

Impacts of Cash Transfers in Africa on Healthcare Utilisation and Physical and Mental Health: An Evidence Brief

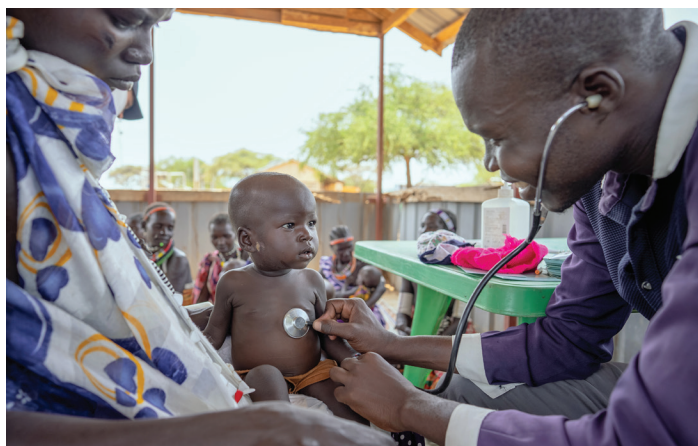
September 2025

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, food security, education and health. Nevertheless, at a coverage rate of 19.1 per cent, Africa (12.6 per cent of vulnerable persons are covered by social assistance in Africa) has the lowest regional rate of social protection coverage globally (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. Nevertheless, there are several supply-side and contextual factors at play in determining health outcomes in Africa. For example, in many areas, there are gaps in the availability and quality of health care facilities (including staffing, infrastructure, availability of medicines), environmental factors such as barriers to accessing clean water and sanitation, and a high infectious environment, among others. Thus, improving health requires addressing demand-side barriers (like poverty) as well as supply-side constraints. In this brief¹, we summarise the impacts of cash transfer programmes in Africa on health. 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 Project², which evaluates national government cash transfers. For outcomes where there were gaps in the evidence from Africa, we drew on global reviews and evidence.

HIGHLIGHTS

- Cash transfers can increase enrolment in health insurance and increase the amount spent on health care.
- Cash transfers generally increase use of health services, including in Africa, but effects are not seen in all contexts.
- Cash transfers reduce occurrence of illness, particularly among children.
- 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.
- While cash transfers positively affect vaccination coverage in other regions, these impacts have largely not been realised in Africa.
- Cash transfers in Africa have positive effects on antenatal care visits but generally do not have effects on skilled attendance at delivery.
- There is some evidence supporting cash transfers' ability to increase birth registration.
- There is strong evidence that cash transfers reduce intimate partner violence, and there is also evidence to suggest that they can reduce violence against children and adolescents.
- There is strong evidence that cash transfers do not increase the purchase and use of alcohol and tobacco.
- Governmental unconditional cash transfer programmes can delay sexual debut among adolescents and may reduce age-disparate relationships.
- Cash transfers reduce adolescent pregnancy and increase birth spacing in Africa. Cash transfers do not increase fertility.
- Program design elements can also affect cash transfer impacts. For example, impacts on mental health are larger for unconditional cash transfers compared to conditional cash transfers.

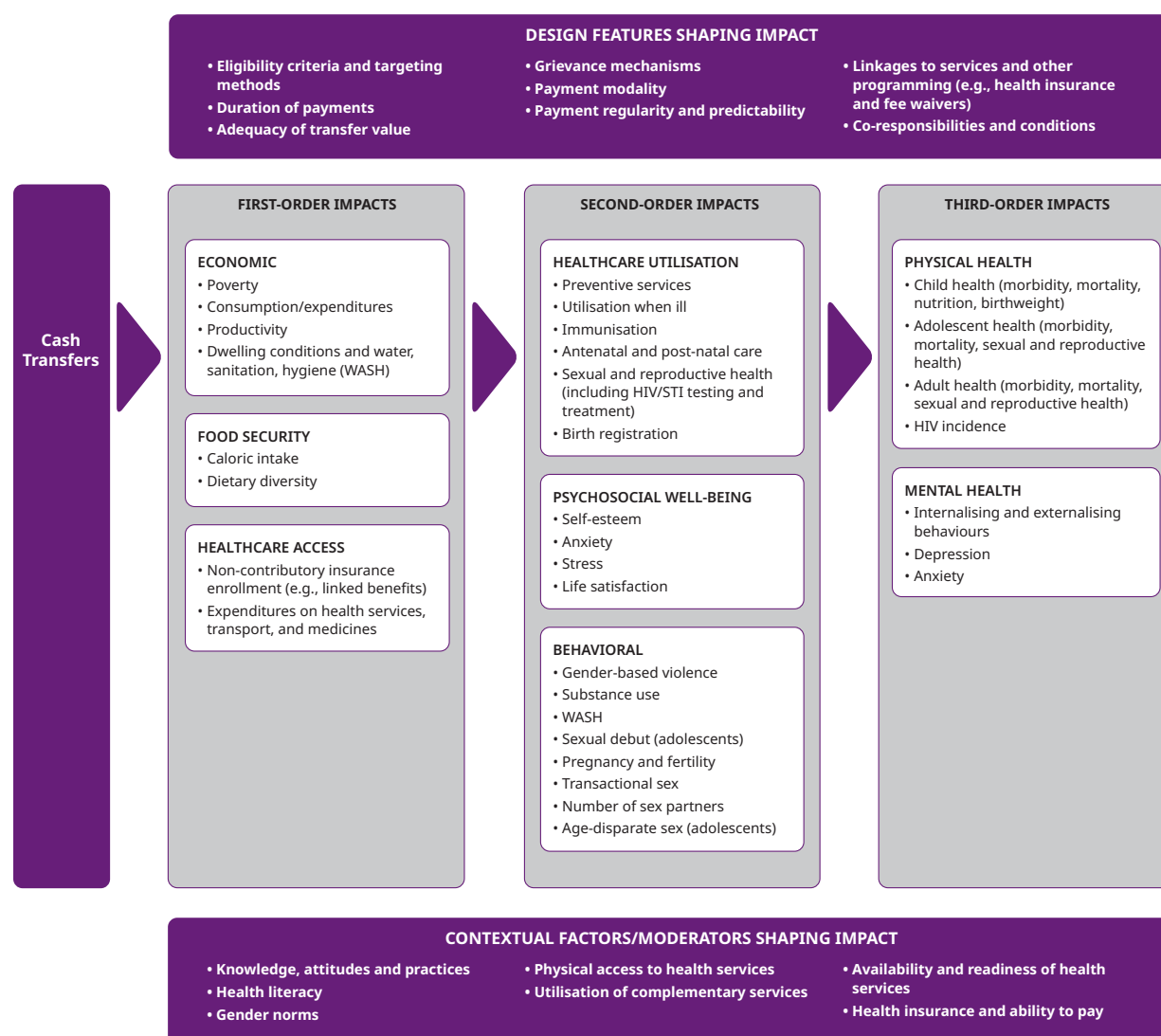


Source: ©UNICEF/UN0841099/Naftalin

HIGHLIGHTS (CONT.)

- Context, including supply-side characteristics such as quality of health services, matters for determining how large impacts of cash transfers are on health outcomes. Thus, simultaneous supply-side strengthening of health services should be implemented to maximise benefits of cash transfers.
- In Africa, financial barriers are not the only barriers households face to improving outcomes such as vaccination, stunting, sexual behaviours that pose health risks, and more. Many of these outcomes have large knowledge, behavioural, and/or social/gender norms components to their determinants. Thus, integrated social protection programming or 'cash plus', linking cash transfer participants to existing services and/or complementary programming, may be needed to leverage even greater impacts of cash transfers.
- More research is needed on the influence of contextual factors, including quality of health services, gender norms, among others, which are not often tested in cash transfer evaluations.
- Evaluations over longer periods are needed to understand whether cash transfers improve longer-term health, including reducing chronic diseases and risk of mortality, as well as infant and child health outcomes in future generations (that is, among the children of individuals who received cash transfers in childhood or adolescence).

FIGURE 1. CONCEPTUAL FRAMEWORK LINKING CASH TO HEALTHCARE UTILISATION AND PHYSICAL AND MENTAL HEALTH AND WELL-BEING



2. WHAT THE EVIDENCE SAYS

There is strong evidence that cash transfers improve outcomes related to important **determinants of health**, including poverty and food insecurity (both quantity and quality of diets). Through this increased income, cash transfers allow households to spend more on health care, including for preventative and sick visits. Expenditures may include direct fees, related transportation, or medications. 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 **healthcare utilisation** and find that cash transfers increase general utilisation (including for sick visits). However, in Africa, cash transfers generally do not increase immunisation rates, despite their impacts on this outcome in other regions. Turning to more specialised healthcare utilisation, there is evidence that cash transfers increase antenatal care visits in Africa, but not skilled attendance at delivery (birth). Nevertheless, one exception was found where cash transfers increased skilled attendance at delivery in communities with higher quality health services, suggesting the importance of contextual factors and supply-side characteristics. Two other areas where cash transfers have not had impacts are modern contraceptive use and HIV treatment adherence. Nevertheless, cash transfers may increase HIV testing in Africa. Relatedly, cash transfers also increase birth registration, but the number of studies examining this outcome is small.

Cash transfers can also influence other **behaviours** which can have direct and indirect impacts on health. Thus, we examined impacts on gender-based violence, alcohol and tobacco use, sexual behaviours, and fertility. There is strong evidence that cash transfers reduce intimate partner violence, and there is also evidence to suggest that they can reduce violence against children and adolescents. There is also strong evidence that cash transfers do not increase the purchase and use of alcohol and tobacco. The evidence on sexual behaviours (which is typically studied more among adolescents) is more mixed. For example, governmental unconditional cash transfer programmes can delay sexual debut among adolescents and may reduce age-disparate relationships and risk of transactional sex in some contexts. However, they have limited effects on other sexual behaviours posing health risks, particularly among adolescents. Nevertheless, cash transfers can reduce adolescent pregnancy and increase birth spacing (among adult women) in Africa. Cash transfers do not increase fertility.

Through these pathways, cash transfers can ultimately affect **physical and mental health**. Physical health outcomes can be categorised broadly as child malnutrition, birthweight, mortality, morbidity, and within morbidity, HIV incidence. Global evidence on malnutrition 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. The small number of studies examining impacts of cash transfers on birthweight have found that cash transfers can increase birthweight and these effects may



Source: ©UNICEF/UNI559379/Aremu

be influenced by season of birth. Cash transfers reduce occurrence of illness, particularly among children, but effects are not found in all contexts. There is some evidence to suggest that cash transfers implemented as part of research trials can reduce HIV incidence, and an observational study comparing national cash transfer coverage rates with population data on HIV incidence found that cash transfers are associated with fewer HIV infections. Turning to mental health, cash transfers can improve mental health, but impacts vary according to program design and recipient characteristics. Further, unconditional cash transfers have larger protective effects on mental health than conditional cash transfers.

Program design and contextual factors can influence the extent to which cash transfers improve these outcomes. For example, impacts may be larger in contexts with higher quality health services, as was seen with cash transfer impacts on health insurance enrolment and skilled delivery at birth. Other contextual factors are environmental, and cash transfer impacts on birthweight were found to be larger in the dry season compared to the rainy season when risk factors such as food insecurity and malaria risk are greater. Programme design can also influence the size of impacts. For example, unconditional cash transfers were found to have larger impacts on improving mental health than conditional cash transfers.

In summary, cash transfers improve determinants of health, health care utilisation, mitigate some behaviours that increase risk factors for poor health outcomes, and improve different aspects of physical and mental health. Contrary to existing myths, however, cash transfers do not increase fertility or the purchase and use of alcohol and tobacco.

2.1 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.



Health insurance enrolment is not a commonly measured outcome in cash transfer evaluations. However, at least two government cash transfer programmes in Africa (in Ghana and Tanzania) have increased levels of enrolment in health insurance. In the case of Ghana, the cash transfer was paired with a fee waiver to enrol in the national health insurance scheme, but participants still had to register and uptake was not universal (2, 3). Theoretically, health insurance may also influence the direct impacts of cash transfers on other health outcomes; however, evaluations have not measured these effects.

Cash transfers increase amount spent on health care.



A global narrative review of unconditional cash transfers found that they increase health care expenditures (this can include direct fees, transportation, medicines, and related costs) (4). Transfer Project evaluations have confirmed this finding in Kenya, Zambia, and Zimbabwe, but not in other countries (5, 6).



Source: ©UNICEF/UNI665103/Dejongh

2.2 Evidence of Impacts of Cash Transfers on Healthcare Utilisation

General healthcare utilisation

In Africa, cash transfer programmes have increased use of health services.



Two narrative reviews of cash transfers in Africa (conditional and unconditional combined, not all were government programmes) found that in a majority of studies reviewed, cash transfers increased health care utilisation (7, 8). A global meta-analysis of unconditional cash transfers only was less conclusive (9). Globally, other narrative reviews combining conditional and unconditional cash transfers support the finding that cash transfers increase health care utilisation (5, 10, 11).

Immunisation

While cash transfers positively affect vaccination coverage in other regions, these impacts have largely not been realised in Africa.



Three reviews have concluded that cash transfers in Africa do not increase immunisation among children, despite positive impacts detected in other regions (largely as a result of conditional cash transfers) (4, 7, 12). Transfer Project evaluations confirm the lack of impacts on immunisation in Africa (2, 6, 13, 14).

Utilisation of antenatal care and skilled attendance at delivery

Cash transfers in Africa have positive effects on antenatal care visits, but generally do not have effects on skilled attendance at delivery (except in circumstances with high-quality health services).



A review of conditional and unconditional cash transfers in Africa found positive impacts on antenatal care, as did two additional evaluations of national cash transfer programmes not covered in the review (in Ghana and Tanzania) (2, 12). In contrast, studies generally do not find impacts on skilled care at delivery (7). However, in Zambia, a Transfer Project study found that cash transfers increased skilled care at delivery in communities with better health services (15). This is an important finding in the context of Africa, where health infrastructure is often limited, and suggests that, to maximise cash transfer impacts, supply-side investments are simultaneously needed.

Use of sexual and reproductive healthcare services

There is no evidence to date that cash transfers increase contraceptive uptake in Africa. The evidence on cash transfers and HIV testing in Africa is mixed, but they generally do not increase treatment adherence.



Two reviews examined impacts of cash transfers on contraceptive uptake. One of these reviews conducted a meta-analysis among interventions targeted to adolescents and found no impacts on contraceptive uptake, while the other reviewed studies covering all age ranges, and found cash transfers did not increase contraceptive uptake in Africa (despite positive impacts in another region) (16, 17, 35). Transfer Project evaluations have confirmed these findings, with no impacts on contraceptive use in Ghana, Zambia, Tanzania, and Mozambique (2, 6, 18, 19). Turning to HIV testing and treatment, an observational study compared national coverage rates of cash transfer programmes with population data on testing and found that cash transfers were associated with an increased likelihood of HIV testing (20). Another review (largely of conditional cash transfers) found no impacts on HIV testing or antiretroviral adherence (21).

Birth registration

There is some evidence supporting cash transfers' ability to increase birth registration.



Two reviews have examined impacts of cash transfers on birth registration in Africa. One review included only unconditional cash transfers and found positive impacts in only one of four countries reviewed, while a second review included both conditional and unconditional cash transfers and found impacts in four countries (4, 7).

2.3 Evidence of Impacts of Cash Transfers on Behaviours

Physical, emotional, and sexual violence

There is strong evidence that cash transfers reduce intimate partner violence, and there is also evidence to suggest that they can reduce violence against children and adolescents.



Two global reviews (including one meta-analysis) and a third review focused on Africa show that cash transfers reduce intimate partner violence experienced by adult women (23, 24, 25). Another review demonstrated the potential for cash transfers to also reduce violence against children and adolescents, but effects were not as widespread as with intimate partner violence (26). However, studies published since that review have found that cash transfers can reduce violent discipline experienced by children, including in African countries such as Mali and Mozambique (6, 27).

Alcohol and tobacco use

There is strong evidence that cash transfers do not increase the purchase and use of alcohol and tobacco.



A global meta-analysis showed that cash transfers reduce expenditures on alcohol and tobacco (28). Transfer Project evaluations confirm these findings: evaluations in Ethiopia, Ghana, Lesotho, Malawi, Zambia (two studies), and Zimbabwe found no impacts of cash transfers on expenditures on alcohol and tobacco, while in Lesotho, cash transfers reduced the amount of money spent on alcohol and tobacco (29).



Sexual behaviour

Governmental unconditional cash transfer programmes can delay sexual debut among adolescents and may reduce age-disparate relationships. However, they have limited effects on other sexual behaviours posing health risks, particularly among adolescents, including number of sexual partners, transactional sex, and condom use.



Cash transfers can delay sexual debut among adolescents and reduce engagement in age-disparate sexual partnerships, but effects are stronger among females, and also are not seen in all contexts (22, 30). A minority of studies have also found that cash transfers reduce transactional sex (also among females but not males), increase condom use (with a few exceptions), or reduce number of sexual partners (31, 32). Among Transfer Project evaluations, cash transfers delayed sexual debut in Kenya, Malawi, and South Africa and reduced transactional sex among girls who were still attending school in Kenya (33, 34).

Fertility

Cash transfers reduce adolescent pregnancy and increase birth spacing in Africa. Cash transfers do not increase fertility.



Global review found that cash transfers reduced pregnancy and childbearing among women and girls (22, 31, 35). Transfer Project evaluations found that government-led cash transfer programmes delayed pregnancy among adolescents and young women in Kenya, Zimbabwe, and South Africa, but had no impacts in Malawi, Tanzania, or Zambia (36). Among adult women, Transfer Project evaluations in Ghana and Mozambique found that cash transfers reduced fertility or the probability of recent pregnancy, and no increases in fertility have been reported (2, 6, 18).



Source: ©UNICEF/UNI528404/Cisse

2.4 Evidence of Impacts of Cash Transfers on Physical Health

Child malnutrition

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.



A global meta-analysis found that cash transfers improved linear growth and reduced stunting and wasting, but effects were small, and no effects were found on weight-for-age (37). In the Transfer Project, only one out of seven impact evaluations that measured stunting, wasting, or underweight found protective impacts (38). There are methodological challenges in detecting impacts on stunting, as this often requires a very large number of children to be measured and longer periods of time than the typical impact evaluation.

Birthweight

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



A global meta-analysis (all countries outside of Africa) found that cash transfers increase birthweight (39). Not covered in that review, a series of studies examined how a national cash transfer in Ghana (paired with fee waivers for enrolment in the national health insurance scheme) increased birthweight (in grams) and reduced low birthweight prevalence. When examining by season of birth, cash transfers increased birthweight in the dry season, but not in the rainy season. It is possible that in the rainy season, when households experience higher food insecurity (when food stocks are low) and increased risk of malaria (which is associated with increased risk of low birthweight), babies may be particularly vulnerable, and thus cash transfers may not be sufficient to overcome all these barriers to healthy birthweight. The researchers also found that high temperatures were associated with increased likelihood of low birthweight and that cash transfers mitigated the adverse effects of high temperatures on low birthweight risk in Ghana (40, 41).

Mortality

Increasing national cash transfer coverage is associated with reduced mortality risk, including AIDS-related death, in Africa.



No impact evaluations of unconditional cash transfers have directly measured impacts on mortality (4). However, one study combined information from cash transfer programme coverage and national mortality statistics (including 29 countries in Africa) and found that cash transfers were associated with lower risk of mortality (these associations were largely driven by women, men aged 18 to 40 years, and children younger than 5 years). Countries with higher cash transfer coverage and larger transfer values saw larger reductions in mortality, as did countries with lower per capita health expenditures and lower life expectancy (42). Another study used a similar methodology and examined AIDS-related mortality specifically, finding that increasing national cash transfer programme coverage was associated with a reduction in AIDS-related deaths (20).

Morbidity

Cash transfers reduce occurrence of illness, particularly among children.



A global meta-analysis found that unconditional cash transfers reduced the risk of illness, and these findings are consistent with other reviews globally (which included conditional and unconditional cash transfers) (4, 7, 43, 44). Some Transfer Project evaluations have also found protective effects of cash transfers on morbidity, including in Malawi and Kenya, but these effects were not found in all countries (5).

HIV incidence

Higher national cash transfer coverage rates are associated with fewer HIV infections.



A study combined data on coverage levels of national cash transfers and population-level data on HIV incidence and concluded that cash transfer programmes were associated with a reduction in new HIV infections (21, 32). While evaluations of national cash transfer programmes have not directly examined this outcome, cash transfers implemented as part of research studies (non-governmental implementation) had mixed findings (fewer than half found that cash transfers reduced HIV infections, according to one systematic review (30)).

2.5 Evidence of Impacts of Cash Transfers on Mental Health

Cash transfers can improve mental health in Africa, and unconditional cash transfers have larger protective effects on mental health than conditional cash transfers.



Three out of four meta-analyses concluded that cash transfers improve mental health, including internalising behaviours (for example, withdrawal, anxiety, and depression) and externalising behaviours (for example, aggression and impulsivity) (both among adults and children) (45, 46, 47, 48). Analyses found that unconditional cash transfers had larger effects on improving mental health than conditional cash transfers. A national cash transfer programme reduced worry and stress in Mali and Transfer Project evaluations in Kenya, Tanzania, and Malawi showed that cash transfers reduced depressive symptoms among adolescents and youth, as well as stress in Malawi among adult caregivers (mostly women) (38, 49, 53). Transfer Project evaluations have also found positive impacts on subjective well-being in Malawi and on happiness in Zambia (50, 51). Qualitative data also show that cash transfers in Ghana, Malawi, Mozambique, and Zimbabwe increased hopefulness, decreased feelings of shame, and greater autonomy (52).



Source: ©UNICEF/UN0613189/Dejongh

3. METHODOLOGY

The evidence summarised in this brief is drawn mainly from systematic reviews, narrative reviews, and meta-analyses, with a focus on Africa, as well as impact evaluations conducted by the Transfer Project in Africa. 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. The Transfer Project is a collaborative network between UNICEF, FAO, University of North Carolina, national governments, and local research partners, which aims to provide rigorous evidence on the effectiveness of large-scale national cash transfer programmes in Africa and facilitate uptake of this evidence for the development of cash transfer and social protection programmes and policies.

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 brief was commissioned by UNICEF and written by Policy Research Solutions (PRESTO). Authors included Jacob Novignon, Tia Palermo, Naomi Neijhoft, Leah Prencipe, and Kate Rogers. The authors thank Sara Abdoulayi, Paul van Ufford, Nyasha Tirivayi, and Richard de Groot 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 This brief is one in a series of briefs examining impacts of cash transfers on different domains, including poverty, health, education, gender equality, and adolescents. Briefs were commissioned by UNICEF and funded by the William and Flora Hewlett Foundation.
- 2 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.

