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Contribution of social safety nets to the improvement of household living conditions in the province of Zondoma

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Abstract

The aim of this research was to measure the contribution of the social safety net project to the improvement of household living conditions and the development of early childhood in the province of Zondoma from 2015 to 2019. The methodological approach used is based on field surveys with a dynamic and interactive approach that involved beneficiaries, resource persons and project managers. The results show that the Social Safety Nets project has positive effects on the economic and social level within the beneficiary community and more particularly on the beneficiary families, despite some difficulties observed in its implementation. For better consideration of early childhood in Burkinabe households with a view to breaking the intergenerational transmission of poverty, advocacy should be developed to increase funding for social protection, in order to reach all poor and vulnerable households; set up a unified social register highlighting poor and vulnerable households with young children; coordinate the different approaches to social protection; strengthen support for beneficiaries despite degraded security conditions; and sustain the achievements through the provision of community relays after the closure of the project.

Keywords: Social safety nets, poverty, early childhood, social protection, cash transfers

INTRODUCTION

In less than a decade, social safety nets have become a central element of development strategies to fight extreme poverty and protect households vulnerable to the growing number of disaster-related shocks such as droughts, floods, epidemics, and diseases. , international price shocks, and conflict (Beegle et al., 2018). In 2000, Burkina Faso adopted a Strategic Framework for the Fight against Poverty (CSLP) with a view to reducing the social deficit and whose implementation enabled the country to record significant macroeconomic progress over the following decade. However, this macroeconomic performance did not make it possible to achieve the objectives in terms of improving the living conditions of households (PNPS-BF, 2012). Despite the prioritization of social protection in the PRSP and the efforts made to improve access to basic social services, these remain inaccessible to a large segment of the population. This fringe is also under the permanent threat of food insecurity and social exclusion. There is therefore a need for mechanisms to help these populations get out of this poverty trap and meet their needs (Pnps-bf, 2012). In 2010, the government of Burkina Faso set up a National Social Protection Policy

(PNPS), a system led by the Ministry of Economy and Finance and made up of an Interministerial Committee, an Executive Secretariat, and two specialized Commissions (including one in charge of social safety nets and the other of social insurance). Social protection (SP) has four instruments: social safety nets, social insurance, social regulations, and social assistance services. Although considered to be instruments in their own right, the last two instruments support social safety nets and social insurance (Pnps-bf, 2012).

The province of Zondoma has a poverty incidence of 44.1% higher than the national average in Burkina Faso and it is one of the poorest at the national level, occupying the 31st place of the incidence of poverty per household and 3rd place ahead of Loroum at the Regional level (Ansd, 2019). In the province of Zondoma, poverty remains a predominantly rural phenomenon. From the examination of the socio-economic situation of the province of Zondoma, it appears that the phenomenon of poverty is mainly of a monetary nature. To support development in this locality, the interventions of many donors, non-governmental organizations, and development associations are mobilizing the populations for

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sustainable development and against poverty and fatality. In terms of resource mobilization, the contribution of development partners should therefore not be overlooked. It is in view of this that the province of Zondoma is one of the intervention areas of the “Burkin-Naong-Sa-Ya” social safety net project. The overall objective of this research is to assess the contribution of cash transfers and support measures to early childhood development in the province of Zondoma. Specifically, the aim is to show: (i) the contribution of social safety nets to improving household living conditions; (ii) the effects of social safety nets on early childhood development in Zondoma province.

This paper is structured in three sections: the first section deals with the materials and methods, the second presents the results, and the third deals with the discussion before concluding.

MATERIALS AND METHODS

Study area and sampling

The province of Zondoma was created by law N°09/96/ADP of April 24, 1996, its capital is Gourcy. It has five (05) departments, one (01) urban commune, four (04) rural communes, and one hundred and eight (108) villages. The province of Zondoma covers an area of 1991 km². It is located in the north of Burkina Faso and is bounded to the north and west by the province of Yatenga, to the south by the province of Passoré, and to the west by the province of Sourou. The province of Zondoma has 239,955 inhabitants (i.e. a density of 121 inhabitants / km²) following the last population census of 2019 (Ansd, 2021). Nearly half of the province's population is concentrated in the Commune of Gourcy. The province of Zondoma is essentially an agro-pastoral province renowned for its vegetable production. The production sectors in the province are essentially: agriculture, livestock, and handicrafts. The province of Zondoma is insufficiently endowed with economic infrastructure. It has a single market-based in Gourcy for infrastructures built with permanent materials. There is also a slaughterhouse in Gourcy and slaughter areas in Niésséga, Boussou, Tougo, Bougounam, and Bassi.

The methodological approach of this research is based on a mixed approach (quantitative and qualitative). The approach also took into account, among other things, the choice of the field, the survey population and the sample, the techniques and instruments for collecting information, and the processing of data. The data was collected through documents and through field surveys. The survey population of our study concerned the beneficiaries of social safety nets in the Zondoma province of Burkina Faso. Four thousand five hundred and eighty-four (4584) beneficiaries of the Zondoma Province Social Safety Nets Project shown below in Table 1 constitute our target population. Among them, one hundred and six (106) were investigated.

Table 1: The target population of the survey

MUNICIPALITI ES	VILLAGES	BENEFICIARI ES
BASSI	BASSI	208
	PELLA	111
	SOROGO	40
	OUETTIGUE	66
	KERA-DOURE	160
SUBTOTAL 1		585
BOUSSOU	BOUSSOU	282
	OUEMBAIRI	154
	NONGLAADO	49
	KIRIKODOGO	167
	DARBA	67
	KIRIPALOGO	108
	TANGAYE	34
	BAOUDOUMBOI	84
	N	
SUBTOTAL 2		945
GOURCY	BOUGOUNAM	208
	RASSOGOMA	100
	MINIMA	110
	DOURE	88
	KONTIGUE	281
	KASSEBA-	27
	MOSSI	
	KASSEBA-	228
	SAMO	
	KOUNDOMBO	145
	NIESSEGA	407
	LONCE	31
	TANGAYE	220
SUBTOTAL 3		1845
LEBA	SANH	133
SUBTOTAL 4		133
TOUGO	BASCORMA	393
	MANGOULMA	55
	RASSOMDE	201
	RIDIMBO	424
SUBTOTAL 5		1076
TOTAL ZONDOMA		4584

Source: authors

In addition to our target audience, the spouses of social safety net beneficiaries are considered as population control, in order to measure the effects of social safety nets on household living conditions. Twenty (20) spouses were surveyed. Also, we have integrated resource people; these are people who have knowledge of the phenomenon of social safety nets, and also those involved in the social safety nets project, and people knowledgeable about early childhood (including one (01) member of the review committee; one (01) member of the Permanent Secretariat of the National Council for Social Welfare; the Project Management Unit; local authorities).

Thus, after having defined the geo-demographic area which includes the beneficiaries of the social safety nets of the province of Zondoma, we proceeded to the definition of a cluster sample which consisted in drawing at two levels (municipality, village). This is how two communes were

randomly drawn and villages in each beneficiary commune with at least 100 beneficiaries selected. Regarding the size of the sample, we had to observe 5% of our study universe; taking into account only the number before the decimal point. Table 2 presents the survey population.

Table 2: The survey population

MUNICIPALITIES	VILLAGES	BÉNÉFICIAIRES	SURVEY POPULATION ESTIMATE	RETAINED POPULATION
BASSI	BASSI	208	10,4	10
	PELLA	111	5,55	5
	KERA-DOURE	160	8	8
	SUBTOTAL 1	585	23,95	23
GOURCY	BOUGOUNAM	208	10,4	10
	RASSOGOMA	100	5	5
	MINIMA	110	5,5	5
	KONTIGUE	281	14,05	14
	KASSEBA-SAMO	228	11,4	11
	KOUNDOMBO	145	7,25	7
	NIESSEGA	407	20,35	20
	TANGAYE	220	11	11
SUBTOTAL 2	1845	84,95	83	
TOTAL SAMPLE		2 430	108,9	106

Source: authors

After studying the survey population, Table 3 summarizes the sample of people surveyed.

Table 3: Summary of interviewees

Catégories des enquêtés	Statut socio professionnel	Nombre
Target population	Beneficiaries of social safety nets	106
Control population	Spouses	20
Resource people	Review Committee Members	01
	Members of the permanent secretariat of the National Council for Social Protection	01
	Project Management Unit	01
	Local authorities	03
	Community facilitators	02
Total		134

Source: authors

Table 4 presents the variables related to the phenomena of social safety nets and their selected indicators.

Table 4: Variable linked to the phenomenon to be studied

Variables	Indicators
Meeting the basic needs of beneficiaries and their children	— Food needs
	— Health need
	— School need
	— Clothing needs

Achievements of beneficiaries	— Savings
	— Credit
	— Investment
	— Development of income-generating activities
Strengthening social ties	— Solidarity at work
	— Solidarity during social events
	— Family relationship

— Relationship with surroundings

Source: authors

Demographic Profile of social safety net beneficiaries

Beneficiaries of social safety nets are made up of poor and vulnerable households, pregnant women, nursing mothers, or mothers with children (whose age can be up to 15 years old at the time of the survey), as well as affected households or vulnerable to shocks and food insecurity. The woman is therefore at the heart of the Burkinabè household, she represents a very important fringe, however, she remains vulnerable because of socio-cultural constraints. Figure 1 shows that of the one hundred and six (106) beneficiaries surveyed, all are women. They are distributed in 12 villages of three communes of the province of Zondoma namely Gourcy, Bassi, and Tangaye (Figure 2). Age is an indicator which makes it possible to measure the physical and/or mental capacities of an individual to exercise an activity and within the framework of this research, where it is a question of the management of financial resources, the consideration of this

factor is of capital importance insofar as it will allow us to measure the capacity of the beneficiaries to manage these resources efficiently. The majority of beneficiaries (40.48%) are between forty (40) and forty-nine (49) years old. This age group seems reasonable to us for managing financial resources because, at this age, they are sufficiently aware, motivated, and steeped in experience in financial management. Also, 93.5% of the women surveyed are married and have children, which could increase their level of responsibility (Figure 3). Our sample shows that 8.3% of the women surveyed have a number of children between one (1) and two (2) children; 26% have between four (04) and five (05) children; 34.2% have between six (6) and eight (8) and the remaining 11.1% have more than eight (08) children. The data show that the people surveyed have many children, which could explain the difficulty for them to take care of them properly. A reading of figures 4 to 6 shows that 64.8% of the women surveyed went to school; among them, only 8.3% have reached secondary level; 46.3% of them were literate. The literacy modules take into account the management of the family and at times financial management.



Figure 1: Composition of the survey population by gender. Source: authors

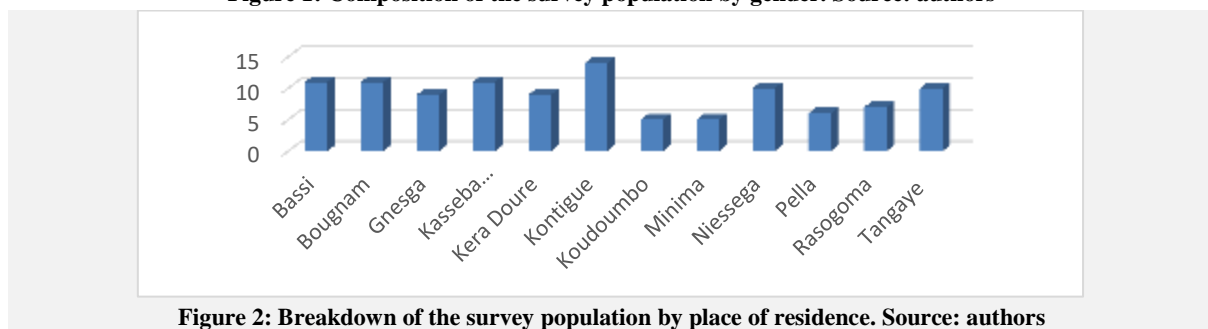


Figure 2: Breakdown of the survey population by place of residence. Source: authors

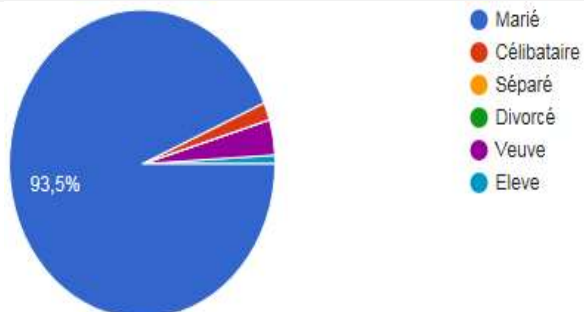


Figure 3: Marital status of respondents. Source: authors

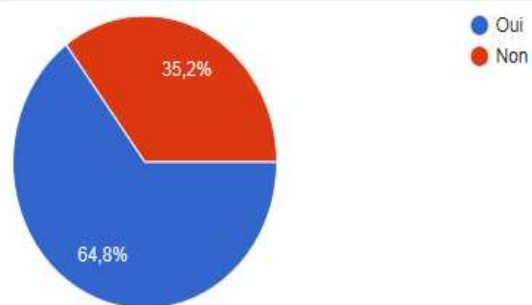


Figure 4: Population having attended school. Source: authors

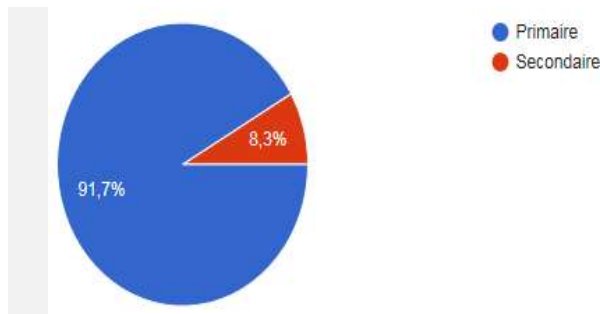


Figure 5: Level of education of the survey population. Source: authors

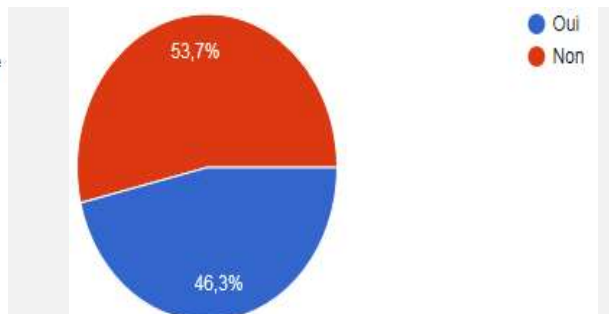


Figure 5: Level of education of the survey population. Source: authors

RESULTS

The results show that the three main activities carried out by the beneficiaries of the social safety net project are agriculture with 92.6% of women, livestock 65.7%; petty trade 63%. It should be noted that some of them carry out more than one activity. The women beneficiaries of the project develop income-generating activities whose fruits allow them to meet the food, health, and school needs of their families. Also, more than 50% of the women surveyed have benefited from cash transfers since 2015, the amount of which varies between 150,000 FCFA and 480,000 FCFA. This research made it possible to measure the socioeconomic effects of cash transfers on the living conditions of beneficiaries. We can say that the monetary transfers have contributed to improving their living conditions, in particular the satisfaction of the primary needs of their children, the development of economic activities allowing them to undertake micro-projects. Added to this is the strengthening of social relations between the beneficiaries themselves and with other members of the community.

The observed results of cash transfers on the three domains of health, which are the use of health services, dietary diversity, and child nutrition, clearly show that cash transfers improve health and nutrition. Our field investigations reveal that only 5.6% of the women surveyed could have three (03) meals a day, 75.9% two (2) meals, and 18.5% were satisfied with one (01) single meal per day before the advent of cash transfers. According to the respondents, the three (3) main sources of income for taking charge of food came, in order of importance, from income from the husband's activities (52.8%), income from the wife's activities (50%), and the couple's income (40.7%).

Since the implementation of the Social Safety Nets project, food habits have improved in the families of cash transfer beneficiaries. With the increase in their purchasing power, they manage to vary their diet. There is indeed a qualitative and quantitative improvement in their daily meal. Families more often consume meat, fresh or smoked fish, without forgetting the seasoning of meals with broths. 69.4% of the families surveyed regularly take three (03) varied meals a day, namely: breakfast, lunch, and dinner. They testify to the positive effects of cash transfers on improving their diet: "Cash transfers are very beneficial to us, especially for our children. This allowed us to ensure a good, regular, and

balanced diet for our children, which was difficult before the project. For example, there is the introduction of other cereals such as rice, maize, beans in the diet. In addition, to this day, we are able to buy more regularly meat, fish, condiments of our choice to improve our sauces. All this resulted in a varied diet, in quantity and quality. To this must be added the consumption of various fruits necessary for health. We can only thank those responsible for the social safety nets project; because, if we had not been beneficiaries of the project, we wondered what would become of us in this community", confides a beneficiary to us.

The income intended for taking charge of food after access to cash transfers comes, in order of priority, from cash transfers (97.2%), income from the husband's activities (48.1%), and finally from couple's income (41.7%). The beneficiaries themselves (99.1%) admit that the social safety nets have enabled changes in their eating habits and especially a particular improvement in the diet of young children. According to the respondents, there is an improvement in breakfast and the introduction of intermediate meals, fruit, enriched porridge, bread, sugar, and milk. All this has resulted in a rich, varied, and balanced diet for the children who now have enough to eat, thanks to the knowledge learned during the entertainment and awareness sessions.

The results showed that cash transfers are also used for the health expenses of children and family members, in particular through attendance at health centers and the payment of prescription costs. On this point, our surveys show that before cash transfers, only 24.1% of women could afford medical care from the family. A beneficiary confided to us this: "Before, I did not go to health centers because I feared that I would not be able to honor the cost of prescriptions that the doctor would prescribe for me. But, since I received the cash transfers, I go there without fear". Most of the women surveyed attest to the positive effects of cash transfers on improving family health.: "The cash transfers have contributed enormously to covering the medical costs of the family and particularly of the children". At the level of early childhood, it should be noted that the children are growing well. According to the testimonies collected, there is a frequentation of health services in case of illness instead of traditional medicine only. "We manage to cover medical expenses without difficulty, to honor prescriptions and street drugs are no longer used"; according to the words of a beneficiary surveyed. However, it should also be noted that

the children's vaccination schedule is well monitored due to awareness raising during the meetings.

Our results have shown that most of the women surveyed testify to the positive effects of cash transfers on improving the education of their children. At this level, we note the testimony of a woman, who affirms that: "The cash transfers are very advantageous to us because it allowed us to pay school fees and school supplies for the children. Without the resources from cash transfers, some children would not have been able to continue their education and others would not be enrolled in school, thanks to cash transfers we are now able to contribute to children's school fees ". In addition to the financial support provided for the schooling of children, there is greater rigor in the school monitoring of children thanks to awareness-raising. "It has changed our relationship with our children; they are now motivated by the gifts we offer them to congratulate them on the results obtained or encourage them to move forward," confides a lady. Cash transfers have contributed to increasing the income of beneficiaries with the development of petty trade; for those who already had an economic activity, there is a diversification and an increase in the volume of activity based on higher profit margins, the renewal and acquisition of new work equipment. It should also be noted the acquisition of agricultural equipment increasing agricultural production, means of transport allowing them to go and sell their goods in the surrounding markets. Children, therefore, derive an inestimable benefit from living in a household that has received cash transfers.

This results in a healthy and fulfilled early childhood benefiting from educational toys which promotes the cognitive and emotional development of children making them more awake facilitating their learning at school.

Women beneficiaries of cash transfers have forged and strengthened more ties around economic activities and awareness sessions on the themes of child protection, the importance of schooling, etc. which creates solidarity between them. This surge of solidarity is manifested during happy and unhappy events (death, illness, weddings, funerals, baptisms and religious holidays, etc.). The cash transfers also strengthened the family relationships of the beneficiaries. Relations between the couples have been consolidated. Indeed, there is a better living together because living conditions have improved. Even in polygamous families, relations between co-wives have improved. Family ties are further strengthened. There are fewer arguments in the household. It emerges from the words of a head of family: "Since our women have benefited from cash transfers, they contribute to family expenses on their own initiative". Our investigations show that the marital situation of female beneficiaries has improved. Indeed, women are increasingly consulted in households and in the community as a whole. It appears from the testimonies of the women that the "social safety nets" project, in addition to facilitating their access to financial resources, allows them to acquire a certain autonomy.

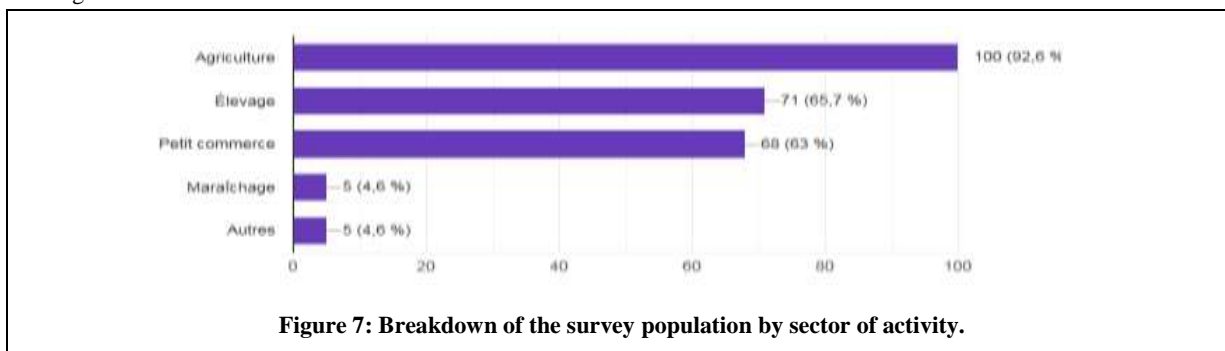


Figure 7: Breakdown of the survey population by sector of activity.

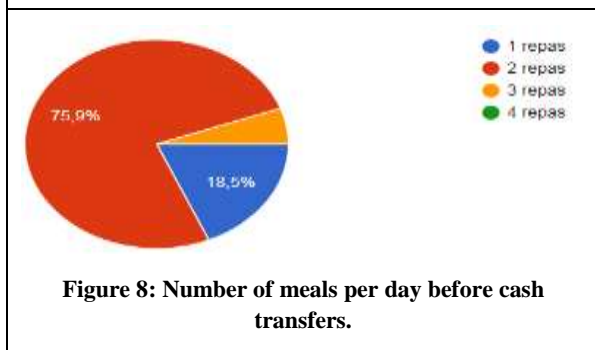


Figure 8: Number of meals per day before cash transfers.

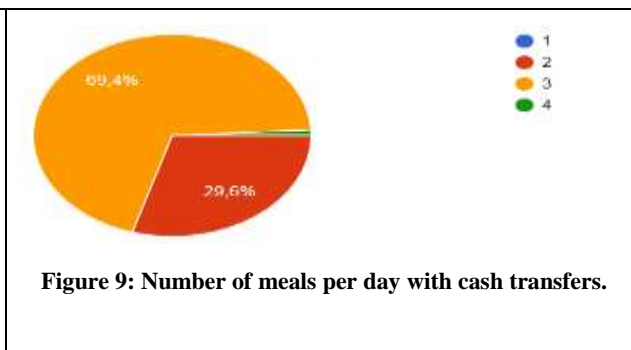
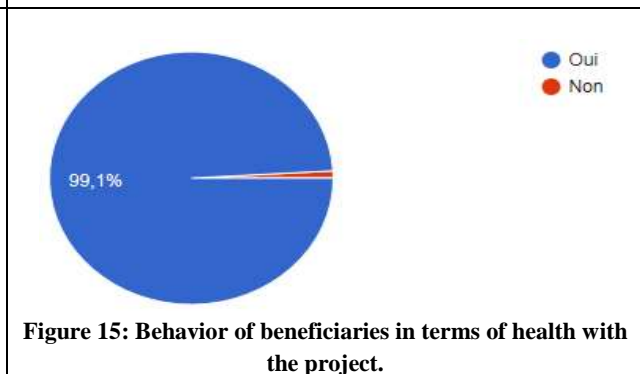
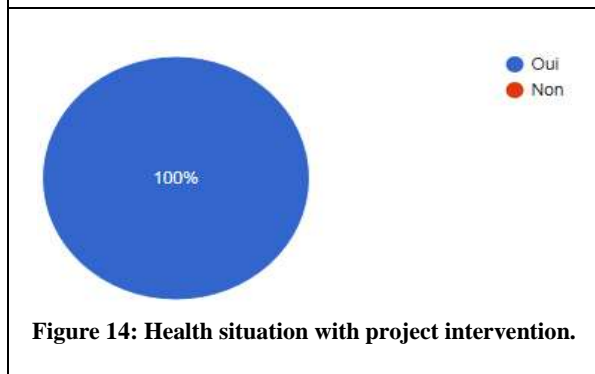
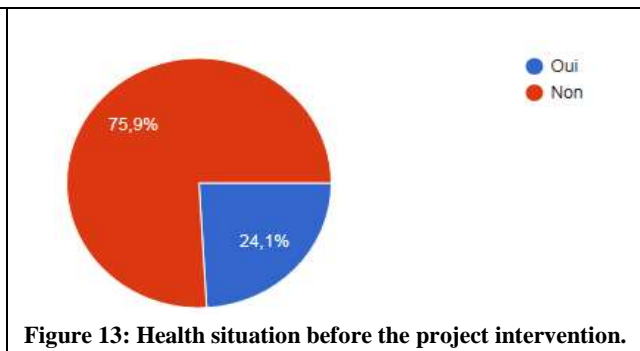
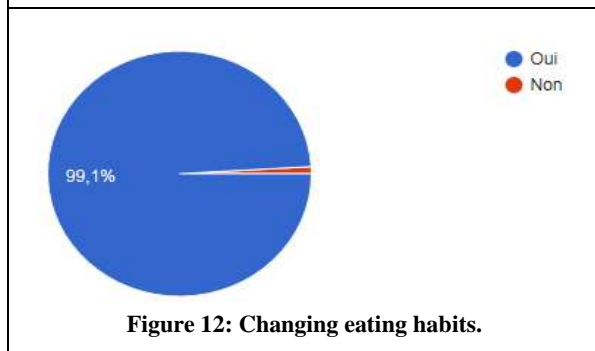
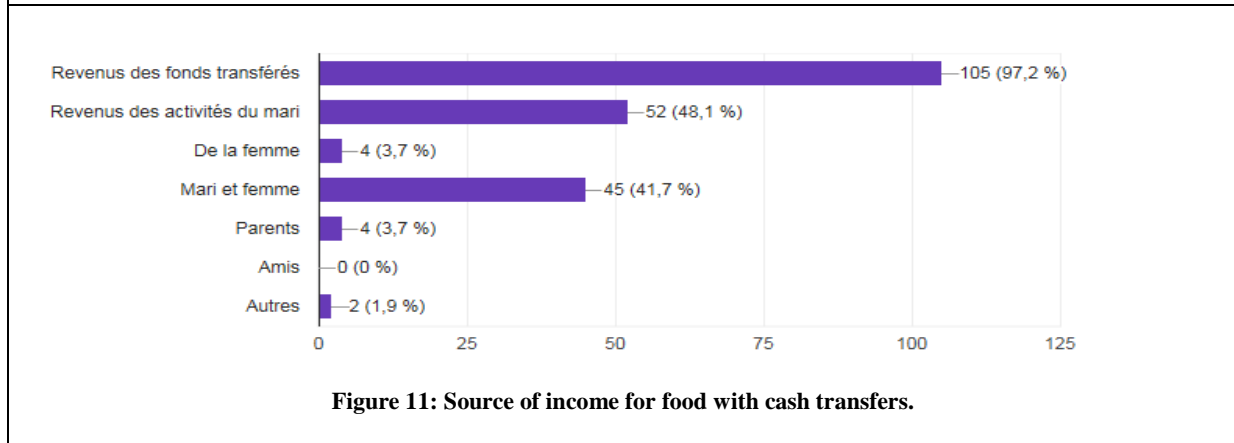
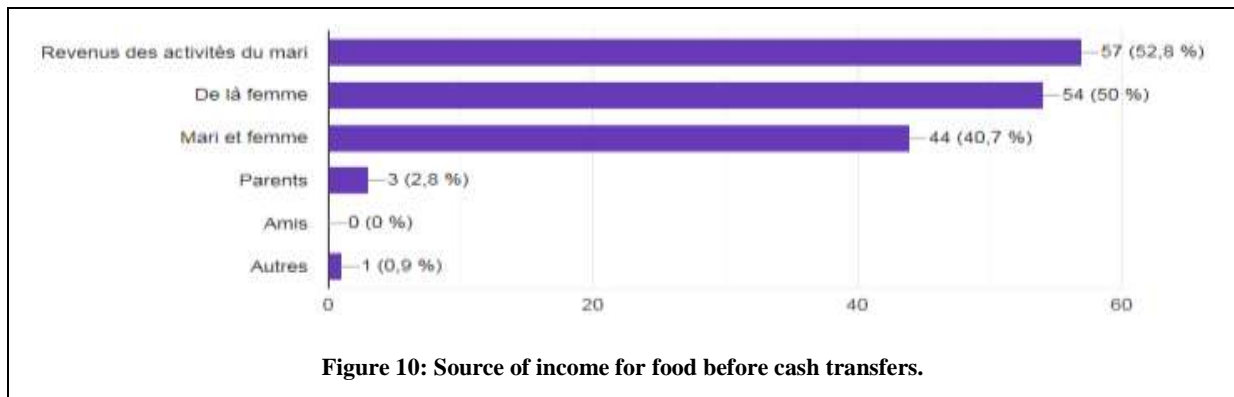


Figure 9: Number of meals per day with cash transfers.



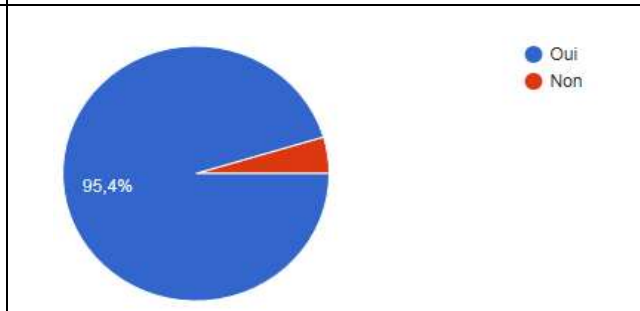
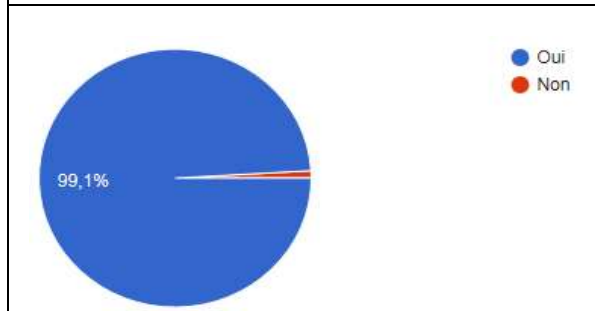
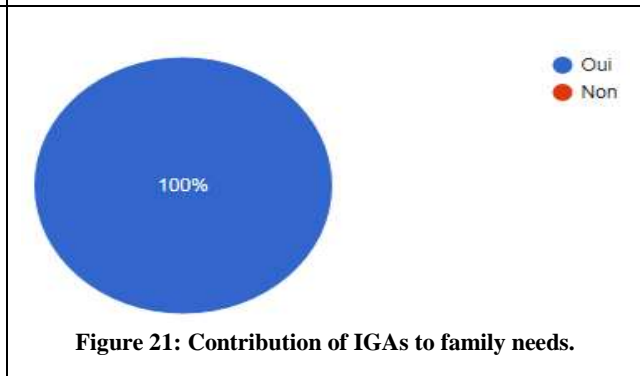
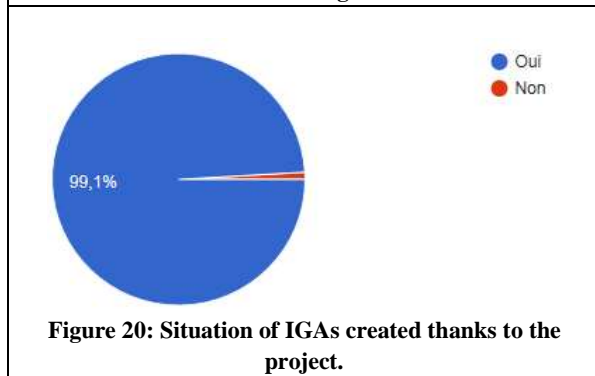
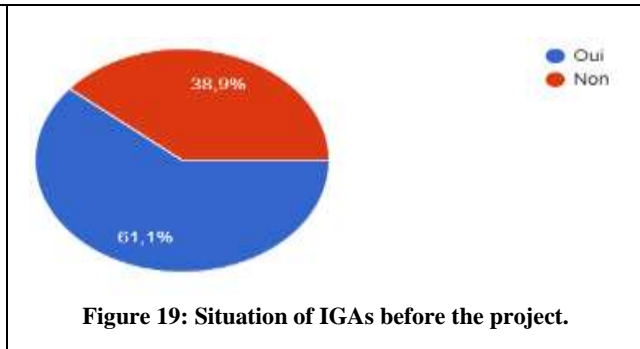
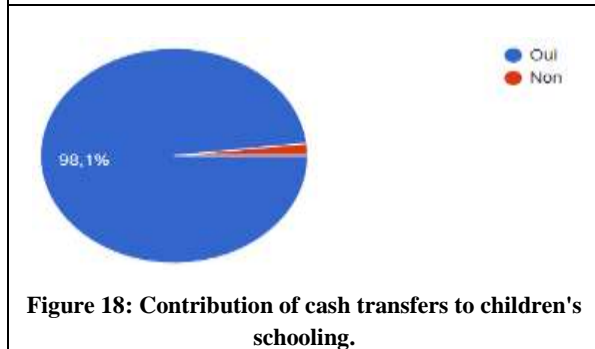
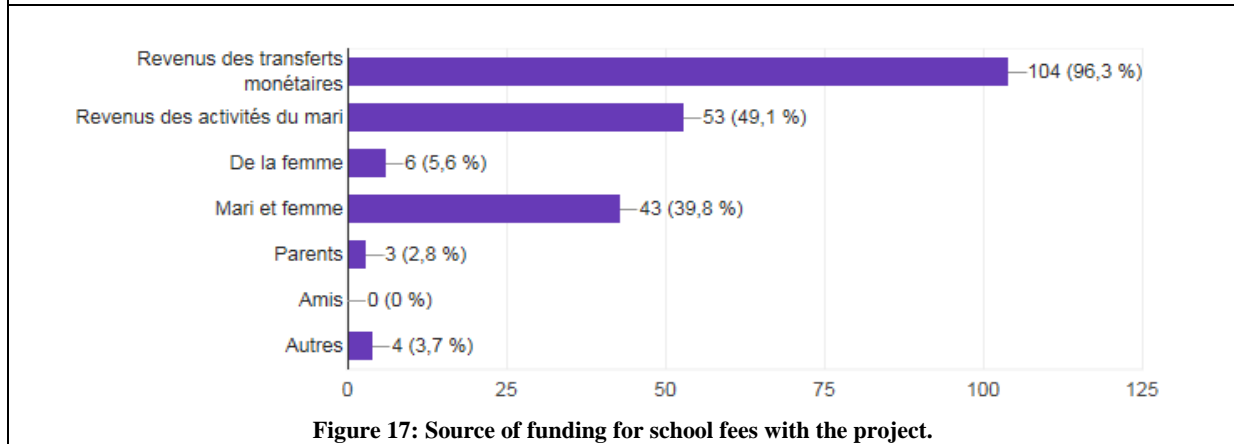
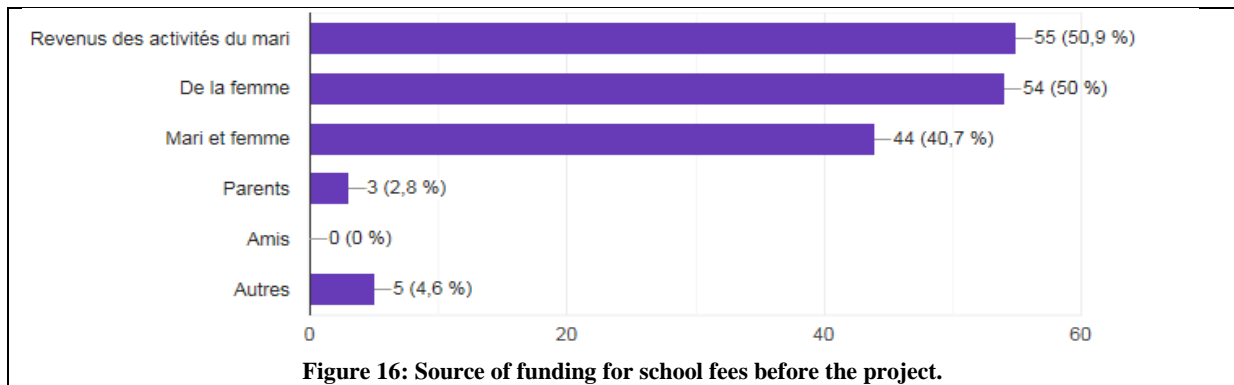


Figure 22: Cash transfers and increased income.**Source: authors**

In the study area, three community facilitators support the beneficiaries of social safety nets. Two of them have been in the field for more than 6 years and carry out awareness-raising activities around themes such as maternal and child health with sub-themes on pre- and post-natal consultation, family planning, monitoring of vaccination schedule; the psychomotor development of the child, the lifestyle of the pregnant woman; infant feeding with the promotion of exclusive breastfeeding and the preparation of children's meals using local products. According to them, behavioral changes have been observed following these sensitizations in the field of early childhood health. Indeed, we note a better care of children in case of illness, an improvement of the hygiene of the living environment of the beneficiaries. They were also able to observe the attendance of health centers in the event of illness, better monitoring of the vaccination schedule and advice from health workers, better food with the consumption of local fruits, enriched porridge made from local cereals, a better affection of the children which is observed through their blossoming. We also note the abandonment of certain practices such as force-feeding, and better still, births take place in health centers and better hygiene for breastfeeding women thanks to the community relays who watch over it. Based on these behavioral changes, there has been a sharp decrease in cases of malnutrition and better health of children during home visits. There is therefore an improvement in the cognitive and emotional development of children. Indeed, community facilitators taught women how to make toys for children; also, the animation groups have been equipped with toys which contribute to the awakening of the children.

Discussion

The results obtained in this research show that 38.9% of women beneficiaries of cash transfers were without commercial activities after the winter season, which implies that they were without financial resources. Since they have benefited from cash transfers, there has been an improvement in their income, in the sense that they are able to carry out economic activities. Indeed, the number of owners of micro-projects has increased as well as their income and all the women declare that the income-generating activities that they carry out thanks to cash transfers allow them to meet the needs of their families, in particular the expenses related to food, children's schooling, clothing, health care, social events, improvement of the habitat through the construction of houses in permanent materials, the purchase of equipment of agriculture including draft animals and the diversification of IGAs. Cash transfers can help relieve liquidity constraints and make investments. These results confirm those of Bonilla et al. (2017), according to which, cash transfers have an impact on the monetary poverty of households because they are used as an income supplement and increase household income by offering them opportunities to increase their consumption. Numerous studies have proven that remittances are mainly associated with better dietary diversity. They are also

Figure 23: Impact of cash transfers on child development.

combined with other interventions, such as behavior change training, to achieve larger and more consistent effects on child nutrition. The literature provides convincing results of the impacts of cash transfers on food.

According to Nyabenda (2021), the Merankabandi social safety net support project has proven itself as an effective social protection mechanism in Burundi. The objective of the Merankabandi project is to provide regular and predictable cash transfers to households with children between the ages of 0 and 12, who live in situations of extreme poverty and vulnerability in the selected areas. As part of the implementation of this project, other support measures are put in place to promote the investment of program beneficiary households in their human capital and consolidate the key mechanisms implemented for the development of the social safety nets. The beneficiaries of this project learned how to set financial goals, manage the household budget, save, undertake effectively, as well as the functioning and advantages of a solidarity group and the techniques for identifying an activity. Income generator (IGA). Beneficiaries are also made aware of mutual consultation between spouses for all decisions concerning the management of household goods and they have acquired notions of food for pregnant women, assistance from spouses to their pregnant wives, the advantages of delivery in a health center, and those of exclusive breastfeeding for the first six months of life. They are also informed about the vaccination schedule, the various common childhood illnesses, sexual and reproductive health, and the prevention of epidemics. Beneficiaries also received knowledge on the appropriate and complete food to offer to children, through the Nutrition Learning Centers (FARN) (Nyabenda, 2021).

The Child Grant Cash Transfer Program in Zambia, with the objective of reducing extreme poverty, has had a positive effect on food security, infant and young child feeding (Seidenfeld et al., 2014). Indeed, in Zambia, Seidenfeld et al. (2014) showed that the unconditional cash transfer had a positive impact on the consumption expenditure of the targeted people and significantly reduced the number of poor people. This research showed that the poverty reduction was 4% for recipients of unconditional transfers. The impact on the poverty gap ranges from a reduction of around 8% for the child allowance, which also implies a reduction in the poverty levels of poor households. Cash transfers provide beneficiaries with additional income that they can use to improve their health care. Ladura (2019) studied how a Conditional Cash Transfer (CCT) program in Tanzania can influence the health component using a community development approach. Thus, they find that this project has induced an additional increase in visits to health facilities of 2.3 per child and that CCTs have made it possible to improve health and to use health insurance to finance medical care.

All of this confirms the fact that cash transfers help to invest in human capital, including education. In Burkina Faso, an evaluation of the cash transfer pilot project in Nahouri demonstrated that CCTs and TMIs improve children's

schooling (Akresh et al., 2012). Indeed, in Burkina Faso, the cash transfer pilot project in the province of Nahouri targeting families with children aged 0 to 59 months, the aim of which is to improve health and education outcomes. has provided proven health outcomes. CCTs had a significant effect on the number of routine visits for children in a given year to health centers (Akresh et al., 2012). In Malawi, Baird et al, (2012) and Kidd and Calder (2012) evaluated the Zomba Cash Transfer Program designed to keep girls and young women in school. Their results indicate that program participants were more likely to be in school, particularly young girls who initially dropped out of school, and were more likely to re-enroll. Another study (Baird et al, 2011) on the same program in Malawi points out that the school drop-out rate fell sharply among beneficiaries of CCTs and more modestly among those of IMTs. Greater improvements were observed in reading fluency by CCT recipients. A cash transfer intervention in Ghana also had a positive impact on education. This Livelihood Empowerment Against Poverty program aimed to reduce short-term poverty and improve human capital development by providing households with regular cash transfers and complementary national health insurance. The work of Handa et al. (2013) show that this intervention had a strong impact on the schooling of children, in particular on certain subgroups. Among older children (those in secondary school), for whom school fees are the highest, the program has made it possible to increase school enrollment by 8%, with boys being the most advantaged. On the other hand, among younger children where enrollment rates are already high, we note an increase in full school attendance of 11%, with again slightly greater effects for boys.

Covarrubias et al. (2012) looked at the impact of cash transfers on the accumulation of agricultural assets and related returns. As an illustration, the evaluation of Malawi's Social Cash Transfer Scheme pilot project found that cash transfers provided under this project led to increased investment in agricultural assets and reduced the supply of low-skilled adult labor. This evaluation also highlighted that the project reduced child labor through the use of draft animals, which is consistent with our results. Indeed, the comparison between children whose parents benefit from monetary transfers and those whose parents have never benefited from monetary transfers shows that the former are more fulfilled, with good build, better dressed especially at parties. Children from households receiving cash transfers develop more intellectual and emotional capacities than those whose parents are not recipients. School results are an illustration of this. Cash transfers offer opportunities for investment and entrepreneurship that could reduce poverty and therefore improve the well-being of beneficiaries by enabling them to reduce stress-related violence because the increase in income could allow the woman to negotiate their exit from domestic violence (Farmer and Tiefenthaler, 1997; Hennequin and Wielhorski, 2012). In Niger, the experimental mobile money transfer program, which also used different transfer mechanisms, increased the decision-making power of women within the household (Aker et al., 2014). Similarly, the evaluation of the effects of the Women's Income Generating

Support transfer program in Uganda to prevent violence between intimate partners (often married couples) also included among the beneficiaries, led to a slight decrease in abuse and marital control (Annan et al., 2015). These authors emphasize a strong increase in the quality of relationships (between intimate partners).

Conclusion

The actions undertaken by the Government and its partners through the implementation of projects and programs aim to improve the living conditions of poor populations and prevent vulnerable ones from falling into poverty. One of them is the implementation of the "Social Safety Nets" project funded by the World Bank and the Burkinabè State and implemented since 2014. The objective of this research was to assess the contribution of social safety nets to the improvement of household living conditions, and more particularly the improvement of early childhood development. It appears that the Social Safety Nets project has positive effects both economically and socially within the beneficiary community and more particularly on the beneficiary families, despite some difficulties observed in its implementation. The results show that social safety nets contribute to improving the living conditions of households. Social safety nets are strategic investments that have led to large-scale poverty reduction. These are grassroots initiatives that lead people to take charge of their own development, thereby reducing the level of poverty. On the educational level, cash transfers contribute to improving the schooling of children by covering, among other things, their school fees and school supplies. Cash transfers have increased household incomes through the development and diversification of income-generating activities. This research has also shown that through investment and the acquisition of means of production, the living conditions of households have improved. Improving living conditions also involves strengthening social relations. The relationships between the couples have become more consolidated, to the delight of the children. In view of the above, we can say that children derive an inestimable benefit from living in a household that has received cash transfers. This translate into a healthy and fulfilled early childhood, which promotes their cognitive and emotional development, making them more alert: social safety nets contribute to early childhood development in the province of Zondoma. The animation and awareness sessions have contributed enormously to changing behavior related to hygiene, food, and education, which contributes to good harmony in the household. In view of these results, in terms of solutions for improving interventions in favor of early childhood, social safety net programs must be strengthened by taking into account the following actions: (i) develop advocacy to increase funding for social protection, in order to reach all poor and vulnerable households; (ii) set up a unified social register highlighting poor and vulnerable households with young children; (iii) coordinate the different approaches to social protection; (iv) strongly involve the ministries in charge of health and national education in cash transfer programs (synergy of action) with a view to making children the primary targets of the intervention to break the

intergenerational transmission of poverty ; (v) strengthen community participation in early childhood development to support and sustain project actions; (vi) develop new didactic tools to build the capacity of parents to better take charge of the holistic education of children; (vii) strengthen support for beneficiaries despite degraded security conditions; (viii) emphasize the literacy of beneficiaries and the building of their capacities with a view to improving the management of the resources allocated to them; (ix) accompany the beneficiaries at the end of the project; (x) sustain the achievements through the provision of community relays after the closure of the project.

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