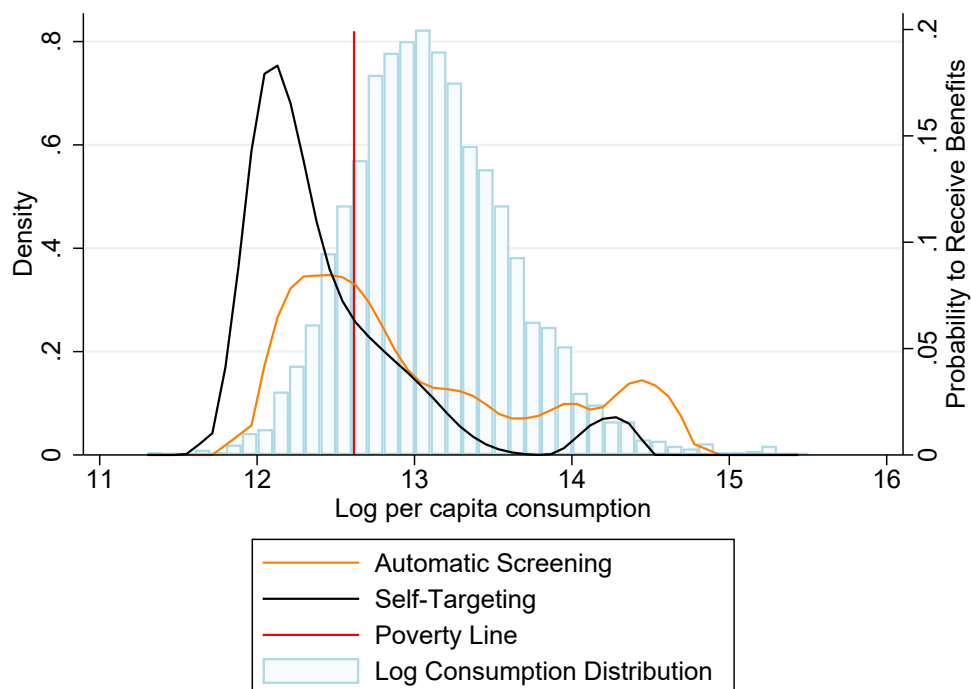


Online Appendix

Appendix Figure 1: Probability of receiving benefits for those in automatic enrollment vs. self-selection villages, based on Alatas et al. (2016)



Notes: The graph shows the probabilities of receiving benefits in both the automatic enrollment and self-targeting treatments described in Alatas et al. (2016) (right axis), along with a histogram of log per-capita consumption (x-axis). See Alatas et al. (2016) for more details.

Appendix Table 1: Comparing conditionalities of large-scale CCT programs around the world

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
<i>Large programs (cover at least 1% of population)</i>										
Asignación Universal por Hijo para la Protección Social	Argentina	2009 -	4,400,000 children (2021)	9.61%	✓	✓	✓			
Familias por la inclusión social	Argentina	2005-2010	2,012,066 children (2009)	4.97%	✓	✓	✓			
Jefas y Jefes de Hogar Desocupados	Argentina	2002-2005	1,500,000 families (2005)	3.86%	✓	✓	✓		✓	
Stipend for primary students	Bangladesh	2002-	13,000,000 students (2021)	1.63%	✓					• School performance
Secondary Education Quality and Access Enhancement Project Stipend	Bangladesh	2008-	2,300,000 beneficiaries (2013)	1.51%	✓					• School performance • Children to remain unmarried
Female School Stipend Program (FSSP)	Bangladesh	1982-	2,270,343 students (2005)	7.82%	✓					• School performance • Children to remain

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions						
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others	
Bono Pinto	Juancito	Bolivia	2006-	2,200,000 children (2018)	21.98%	✓					unmarried
Bono Azurduy	Juana	Bolivia	2009-	2,600,500 women since inception of program (2021)	19.38%		✓				
Bolsa Escola		Brazil	2001-2003 (integrated into Bolsa Familia)	15,200,000 beneficiaries (2003)	8.36%	✓					
Bolsa Familia		Brazil	2003-	46,900,000 beneficiaries (2018)	22.39%	✓	✓	✓			
Programa de Erradicação do Trabalho Infantil (PETI)		Brazil	1996-2006 (integrated into Bolsa Familia)	3,300,000 beneficiaries (2002)	1.84%	✓					<ul style="list-style-type: none"> • Attend work • Ensure children not participating in child labour • Exhibit positive behavioural change/ participate in social education

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Subsidio unico familiar (SUF)	Chile	1981-	2,015,393 beneficiaries (2015)	3.06%	✓	✓	✓			• Additional eligibility criteria: households with at least one elderly or disabled member
Ingreso Ético Familiar	Chile	2011-	549,000 beneficiaries (2015)	11.22%	✓	✓				
Más Familias en Acción	Colombia	2001-	13,672,125 beneficiaries (2015)	28.77%	✓	✓	✓		✓	• School performance
LISUNGI Safety Nets System Project	Congo, Rep.	2014-	119,314 beneficiaries (2021)	2.11%	✓	✓	✓			
Avancemos	Costa Rica	2006-	167,029 students (2015)	3.45%	✓	✓				• School performance
Creceemos	Costa Rica	2019-	200,000 students (2020)	3.93%	✓					
Progressing with Solidarity	Dominican Republic	2012-	2,542,384 beneficiaries (2015)	7.70%	✓	✓			✓	

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Programa Solidaridad (Solidarity program)	Dominican Republic	2005-2012	755,683 households (2011)	24.73%		✓			✓	<ul style="list-style-type: none"> • Additional eligibility criteria: households with at least one elderly member
Desnutricion cero	Ecuador	2011-	1,481,009 beneficiaries (2015)	9.14%		✓				<ul style="list-style-type: none"> • Birth attended by professional/ at a government or accredited private facility
Takāful and Karama	Egypt	2015-	3,100,000 households (2020)	3.03%	✓	✓		✓	✓	
Comunidades Solidarias Rurales	El Salvador	2005-	75,000 households (2014)	1.19%	✓	✓	✓			<ul style="list-style-type: none"> • Attend work
Support for Education, Empowerment & Development (SEED)	Grenada	2011-	7,368 beneficiaries (2015)	6.72%	✓	✓			✓	
Mi Bono Seguro – Bono Seguro Escolar	Guatemala	2012-	1,021,959 households (2013)	6.79%	✓				✓	

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Bono Mejr/Bono 10,000	Vida Honduras	2010-	259,879 individuals (2015)	2.85%	✓	✓		✓		
Program Keluarga Harapan (PKH)	Indonesia	2007-	10,000,000 families (2018)	3.74%	✓	✓				• Additional eligibility criteria: households with at least one elderly or disabled member
Programme of Advancement Through Health and Education	Jamaica	2001-	350,000 beneficiaries (2021)	11.77%	✓	✓	✓			
National Fund Transfer	Aid Cash Jordan	1986-	331,453 beneficiaries (2018)	3.33%	✓		✓			• Household members cannot beg or commit domestic violence
Tekavoul – conditional cash transfers	Mauritania	2016-	54,249 households (2022)	1.14%					✓	
Prospera	Mexico	2014-2019	6,168,900 households (2015)	5.01%	✓	✓		✓	✓	

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Oportunidades/ Progresa	Mexico	1997-2014	5,800,000 households (2011)	5.06%	✓	✓		✓	✓	
Tayssir	Morocco	2008-	2,611,000 beneficiaries (2022)	6.99%	✓					
Aama Programme (Safe Motherhood Programme)	Nepal	2005-	401,839 beneficiaries (2017)	1.45%		✓				• Birth attended by professional/ at a government or accredited private facility
120 a los 65	Panama	2009-	120,652 individuals (2021)	2.75%		✓			✓	• Must not use cash for gambling, alcohol, drugs and narcotics
Red de Oportunidades	Panama	2006-	67,385 households (2015)	1.70%	✓	✓	✓		✓	

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Universal Educational Social Assistance Programme (PASE-U)	Panama	2020-	617,000 students (2021)	14.08%	✓		✓	✓		<ul style="list-style-type: none"> • Exhibit positive behavioural change/ participate in social education • Parent/guardian attend school meetings
Tekoporã	Paraguay	2005-	722,377 households (2015)	10.80%	✓	✓			✓	
Juntos	Peru	2005-	769,158 families (2015)	2.52%	✓	✓	✓	✓		
Pantawid Pamilyang Pilipino Program (PPPP)	Philippines	2007-	4,400,000 households (2015)	4.31%	✓	✓	✓	✓	✓	
Abono de Família para Crianças e Jovens	Portugal	2003-	820,330 beneficiaries (2020)	7.96%						<ul style="list-style-type: none"> • Children must not be working during school year • Children aged 16 and over to comply with educational

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
National cash transfer programme	Senegal	2013-	300,000 households (2016)	2.00%	✓		✓			requirements
Social Safety Nets Program	Sierra Leone	2014-	136,768 beneficiaries (2016)	1.87%					✓	
Productive Social Safety Net (PSSN)	Tanzania	2012-	1,098,856 households (2016)	2.07%	✓	✓				<ul style="list-style-type: none"> • Additional eligibility criteria: households with at least one disabled member
Bolsa da Mae	Timor-Leste	2012-	47,539 beneficiaries (2021)	3.54%	✓		✓			<ul style="list-style-type: none"> • School performance
Targeted Conditional Cash Transfer Program (TCCTP)	Trinidad and Tobago	2005-	24,327 households (2017)	6.49%					✓	<ul style="list-style-type: none"> • Enroll at employment agency
Social Risk Mitigation Project	Turkey	2004–2007	2,600,000 children (2007)	3.74%						<ul style="list-style-type: none"> • Increased use of health and education services

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Asignaciones Familiares	Uruguay	2008-	372,231 individuals (2018)	10.79%	✓	✓				
Plan de Atención Nacional a la Emergencia Social	Uruguay	2005-2007	130,000 beneficiaries (2007)	3.87%	✓	✓				
<i>Small programs (cover less than 1% of population)</i>										
Programa de Ciudadanía Porteña	Argentina	2005-	100,855 families (2020)	0.22%	✓					• Additional eligibility criteria: households with at least one disabled or pregnant member
Building Opportunities for Our Social Transformation, BOOST	Belize	2011-	3,116 households (2019)	0.80%	✓	✓	✓			
Bolsa Alimentação	Ali-Brazil	2001-2003 (integrated into Bolsa Familia)	1,500,000 beneficiaries (2003)	0.83%		✓	✓			

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Subsidios Condicionados a la Asistencia Escolar	Colombia	2005-2012	46,003 students (2010)	0.10%	✓					• School performance
Ghana's Livelihood Empowerment against Poverty (LEAP) programme	Ghana	2008-	146,074 beneficiaries (2015)	0.52%	✓	✓	✓			• Ensure children not participating in child labour
Bono Social	Guatemala	2012-	128,253 households (2020)	0.76%	✓	✓				
Ti Manman Cheri	Haiti	2012-	86,234 beneficiaries (2014)	0.82%	✓					
For the Road	Hungary	Birth grant: 1998- Kindergarten allowance: 2009-2015 Schooling allowance: 2010-	26,000 beneficiaries (2008)	0.26%	✓	✓				• School performance

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Janani Suraksha Yojana (JSY)	India	2005-	4,546,933 beneficiaries (2015)	0.35%						• Birth attended by professional/ at a government or accredited private facility
Pradhan Mantri Matru Vandana Yojana	India	2017-	6,500,000 women (2020)	0.47%		✓	✓			
Program Kesehatan Sosial Anak, PKSA	Indonesia	2009-	173,611 beneficiaries (2013)	0.07%						• Exhibit positive behavioural change/ participate in social education
Filets Sociaux de Sécurité TMDH (FSS)	Madagascar	2015-	200,000 households (2020)	0.72%	✓				✓	
Stipends Program (Ministry of Education)	Myanmar	2009-	192,000 students (2018)	0.36%	✓					• School performance
Red de Protección Social	Nicaragua	2000-2006	28,129 households (2006)	0.51%	✓	✓	✓		✓	

Name of Program	Country	Years in place	Number of beneficiaries	Population covered (%)	Conditions					
					School enrollment & attendance	Health check-ups	Complete vaccination schedule	Health control compliance	Training sessions/workshops	Others
Benazir Income Support Program (BISP), CCT Component (Waseela-e-Taleem)	Pakistan	2012-	1,300,000 beneficiaries (2016)	0.64%	✓					
Punjab Female School Stipend Program (FSSP)	Pakistan	2003-	393,000 children (2014)	0.20%	✓					
Temporary Assistance for Needy Families (TANF)	United States	1996-	783,252 households (2022)	0.24%	✓	✓	✓		✓	<ul style="list-style-type: none"> • Beneficiaries required by most states to work a pre-specified number of hours per week • Precise conditions vary by state
Basic Education Support for Girls CCT	Yemen	2004-	39,791 beneficiaries (2014)	0.15%	✓					<ul style="list-style-type: none"> • School performance
Cash for nutrition	Yemen	2015-	40,000 beneficiaries (2019)	0.14%				✓	✓	

Note: This table compares the conditionalities of sixty-seven large-scale, government-implemented CCTs in forty-five countries around the world, including programs that are no longer operational. We only considered CCTs with at least some health or education-related component. The most common conditions are school enrollment and attendance (52 CCTs), health check-ups (38 CCTs), completing vaccination schedules (22 CCTs), attendance of training sessions or workshops (20 CCTs) and health control compliance (e.g. child growth monitoring) (8 CCTs). Sources cited in references section below. Population data from World Bank (2021)

Appendix Table 2: Types of pension systems enacted, by country

Country	Pension type	
	Contributory	Non-contributory
Albania	●	●
Algeria	●	○
Andorra	●	●
Angola	●	○
Antigua and Barbuda	●	●
Argentina	●	●
Armenia	●	●
Aruba	●	○
Australia	●	●
Austria	●	●
Azerbaijan	●	●
Bahamas, The	●	●
Bahrain	●	○
Bangladesh	○	●
Barbados	●	●
Belarus	●	●
Belgium	●	●
Belize	●	●
Benin	●	○
Bermuda	●	●
Bhutan	●	●
Bolivia	●	●
Botswana	○	●
Brazil	●	●
British Virgin Islands	●	○
Brunei Darussalam	●	●
Bulgaria	●	●
Burkina Faso	●	○
Burundi	●	○
Cabo Verde	●	●
Cambodia	○	○
Cameroon	●	●
Canada	●	●
Central African Republic	●	○
Chad	●	○
Chile	●	●
China	●	●
Colombia	●	●
Congo, Dem. Rep.	●	○
Congo, Rep.	●	○
Costa Rica	●	●

Country	Pension type	
	Contributory	Non-contributory
Cote d'Ivoire	●	○
Croatia	●	○
Cuba	●	●
Cyprus	●	●
Czech Republic	●	○
Denmark	●	●
Djibouti	●	○
Dominica	●	●
Dominican Republic	●	○
Ecuador	●	●
Egypt, Arab Rep.	●	●
El Salvador	●	●
Equatorial Guinea	●	○
Estonia	●	●
Eswatini	●	●
Ethiopia	●	●
Fiji	●	●
Finland	●	●
France	●	●
Gabon	●	○
Gambia, The	●	○
Georgia	●	●
Germany	●	●
Ghana	●	○
Gibraltar	○	○
Greece	●	●
Grenada	●	○
Guatemala	●	●
Guinea	●	○
Guinea-Bissau	●	○
Guyana	●	●
Haiti	●	●
Honduras	●	○
Hong Kong SAR, China	●	●
Hungary	●	○
Iceland	●	●
India	●	●
Indonesia	●	○
Iran, Islamic Rep.	●	○
Ireland	●	●
Isle of Man	●	●
Israel	●	●
Italy	●	●
Jamaica	●	●

Country	Pension type	
	Contributory	Non-contributory
Japan	●	○
Jordan	●	○
Kazakhstan	●	●
Kenya	●	●
Kiribati	●	●
Korea, Rep.	●	●
Kosovo	●	●
Kuwait	●	○
Kyrgyz Republic	●	●
Lao PDR	●	○
Latvia	●	●
Lebanon	●	○
Lesotho	○	●
Liberia	●	○
Libya	●	○
Liechtenstein	●	○
Lithuania	●	●
Luxembourg	●	○
Madagascar	●	○
Malawi	●	○
Malaysia	●	●
Maldives	●	●
Mali	●	○
Malta	●	●
Marshall Islands	●	○
Mauritania	●	○
Mauritius	●	●
Mexico	●	●
Micronesia, Fed. Sts.	●	○
Moldova	●	○
Monaco	●	○
Mongolia	●	●
Morocco	●	○
Mozambique	●	●
Myanmar	●	○
Namibia	●	●
Nepal	●	●
Netherlands	●	○
New Zealand	○	●
Nicaragua	●	○
Niger	●	○
Nigeria	●	○
North Macedonia	●	○
Norway	●	●

Country	Pension type	
	Contributory	Non-contributory
Oman	●	○
Pakistan	●	○
Palau	●	○
Panama	●	●
Papua New Guinea	●	○
Paraguay	●	●
Peru	●	●
Philippines	●	●
Poland	●	○
Portugal	●	●
Qatar	○	●
Romania	●	○
Russian Federation	●	●
Rwanda	●	○
Samoa	●	●
San Marino	●	○
Sao Tome and Principe	●	○
Saudi Arabia	●	○
Senegal	●	○
Serbia	●	○
Seychelles	●	●
Sierra Leone	●	○
Singapore	●	●
Slovak Republic	●	○
Slovenia	●	○
Solomon Islands	●	○
South Africa	○	●
Spain	●	●
Sri Lanka	●	○
St. Kitts and Nevis	●	●
St. Lucia	●	○
St. Vincent and the Grenadines	●	●
Sudan	●	○
Suriname	●	●
Sweden	●	●
Switzerland	●	○
Syrian Arab Republic	●	○
Taiwan, China	●	●
Tajikistan	●	●
Tanzania	●	○
Thailand	●	●
Timor-Leste	●	●
Togo	●	○
Tonga	●	○

Country	Pension type	
	Contributory	Non-contributory
Trinidad and Tobago	●	●
Tunisia	●	○
Turkey	●	●
Turkmenistan	●	●
Uganda	●	○
Ukraine	●	●
United Kingdom	●	●
United States	●	●
Uruguay	●	●
Uzbekistan	●	●
Vanuatu	●	○
Venezuela, RB	●	●
Vietnam	●	●
Yemen, Rep.	●	○
Zambia	●	○
Zimbabwe	●	○

Note: This table indicates the type(s) of pension systems each country has in place, if any. A black dot indicates that this country has the specific type of pension in place, and a white dot indicates that there is no such system in place. Sources: International Social Security Association (n.d.), Social Security Administration (n.d.) and International Labour Organization, Social Protection Department (2014).

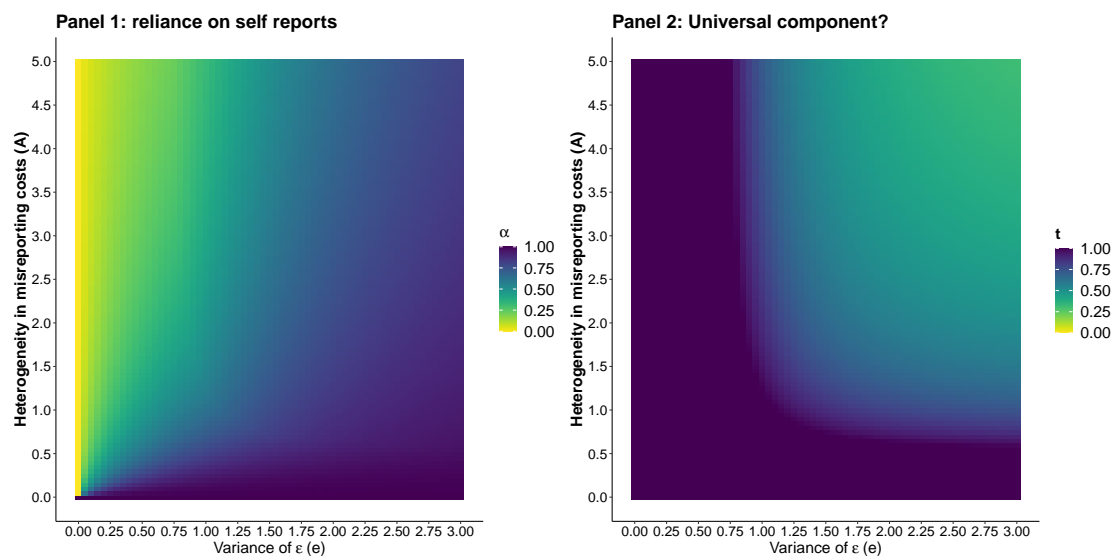
Appendix A: Simulating the model in Section 2.3.2

The figures below present some examples for the optimal choice of α and t from numerically optimizing Equation 8, in Section 2.3.2, for different environments. To solve equation (8) numerically, we parameterize the utility function u as CRRA with curvature parameter θ , ie. $u(y) = \frac{y^{(1-\theta)}}{1-\theta}$, with $u(y) = \ln(y)$ when $\theta = 1$. We assume that y is distributed Uniform on the interval $[1,2]$ (implying that the PDF $h(y) = 1$), and we assume a simple downward sloping social welfare weight $g(y) = 5/2 - y$ (so that $\int h(y)g(y) = 1$). We assume that ϵ , the noise in the audit function, takes on a Uniform distribution $[-e, e]$.

The key question is how the optimal choice of α varies, from complete reliance on self-reports ($\alpha=1$) to complete reliance on audits ($\alpha = 0$), and how the optimal choice of t varies, from maximally steep transfer with no universal component ($t = 1$) to less steep transfers with some universal component ($t < 1$), as we vary the key parameters of the environment: heterogeneity in misreporting costs (A), the noise in the audit function (i.e. $Var(\epsilon)$, governed by the parameter e), and the degree to which the government cares about horizontal equity (θ).

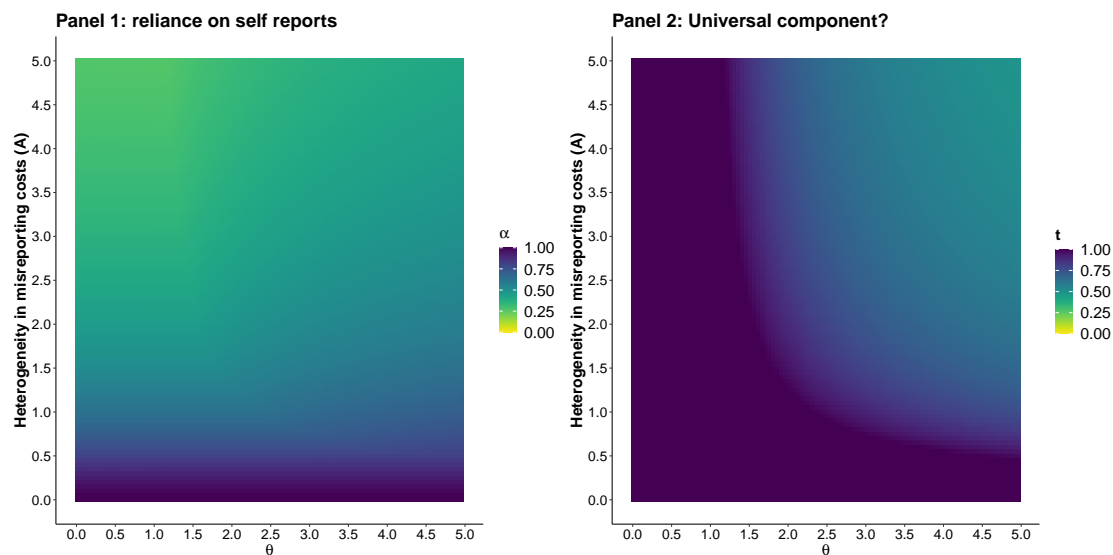
Figure 1 highlights the trade-off between noise in audit process and heterogeneity in misreporting costs. Panel A shows how the optimal level of reliance on self-reports changes with these parameters, and Panel B shows how these parameters impact whether it is optimal to have a universal component to transfers. With no noise in the government's audit function, and some heterogeneity in misreporting costs, α is always 0 and the government should rely entirely on the audit process. Conversely, when misreporting costs are homogeneous ($A = 0$), α and t always equal 1 and there should be complete reliance on self-targeting. There should be no universal transfer component ($t = 1$) when heterogeneity in misreporting costs is low (< 0.55 in our example) (regardless of $Var(\epsilon)$), and when the variance of ϵ is not too large (specifically, when $e < 0.70$ in our example).

Figure 1: Noise vs. heterogeneity



Note: This figure presents simulation results for Equation 8 in Section 2.3.2, over different values of A and e (which controls $Var(\epsilon)$), and assuming a linear, CRRA utility function. To compute the values of α and t , we numerically optimise for α and t over each set of parameters. Optimal values of α and t are depicted by colours ranging from yellow (0) to dark blue (1).

Figure 2: When should there be a universal component to transfers?



Note: This figure presents simulation results for Equation 8 in Section 2.3.2, for different values of A and e (which controls $Var(\epsilon)$), when $a = 1$ (assuming positive, non-zero noise in the government's audit function). To compute the values of α and t , we numerically optimise for α and t over each set of parameters. Optimal values of α and t are depicted by colours ranging from yellow (0) to dark blue (1).

Figure 2 highlights the trade-off between curvature of the utility function θ , which governs a preference for horizontal equality (i.e. treating everyone with the same income equally), and heterogeneity in misreporting costs A . As in Figure 1, Panel A shows how the optimal level of reliance on self-reports changes with these parameters, and Panel B shows how these parameters impact whether it is optimal to have a universal component to transfers. The gradient regions in both panels indicate when there should be a mixture of reliance on self-reporting and audit data, and a universal component to transfers. This case assumes a constant, positive (non-zero) $Var(\epsilon)$.

As Panel A shows, when when $Var(\epsilon) > 0$ and $A > 0$, as in the model it is never optimal to set $\alpha = 0$, and have complete reliance on the audit data, regardless of θ (Although it is hard to see in the Figure, $\alpha > 0$ as soon as $A > 0$). When incomes are homogeneous ($A = 0$), however, α and t always equal 1 and there should be complete reliance on self-reports, regardless of θ . In this particular simulation, there should be no universal transfer component ($t = 1$) when heterogeneity in misreporting costs is low (< 0.45) (regardless of θ), or when θ is low (< 1.16) (regardless of A).

Appendix B: An alternative framing of misreporting costs

Suppose in the beneficiary's maximand we replace $F = \frac{a}{2}(y^a - \tilde{y})^2$ by $C = \frac{a}{2}(y - \tilde{y})^2$, i.e just replace y^a by y , the household's actual income. C can be thought of as the cost to the household of claiming to have income \tilde{y} when it's true income is y . The cost can come from reduced consumption of visible assets, or it could be an action (standing in line, filling out forms, etc.) that is costlier the richer you actually are relative to what you are claiming to be (for example, it could be that the more egregious the gap between your actual and claimed income, the more lines the household would need to stand in to make the case that it is deserving, or the more social stigma the household would face when it goes to apply).

Notice that the household's decision problem has exactly the same solution as before: $\tilde{y} = y - \frac{\alpha t}{a}$, and as a result, so does the government's maximization problem. Hence Results 1, 2, and 3 from the above apply in this case as well.

However, in the case where the beneficiary has to make some costly choice to be able to apply for benefits, the social welfare function may put some weight on the cost to the beneficiary. To see the implications of this, we focus on the case where $\alpha = 1$, i.e the government relies entirely on self-reports. In this case, the social maximand from equation 4 is now reduced by $C = \frac{a}{2}(y - \tilde{y})^2$ for each household. This simplifies to

$$W(t) = \int_{\tilde{y}}^y g(y)h(y)u(y + t(\tilde{y} - y) + B - \frac{t^2}{2a})dy \quad (1)$$

Compared to the case analyzed above, this case is different because the cost of using self-reports, $C = \frac{a}{2}(y - \tilde{y})^2$, does not net out here. Relative to the previous model, this also introduces a new cost of raising t and moving away from a universal benefit, which comes from the fact that t forces households to take costly actions. Interestingly the cost is lower when a is large, essentially because the household then does not try to distort its income very much.

Appendix C: The Politics of Social Protection Systems

To run a social protection system or program, one cannot abstract away from the politics. The politics affects different aspects of how programs run, as voters make decisions about the level

of redistribution they want and the form of it. Differences in who has political power and access may further determine how programs are designed and who ultimately benefits from them. And, as with any government program, there are interesting dynamics on how politicians think about these programs—do they design platforms on social protection design around addressing voter views and needs? Or, do incumbents manipulate the programs by, for example, changing programs to shore up support with certain groups prior to elections?

While we cannot comprehensively review the entire politics literature on this topic here, we highlight a few of the issues below. We refer the interested reader to the review by Golden and Min (2013) for a discussion of related issues from the political science perspective.

C.1 Voters

The existence or receipt of social protection programs may affect voter behavior—either positively or negatively. For example, some voters may reward parties or politicians that introduce or improve these programs due to a stated preference towards greater redistribution—regardless of whether they receive benefits or not. Moreover, voters who receive these programs may reward the parties that implement them either because they are happy with the services and help that they are receiving from the government, or because they are dependent on the help and would want the programs to continue. But others may vote against those that implement these programs, either due to an inherent preference against redistribution, because they are not benefiting directly from these programs, or because they believe that the quality of the programs is poor.

A number of studies have looked at whether the introduction or expansions of social protection can induce political participation and/or change voting patterns. This is empirically hard to disentangle, as voting may induce the introduction of social protection as well. A number of different empirical strategies have been used to understand these issues.

Several studies use regression discontinuity designs that compare those who are just above the poverty eligibility cutoff with those just below to understand the impact of receiving a transfer versus missing out. These papers have typically concluded that directly receiving benefits leads to increased political engagement and political support for those who designed or implemented the program. One such study is Manacorda, Miguel, and Vigorito (2011), which studies PANES, a large targeted temporary cash program in Uruguay. Using survey data on voting outcomes, the authors find that beneficiaries were more likely to favor the government that implemented the program. This was true even after the program itself ended, suggesting that it was less about people voting based on their current receipt of benefits but perhaps due to a change in belief about the party's beliefs on redistribution.

A second study employing these methods was Pop-Eleches and Pop-Eleches (2012) that studied a \$200 coupon to poor families for the purchase of a computer. They also found that beneficiaries were more likely to support the incumbent government coalition, driven by both high mobilization and also party-switching. But, interestingly, the higher trust was only to the local government officials who administered the program, but not the central government that designed and funded the program. A final example is from Colombia's CCT program, Familias en Acción. Conover et al. (2020) explored discontinuities in program eligibility and variation in program enrollment across voting booths and find that the program increased the beneficiaries' probability to register to vote, especially for women, who were the direct recipients of the pro-

gram.

A series of other papers have taken advantage of experimental variation in the roll-out of transfers programs to look at the effect of the roll-out on political outcomes of everyone in an area, regardless of whether they received the program. The results are mixed. Labonne (2013) shows that a CCT program in the Philippines also led to increased vote share for the incumbent, but this effect was only evident in municipalities where there were high levels of political competition. Blattman, Emeriau, and Fiala (2018), however, examine a randomized allocation of grants to youth to fund entrepreneurship activities in Uganda, and find no effects on support for the ruling party. Likewise, Imai, King, and Velasco Rivera (2020) find no electoral impact of a large-scale randomized trial in Mexico which randomized health insurance to selected areas (discussed above).

Brollo, Kaufmann, and La Ferrara (2020) show that beneficiaries may react to specific program features, not only the program as a whole. Using random variation in the timing of when beneficiaries learned about penalties for noncompliance with Bolsa Família's conditionalities around the 2008 municipal elections, they find a lower vote share for candidates aligned with the president in areas where more beneficiaries received penalties shortly before (as opposed to shortly after) the elections.

C.2 Politicians

A key question is how politicians develop social protection programs and policies based on political incentives. The best case, but overly simplistic, scenario is that voters have preferences over redistribution and the design of such policies and programs, they make their voices heard through activism and voting and politicians respond by providing the types of programs that citizens need. However, there are many challenges here—as citizen voices are not always aggregated perfectly through the voting booth, with those who may be most vulnerable often excluded from the systems. To gain support with particular voters or groups, politicians may also change spending patterns or manipulate rules or programs to confer benefits to particular groups.

A number of papers aim to understand whether politicians strategically time spending around elections, which could have implications for general macroeconomic conditions (e.g. too much spending in good times, and thus limitations in available budget to increase spending in recessions), following on the work of Nordhaus (1975). For example, Khemani (2004) found that, in India, public investment increased more before scheduled investments, but then contracted in other times to keep the net balance unchanged. Composition of spending changed too, as Khemani (2004) found that resources shifted to narrow interest groups (e.g. tax breaks provided to small groups of producers) rather than broad-based consumption spending. Drazen and Eslava (2010) also found, for Colombia, that the composition of spending changed before elections, particularly around targeted expenditures.

In addition to changing spending patterns, politicians can also adjust the rules or implementation of existing programs to target particular groups and voters. For example, Camacho and Conover (2011), discussed above, finds evidence of manipulation of the targeting rules before elections, while Brollo, Kaufmann, and La Ferrara (2020), also discussed above, finds that enforcement of CCT rules become more lax before elections in municipalities where the incumbent associated with the program could run for election.

Given the political context, can improving representation and voice improve incentives for politicians? Can it shift policies and programs towards the previously unrepresented groups? A number of papers implies that it can. For example, Pande (2003) and Chattopadhyay and Duflo (2004) find that improving representation of minorities and women in India through political reservations led to spending allocations that better mirrored citizens' preferences. Similarly, Fujiwara (2015) found that increasing the enfranchisement of less educated citizens through electronic voting led to increased spending towards health care, which benefits low-income populations.

Note, however, that spending decisions—even if it aligns well with voters—may come at a cost in terms of other human capital investments. For example, Bursztyn (2016) found that governments invested less in public education because lower-income decisive voters preferred them to allocate resources mostly toward redistributive programs, such as cash transfers. This could potentially be welfare enhancing if, for example, public systems are poor and households decide how to invest in their child's education through private systems that improve education. But, it could also come at a cost if parents do not fully take into account the full benefits of education for their children and underinvest in schooling, or if other challenges—pressure from other family members for funds, other immediate spending needs—also lead to an underinvestment in education. It also suggests that social protection spending needs to be examined through the overall budget lens, and not just through individual components in making decisions on overall human capital investment needs.

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