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Impact Evaluation Study for Egypt's *Takaful and Karama* Cash Transfer Program

Synthesis Report:

Summary of Key Findings from the Quantitative and Qualitative Impact Evaluation Studies

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1. BACKGROUND

Since March 2015, the Government of Egypt has been providing cash to poor households through the Takaful and Karama program. The program is run by the Ministry of Social Solidarity (MoSS). Takaful supports poor families with children under 18 years of age, while Karama supports the poor elderly and disabled. For Takaful, the amount of cash that households receive depends on the number of children and their school level, while the Karama transfer is a set rate per individual. In 2018, Takaful will also begin requiring households in the program to make sure their children attend school and participate in health screenings.

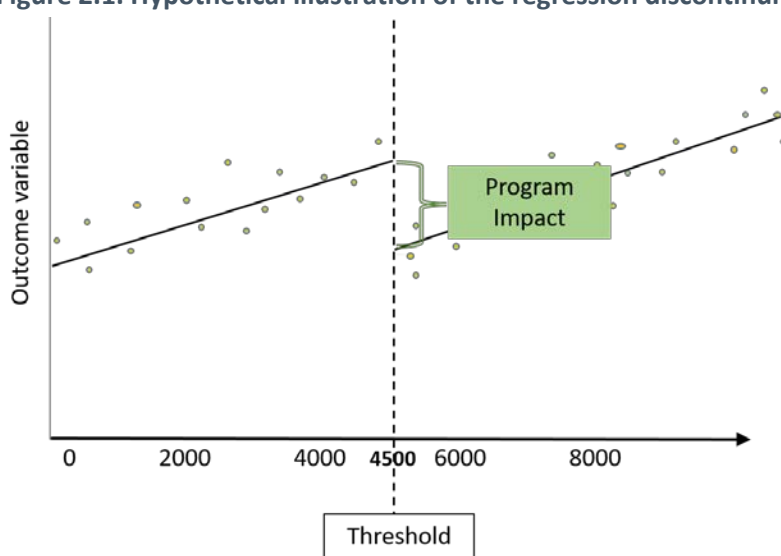
The program was evaluated by IFPRI, an international research organization, using both quantitative statistical methods (simple questions asked to many households during a survey) and qualitative methods (more in-depth questions asked to fewer households in longer interviews). The main goal of this evaluation was to measure and explain how the transfers affected the welfare of households in the program. In addition, the evaluation describes how well the program selection criteria work for identifying poor households.

2. STUDY METHODOLOGY

2.1 Quantitative methodology

For the quantitative evaluation, a statistical method called regression discontinuity (RD) design was used. When households register for the Takaful and Karama program, they must answer a series of questions about their family structure, housing, and assets; this information is used to develop an index of their well-being. Only households that receive a score of less than 4500 on this index (proxy means test – PMT) are considered eligible to participate in Takaful, as higher scores on this survey indicate a lower probability that the household is poor. A similar but higher cut-off score of 7203 is used to determine eligibility for Karama. The RD method compares outcomes between households with a PMT score just above 4500 (or 7203 in the case of Karama) to households with a PMT score just below 4500 (or 7203 in the case of Karama), since these are otherwise very similar groups.

Figure 2.1. Hypothetical illustration of the regression discontinuity methodology



As Figure 2.1 shows, the program impact can be estimated by the difference in the value of an outcome variable (for example, expenditure) between beneficiaries who are receiving the

program (those to the left of the threshold line) and non-beneficiaries (those to the right of the line). As these households are otherwise very similar, they can credibly be compared to see whether households who receive the program benefit from it.

The quantitative study surveyed a random sample of 6,541 households in 22 governorates from among all households that registered for Takaful and Karama with PMT scores near the threshold. The survey collected information on household expenditures and poverty, well-being and income, schooling, child diets and health, household diets and health, women’s decision making, and disability.

An additional 1,692 households were surveyed from a separate nationally representative sample to measure how well the program reached the poor.

2.2 Qualitative methodology

The qualitative component of the Takaful evaluation helps to explain and provide context for the findings of the quantitative evaluation. The main goals of the qualitative evaluation were to describe additional ways that Takaful may have impacted poor households through questions that could not be included in the quantitative survey; to see whether ultra-poor households¹ (not included in the quantitative evaluation) differed in their description of Takaful impacts from households with PMT scores near the threshold (included in the quantitative evaluation); and to understand more fully the impact of the Takaful transfers on decision making within households.

The qualitative study was conducted in six diverse communities in six different governorates. In each community, the IFPRI field research team aimed to conduct 12 semi-structured interviews, two focus group discussions with men and women, and a community profile interview with a local leader. Focus group discussions mainly included beneficiaries, while the households for semi-structured interviews were selected to represent ultra-poor, threshold, beneficiary, and non-beneficiary households (Table 2.1). The team conducted a total of 61 semi-structured interviews, facilitated focus groups with 76 individuals, and held eight community profile interviews in the six communities.

Table 2.1. Households with semi-structured interviews in each community for qualitative study

	Beneficiary	Non-Beneficiary
Ultra-poor	Two households (Male and female in each)	Two households (Male and female in each)
Threshold	One household (Male and female)	One household (Male and female)

3. TAKAFUL IMPACT RESULTS

3.1 Total household expenditure

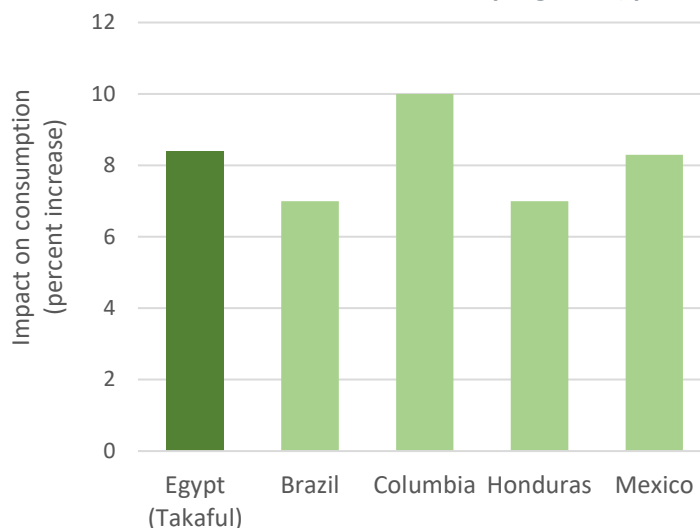
The quantitative analysis showed that Takaful caused households to substantially increase their consumption. **The Takaful program increased the value of household consumption for beneficiaries by 7.3 to 8.4 percent** compared to households who did not receive the program.²

¹ Ultra-poor households were defined as households with per capita expenditure equivalent to households in their community with PMT scores below 3900. Threshold households were defined as households with per capita expenditure equivalent to households with PMT scores in the 3900–5100 range. While levels differed by community, this generally means that ultra-poor households have per capita expenditure in the range of EGP100–300 and threshold households have per capita expenditures in the range of EGP400–600.

² Impact estimates depend on the econometric model used for estimation.

The performance of the Takaful program is comparable to successful cash transfer programs in other countries. These types of programs usually increase households' spending by 7 to 10 percent. Thus, the **Takaful program has performed well compared to other well-known cash transfer programs**, which were considered very successful. Figure 3.1 shows the performance of the Takaful program compared to similar programs in Brazil, Honduras, Colombia, and Mexico.

Figure 3.1. Comparison with other conditional cash transfer programs (quantitative evaluation)



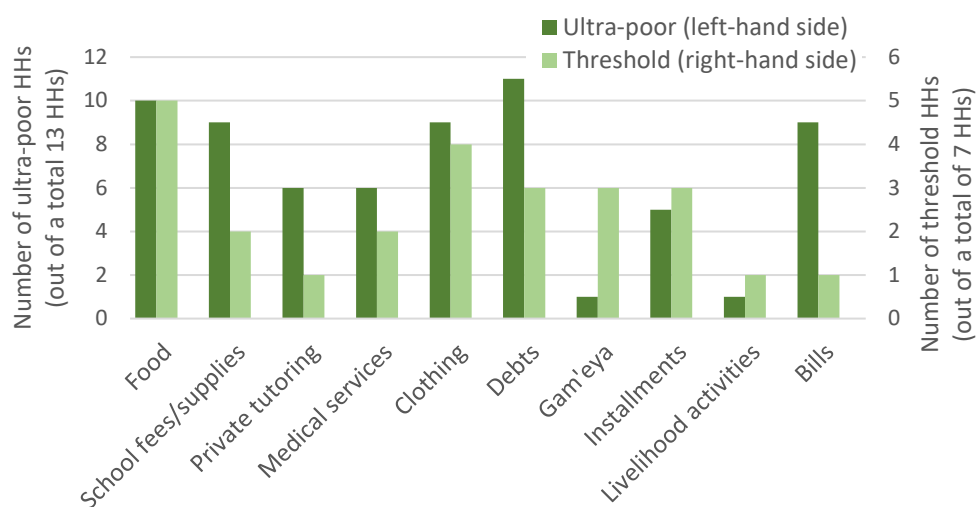
This estimated impact of a 7.3 to 8.4 percent increase in consumption is likely an underestimate due to imperfect measurement of spending on categories such as store credit, installments, *gam'eya*,³ and debt repayments. The quantitative study did not inquire about installments or *gam'eya* payments and found no significant impact on debt repayments. **All of these categories, particularly debt repayment, were mentioned in the qualitative evaluation.** Debt repayments from Takaful transfers may have been under-reported in the quantitative survey.

Only households with a PMT score near the eligibility threshold, and not the ultra-poor, were included in the quantitative impact evaluation sample in order to obtain accurate impact estimates using the RD methodology. However, by excluding the ultra-poor, this approach is not able to measure average impact of the Takaful Program on outcomes for all beneficiaries. Impacts on the ultra-poor were therefore explored through the qualitative study, which showed that **perceived impacts of the transfers for ultra-poor and households near the threshold are similar, except in the categories of debts, bill payments, and school costs, which were mentioned more often by ultra-poor households.**

The qualitative evaluation also showed that purchasing on credit and through installments are likely to have been affected by the Takaful transfers, as the transfers are a source of stable monthly income that households can depend on. Being a cash transfer recipient improves the perception that the household can be relied on to make payments, increasing the beneficiaries' creditworthiness. Figure 3.2 shows the number of respondents in the qualitative evaluation who mentioned that they used the transfers for each category of consumption. As can be seen, debt repayments, installments, and *gam'eya* were mentioned frequently by both ultra-poor and threshold households included in the qualitative evaluation.

³ A *gam'eya* is an informal rotating credit group involving a number of participants, each contributing a sum of money regularly over a period of time. The participants take turns receiving the collected money at the end of each time period.

Figure 3.2. Takaful transfer use per household (qualitative evaluation)



“I only started buying on installments when I started receiving the transfer... Everything I buy for my kids, I buy on installments.”
 ~ Female threshold beneficiary from Suhag

“The idea of a gam’eya is great but you need to have a regular income.”
 ~ Male ultra-poor beneficiary from Cairo

Beneficiaries reported that **Takaful played an important role in helping poor households to maintain consumption in the face of rising prices, but there is mixed evidence on the degree to which Takaful allowed households to climb out of poverty.** Among households in the quantitative evaluation sample, the Takaful program reduced the likelihood that beneficiary households were below the poverty line by 12 percentage points. However, this impact was measured near the threshold, so it may overstate the impact of the program on the probability of being poor for an average beneficiary, who may be farther below the poverty line. In the qualitative evaluation, most interviewees suggested that the transfer helped with expenses, but was not enough for the large investments needed to climb out of poverty. Very few respondents mentioned spending Takaful transfers on livelihood expenses, and the quantitative evaluation did not find impacts on indicators of investment in assets.

“I thought that they [the transfers] would help with the living expenses... Life is expensive... What was for EGP 1 became for EGP 2, and what was for EGP 10, became EGP 20. Everyone got the transfers, so everything became expensive.”
 ~ Female ultra-poor beneficiary from Assiut

[When asked how they would have coped with inflation pressures without the transfers]
“We have to respond to reality. We would have died from hunger. It would have been impossible. Where would we have gotten an income from?”
 ~ Male ultra-poor beneficiary from Cairo

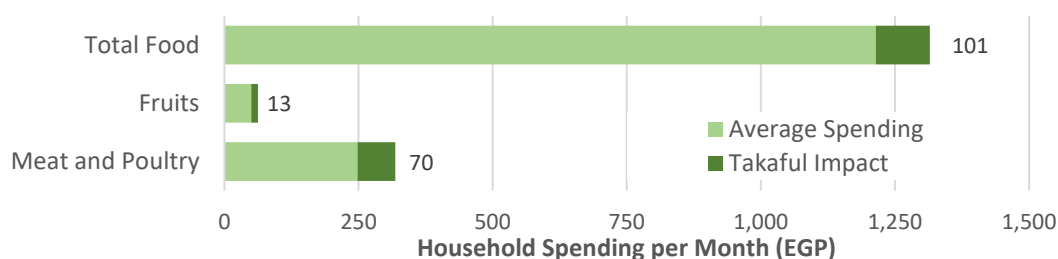
3.2 Dietary quality

A diverse diet is critical for reducing the double burden of malnutrition in Egypt – that is, the presence of overweight or obese adults and malnourished children in the same households. As the

share of Egyptian adults who are overweight or obese is among the highest in the world, shifting diets from cheap but calorie-rich foods such as bread and sugary foods toward more fruits, vegetables, meat, and fish could make an important contribution to healthier and more productive lives and improve children’s physical and mental development.

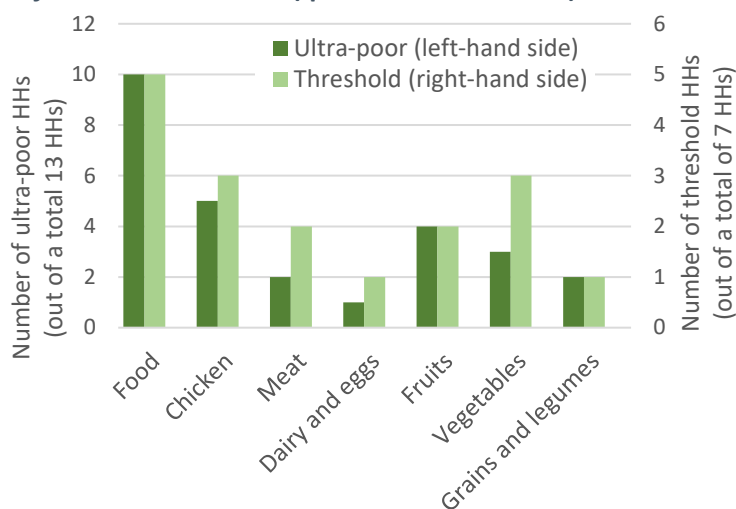
Households who received the Takaful program increased their food consumption and improved the quality of their diets. The quantitative analysis shows that when we separate spending on food and nonfood categories, we find that the Takaful program caused a **significant increase in the value of monthly food consumption of 8.3 to 8.9 percent.** The quantitative analysis also found statistically significant impacts on households’ spending in higher value food groups, **particularly in the fruits category and meat and poultry category.** Figure 3.3 shows Takaful’s impact on the consumption of these items.

Figure 3.3. Impacts on food consumption (quantitative evaluation)



The qualitative analysis supports this positive change in dietary patterns for both ultra-poor and threshold households. Several households mentioned that they used the transfers to buy more chicken or to increase the amount they spend on fruit and meat, as shown by Figure 3.4.

Figure 3.4. Using Takaful transfers on food (qualitative evaluation)



“I hadn’t bought chicken for some time, so I went out and got 10 chicks to raise and eventually eat.”

~ Female ultra-poor beneficiary from Kafr El Sheikh.

3.3 Education

The quantitative evaluation showed that households who received the Takaful program **significantly increased their spending in the category of school supplies and transportation to school.**

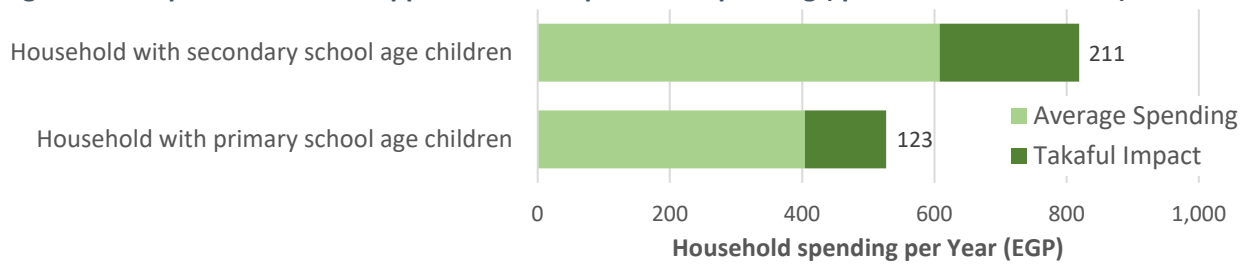
Households with at least one child in primary school increased school-related spending by EGP123 per year, and households with at least one child in secondary school increased school-related spending by EGP211 per year, compared to non-beneficiary households (Figure 3.3.1).

Egyptian households feel that education is important and is worth investing in.

“I told her father we want them to finish their education, because I don’t want them to grow up like us where they don’t understand the world and what’s happening in it.”

~ Female ultra-poor beneficiary from Kafr El Sheikh

Figure 3.5. Impacts on school supplies and transportation spending (quantitative evaluation)



Spending on tutoring costs did not appear to change, based on the quantitative study. However, this may have been due to the question specifying “private tutoring,” which was understood as not including group tutoring sessions. In the qualitative evaluation, **many interviewees mentioned spending Takaful transfers on private (group) tutoring and also expressed that the cost and necessity of tutoring is a major barrier to their children’s education.** Households feel obliged to spend on tutoring, so those who can afford it spend part of the transfer on tutoring.

“But people give their children tutoring because they have to. So, they cut back on other expenses to educate their kids.”

~ Beneficiary participating in focus group discussion from Kafr El Sheikh

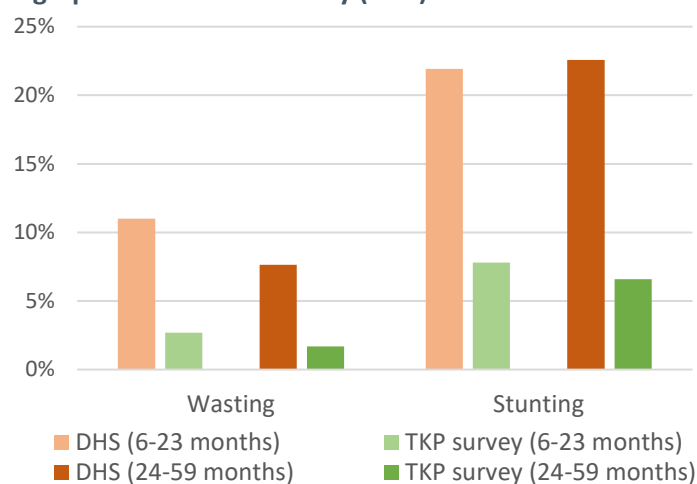
“They all [boys and girls] need private tutoring. They’ve been taking lessons for two years now...The teachers here force the kids to take private lessons or else they won’t let them pass.”

~ Male ultra-poor beneficiary from Menoufia.

3.4 Health

The household survey **measured considerably lower rates of stunting and wasting than past estimates** (Figure 3.6), suggesting that child growth monitoring may be less urgent than expected.

Figure 3.6. Comparison of child stunting and wasting rates between quantitative evaluation survey and Egypt Demographic and Health Survey (DHS)



The quantitative evaluation showed that **Takaful increased weight-for-height (WHZ) z-scores, which measure short-term nutritional status, for children under age 2 years.** In addition, the transfers **led to a reduction of 3.7 percentage points in the likelihood that a child under 5 years was ever treated for malnourishment,** which may imply less need for treatment due to better health status, resulting from better nutrition.

The qualitative evaluation found that households are spending large amounts of money on healthcare, because they must resort to private clinics when public services are inadequate or unavailable.

“The doctor serving the health unit in our village is from another village so she’s not always here. Sometimes we go and get an entry ticket, then they tell us the doctor is not here... I take them to a private doctor here who is cheap, she takes EGP15 only. Doctors outside are expensive.”

~ Female ultra-poor non-beneficiary from Assiut

“If someone is really sick, I take them to a private doctor. His fee is EGP55. I may also take them to the university hospital, with x-rays and stuff, it might add up to about the same.”

~ Female ultra-poor beneficiary from Assiut

3.5 Women’s control over decision making

The quantitative impact evaluation showed that **Takaful had mixed effects on women’s decision-making power.** Quantitative estimates show a negative impact of Takaful transfers on an index of women’s control over decision making, particularly among households in Lower Egypt and among households where the woman has less than primary education. This pattern is the opposite of effects found in several other countries (e.g., Ecuador and Mali) and contrary to the intended impact of the program. On the other hand, the probability that the male household head is making expenditure decisions, rather than the spouse (or someone else), is not affected by the Takaful transfers.

The mixed results on women’s control over decision making were further explored in the qualitative study, which found that **women’s decision-making ability is not only associated with intra-household bargaining power, but also with the household’s financial status.** When asked

about whether they can make the decision to buy an expensive item for the house, half of the women rated their decision-making ability in terms of the household’s financial ability, rather than just their own agency in influencing decisions (based on husband’s or family’s control over decisions). Additionally, during the qualitative interviews, some women initially gave the normatively prescribed answer that men make decisions when giving short answers, while their narratives indicated otherwise.

[Can you take the decision to buy something expensive on your own?] “I had decided to buy a water heater but then I saw that it would be too expensive. [Did you decide that on your own?] Yes, I decided on my own. I decided that if we buy it, we will have a hard time (financially). [But you can always take these decisions on your own?] Yes, always. But sometimes I consult others for advice, like my siblings or my husband or so, to make sure that I am taking the right decision.”

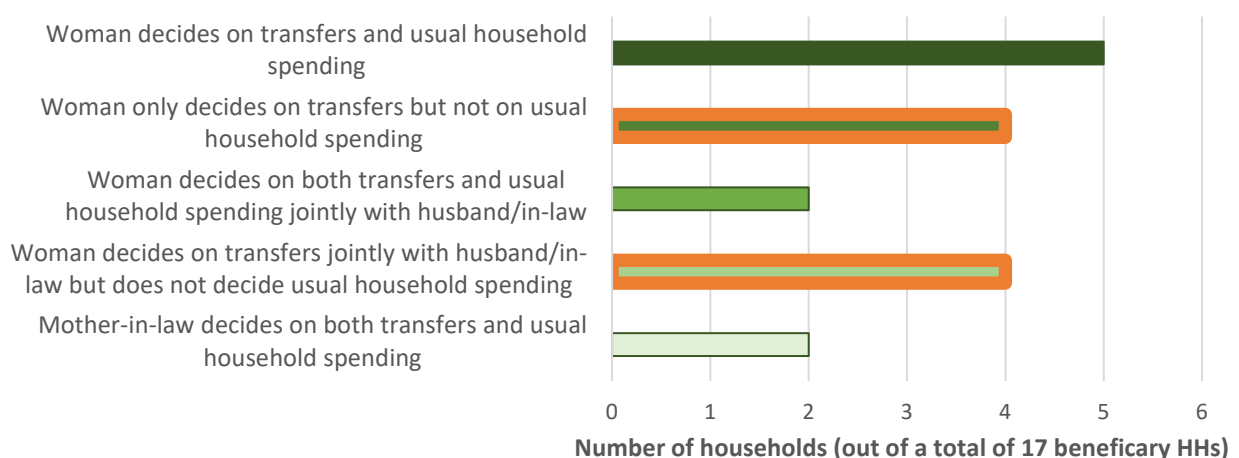
~ Female threshold beneficiary in Menoufia who stated in the quantitative study that the “head” decides and that she has “little” ability to influence the decision to make a large purchase for the house

The qualitative study found evidence that the Takaful transfers have empowered some women. In some households, targeting transfers to women increased their ability to make spending decisions using the transfers. When comparing women’s responses on general household spending with responses on who makes decisions about transfers, results show that in about half of the cases, women reported more control over spending the transfers than over general household spending. The orange-highlighted bars in Figure 3.7 show instances where women had stronger influence over transfer spending as compared to household spending.

[Who makes decisions about household spending for everyday necessities?] “My mother-in-law. He [husband] gives her a sum of money and she is the one who spends it. [Different section of the interview: Who manages the transfers?] Since we started he told me it is not his own business how I use it. You live in the house and can see what your kids need and what the house needs. My husband doesn’t interfere on how I spend it.”

~ Female threshold beneficiary from Suhag

Figure 3.7. Decision maker on spending transfers and general household spending, according to women (qualitative evaluation)



Note: The orange-highlighted bars indicate cases where women gained more control over spending the transfers, compared to her general decision making on other household expenditures.

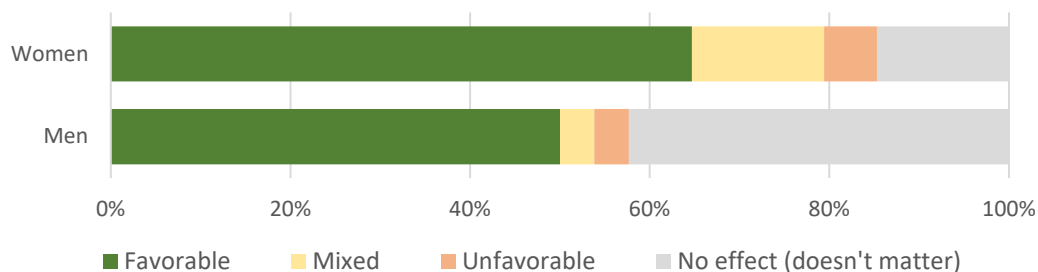
However, **giving the transfer to women is not necessarily sufficient to increase women’s decision-making role in the household, as pre-existing household dynamics often determine who is the decision maker.** In households where the husbands are originally autocratic, targeting the transfers to women might have no effect on her decision-making power. In multigenerational households where the couple lives with the husband’s family, the in-laws can control decision making to a great extent. Also, there were secondhand reports of cases, where giving transfers to women caused problems within households over control of the transfers.

“It’s okay. The guy will take them anyway [...] even if I’m the one who receives the cash. But I like that they chose the women to receive the cash.”
 ~ Female ultra-poor non-beneficiary from Suhag

“Sometimes, some men are sensitive toward the fact that women now have money.”
 ~ Female threshold beneficiary from Menoufia

In the qualitative evaluation, respondents were asked to reflect on what they thought of targeting Takaful transfers to women. **The perceptions of targeting Takaful transfers to women are generally positive or indifferent.** In almost all the communities visited, women were more likely than men to have a positive view of assigning the transfer to women. The main reason these respondents supported this procedure is that they perceive women as knowing the household’s and children’s needs better, and therefore likely to better allocate the transfer. Men more often expressed the view that giving the transfers to women or men would not make a difference, as all money is spent for the benefit of the whole household. Figure 3.8 gives a sense of the distribution of responses.

Figure 3.8. Views on targeting Takaful to women (qualitative evaluation)



“I think it’s right [for the transfer to go to the woman] since she is more aware of the children’s needs.”
 ~ Female non-beneficiary from Assiut

The perception of whether the woman receiving money affects the relationship also seems to rest on how the woman uses the transfer. If she uses the money to provide for the household and not for herself, it is considered unproblematic. In addition, both men and women mentioned that when women receive the transfers, this relieves pressure on men and decreases stress in households.

“When the woman tells the man that she needs money for the household, he tells her, “From where should I get you money?!”...[thus] this [the transfers] calmed down households.”
 ~ Female focus group participant from Fayoum

Strengthening women’s role as mothers and managers of their households also empowers them in an indirect sense, as they raise their aspirations for their children and their household’s future. When women receive the transfers themselves, they use it to fulfill some of their household’s and their children’s needs, which gives them a sense of empowerment, while also indirectly reducing the burden and stress on their husbands.

“Yes, I felt more confident because I know there’s a bit more money.”

~ Female ultra-poor beneficiary from Menoufia

“It’s great. It’s given her dignity.”

~ Female focus group participant from Cairo

“I am planning to get poultry and sell it [from the transfers] but I still did not start. So that we can get a fan, and things we need. I am looking for a place to raise them.”

~ Female beneficiary from Menoufia

[Did the transfers affect your self-confidence?] “Yes, thank God. I was anxious and down because I do not have a job, so yes, this is helping. I really want to work, but [... she discusses circumstances around working hours, and picking up her daughter from pre-school...].”

~ Female threshold beneficiary from Cairo

4. KARAMA IMPACT RESULTS

The RD approach to estimating program impacts faced greater challenges in the Karama sample, than in the Takaful sample. Not only is the sample size smaller due to the smaller size of the program, but the threshold for inclusion in the program was shifted between the time of sample selection and the time of data collection. The speed of the program in enrolling these newly eligible households was impressive and unexpected. As a result, we lost more than half of the intended sample for the Karama comparison group due to their inclusion in the program. **This evaluation was unable to measure impacts of the Karama transfers on the outcome variables examined.** All the outcome variables considered for Takaful were also analysed for the Karama sample, but there are no results of interest to report. We believe the lack of measured impact is likely due to the challenges described above.

5. TAKAFUL TARGETING

Program targeting efficiency met the original goal. **Sixty-seven percent of beneficiary households have consumption levels (net of program transfers) that place them in the lowest two quintiles of the population of households with children**, which is higher than the goal of 60 percent. The PMT-based targeting considered households below the 40th percentile in the overall population distribution to be eligible. Yet, if we consider this to be the poverty line, it also implies that **a very large proportion of the poor are not benefiting from the program.** As Table 5.1 shows, only 20 percent of households in the poorest quintile are receiving Takaful.

Table 5.1. Takaful targeting by quintile

	Poorest 20%	20 to 40%	40 to 60%	60 to 80%	Richest 20%	Total
Share of households receiving Takaful, %	20	10	7	6	2	9
Share of Takaful beneficiaries in quintile, %	45	22	16	12	5	100

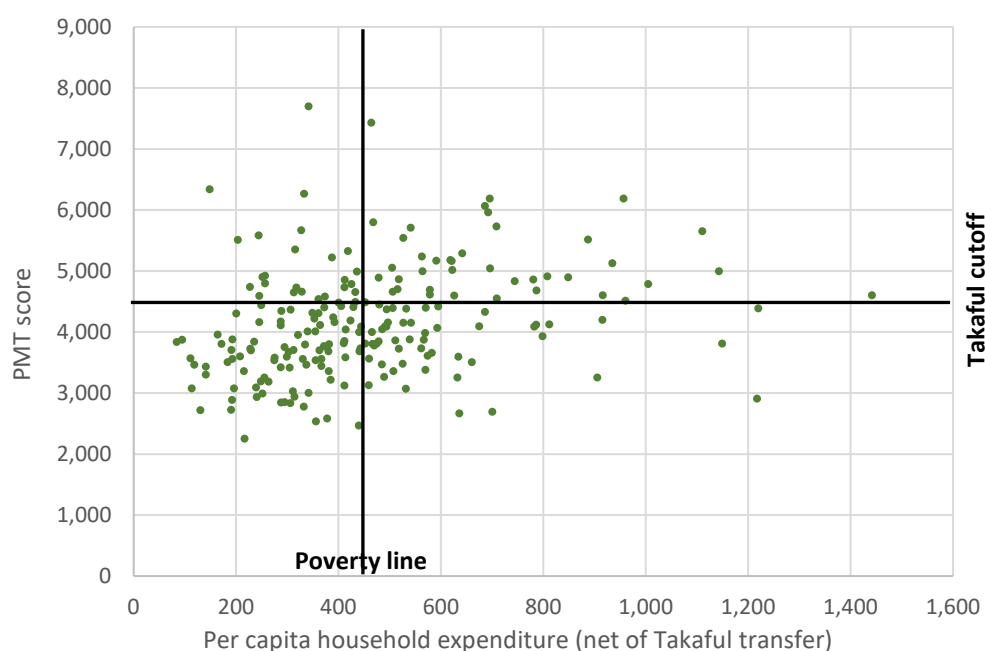
Takaful coverage particularly needs to improve in urban areas, where only 9 percent of households in the poorest two quintiles are Takaful beneficiaries, compared to 18 percent in rural areas (Table 5.2). Poor households in urban areas are less likely to apply to Takaful and, conditional on application, less likely to be accepted into the program.

Table 5.2. Urban versus rural Takaful applications and acceptances

	Urban households in poorest 40%	Rural households in poorest 40%
Heard of Takaful	78	86
Applied to Takaful	37	50
Takaful beneficiary	9	18
Share of applicants accepted	18	31

The PMT score is a good targeting strategy, but not a perfect one. As expected theoretically and known from other international experiences, PMT scores provide only a rough approximation of the true level of household expenditure. Figure 5.1 shows the relationship between PMT scores and household expenditures for applicants. While there is an overall strong positive relationship between the PMT score and household expenditure, the relationship is not an exact one. Beyond being aware of how this contributes to overall targeting error, it is important to keep the limitations of the PMT for measuring household poverty in mind when thinking about other program elements.

Figure 5.1. Relationship between proxy means test (PMT) scores and household expenditures for applicants (quantitative evaluation)

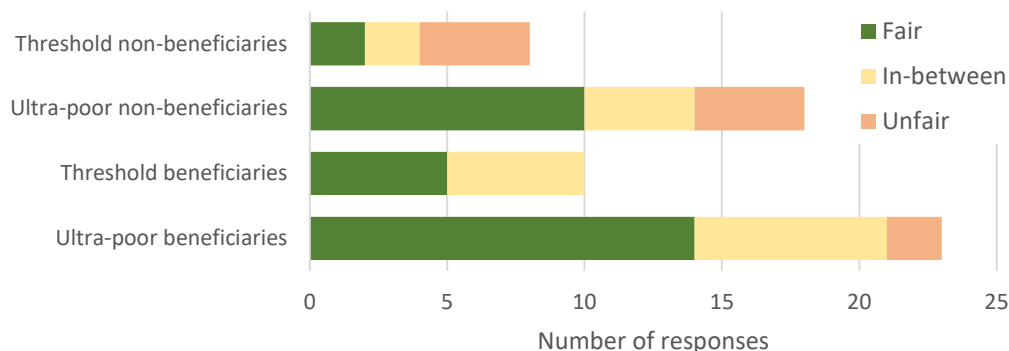


Exclusion criteria are also playing a role in keeping poor households out of the program. Exclusion criteria led to the rejection of some poor households who applied and might have also prompted other poor households not to apply, with the knowledge that they would be excluded. Around 17 percent of households in the poorest quintile are excluded due to factors other than the PMT, primarily because they are receiving another government pension or have a government job.

From the individual’s point of view, the selection process has a high degree of randomness. In the quantitative survey, non-beneficiary registrants were asked their opinion regarding why their application was rejected and 90 percent said that they did not know why their application was rejected.

This uncertainty about why some households received transfers while others did not was also reflected in perceptions about targeting fairness in the qualitative evaluation, which found that **the perception of targeting fairness was higher among beneficiary households than among non-beneficiary households** (Figure 5.2).

Figure 5.2: Perceptions of *Takaful* targeting



In the qualitative study, some people reported that the lack of understanding of program eligibility criteria and who can receive the benefits creates social tensions in the community.

“I do notice that those who do not benefit are envious of those who do... Non-beneficiaries have been complaining officially about people who have been undeservingly receiving the transfers.”

~ Male threshold beneficiary from Fayoum

Another common complaint linked to the lack of clarity with the targeting was the perception that the social unit did not study individual cases or did not act honestly in processing the registration forms.

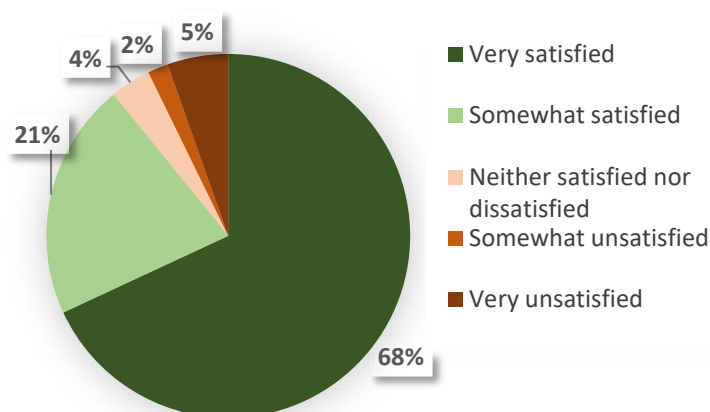
“It’s not good. They didn’t study cases well. There are people with husbands in Saudi and they have a piece of land, and are insured, and have cars, and they still get it.”

~ Female ultra-poor beneficiary from Fayoum

6. SATISFACTION AND PROGRAM OPERATION

The large majority of Takaful and Karama beneficiaries are satisfied with the program and did not report any significant challenges in receiving their transfers. Sixty-eight percent of the program beneficiaries are very satisfied with the program, and about 90 percent are either very satisfied or somewhat satisfied with the program (Figure 6.1). In terms of receiving the transfers, about 93 percent of transfer recipients have not faced any challenges in receiving the transfers.

Figure 6.1. Program satisfaction (quantitative evaluation)



Most people were satisfied with the registration process. About two-thirds of applicants reported no problems at all in this process. The largest problem faced was long lines for registration, and second but far less prevalent, difficulty in getting the correct documentation. Overall, however, the difficulties faced in the registration process were not prohibitive.

The survey data show that only 2.5 percent of beneficiaries were aware that there will be conditions for continuing to receive the transfers. Although the design of the Takaful program calls for making future transfers to program beneficiaries conditional on school participation by school-age children and on use of health services for preschool children and pregnant women, these conditionalities had not been announced or implemented at the time of the survey.

7. RECOMMENDATIONS

1. **Continue to fund the program and expand coverage.** The program is making a positive difference in the lives of poor beneficiaries – the transfers are being received without difficulty and have helped households increase spending that could contribute to health, education, and overall well-being. However, many of the ultra-poor are not being reached. Expanding coverage to reach these households should be a priority.
2. **Improve targeting to increase participation of excluded poor households, especially in urban areas.** Ultra-poor households have been excluded primarily because they did not apply for the program. Strategies should focus on getting these households to apply and addressing restrictions that may exclude qualified households. Potential program changes to increase participation of poor households include:
 - **Improving outreach for registration in poor areas**, particularly urban areas, possibly using social workers (*raedat*), health units, or NGOs.
 - **Updating and improving the use of the proxy-means test formula.**
 - **Reconsidering the exclusion restrictions**, such as having insurance, which can disqualify the poorest applicants.
3. **Improve communication at the level of the local Ministry of Social Solidarity offices.** Better communication about program conditionality, program length, and recertification could clarify expectations among beneficiaries and nonbeneficiaries and improve trust in the

government and among communities. **If inflation continues, an increase in transfers should be considered.** In that case, a clear message that the transfers will be adjusted in line with prices would increase the perception that the program provides a reliable safety net.

4. **Work toward a comprehensive social protection strategy.** A comprehensive, multisectoral strategy would continue to protect the poor and contribute to longer term development goals, such as improved health and educational outcomes. Possible approaches include:
 - **Coordinating with the Ministry of Education** to make sure that schools have the capacity to increase enrollment and education quality. Also, review strategies to reduce the prevalence of excessive tutoring costs, especially in secondary schools.
 - **Coordinating with the Ministry of Health and Population** to improve public health facilities and services, including family planning and nutrition; and considering de-emphasizing the Takaful conditionality requiring child health monitoring until there is greater clarity on the prevalence of child malnutrition and until healthcare workers are adequately trained to provide accurate measurement and advice regarding child nutrition.
 - **Exploring synergies with the Ministry of Supply and Internal Trade** on database management and sharing positive lessons from Takaful and Karama that may be relevant for the food voucher system, especially related to targeting.
5. **Increase transparency in the beneficiary selection process.** Current concerns about the selection process could be addressed by exploring and implementing mechanisms for community-based feedback on targeting decisions and increasing transparency and communication at the level of the local MoSS offices regarding the status of applications.
6. **Explore additional measures to promote women's decision making within households,** for example through public awareness campaigns. Such measures would complement the policy of giving Takaful transfers to women—which is viewed positively and is sometimes empowering, but on its own is insufficient to broadly increase women’s decision making in the household.
7. **Continue to survey and evaluate the program.** Continued evaluation could provide additional guidance for program implementation by assessing the impact of the planned Takaful conditionalities on schooling and health outcomes and further exploring the reasons why women reported lower influence on household decision making, including by looking at other countries' experiences. With the data from this first evaluation serving as the baseline survey of the initial program, such a follow-on study could also capture the longer-term impacts of the Takaful and Karama program.

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This synthesis report summarizes the key findings from both the quantitative and qualitative evaluations.

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