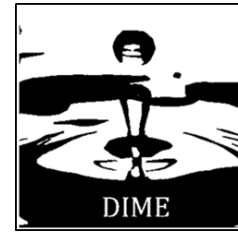




Human Development *Africa*



Evaluating Impact: Turning Promises into Evidence

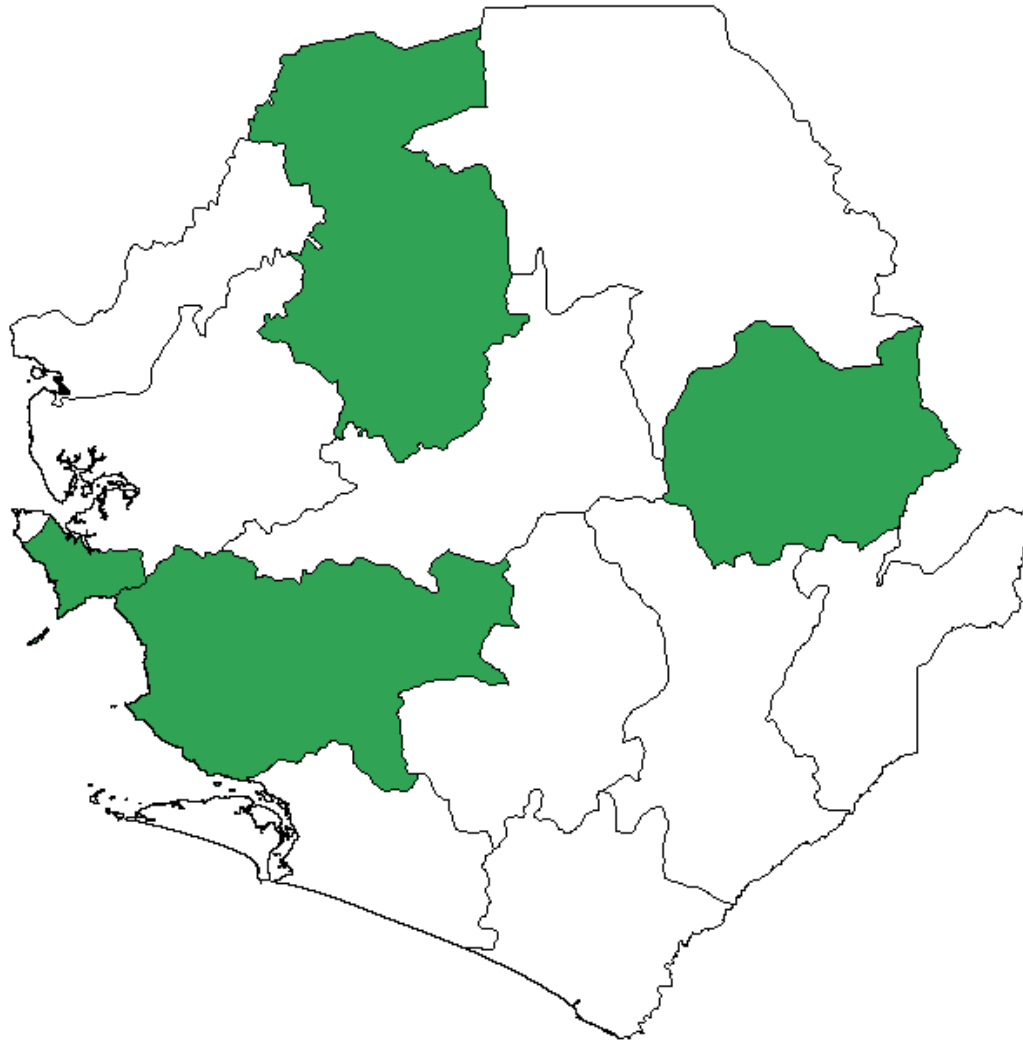
Project Name: Social Safety Nets Project

Name of Team Members

- | | | |
|------------------|---------------------|------------------|
| 1. Nina Rosas | 3. Abu Kargbo | 5. Sheku Sesay |
| 2. Susan Roberts | 4. Abu Bakarr Turay | 6. James Harding |

**Dakar, Senegal
October, 2013**

Map of Sierra Leone showing targeted districts



Bombali District
Moyamba District
Kono District
Western Rural District

1. Intervention Summary

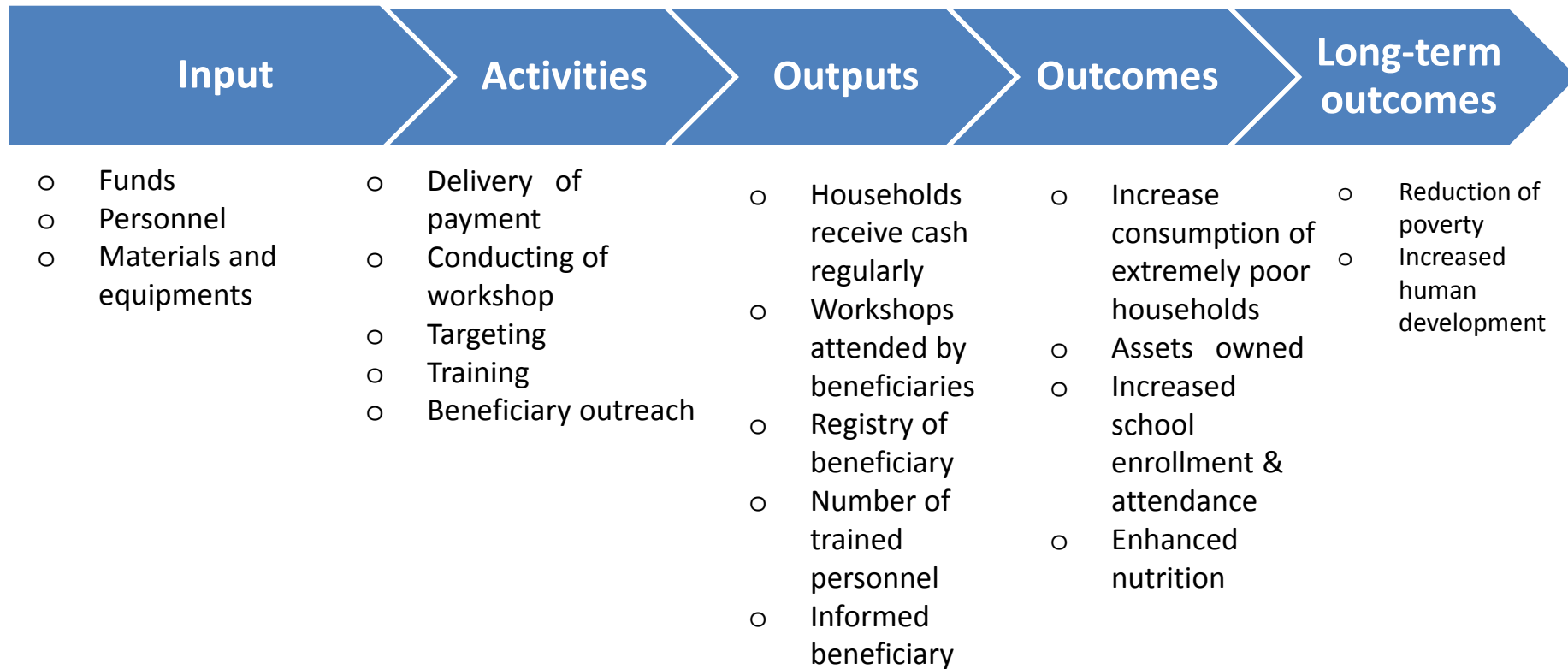
❖ **Intervention** : **Cash Transfers to Extremely Poor households**

- **Project objective**: provide income support to poor and vulnerable households
 - 4 poorest Districts one from each region
 - Programme coverage : **22 ,000 hh**
 - Benefit Level and Duration (**\$15/month, 2 years**)
 - Benefit Recipients: eldest Female, First spouse 4 polygamous HH, for exceptional cases: Caregiver, Father or child in charge
 - Programme Co-responsibilities (workshops on education, health & nutrition)
 - Targeting: Geographical, Community & Proxy Means Test

1. Rationale for the intervention

- ❑ **Compelling factors – Absolute poverty (52.9%), Food poverty (47.7%), extreme poverty (13.9%)**
- ❑ **Significant part of the population is still too poor to meet basic food needs**
- ❑ **Approximately households, the bottom 10 percent, are 140,000 extremely poor.**
- ❑ **Structural poverty**
- ❑ **Chronic malnutrition (44%)**

2. Results Chain



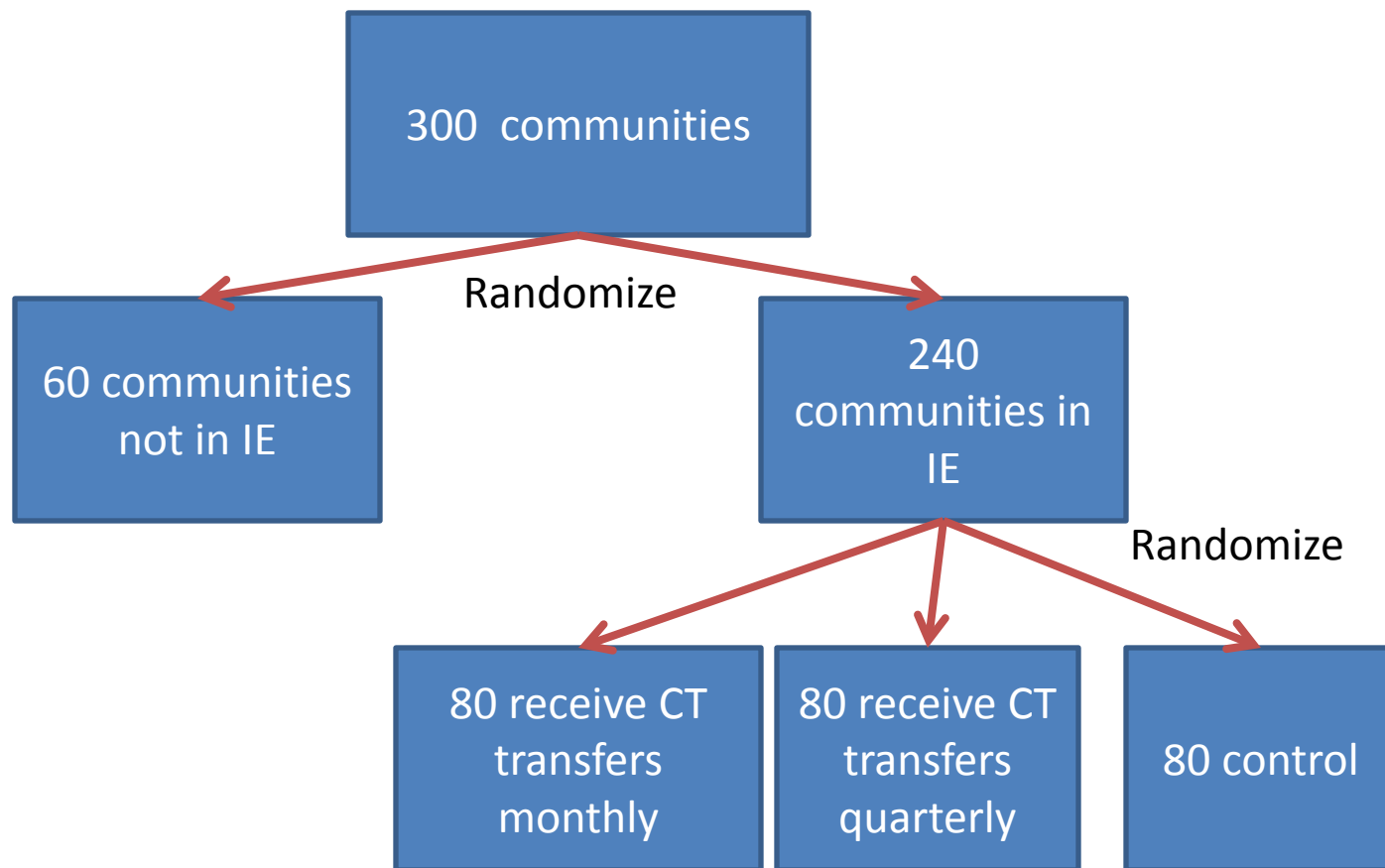
3. Research Questions

- ❑ What is the impact of the programme on:
 - key household consumption items ?
 - household assets owned?
 - enrollment and attendance to school ?
 - access to health services for women and children ?
 - nutrition of children 5yr and under ?

- ❑ In addition some information will be collected on programme processes such as:
 - the payment delivery system
 - the targeting approach

4. Impact Evaluation Design

- ❑ Targeting: Community & PMT
- ❑ Randomize at community level
- ❑ Note: Cost for collecting data in control is a consideration



Note : Treatments will undertake workshops

5. Sample

- ❑ Cluster sampling : randomly selects communities to participate in IE and randomly assign to treatment groups (2 treatments & 1 control)
- ❑ Household sampling: randomly selects 20 households from each cluster (Weight by probability proportional to size of cluster = # of households in cluster)
- ❑ Sample the number of communities based on the district share (stratified randomization by district)

6. Data

- ❑ Household survey with household & individual data
 - Key household consumption items
 - enrollment and attendance to school
 - access to health services for women and children
 - nutrition of children 5yr and under (height, weight)
 - the payment delivery system (timely payment, amount received)
 - the targeting approach (transparency of process)
- ❑ Two data collection exercises (Baseline & follow up a yr later)

THANK YOU

MERCI