, 2009).

During the 1990s, in the aftermath of the economic crisis and under the pressure of strong populist movements, policy-makers were obliged to introduce new social policies to maintain their electoral bases and political stability (Dinerstein & Deneulin, 2012). In this context, CCT programmes played a key role as an essential component of an anti-poverty and redistributive public response to the emergency situation, and also offset the welfare state "truncation" by covering a large percentage of the vulnerable population previously excluded from social protection policies (Barrientos & Hulme, 2008).

One of the main characteristics of this strategy was its focus on vulnerable social groups with narrowly targeted, means-tested interventions in order to rationalise the use of scarce resources. The emphasis on targeting – mainly concerned with the efficiency of social policy – has been criticised as a shifting away from universalistic policies towards more liberal, residual interventions (Bastagli, 2009, 2010). In particular, critics highlight the "liberal" connotations of the new welfare strategy, aimed at particular groups in society deemed to be vulnerable or deserving (Barrientos, 2004; Bastagli, 2009). However, universal benefits can be extremely costly, as they are also available to the non-poor population and fiscal constraints may make them unaffordable for many low- and middle-income countries (del Ninno & Mills, 2015). In addition, in these countries, the poor often are excluded from public spending and only receive a small share of government services, so that focussing on those most in need reduces this pre-existing inequality (del Ninno & Mills, 2015).

Similarly, the introduction of conditionalities has led to a harsh debate on their role in the design of CTs (Bastagli, 2009; Cecchini & Madariaga, 2011). The behavioural conditions included in these schemes were inspired by the principle of co-responsibilities, which defines beneficiaries as agents who collaborate with the state, instead of merely being assisted by the government's social programmes (Barrientos & Hulme, 2008, 2009; Cecchini & Madariaga, 2011; Cecchini & Martinez, 2012). A variant of this argument is that conditions are necessary in order to boost demand and overcome market failures,

which produce underinvestments in health and education (Gaarder, 2012). Contrary to this view, opponents emphasise that the marginal contribution of conditionalities is low and that the social costs of denying benefits to vulnerable households that fail to satisfy the conditions are high (Baird, McIntosh, & Özler, 2011). Critics also stress that conditionalities impose a heavy burden on poor households, especially on women, and are useful only in contexts in which adequate institutional arrangements (provision of social services, control measures, etc.) are available (Cecchini & Martinez, 2012; Fiszbein & Schady, 2009; Grosh, del Ninno, Tesliuc, & Ouerghi, 2008; Hickey, 2011).

The debate on targeting and conditionality criteria is still unresolved from the theoretical and empirical points of view. However, these arrangements may be explained from a political economy perspective by considering that they allowed Latin American policy-makers to legitimise financing non-contributory transfers to middle-class taxpayers, who do not benefit from these programmes and often have negative views of policies that may create dependence in recipients (Barrientos & Villa, 2015, Bastagli, 2009; de Britto, 2005). In addition, the new CCT programmes were more “visible” than traditional supply-side interventions, and they established a direct link between the government parties in power and beneficiaries. Thus, CCTs were consistent with the electoral concerns of policy-makers (Bastagli, 2009; de Britto, 2005).

The scheme of CCT programmes was also in line with the values of the élites favouring public policies directed towards reducing poverty. Thanks to the focus on human capital accumulation, CCTs gained a broad consensus among the people and became popular with middle-class voters. This broad consensus helped Latin American countries to shift from a paternalistic form of social assistance to an inclusive one (de Britto, 2005; Bastagli, 2009; Cecchini & Martinez, 2012).

Over time, conditions for the political sustainability of CCTs have become more favourable and allowed them to advance. Since the early 2000s, a shift in political orientation towards different types of left-of-centre regimes produced consolidation of the Latin American “redistribution with growth” model, which placed strong emphasis on social justice, combined with a prudent approach to macroeconomics (Cornia & Uvalic, 2012). Public policy was targeted to the expansion of social security coverage, increase of the minimum wage and improvement of the distributive impact of taxation. This model, which put social development at the centre of the policy agenda, generated a substantial increase in public spending on social policy, which benefited a large proportion of households at the bottom of the income distribution (Cornia & Uvalic, 2012; Lustig, Lopez-Calva, & Ortiz-Juarez, 2013; Ocampo & Ros, 2011).

The decline in inequality and poverty across most Latin American countries as well as improvements in education and health indicators were the result, among other factors, of this breakthrough in political orientation towards social protection, broadly defined (Cornia & Uvalic, 2012; Lustig et al., 2013, Ocampo & Ros, 2011).

2.2.2 Consistency with the mainstream development discourse on poverty reduction

Social protection ideas and development paradigms prevailing in theoretical debates have been extremely influential in emerging and developing countries (Lavers & Hickey, 2015). In the case of CCT programmes, an important factor contributing to their popularity is that they perfectly fitted the mainstream international agenda on development, which, from the 1990s onwards, has increasingly focussed on poverty reduction and human development (de Britto, 2005; de Haan, 2014). In line with the international development thinking, CCTs take account of complementarities among various Millennium Development Goals: they promote investments in health, education and nutrition, according to the view that the differing aspects of well-being are interdependent (Fiszbein et al., 2014; Lay, 2012). This approach recognises that poverty is a dynamic, multidimensional concept, following the framework of human development. From this perspective, social protection should not only provide emergency assistance but also promote the basic capabilities to reduce vulnerability in the long term (Barrett, Carter, & Ikegami, 2008; Cecchini & Martinez, 2012).

In addition, these programmes target the family unit as a whole, rather than its individual members, and assign a crucial role to women and their empowerment. In the vast majority of cases, transfers are actually paid to mothers, on the assumption that they will use these monetary resources to improve the well-being of their family members, and their children in particular (Cecchini & Madariaga, 2011).

Another related aspect is that, since their inception, CCTs have been designed to be carefully evaluated in terms of their impact on households' behaviours and education, health, and nutrition outcomes (Adato & Bassett, 2012; Barrientos & Villa, 2015; Fiszbein & Schady, 2009). Thus, CCTs are consistent with the principles of the Paris Declaration on Aid Effectiveness, which was signed in 2005 by more than 100 countries and multilateral organisations, to formalise the commitment to base anti-poverty measures, and development policies in general, on transparent diagnostic reviews and performance assessment frameworks.

From a theoretical point of view, significant efforts in new impact evaluation methods have been made, in line with the concept that development policies should be evaluated not only by the analysis of traditional macroeconomic variables (e.g. gross domestic product (GDP) level, rate of growth, etc.) but also by microeconomic techniques assessing the effects on several dimensions of well-being caused by specific programmes (Duflo & Kremer, 2008). According to Fiszbein and Schady (2009) and Cecchini and Madariaga (2011), the Mexican case is considered as a paradigmatic example of this approach, since it was designed with the aim of implementing continuous monitoring and producing a number of impact analyses to improve its effectiveness. In line with this perspective, in the late 1990s other Latin American countries replaced or consolidated pre-existing but weak programmes with larger, better targeted and better administered ones (Ribe et al., 2012).

By the end of the 1990s, a novel theoretical orientation emerged. The international debate on social protection in emerging and developing countries gradually shifted from the neo-liberal view, which emphasises that poor people must be forced to fulfil duties in return for benefits, to the social rights approach, based on the idea of social protection as an

individual right of the poor (Hickey, 2011; Ulriksen & Plagerson, 2014). This implies that policy-makers must be concerned with distributing the benefits of economic growth more evenly in order to promote full citizenship (Cecchini & Martinez, 2012). Consistently, the “new left” that has come to power in LA has increasingly conceived targeting mechanisms and programmes such as CCTs as instruments for taking into account budgetary constraints within the framework of a social protection system aimed at achieving universal social rights or minimum social standards (Cecchini & Martinez, 2012; Ocampo and Ros, 2011).

2.2.3 Challenges ahead

Despite the efforts to reform social policy and the rise in social expenditure in LA, the guiding principles of CCT programmes have attracted increasing criticism, mainly due to the predominance of narrowly targeted, means-tested interventions and the failure to tackle poverty and inequalities in the long term (Barrientos, 2004; Bastagli, 2009; Valencia Lomeli, 2008). In more detail, evidence on the impact of the “first generation” CCT programmes and more recent consolidated experiences show mixed results. Good outcomes with respect to, for instance, food consumption, school enrolment, school attendance and medical clinic attendances were found (Fiszbein & Schady, 2009), but the empirical results were often disappointing in their qualitative variables (e.g. learning outcomes, health outcomes) (Fiszbein & Schady, 2009). In addition, evidence shows controversial results on the effectiveness of targeting selections compared with universal programmes (Cecchini & Madariaga, 2011), and confirms that the effect of conditions depends crucially on the supply of accessible, good-quality health and education services (Maluccio, Murphy, & Regalia, 2010; Silva, 2011).

From the abundant empirical literature on CCTs, we also know that these programmes face a number of institutional problems as they evolve, for example those related to transparency and accountability. Centralised programmes have been criticised for limiting the involvement of local government and civil society, and it has been stressed that, when administrative capacity is a constraint, greater reliance on communities to increase targeting and monitoring efficiency is needed (Handa & Davis, 2006). However, targeting and control mechanisms have also revealed flaws when decentralised at the sub-national level, leading in some cases to political patronage, corruption and leakage of benefits (de Britto, 2005; Ansell & Mitchell, 2011). Electoral pressure regarding the extension of CCTs and subsequent implications for financial sustainability are other political economy concerns raised in several analyses (e.g. Barrientos & Villa, 2015).

New challenges to – and criticisms of – CCTs have recently arisen. First, a number of studies highlight the exclusion of poor or indigent families that also need help, for example families without dependent children, or foreign immigrants living in poverty (Cecchini & Madariaga, 2011). This point suggests that the theoretical approach that supports this category of social grants is far from being able to guarantee the population a social safety net as a basic right (de Britto, 2005).

Second, CCTs are presumed to be playing a key role in fostering women’s empowerment within families and communities, as well as promoting gender equality (Cecchini & Madariaga, 2011; Martinez Franzoni & Voorend, 2012). Women are normally the direct recipients of CCTs because they are recognised as being the most responsible recipients

who invest most in family and child well-being. However, several studies indicate that CCTs may reinforce asymmetrical gender roles at the household level, as inequalities in gender relations are widespread in developing and emerging countries (Jenson, 2009; Molyneux, 2008; Tabbush, 2010). In more detail, CCTs emphasise women's status as mothers and the principal caretakers of children, with several duties required by the co-responsibility arrangement. This argument is also supported by the weakness – or absence of – social policies reconciling the waged and domestic labour of women in LA (Gonzales, 2015). The positive effects of CCTs on women's overall well-being may therefore be questioned and contingent on specific features of the programme design.

Third, fiscal sustainability is another definite challenge for CCT policies. In many Latin American countries, the new social responsibility of the state was affordable because, in the meantime, the export bonanzas and sustained economic growth allowed LA to finance more expansive public spending (Grugel & Riggirozzi, 2012). However, in the new global economic context, budgetary constraints are more stringent and government commitment to welfare increasingly requires a change in the taxation system towards direct taxes based on income and property and more actions to address tax evasion (Grugel & Riggirozzi, 2012). As a consequence, Latin American countries in the near future must go beyond CCTs and build more comprehensive social protection systems towards tackling structural problems with broader policies and more radical public-sector reforms (Cecchini & Madariaga, 2011).

Although the regional context is quite heterogeneous, the recent trends in policy orientation suggest that Latin American countries are gradually addressing the shortcomings of their social protection systems implemented in the 1990s and in the first decade of the 2000s, which were mainly based on CCT policies. As Cecchini (2015) points out, the 2008–2009 economic crisis represented a turning point, as many Latin American countries did not follow austerity policies but instead used social spending to minimise the socio-economic consequences of the recession, thus confirming efforts towards the adoption of solidarity-based social protection policies.

3 Sub-Saharan African countries: UCTs and “second generation” CCT programmes

3.1 The spread of CTs in SSA

All the positive outcomes of the “first generation” CCTs implemented in LA led to substantial support from international organisations to replicating these experiments and spurred “second generation” CTs in other emerging and developing countries (de Britto, 2005). CTs are expanding, especially in SSA, where, by 2010, half the countries (21) had some form of UCT in place (World Bank, 2015a).

Until the turn of the century, the dominant form of social protection for vulnerable people in this region was emergency food aid, whereas social assistance measures to address poverty in the long term were lacking (Niño-Zarazúa et al., 2012). During the last decade, interest in CTs has been rapidly growing within the wave of new social protection initiatives promoted by the African Union and international agencies (de Haan, 2014; Niño-Zarazúa et al., 2012). Policy interventions have thus gradually shifted from food aid to cash

assistance in humanitarian emergencies, and thence from emergency, short-term measures to regular, reliable interventions (Gentilini & Omamo, 2011; Niño-Zarazúa et al., 2012). Today, CTs explicitly focussing on poor households in a state of food insecurity and the ultra-poor, the labour-constrained as well as those caring for orphans and vulnerable children constitute the main type of social transfer in sub-Saharan African countries (Davis, Gaarder, Handa, & Yablonski, 2012).

One major difference between CTs implemented in sub-Saharan African countries and LA is the absence of conditions or the different role of conditionalities. In particular, the adoption of CTs is recently growing in SSA mainly by introducing “soft” conditions in the form of sensitisation campaigns, which encourage access to social services and trainings, to promote positive behavioural changes. Some examples are the programmes in Mali, Malawi, Kenya, Ghana and Burkina Faso, which provide a mix of unconditional and conditional transfers managed at the community level (Davis et al., 2012; Gaarder, 2012; World Bank, 2015a).

From a political economy perspective, the basic feature that differentiates SSA from LA is the strong role played by donors in building social protection strategies due to massive poverty, institutional weakness and political instability (Davis et al., 2012). As a consequence, the political feasibility of these programmes in SSA crucially depends on reaching convergence among the primary objectives of donors, local policy-makers and local élites. Generally speaking, international donors push towards the adoption of CT pilot projects, which are popular in international development thinking and promote impact evaluations because aid is increasingly results-driven; in this way, they also wish to isolate programmes from the influence of local interest groups (de Haan, 2014). Conversely, recipient governments and domestic élites are reluctant to accept the international agendas (Barrientos & Villa, 2015; Niño-Zarazúa et al., 2012). This clash may emerge, for example, because African governments are usually more concerned with growth enhancement than poverty reduction strategies (Barrientos & Villa, 2015). In addition, in countries where the majority of the population lives in poverty, domestic élites oppose even small CT projects to avoid increased taxation and electoral ratchet effects on the scale of programmes, that is, the risk that electoral cycles put pressure on extending the coverage of transfers (Barrientos & Villa, 2015). Large sub-national disparities, especially between rural and urban areas, and possible budgetary redistributions across differing population subgroups are other particularly sensitive political issues.

In this context, the focus of CTs on human capital accumulation – including public works – and rigorous evaluations showing a positive influence on both beneficiaries’ well-being and economic outcomes have helped to reconcile the policy agendas of donors with those of domestic governments (Barrientos & Villa, 2015; Davis et al., 2012). The impressive increase in rigorous evaluations that are under way can thus also be explained in terms of their political function to provide growing evidence in support of CTs in SSA.³

3 See, for example, the Transfer Project, funded by Save the Children UK and UNICEF, and From Protection to Production, funded by the Food and Agriculture Organization of the United Nations (Handa, Natali, Seidenfeld, & Tembo, 2015).

3.2 The political economy of CTs in SSA

3.2.1 Differing CT trajectories

As Niño-Zarazúa et al. (2012) stress, the extension of social protection in SSA is highly diversified and, specifically, grant-based policies aimed at poverty reduction vary markedly from country to country. To examine this issue, Garcia and Moore (2012) and Niño-Zarazúa et al. (2012) distinguish between CTs implemented in middle-income versus low-income countries, according to the World Bank classification of 2011. The CTs of middle-income countries often take the form of long-term programmes, which are usually managed by government institutions and domestically funded. They are stable in nature and address vulnerable groups, for example the elderly and children, according to various types of targeting mechanisms. These programmes have also gradually emerged through clear political support and are embedded in legislation (Niño-Zarazúa et al., 2012).

Conversely, low-income countries are unable to collect taxes properly and so have limited room for extended redistributive policies. They implement small CTs, which are often inconsistent collections of fragmented projects aimed at combating food insecurity and extreme poverty or providing emergency responses to natural disasters and conflicts (del Ninno & Mills, 2015). These interventions are typically non-government programmes partially or fully funded by donors with weak national political commitment and precarious long-term sustainability (Garcia & Moore, 2012; Niño-Zarazúa et al., 2012). Lastly, the effects of these programmes are often hampered by difficulties in defining the target groups, as most households are poor. In practical terms, safety nets generally cover only the poorest 10 to 20 per cent of the population, according to simple targeting methods, which often miss the most disadvantaged households (del Ninno & Mills, 2015).

In the next sub-section, we provide an overview of CT programme types in a selection of middle- and low-income sub-Saharan African countries, briefly describing the main socio-institutional and political factors that characterise and constrain their evolution. We clarify that the last World Bank classification (World Bank, 2015b) reports updated estimates for income grouping, which are partially different from the ones reported in the classification used by Garcia and Moore (2012) and Niño-Zarazúa et al. (2012). To keep consistency with their arguments in our discussion, we first consider the peculiar case of South Africa, which is an upper-middle-income country, and then we take in account some interesting cases within the two broad categories of lower-middle-income and low-income countries.

3.2.2 Upper-middle-income countries: Insights from South Africa

Upper-middle-income countries in SSA (such as South Africa and Namibia) have followed a model of social protection based on non-contributory pension schemes and child support grants (Niño-Zarazúa et al., 2012). The rationale for adopting these targets is providing support to poor households that have lost members of working age as a consequence of internal migration, family disruption and the spread of HIV/AIDS. The most clear-cut case is found in South Africa, which extensively relies on UCTs because it follows a rights-based social assistance model that is interpreted as not being compatible with CCTs (Barrientos & Hulme, 2009; Garcia & Moore, 2012). This model is a mix of welfare instruments inherited from the colonial era (e.g. pensions) and new measures

(such as CTs) that have been introduced since 1994 and the end of apartheid. In this phase, the political process was directed towards improving equity and racial integration, in view of the high level of social inequality produced by the previous system (Niño-Zarazúa et al., 2012). The social grants policy was shaped along the lines of entitlements and citizenship, rooted in the concept of rights-based social protection, and gradually increased the spending, coverage and eligibility for the programmes. At the core of this strategy lay several non-contributory CT initiatives, mainly devoted to poor households with older persons (Old Age Pension) and children (Child Support Grant), which reached 16.5 million people by March 2015. The amount of public spending in social assistance was remarkable: it amounted to 3.5 per cent of GDP, more than twice the average spending across developing economies (Niño-Zarazúa et al., 2012; Woolard, Harttgen, & Klasen, 2011; Woolard & Leibbrandt, 2013).

This evolution reveals that social grants in South Africa were conceived as an instrument to provide a basic income to the black majority of the population. A related reason for the marked increase in social assistance was that it had served as a palliative to compensate poor people for the social costs of the neoliberal policies that had been adopted after the end of apartheid, leaving a huge number of South African households outside the labour market (Devereux, 2013; Woolard et al., 2011).

The expansion of spending on social grants in the 2000s contributed to a highly redistributive fiscal stance and improved education, health and food security (Woolard & Leibbrandt, 2013). Despite contributions to poverty-stricken households, the overall design of social protection in South Africa does not represent an example to be replicated in other sub-Saharan African countries – for several reasons. First, the system of social grants has produced mixed results in terms of labour market outcomes – often creating “grant dependency” and disincentives to labour market participation – and has not been effective in addressing structural forms of poverty and inequality (Leibbrandt & Levinsohn, 2011; Woolard & Leibbrandt, 2013). Secondly, South Africa’s experience shows that an important precondition for building an effective social-transfer system is a sustainable tax base, which allows for significant redistribution of resources. The very unequal distribution of income in South Africa represents the political factor to justify the broad expansion of social grants and the economic premise to increase social spending. These conditions are not, of course, met in most of the other sub-Saharan African countries. Lastly, this example highlights that domestic coalitions of support for CTs – gathered around a single vision of a country – can ensure political sustainability for social policy in the highly fractionalised African countries. However, it also shows that political factors are problematic in the long term because CTs have strong path-dependence, and it is difficult to reform or replace them with better alternatives – when considering both efficacy and financial sustainability – once they reach a broad section of the population (Barrientos & Hulme, 2009).

Overall, the case of South Africa confirms the fact that increasing the budget devoted to social protection is not sufficient to address the structural causes of poverty effectively. In South Africa – as in other middle-income countries in SSA – this goal requires moving resources away from large, badly targeted, distortive subsidies and implementing more comprehensive measures of social protection, including social services and graduation strategies based on human capital improvement (Fiszbein et al., 2014).

3.2.3. Lower-middle-income and low-income countries: Variety of experiences

Lower-middle-income and low-income countries have recently implemented a variety of CTs targeted at combating poverty. In our analysis, we reduce the wide variety of experiences into three broad categories: (i) large-scale emergency assistance CTs, (ii) CTs focussed on human capital investments and (iii) small pilot CTs.

The first category contains Ethiopia and Rwanda, both of which have received large-scale emergency assistance programmes in response to crises; the programmes have mainly been sponsored by donors that provided funding opportunities to support social protection initiatives. Ethiopia offers an interesting example with the Productive Safety Net Programme (PSNP), which was introduced in 2005 with the aim of stopping the country's reliance on short-term emergency responses to food security. The main details of the programme reflect a compromise between the orientations of the national ruling party and international donors (Niño-Zarazúa et al., 2012). First, the PSNP is characterised by long-term focus on both poverty reduction and development objectives: it provides transfers to households in extreme poverty, a combination of productivity-enhancing transfers and agricultural extension services and a public works requirement is added for households with able-bodied members (Sabates-Wheeler & Devereux, 2010). As Devereux (2013) notes, this policy design, which combines labour market intervention for working adults and social grants for the dependent poor, provides a partial solution to the problem of possible disincentive effects on the labour supply of the members of beneficiary households. Second, the set-up of the PSNP includes technical assistance from the World Bank and firmly based evaluation components in order to increase transparency and reduce the resistance of domestic élites to the advice of donors (Lavers & Hickey, 2015; Niño-Zarazúa et al., 2012). This aspect is also interesting because, by producing evidence of the positive effects on food security and productive activities (Gilligan, Hoddinott, & Taffesse, 2009; Berhane, Gilligan, Hoddinott, Kumar, & Taffesse, 2014; Hoddinott, Berhane, Gilligan, Kumar, & Taffesse, 2012; Sabates-Wheeler & Devereux, 2010), this experiment represents a benchmark for the design of CTs in other sub-Saharan African countries.⁴

Conversely, Rwanda is a good example of large-scale CT interventions in post-conflict contexts. The government designed a social protection policy at the end of 2005, introducing various schemes to reduce poverty, including social transfers to specifically vulnerable groups (e.g. the Ubudehe Programme). These scattered interventions had a limited effect on poverty because they reached an extremely small number of people and had no systematic coordination (Ruberangeyo, Crispus, & de Bex, 2011). As the ruling party considered the scaling-up of CTs as an instrument for its political consolidation (Curtis, 2015), a new process was started in 2008, and a consistent social protection strategy was introduced to replace the plethora of small programmes and fragmented services. In particular, the Child Soldiers Reintegration Grant is a short-term CT programme addressing post-conflict emergencies (helping individuals to start new types of work), and the Vision 2020 Umurenge Programme is a leading component of the

4 The PSNP is the largest social protection programme in low-income countries in SSA. The CT component (Direct Support) covered approximately 1.2 million beneficiaries in 242,383 households in 2010 (Garcia & Moore, 2012).

country's long-term National Economic Development and Poverty Reduction Strategy.⁵ As in the case of Ethiopia, the programme offers both employment for beneficiary adults and unconditional transfers to poor individuals, with the aim of tackling food insecurity within a long-term framework that combines transfers, public works and low-interest loans for land improvements (Devereux, 2013). The design of the programme also follows the community-based participatory approach, reflecting the government's broader strategy aimed at introducing fully-owned social protection programmes to rebuild the relationship between the state and its citizens (Giovannetti et al., 2015).

Considering the second category – CTs with the primary goal of building up human capital investment – an interesting case is that of Malawi, where a small CT pilot programme (Mchinji Social Cash Transfer Pilot Scheme) was launched in 2006 with the assistance of the United Nations Children's Emergency Fund (UNICEF).⁶ The programme focussed on ultra-poor and labour-constrained households, and transfers were provided to the household heads (women, in the majority of cases) with the purpose of increasing children's food security, school enrolment and attendance (Miller, Tsoka, & Reichert, 2010, 2011). After the 2007–2008 evaluation, which showed a range of positive outcomes on female-headed households (Covarrubias, Davis, & Winters, 2012; Handa, Angeles, Abdoulayi, Mvula, & Tsoka, 2014; Miller et al., 2011), this CT was scaled-up countrywide (Social Cash Transfer Programme, SCTP) and became part of the National Poverty Reduction Strategy. The programme has gradually been expanded (it is expected to serve 300,000 ultra-poor households by 2015), in parallel with rigorous impact evaluations requested by donors to assess effects on food security, economic productivity, health and nutrition, schooling and child labour. The selected outcome variables indicate that the final aim is to influence human capital, which is the primary goal of UNICEF, but they also reflect the productivist focus necessary to gain the commitment of the national government. This anti-poverty intervention, based on a long-term perspective, is thus the result of the coalition of international and national interests.

Overall, Malawi's SCTP is a well-designed and well-administered programme (Giovannetti et al., 2015). The scaling-up of CTs countrywide is mostly constrained by the lack of national resources and heavy dependence on donor funding. Similarly, the lack of domestic financial resources severely limits the expansion of supply-side interventions, which are crucial for boosting education, health and nutrition to a significant extent.

The length of the pilot programme and its progressive scaling-up, building on increasing administrative experience, were also determinant in the case of Kenya, where the CT for orphans and vulnerable children began as a pre-pilot programme supported by UNICEF in 2004 in the face of the growing AIDS pandemic, and was then expanded in scale and size of transfers. It eventually became the government's main social protection programme in 2007, with the goal of providing coverage to 300,000 households. The programme

5 According to Garcia and Moore (2012), the programme was targeted to reach about 42,000 households by 2012.

6 Malawi experimented with several small CTs during the food crises of 2005–2006, such as the Malawi Cash Transfer Programme, funded by Oxfam (Savage & Umar, 2006). Moreover, although limited in scale and duration, the Food and Cash Transfer (FACT) project and the Dowa Emergency Cash Transfers (DECT) project implemented in 2006–2007 also generated positive effects (Devereux, Mvula, & Solomon, 2006).

focusses on ultra-poor households and has gradually introduced soft conditions on investment in children's health, nutrition and education (Garcia & Moore, 2012).

Despite a number of impact evaluations showing the positive results of the programme (Asfaw, Davis, Dewbre, Handa, & Winters, 2014; Davis et al., 2012) and other initiatives to protect vulnerable and poor people (e.g. the Hunger Safety Net Program, an unconditional CT implemented in the arid and semiarid lands), total spending on social protection in Kenya is still low and heavily dependent on external donors. For this reason, policy-makers are planning to introduce several reforms to increase the coverage and sustainability of social assistance (del Ninno & Mills, 2015). One of the main obstacles to this process is that poverty rates are markedly higher in rural areas than in urban ones (Leite, 2015), and large regional differences hamper the achievement of a strong political consensus for large-scale anti-poverty measures.

Lastly, we consider countries that have tested small pilot CT projects which are poorly financed, still fragmented, and have a low degree of institutionalisation and coverage. Some of these countries have combined income transfers with service delivery in the pilot programmes. A case in point is Ghana, where the Livelihood Empowerment Advancement Program was set up in a number of selected districts in 2006 and was then expanded nationwide. The programme is domestically financed from debt relief and combines transfers to households in extreme poverty with free health insurance and complementary services to encourage human capital accumulation (Daidone, Handa, Davis, Park, Osei, & Osei-Akoto, 2015a; Niño-Zarazúa et al., 2012).⁷ The programme was embedded in the national social protection strategy and sustained by positive evidence on both traditional variables related to well-being (such as children's school attendance and basic health care utilisation) (Agbaam & Dinbabo, 2014), and institutional variables (i.e. state-citizen interaction and beneficiaries' engagement in social networks) (Daidone et al., 2015a; Oduro, 2015). However, the monthly transfer amount is too low to meet basic households' needs, and limited administrative capacity hinders efficient implementation of the programme in some areas.

Unlike the CTs in Ghana, several new pilot CT projects provide pure income transfers. This is the case of Zambia, where five pilot social-transfer schemes funded by donors have been introduced, starting in 2004, with a focus on households headed by the elderly and those caring for orphans and vulnerable children. In Zambia, these pilot projects have very precarious institutional and financial arrangements and reflect the interests of donors, rather than being a strategy of the national government (Barrientos & Hulme, 2008; Niño-Zarazúa et al., 2012). However, as recent evaluations show that the programmes have had a positive influence on both poverty reduction and productive activity (Daidone, Pellerano, Handa, & Davis, 2015b; Handa et al., 2015), in the near future donors and international organisations may be successful in catalysing the efforts of the national government and local élites on social protection.

7 Some of the transfers are conditional on children's school attendance, basic health care utilisation and registration.

4 Concluding remarks

Our review highlights the profound differences among the more consolidated CCT programmes implemented in LA, large-scale CTs in South Africa and emerging CTs in low-income sub-Saharan African countries. The main features of these programmes are shaped by both political and institutional factors as well as socio-economic conditions, and thus are context-specific.

Although Latin American countries – where CTs arose out of domestic political debates – have been making significant efforts towards solidarity-based social policies, they are far from reaching a comprehensive social protection system. South Africa – an upper-middle-income country that represents a peculiar case in the sub-Saharan African context – adopted large-scale CTs that do not effectively address chronic poverty, despite the rhetoric of the rights-based approach. Lower-middle-income and low-income countries in SSA must still face a number of challenges if they are to build a national policy agenda backed by strong political commitments and gather adequate funding for reliable, nationwide social protection programmes.

In both LA and SSA, critical problems such as financial sustainability, administrative capacity and social services provision must all be addressed. Attention to empowering poor people – also through social transfers relating to public works, ancillary services and training – and specific measures to improve employment and gender equality in the labour market are also of paramount importance. These measures could foster the trend towards social protection programmes inspired by a long-term vision of poverty reduction that emphasises improvement in human capital.

Lastly, international agencies and donors in low-income sub-Saharan African countries often support the proliferation of small-scale pilot CT projects, which look fashionable but, in many cases, are fragmented and/or – both politically and financially – unsustainable in the long term. A better strategy would be to catalyse domestic interests towards a pro-poor agenda embedded in a broader debate on public policies. Sponsoring the production and diffusion of reliable data and impact evaluation studies to assess the effectiveness of social protection measures, in terms of both poverty reduction and development outcomes, could be critical – not only for their technocratic rationale but also to help trigger a political process aimed at building nationally owned social protection systems.

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