

Impacts of Cash Transfers in Africa on Child Nutritional Status: A Research Brief

September 2025

1. INTRODUCTION

Cash transfers are a core element of many low- and middle-income countries' poverty reduction and social protection strategies. Many African countries have invested in and expanded these programmes due to strong evidence that cash transfers can help meet key development outcomes such as helping to break the intergenerational persistence of poverty and improving economic security and food security including nutritional status, education, and health. Nevertheless, at a coverage rate of 19.1 per cent, Africa has the lowest regional rate of social protection coverage globally (and only 12.6 per cent of vulnerable persons are covered by social assistance in Africa), yet coverage in many countries is substantially lower (1). A better understanding of the evidence on cash transfers in Africa is needed to inform future expansion of social protection

programming in the region. In this brief, we highlight impacts of social cash transfer programmes on child nutritional status, including stunting (low height-for-age), wasting (low weight-for-height), underweight (low weight-for-age), and overweight/obesity (high weight-for-height). Guided by the hypothesised pathways outlined in the conceptual framework (Figure 1), we reviewed evidence, prioritising systematic reviews, narrative reviews, and meta-analyses of impact evaluations of cash transfer programmes, with a focus on evidence from Africa, as well as individual studies (published reports and peer-reviewed articles) from the Transfer Project¹, which evaluates national government cash transfers. For outcomes where there were gaps in the evidence from Africa, we drew on global reviews and evidence.



Source: ©UNICEF/UN0826368/Dejongh

HIGHLIGHTS

CHILD NUTRITION

- Global evidence suggests that cash transfers have modest effects on increasing height-for-age and reducing stunting and wasting, but they generally do not have impacts on continuous weight-for-age. However, when examining Africa specifically, only protective impacts on wasting (and not stunting) were evident.
- Few studies examine cash transfers and childhood obesity in Africa, but one study from South Africa suggested protective effects.
- There is strong evidence on the positive impacts of cash transfers on household dietary diversity, including on the quantity and quality of food consumed by beneficiary households. A defining element of influence is the transfer size, which is positively associated with height-for-age and dietary diversity. Also, social and behaviour change communication has proven positive effects on related outcomes, highlighting the importance of a nutrition-sensitive social protection approach.
- Several cash transfer programmes improved child dietary diversity, meal frequency, and consumption of other nutrient-rich food groups. However, more evaluations need to include child-level feeding indicators to expand this evidence base.

HIGHLIGHTS (CONT.)

PATHWAYS OF IMPACT

- Cash transfer programmes significantly reduce monetary poverty (poverty headcount and poverty gap) and multidimensional poverty in Africa.
- Cash transfer programmes in Africa increase household expenditures, as well as food expenditures and food consumption. Programme design features such as maintaining the real transfer value and regularity/predictability of payments are crucial to ensure impacts.
- While cash transfers can increase women's time spent on productive activities, women continue to be responsible for housework and childcare (and may gain new responsibilities in this area). More evidence is required to understand how cash transfers can impact time spent on parenting activities to promote early child development.
- Among the few studies examining impacts on birthweight, cash transfers have been found to increase birthweight, but effects may be influenced by season of birth.
- Cash transfers in Africa can increase health visits for young children, but effects are not seen in all settings.
- There is strong evidence that cash transfers reduce gender-based violence, including intimate partner violence, increase agency and decision-making, and empower women in participating households. Cash transfers may also reduce adolescent pregnancy and increase birth spacing, both of which can have positive effects on infant and child health and nutrition.



Source: ©UNICEF/UN0701252/N'Daou

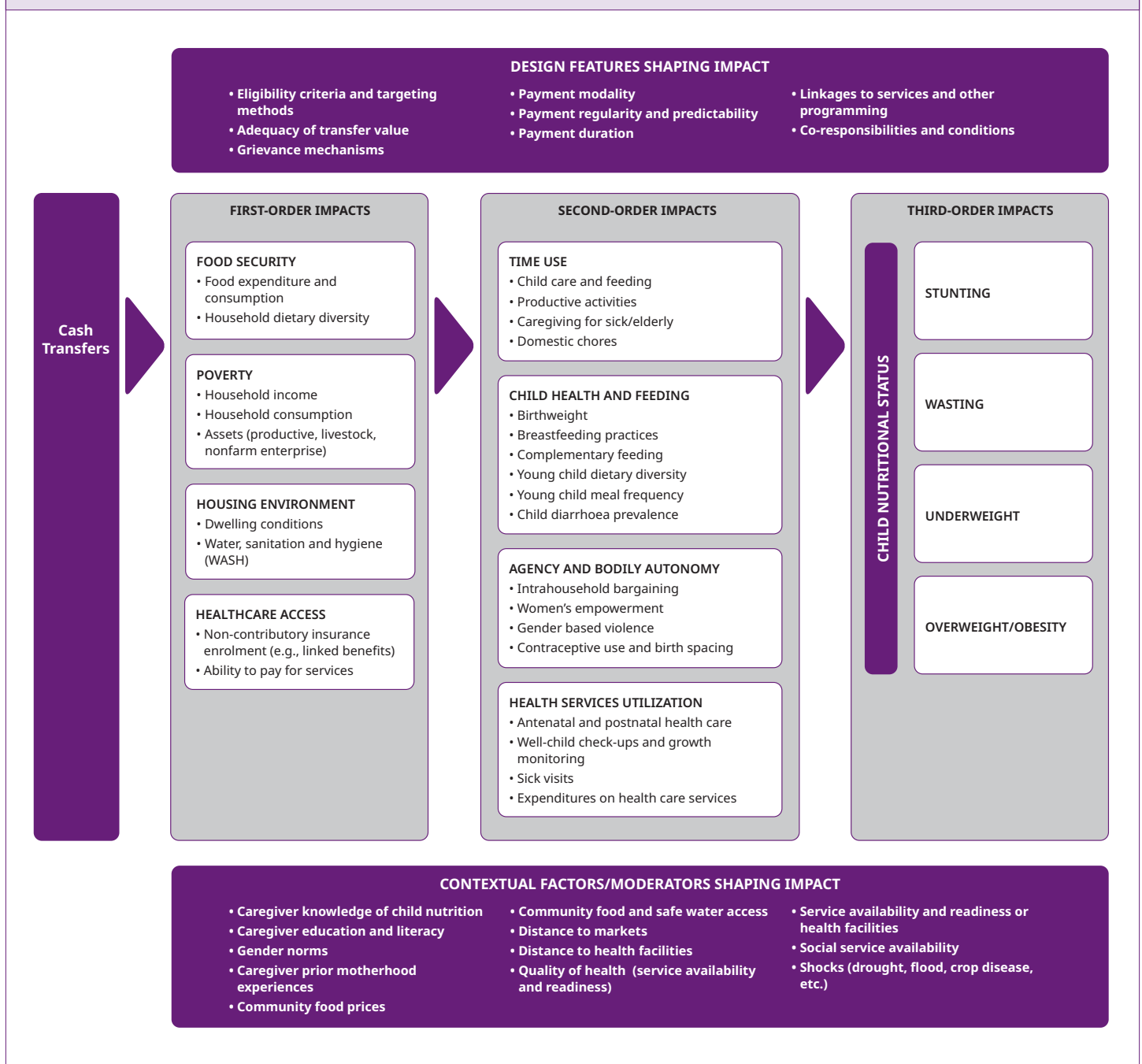
Child nutrition status definitions:

- **HEIGHT-FOR-AGE Z-SCORE** – Child's height relative to the standardised value for their sex and age
- **WEIGHT-FOR-HEIGHT Z-SCORE** – Child's weight relative to the standardised value for their sex and height
- **WEIGHT-FOR-AGE Z-SCORE** – Child's weight relative to the standardised value for their sex and age
- **STUNTING** – 2 standard deviations or more below the median height-for-age z-score
- **WASTING** – 2 standard deviations or more below the median weight-for-height z-score
- **UNDERWEIGHT** – 2 standard deviations or more below the median weight-for-age z-score
- **OVERWEIGHT/OBESITY** – 2 or 3 standard deviations or more above the median weight-for-height z-score



Source: ©UNICEF/UN0469329/Dejongh

FIGURE 1. CONCEPTUAL FRAMEWORK LINKING CASH TO CHILD NUTRITION



2. WHAT THE EVIDENCE SAYS

There is evidence based on global meta-analyses that cash transfers can improve child malnutrition, specifically stunting and wasting, however there are measurement challenges that make these findings difficult to demonstrate in smaller scale studies. In addition, cash transfers improve outcomes along the pathway to child nutritional status, including poverty, household food insecurity (both quantity and quality of diets), and child dietary intake. We first summarise the overall findings following the Conceptual Framework from Figure 1 and then in more detail in Sections 3.1 to 3.9.

In first-order impacts, there is strong evidence that cash transfers improve outcomes related to nutritional intake, including poverty and food insecurity (both quantity and quality of diets) on the household level. Improvements in housing conditions have been reported, but not extensively. Very few studies have examined impacts of cash transfers on health insurance enrolment, which also affects access to care, but among those examining this outcome, they find that cash transfers increase health insurance enrolment.

Next, we examined impacts on second-order pathway indicators. Evidence is lacking regarding the impacts cash transfers have on time use related to specific caregiving activities, but several studies have reported that cash transfers increase time spent on labour-force participation among women. There is some evidence that cash transfers improve several areas of child health and feeding, including birthweight, child dietary diversity, and diarrhoea prevalence. There is strong evidence that cash transfers reduce intimate partner violence, and increase women's agency, but evidence on bodily autonomy is less conclusive; current measures of complex concepts related to women's empowerment are likely inadequate, and there is no evidence cash transfers increase contraceptive intake in Africa. However, there is no evidence that cash transfers increase fertility, and protective impacts have been found regarding birth spacing and adolescent pregnancy. Impacts on health service utilisation have been found in some domains, including related to antenatal care and child health visits, however very little is known regarding health expenditures on the child level.

Finally, in third-order impacts, while there is evidence that cash transfers reduce stunting and wasting and increase height-for-age globally (together with studies in Africa), these results are more mixed when looking at individual studies, or when looking at Africa only (in which case only protective impacts on wasting were found).²

First-Order Impacts

2.1 Evidence of Impacts of Cash Transfers on Household Food Security

Household food security, dietary diversity, meal frequency

Cash transfer programmes increase both the quantity and quality of food consumed by beneficiary households—with evidence suggesting that households first improve the quality of their diet.



Insufficient amounts, quality, and types of food (i.e. food insecurity) within households has been associated with worse nutritional status for children in sub-Saharan Africa (2), making food security a key mechanism for impact on their nutritional status. Dietary diversity is typically measured as the number of food groups consumed by household in a given period. In a meta-analysis of 58 studies covering 46 programmes in 25 countries in Latin America and the Caribbean, East Asia and the Pacific, South Asia and sub-Saharan Africa, cash transfer programmes were found to improve the quality of food consumed by beneficiaries (3). Another review found that larger transfer sizes are positively associated with dietary diversity (4). Cash transfers improved dietary diversity in several African studies, including Tanzania, Angola, Mali, Kenya, Ethiopia. Many studies,



Source: © UNICEF/UNI729040/Ushindi

including several Transfer Project programmes, showed improved households’ overall food security, including decreased worry about food and number of meals eaten per day (5, 6, 7, 8, 9).

Food expenditure and consumption

Cash transfer programmes increase household food expenditure and consumption.



A global review that included nine sub-Saharan African studies analysed the impacts of cash transfer programmes on monthly food expenditure, food consumption per capita, food expenditure per capita, and weekly food expenditure per capita (10). Cash transfers were found associated with improvements in these measures in eight African studies (out of nine). Other studies showed significant positive impacts of cash transfers on household food consumption and expenditures (Kenya, Senegal, Democratic Republic of Congo). A review of eight Transfer Project evaluation studies found that social cash transfer programmes significantly increased per capita food expenditure in six of the eight studies (11).

2.2 Evidence of Impacts of Cash Transfers on Poverty

Cash transfers reduce monetary poverty (headcount and gap), as well as multidimensional poverty among children.



A recent meta-analysis focused specifically on impacts of unconditional cash transfers on monetary poverty found that across five studies (all government programmes in Africa), unconditional cash transfers reduced the risk of living in extreme poverty (12).

Assets (productive, livestock, non-farm enterprise)

Cash transfers have strong productive impacts in Africa, including increases in livestock ownership and the operation of microenterprises/non-farm enterprises, while evidence on impacts on productive assets is more mixed.



In a global review of 15 studies on the impacts of social protection programmes (including conditional cash transfers, unconditional cash transfers, public works programmes, and food transfers/vouchers) on livestock ownership, eight of the studies found positive impacts, with an overall average increase of 14 per cent in the likelihood of owning any livestock (based on a meta-analysis) (3). More specifically, six of the studies (all from sub-Saharan Africa) were classified as having ‘large’ impacts (more than 40 per cent), with the largest impacts observed in Zambia. Additionally, three (two in Zambia and one in Uganda) out of five studies found positive impacts on operating non-farm enterprises and business assets.



Source: ©UNICEF/UN0557721/

2.3 Evidence of Impacts of Cash Transfers on Housing Environment

Dwelling conditions and water, sanitation, and hygiene (WASH)

There is limited evidence on the impacts of cash transfers on dwelling conditions and WASH outcomes, but among a small number of studies, improvements in use of treated water and improved flooring as well as reductions in crowding and use of shared toilets have been found.



Among eight studies in Africa that examined the impacts of cash transfer on housing environment, seven studies found significant improvements. The most common improvements were improved toilet facilities, flooring, and treated water sources.

2.4 Evidence of Impacts of Cash Transfers on Healthcare Access

A limited number of studies suggest that cash transfers can increase enrolment in health insurance in Africa.



Improved health insurance coverage and/or increased expenditure on healthcare can improve access to health services, including growth monitoring checks and treatment for diarrhoeal illnesses (13), which in turn can impact children’s nutritional status. Health insurance enrolment is not a commonly measured outcome in cash transfer evaluations. However, at least two government cash transfer programmes in Africa have increased levels of enrolment into health insurance (14).

Second-Order Impacts

2.5 Evidence of Impacts of Cash Transfers on Time Use

Little evidence exists regarding the impacts cash transfers have on time use related to caregiving activities, but several studies have reported that cash transfers increase time spent on labour-force participation among women.



Trade-offs in time spent on productive and domestic activities can have varied effects on nutrition pathways (15). While participating in economic activities can improve food security- and poverty-related indicators (see previous evidence on first-order impacts), additional time spent on productive investments can come at a cost to caregiving and childcare activities. In a global review (16), 4 out of 16 studies showed that cash transfers increased overall labour-force participation among women, and no studies in Africa found a decrease. A review of eight Transfer Project evaluations in sub-Saharan Africa, found that although cash transfers do not have significant effects on most of the labour supply indicators, adult labour supply for wage work (mostly the least-preferred casual labour such as agricultural and non-agricultural wage employment) decreased in four studies (11).

2.6 Evidence of Impacts of Cash Transfers on Child Feeding and Health

Birthweight

The small number of studies examining impacts of cash transfers on birthweight have found that cash transfers increase birthweight, and these effects may be influenced by season of birth.



Low birthweight can have persistent negative impacts on children's nutritional status. Babies born stunted are at increased risk for staying stunted, and, among those who recover, relapsing in stunting in early childhood (17). A global systematic review identified four studies examining impacts of cash transfers on birthweight, and all of these found positive effects (18). Among Transfer Project studies, only Ghana Livelihood Empowerment Against Poverty (LEAP) 1000³ looked at impacts on birthweight. Studies showed that LEAP 1000 decreased low birthweight prevalence by 3.5 percentage points overall, and even more (4.1 percentage points) in the dry season (but not in the rainy season). In terms of absolute birthweight, LEAP 1000 had larger impacts on increasing weight among babies born in the dry season compared to in the rainy season (109 v. 79 grams) (19).

Child feeding practices

There is evidence that cash transfers improve infant and young child feeding practices, however studies including child-level feeding indicators are limited.



A global meta-analysis covering 129 articles found improved dietary diversity among children involved in cash transfer programmes (4). Several African studies show improved child feeding practices, such as increased dietary diversity (Angola), meal frequency (Niger), age of first solid food (Burkina Faso), and consumption of nutrient-rich foods (Burkina Faso, Angola). Four out of five Transfer Project evaluation studies which included child nutritional intake indicators found improved dietary metrics for children in cash transfer beneficiary households.

Child Diarrhoea Prevalence

There is evidence that cash transfer programs can reduce child diarrhoea prevalence, but significant effects were not found in several African studies.



In a global review, reductions in child diarrhoea prevalence were found in cash transfer programs in Zambia and Colombia (20). A global meta-analysis also found significant reductions on child diarrhoea prevalence (4). However, several Transfer Project programs did not find significant impacts on child diarrhoea in Africa.



Source: ©UNICEF/UNI212672/Tremeau

2.7 Evidence of Impacts of Cash Transfers on Agency and Autonomy

There is strong evidence that social assistance programmes increase adult women’s empowerment, including agency, autonomy, and decision-making.



Women’s empowerment

Evidence on women’s empowerment, while promising, is mixed. Current measurements of agency, autonomy, and power are likely not adequately measuring these concepts in quantitative surveys.



Cash transfers can alter intrahousehold dynamics, including bargaining power and decision-making, which subsequently impact maternal and child wellbeing. In a systematic review and meta-analysis of social safety nets and women’s agency, there were significant pooled effects in the domain of agency, which included voice, autonomy, and decision-making (21). In a review of social safety nets and gender equity in Africa, one out of four indicators of autonomy was positive and significant (22). In a narrative review of social assistance and climate change resiliency for women and girls, when social assistance resources in Kenya were targeted to women, their financial decision-making capabilities were strengthened (23).

Intimate partner violence

There is strong evidence that cash transfers reduce intimate partner violence globally and in Africa.



Children’s exposure to intimate partner violence in the home affects young children’s growth and nutrition through biological and behavioural (e.g., caregiving) pathways (24). Two global systematic reviews demonstrated strong evidence that cash transfers reduced intimate partner violence (25, 26). In Africa, a regional systematic review examined impacts of social safety nets (broader than just cash transfers) on women’s experiences of intimate partner violence in five countries; four out of these five studies found that social safety nets reduced intimate partner violence. Decreases were largest for physical intimate partner violence, followed by controlling behaviours and emotional intimate partner violence (22).

Contraceptive use, fertility, and birth spacing

There is no evidence to date that cash transfers increase contraceptive uptake in Africa. Cash transfers reduce adolescent pregnancy and increase birth spacing in Africa. Cash transfers do not increase fertility.



Short length of birth intervals is a risk factor for preterm birth, small for gestational age, and low birthweight (27). Thus, examining impacts on women’s contraceptive use and birth spacing is an important pathway to consider in understanding impacts of cash transfers on children’s nutrition outcomes. A systematic review found that 7 out of 10 studies reported cash transfers decreased the likelihood of pregnancy or giving birth among women and girls (16). Among Transfer Project evaluations, in Ghana, the LEAP 1000 programme reduced fertility, and in Mozambique, cash transfers reduced the probability of current or recent pregnancies (14, 29). Cash transfers may also reduce adolescent pregnancy and increase birth spacing, both of which can have positive effects on infant and child health and nutrition.



2.8 Evidence of Impacts of Cash Transfers on Health Services Utilisation

Utilisation of antenatal care and skilled attendance at delivery



There is strong evidence that cash transfers can increase use of antenatal and child health visits in Africa. However, cash transfers generally do not have effects on skilled attendance at delivery in Africa (apart from in circumstances with high-quality health services).

The first 1,000 days of life (from conception to two years of age) is a critical window for development, with strong determinants of child undernutrition identified in maternal, prenatal, and at-birth characteristics (30). While various factors have led to improvements in rates of stunting in recent years, improved access to maternal care had the strongest association with reducing stunting levels in sub-Saharan Africa in a recent study (31). A review of conditional and unconditional cash transfers in Africa found positive impacts on antenatal care (32), as did two additional evaluations of national cash transfer programmes not covered in the review (in Ghana and Tanzania). In contrast, studies generally do not find impacts on skilled care at delivery. However, in Zambia, a Transfer Project study found that cash transfers increased skilled care at delivery in communities with better health services (33). This is an important finding in the context of Africa, where health infrastructure is often limited, and suggests that, to maximize cash transfer impacts, supply-side investments are simultaneously needed.

Child healthcare utilisation and growth monitoring



Cash transfers in Africa can increase health visits for young children, but effects are not seen in all settings.

Generally, the evidence suggests that while cash transfers before positively affect routine health visits for young children impacts are not seen in all in African contexts (8, 12, 34, 35, 36). Reasons for the lack of impacts on this domain in some settings may stem from greater barriers to healthcare access (financial, distance, quality of health services including staffing) or conditions directly linked to child health visits in other contexts (for example, in Latin America) (37).

Expenditures on healthcare



There is a lack of evidence of cash transfer impacts on child health expenditures in Africa, but cash transfers do increase overall households' spending on healthcare.

No reviews focusing exclusively on Africa have examined household expenditures on child health. Globally, a review of 8 studies found that cash transfers increased the amount of money spent on healthcare 7-36 months after cash transfers began (12). Within the Transfer Project, some studies have examined the impacts of cash transfers on child-level health expenditures. Ghana's Livelihood Empowerment Against Poverty decreased spending on young child health, with no impacts found in Zambia, Malawi, or Zimbabwe among this age group (ages 0-5) (37).



Source: ©UNICEF/UNI587850/Ramasomanana

Third-Order Impacts

2.9 Evidence of Impacts of Cash Transfers on Child Nutritional Status

Global evidence suggests that cash transfers have modest effects on increasing height-for-age and reducing stunting and wasting, but they generally do not have impacts on weight-for-age. However, when examining Africa specifically, only protective impacts on wasting emerged.



In a global meta-analysis of 129 studies, cash transfers were found to reduce child stunting and wasting. When restricting this analysis to Africa, only impacts on wasting emerged (4). Additionally, only one (in Malawi) out of seven Transfer Project evaluations measuring children's nutrition outcomes (stunting, wasting, or underweight) found significant reductions.

There are a few reasons why cash transfers may not reduce stunting in Africa (38, 39):

- The determinants of stunting are many, and they are complex and interrelated. For example, to realise stunting reduction objectives, simultaneous improvements in WASH conditions are needed in conjunction with poverty reduction.

- Failing to meet growth standards at birth leads to persistent and recurring nutritional deficits, making interventions less effective at “catching up” if provided after the crucial first 1000 days of life. Thus, an intervention such as cash transfers aimed at only one determinant of stunting (poverty) may be limited in effecting overall change, especially if only targeted at a portion of the window in which stunting is determined (for example, infancy but not in utero).
- Environmental factors differ by region. Children in Africa face a high infectious environment in comparison to children in other regions. In addition, African food supplies are often contaminated with fungal metabolites (mycotoxins), which are commonly found in maize and ground nuts and are also associated with stunting (40). Further, a large portion of the determinants of stunting are poorly understood.
- Another reason for lack of proven protective impacts on stunting may be due to small sample sizes in studies for given outcomes. This may explain why meta-analyses (which pool samples and estimates from multiple studies) have found small impacts, but individual evaluations tend not to find significant impacts on stunting.



3. KEY INFLUENCING FACTORS

- Stunting is largely determined in the first 1,000 days of life (starting from conception to 24 months of age) (41). Thus, maternal nutrition and infections (including malaria) prior to birth are important determinants. However, many cash transfer programmes (for example, Zambia’s Child Grant Programme, Ghana’s LEAP 1000, and Mozambique’s Child Grant Programme) often enrol families after the birth of child.
- Design features, including transfer size, the timing and frequency of payments, access to complementary services, and conditions (or co-responsibilities) may also influence impacts on nutrition and health.
- Stunting determinants are highly complex and many are poorly understood. Thus, an intervention such as cash transfers aimed at poverty-related factors and not others (e.g. environmental factors) may be limited in effecting overall change, especially if only targeted at a portion of the window in which stunting is determined (for example, infancy but not in utero).
- Differences in contextual factors may also influence cash transfer programme impacts. For instance, there is evidence that cash transfer impacts are greater (in terms of health insurance uptake and skilled delivery at birth) for households living in communities with relatively better health infrastructure, and there is evidence that cash transfers can reduce stunting in households with access to clean water and improved dwelling characteristics. These differential impacts are important to note, where cash transfers may remove financial barriers to healthcare but where poor physical assets or low-quality services — due to understaffing, medicine stockouts, etc. — can still limit service utilisation, or where cash transfers may contribute to reductions in stunting, but only where other important conditions exist (like access to clean water).

4. CONCLUSIONS

- Cash transfers have modest effects increasing height-for-age and reducing stunting and wasting, but in Africa, impacts are more limited to reducing wasting.
- Cash transfers positively affect pathways affecting child malnutrition, including birthweight, child feeding practices, and reducing diarrhoea (in some contexts).
- Cash transfers have strong, positive impacts on food security, including caloric intake and household dietary diversity.
- In terms of caregiver-level pathways, cash transfers increase women’s agency, reduce intimate partner violence, and increase birth spacing.



5. METHODOLOGY

Guided by the conceptual framework (see Figure 1), this synthesis summarises the existing evidence on the first-, second-, and third-order impacts of cash transfer programmes on child nutritional status. Geographically, evidence from Africa was prioritised, unless this evidence was limited or showed mixed conclusions. In the event of the latter, evidence was supplemented with global evidence.

We prioritised evidence from systematic reviews, narrative reviews, and meta-analyses of impact evaluations of cash transfer programmes, with a focus on evidence from Africa, as well as individual studies (published reports and peer-reviewed articles) from the Transfer Project. For outcomes where there exist reviews but there are gaps in the evidence from Africa, we draw on global reviews and evidence. For outcomes where systematic reviews and meta-analyses were not available, we draw on evidence from individual studies, identified through searches in PubMed and Google Scholar. We have flagged these as areas for more research to strengthen the African evidence base. This holds for areas where evidence is emerging but not yet solidified (for example, cash plus programmes without accompanying rigorous impact evaluations) or evaluations that consider the moderating effects of programme design features and implementation fidelity.

Definitions:

- **NARRATIVE REVIEW** – examines many studies on a single topic and narratively synthesises the findings to draw more generalisable conclusions. Narrative reviews may be traditional narrative reviews or systematic reviews.
- **SYSTEMATIC REVIEW** - comprises a systematic search of the literature, involving a detailed and comprehensive search strategy. Systematic reviews synthesise findings on a single topic to draw generalisable conclusions.
- **META-ANALYSIS** – uses statistical methods to combine estimates from multiple studies to synthesise data and develop a single quantitative estimate or summary effect size. Meta-analyses are often performed as part of systematic reviews but require a large enough number of studies examining similar interventions and outcomes.
- **IMPACT EVALUATION** – an evaluation which uses rigorous methods to determine whether changes in outcomes can be attributed to an intervention (such as a cash transfer). Impact evaluations may use experimental (where treatment and control conditions are randomised at the individual or community level) or quasi-experimental methods to identify a counterfactual (what would have happened to the treatment group had they not received the treatment).



ACKNOWLEDGEMENTS

This summary document was commissioned by UNICEF and drafted by Policy Research Solutions (PRESTO). Authors included Leah Prencipe, Natasha C. Allard, and Tia Palermo. The authors thank Richard de Groot, Tayllor Spadafora, Chloe Angood, Annalies Borrel, Tomoo Okubo, and Sanne Holtslag for comments and Devon Rohr for design. Funding for this work was generously provided by the William and Flora Hewlett Foundation. The brief draws on evidence summarised in more detail in the following [summary document](#).

REFERENCES



ENDNOTES

- 1 Established in 2008, the Transfer Project is a collaborative network between the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the UN (FAO), University of North Carolina, national governments, and local research partners. Its goals are to provide rigorous evidence on the effectiveness of large-scale national cash transfer programmes in sub-Saharan Africa and the Middle East and to use this evidence to inform the development of cash transfer and social protection policies and programmes via dialogue and learning.
- 2 One reason for lack of protective impacts on stunting, wasting, and underweight in some individual studies may be due to small sample sizes for given outcomes. As prevalence of stunting can be expected to decline by approximately one percentage point per year as a result of an intervention (such as cash transfers), the number of children needed in an impact evaluation to detect such change is approximately 10,000. Most Transfer Project evaluations have a sample size of approximately 2,000 to 4,000 households and thus are more likely to detect impacts in the range of three to five percentage point decreases annually. This may explain why meta-analyses (which pool samples and estimates from multiple studies) have found small impacts, but individual evaluations tend not to find significant impacts on stunting.
- 3 LEAP 1000 is implemented by the government in Ghana and combines cash transfers with fee waivers for enrolment into the National Health Insurance Scheme. It was a pilot within the government's LEAP programme, which targeted extremely poor households with orphaned or vulnerable children, elderly persons, or persons with disabilities to extend eligibility to extremely poor households with a pregnant woman or child under the age of 12 months. The pilot's eligibility criteria were subsequently extended to the full LEAP programme.

