

Impacts of Cash Transfers in sub-Saharan Africa on Adolescents: A Research Brief

September 2025

1. INTRODUCTION

Poverty is a structural driver that contributes to and exacerbates risks to the current well-being and safe, healthy, and productive transitions to adulthood of adolescents in Africa, especially as they simultaneously navigate schooling, sexual debut and marriage, entry into the labour market, their reproductive lives, and, for many, unpaid care responsibilities (1, 2). Gender inequality is another structural driver of these risks, particularly for adolescent girls, and investments in this group have been proven to yield multiple social and economic dividends (3).

Social protection, which aims to reduce poverty and vulnerability to multidimensional poverty, can empower adolescents and increase their capabilities¹ (6, 7). It can also help address gender inequities, through **gender-responsive or gender transformative social protection** programming (8). Social protection is prominently featured in the 2030 development agenda, and 52.4 percent of the global population are covered by at least one social protection benefit (9). However, Africa has the lowest social protection coverage globally, with 19.1 per cent of people covered by at least one social protection benefit (12.6 per cent of vulnerable persons are covered by social assistance in Africa), and coverage in many countries is substantially lower (9). Moreover, social protection coverage rates among children and adolescents are among the lowest of all groups, at 15.4 per cent in Africa (and 28.2 per cent globally) (9). Those covered largely live in households of adult beneficiaries; children and adolescents are

less often specifically targeted as beneficiaries in these programmes (6). Social protection programming is vital to national development strategies and is necessary to achieve Sustainable Development Goal (SDG) 1 on poverty eradication and can also contribute to achieving other SDGs, including SDG 3 (health and well-being), SDG 4 (quality education), SDG 5 (gender equality), SDG 8 (decent work and economic growth), and SDG 10 (reducing inequality), among others.

Investments in social protection are a strong investment to leave no one behind, including adolescent girls, and reap real benefits. Much of the global expansion of social protection is informed by a growing body of evidence that demonstrates that these programmes can improve key outcomes that can help break the intergenerational persistence of poverty, improve human capital outcomes, and address gender inequities in the burden of poverty. In this brief, we summarise the impacts of cash transfers on adolescent well-being. Pathways of impact are illustrated in the Conceptual Framework in Figure 1. Impacts summarised below are categorised according to the following focus areas 1) Poverty and food security; 2) Promoting adolescents' health and nutrition; 3) Advancing adolescents' right to quality education and to relevant learning and skills; 4) Protecting every adolescent from violence, exploitation, and abuse and preventing harmful practices; and 5) Cross-cutting topics.



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HIGHLIGHTS

POVERTY AND FOOD SECURITY

- Evidence from various systematic reviews and evaluations of large-scale and government-led cash transfer programmes demonstrates that cash transfers reduce monetary poverty (headcount and gap) in Africa. Individual studies demonstrate that cash transfers also reduce multidimensional poverty among children (including adolescents) in Africa.
- Cash transfers have strong, positive impacts on household-level food security, including consumption, dietary diversity, and caloric intake. Very few studies have examined impacts on food security specifically among adolescents in Africa or globally, but those that do find positive effects.

HIGHLIGHTS (CONT.)

PROMOTING HEALTH AND NUTRITION

<ul style="list-style-type: none"> Cash transfers have increased the use of health services including among children and adolescents, though most studies have grouped adolescents in with younger children when considering this outcome. 	<ul style="list-style-type: none"> Very few studies examine impacts of cash transfers on nutrition among adolescents in Africa; one study found that South Africa's Child Support Grant reduced the probability that children 5-14 years were overweight or obese.
<ul style="list-style-type: none"> Cash transfers can reduce occurrence of illness among children and adolescents combined, but studies examining adolescents separately are rare and do not find protective impacts of cash transfers on morbidity. 	<ul style="list-style-type: none"> The evidence on cash transfers and HIV incidence is mixed. A minority of studies find that cash transfers reduce HIV and STI incidence; however, a population-based observational study found that increased government cash transfer coverage was associated with lower HIV incidence (among adolescents and adults combined). The evidence on contraceptive use is also mixed; cash transfers and cash plus programmes generally increase knowledge of modern contraceptive methods but not use.
<ul style="list-style-type: none"> Cash transfer programmes reduce mortality risk among adults and young children, but not among adolescents. 	<ul style="list-style-type: none"> In Africa, cash transfers have the potential to improve mental health, but impacts vary by age and sex. Unconditional cash transfers have larger protective effects on mental health than conditional cash transfers.

ADVANCING ADOLESCENTS' RIGHT TO QUALITY EDUCATION AND TO RELEVANT LEARNING AND SKILLS

<ul style="list-style-type: none"> Cash transfers increase school enrolment and attendance in Africa. Differences in estimates between conditional and unconditional cash transfers were not significant in a meta-analysis, and thus we cannot conclude that conditional cash transfers are more effective at increasing enrolment than unconditional cash transfers. 	<ul style="list-style-type: none"> Evidence on the effects of cash transfer receipt in childhood (including adolescence) on longer-term employment outcomes and educational attainment is extremely limited in Africa.
<ul style="list-style-type: none"> Limited evidence exists from Africa that examines impacts of cash transfers on schooling achievement (despite positive impacts on enrolment and attendance); however, there are some positive impacts reported. 	



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HIGHLIGHTS (CONT.)

PROTECTING EVERY ADOLESCENT FROM VIOLENCE, EXPLOITATION, AND ABUSE AND PREVENTING HARMFUL PRACTICES

<ul style="list-style-type: none"> There is strong evidence that cash transfers reduce intimate partner violence among adult women, but evidence among adolescents and youth is limited. There is evidence to suggest that cash transfers can reduce violence against children and adolescents. 	<ul style="list-style-type: none"> There is some positive but limited evidence that cash transfers can reduce the number of sexual partners, transactional sex, and age-disparate sexual relationships among adolescents in Africa. However, cash transfers generally do not increase contraceptive or condom use (with some exceptions).
<ul style="list-style-type: none"> Most studies find that cash transfers reduce adolescents' participation in labour activities. 	<ul style="list-style-type: none"> Cash transfers programmes can delay sexual debut, but effects are not found in all contexts, and they are largely driven by females.
<ul style="list-style-type: none"> Cash transfers generally reduce adolescents' domestic work, particularly among girls. However, this is not always the case: in a small number of studies, unpaid care burden among girls has increased, possibly as a substitute for women in the household, who may be required to engage in activities outside the household as a result of the social protection programme, including public works programmes, to maintain eligibility. 	<ul style="list-style-type: none"> While the evidence from Africa suggests that cash transfers do not increase the purchase and use of alcohol and tobacco in participating households, there is little data to specifically indicate whether adolescents' substance use is affected.
<ul style="list-style-type: none"> Cash transfers delay child marriage and pregnancy, but effects are not seen in all African contexts. 	

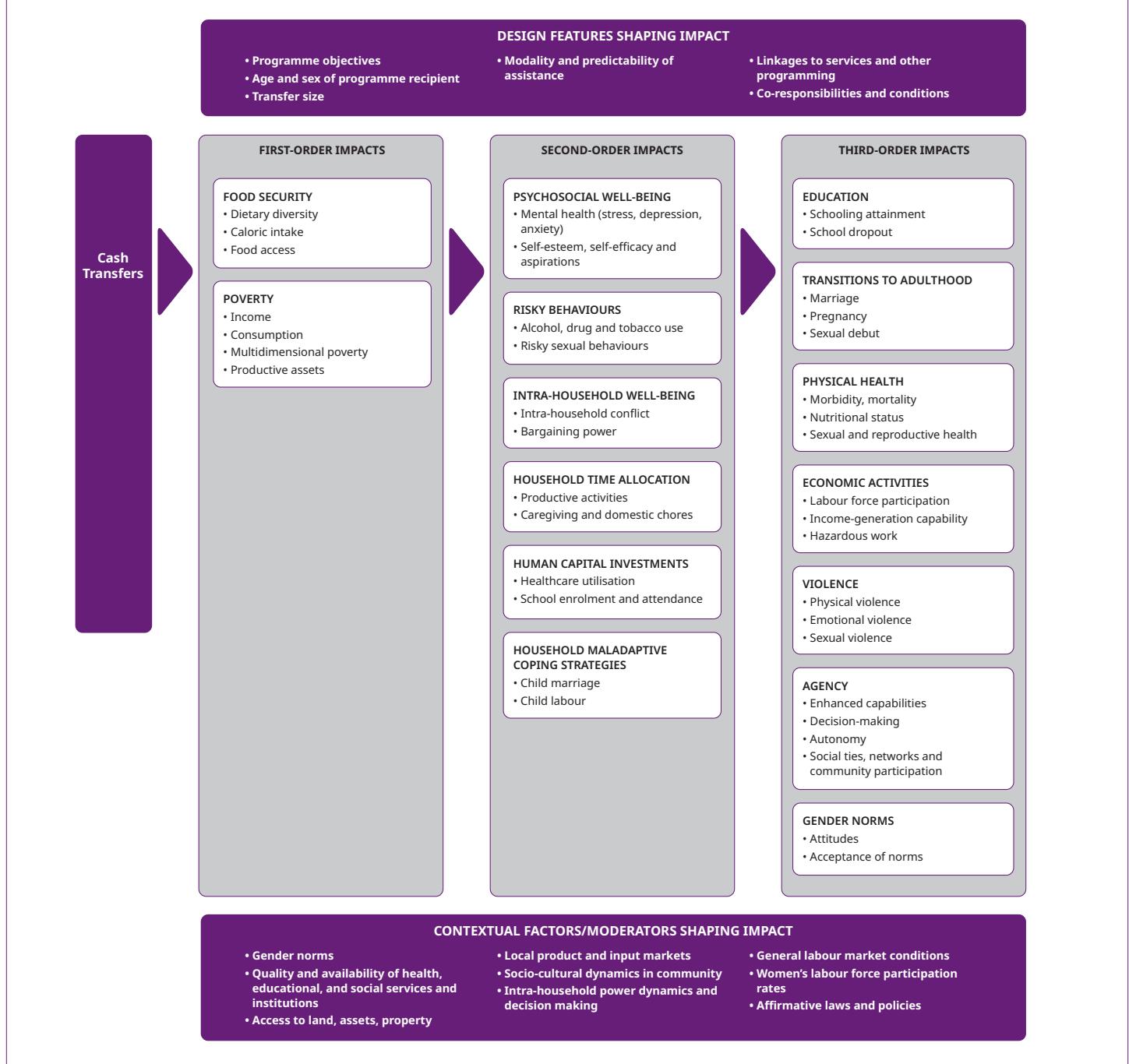
CROSS-CUTTING OUTCOMES

<ul style="list-style-type: none"> The limited evidence available shows that cash transfers can increase aspirations for education level and delaying marriage but may not affect hopefulness² in youth. 	<ul style="list-style-type: none"> Cash transfers can enhance gender-equitable attitudes and community perceptions on women's roles, but there are very few studies examining these outcomes in Africa (11, 18, 58-61).
<ul style="list-style-type: none"> Very few evaluations of cash transfer programmes have examined impacts on social cohesion and social support in Africa or globally, particularly among adolescents. Among the small number of studies examining these outcomes, there is some evidence to suggest that cash transfer programmes can increase social support and social capital. Studies among adults have also shown that cash transfers can increase trust (in government and among community members) and social capital. 	<ul style="list-style-type: none"> There is limited evidence on cash transfers and autonomy and decision-making in adolescents in Africa, but one study found positive impacts among female adolescents and youth.



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FIGURE 1. CONCEPTUAL FRAMEWORK LINKING CASH TRANSFERS TO ADOLESCENT WELL-BEING



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2. RESULTS IN AFRICA

2.1 Poverty and Food Security

Poverty

Evidence from various systematic reviews and evaluations of large-scale and government-led cash transfer programmes demonstrates that cash transfers reduce monetary poverty (headcount and gap) in Africa.



Individual studies demonstrate that cash transfers also reduce multidimensional poverty among children (including adolescents) in Africa. Impacts of cash transfers on **monetary poverty** is measured at the household level. A global review found that four out of seven studies in sub-Saharan Africa found protective impacts of cash transfers on poverty headcount at the household level (10). A separate meta-analysis of five government-run **unconditional cash transfers** in Africa found that these programmes reduced the risk of living in extreme poverty (11). Evidence on **multidimensional poverty** is less plentiful. In Lesotho, evaluations from Lesotho found that the Child Grant Programme reduced multidimensional poverty among children ages 0-5 (12), as well those aged 6-17 years old who were living in a female-headed households (13). Cash transfers also reduced multidimensional poverty for children ages 5-17 in Ghana's Livelihood Empowerment Against Poverty (14), for households in Kenya's Hunger Safety Net Programme (15), and for girls ages 13-20 years old in South Africa (16).

Food Security

Cash transfers programmes have strong, positive impacts on household-level food security, including consumption, dietary diversity, and caloric intake. Very few studies have examined impacts on food security specifically among adolescents in Africa or globally, but those that do find positive effects.



A global review of government social assistance programmes implemented in lower- and middle-income countries found only three studies (two in Africa) that examined impacts on **food security and nutrition** among adolescents, all of which had positive impacts (17). Covered in the review, Lesotho's Child Grant Programme and Ghana's Livelihood Empowerment Against Poverty (LEAP) reduced **food insecurity** among children aged below 17 years and among those aged 5 to 17 years, respectively, after 24 months. In contrast, most studies report impacts of cash transfers on food security at the household level. A review of these impacts found, in sub-Saharan Africa, social assistance programmes increase animal source food consumption by 32 per cent (compared to 19 per cent globally) suggesting that social assistance programmes improve the quantity and quality of food consumed by household members (18).

2.2 Promoting Health and Nutrition

Healthcare utilisation

Cash transfers have increased the use of health services including among children and adolescents, though most studies have grouped adolescents in with younger children when considering this outcome.



Few studies have assessed the impacts of cash transfers on health services utilisation among adolescents specifically. A global review of 85 studies examining impacts of government social assistance programmes reported that three out of five studies (evaluating four programmes) found positive effects on health services utilisation among children 6 to 17 years, including two studies in Ghana and one in Malawi; however there were no impacts in Lesotho's Child Grant Programme on this domain (17). A systematic review of 21 studies examining impacts of unconditional cash transfers on health-related outcomes identified six studies reporting impacts on health services utilisation (19), but only one (in Lesotho) disaggregated impacts among children and adolescents (versus adults), and there were no impacts (20).



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Physical Health (morbidity)

Cash transfers can reduce occurrence of illness among children and adolescents combined, but studies examining adolescents separately are rare and do not find protective impacts of cash transfers on morbidity.



Nutritional status

Very few studies examine impacts of cash transfers on nutrition among adolescents in Africa.



A global review of government **social assistance programmes** identified five studies in Africa (covering four programmes, all cash transfers) which examined the effects on **illness and sick days** among children, including adolescents (17). Only one of these studies examined impacts on adolescents specifically and found no impacts of South Africa's Child Support Grant on number of days of illness (21). Among four other studies covered in the review that grouped adolescents together with other age groups (either younger children or young adults), three found that cash transfers improved health (in Malawi, Kenya, and Ghana).

Mortality

Government-led cash transfers reduce mortality risk among adults and young children, but not among adolescents.



One study published in 2023 extrapolated information from **cash transfer** programme coverage and national **mortality statistics**. The study compared 16 countries in Africa, Asia and Latin America and the Caribbean that implemented 29 government-led cash transfer programmes first initiated between 2000 and 2019 to 21 countries without such programmes in the same period (22). Out of the total 37 countries examined, 29 were from sub-Saharan Africa. The study extrapolated data from national cash transfer coverage and mortality data and concluded that cash transfers did not reduce mortality among adolescents aged 10 to 17 years. Another study used population-level data (but did not disaggregate adolescents from the adult population) from 42 countries (36 in Africa), combined with coverage levels of national government cash transfer programmes, and found that cash transfer programmes were associated with a reduction in **AIDS-related deaths** among women 15 to 49 years and men 15 to 59 years (23).

The majority of studies examining impacts of **social assistance** programmes on nutrition among children focus on young children (not adolescents). A global review of 85 studies (covering 24 programmes) examining impacts of social assistance programmes identified only one reporting nutrition-related impacts for adolescents and none in Africa (17). In South Africa, the Child Support Grant was found to reduce the probability that children 5 to 14 years were overweight or obese (16).



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Sexual and reproductive health

The evidence on cash transfers and HIV incidence is mixed. A minority of studies find that cash transfers reduce HIV and STI incidence; however, a population-based observational study found that increased government cash transfer coverage was associated with lower HIV incidence (among adolescents and adults combined). The evidence on contraceptive use is also mixed; cash transfers and cash plus programmes generally increase knowledge of modern contraceptive methods but not use.



Source: ©UNICEF/UNI702938/Dicko

Mental health (stress, anxiety, depressive symptoms)



In Africa, cash transfers have the potential to improve mental health, but impacts vary by age and sex. Unconditional cash transfers have larger protective effects on mental health than conditional cash transfers.

A global review of government programmes identified five studies in Africa that examined impacts on adolescent **mental health**; however only one study (in Malawi) disentangled impacts specifically for adolescents and found protective effects of cash transfers among the poorest half of adolescents aged 13 to 19 years (17). Out of the remaining four studies, a government cash transfer programme in Kenya was found to reduce **depressive symptoms** among male adolescents and young adults. In contrast, three evaluations (in Zambia, Zimbabwe, and Tanzania) found no impacts on adolescents' and youths' depressive symptoms. Yet, a subsequent in-depth study using the same evaluation data from Tanzania found that, among youth 14 to 28 years, there were protective impacts of this cash transfer programme on depressive symptoms among males but adverse effects among females (27). It is believed that stress related to the burden of fulfilling conditions may have played a role in the adverse effects found among females. Two additional reviews examined impacts of cash transfers (governmental and non-governmental) on mental health of children and young adults; one (with 7 out of 12 studies in Africa) found protective impacts and the other (with 8 out of 14 studies in Africa) found promising evidence of individual studies but no overall impacts in a meta-analysis (28, 29). A global review of qualitative studies including 17 in African contexts (not focused on adolescents, but including some evaluations of cash transfers targeted to adolescents) found that conditional and unconditional cash transfers increased feelings of **hope and resilience**, especially among vulnerable groups and people living with HIV, tuberculosis or long-term illness (30). Increased sense of hope resulted from the security of regular cash transfer receipt, which reduced stress and anxiety.

A systematic review and meta-analysis of 11 studies examining impacts of **cash transfers** on contraceptive use among adolescents found that, while some individual studies (including in Malawi and Ethiopia) indicated positive impacts on contraceptive use, results from the meta-analysis suggested that cash transfers did not increase contraceptive use (26). The above-referenced review of **cash plus programming** targeted to adolescents and youth in Africa examined impacts of **cash plus programming** targeted to adolescents and youth in Africa found that 8 out of 13 studies (covering 10 unique interventions) found protective impacts on **sexual and reproductive health outcomes**, including contraceptive knowledge in Uganda, Tanzania, and Zambia; contraceptive use in South Africa; knowledge of voluntary health counselling and testing in Ethiopia; sexual and reproductive health knowledge in Kenya and Liberia; and use of biomedical services in Tanzania (25).

2.3 Advancing Adolescents' Right to Quality Education and to Relevant Learning and Skills

School attendance and enrolment

Cash transfers increase school enrolment and attendance in Africa.

A global review of government programmes found that 10 out of 14 studies in Africa found positive impacts on enrolment among adolescents (sometimes combined with younger children) (17). Another global systematic review and meta-analysis of 75 publications summarizing 35 interventions (8 in Africa) in 25 countries found that cash transfers (conditional and unconditional combined) increased the odds of school enrolment by 36 per cent and the odds of attendance by 42 to 65 per cent.

Differences in estimates between conditional and unconditional cash transfers were not significant in a meta-analysis, and thus we cannot conclude that conditional cash transfers are more effective at increasing enrolment than unconditional cash transfers.

New studies conducted since this review was published have found positive impacts of government-implemented cash transfers on school attendance and enrolment in Tanzania (31), Morocco (32), and South Africa (33). Additionally, Transfer Project evaluations have found that cash transfers increase school enrolment in Ethiopia, Kenya, Lesotho, Malawi, Mozambique, and Zambia and increase school attendance in Ghana, Malawi, and Tanzania.



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Schooling attainment, skills, and test scores

Limited evidence exists from Africa that examines impacts of cash transfers on schooling achievement (despite positive impacts on enrolment and attendance); however, there are some positive impacts reported.



A global review of government **social assistance programmes** reported impacts from 10 studies in Africa on **schooling achievement including test scores and grade progression** (17). Four out of 10 studies in Africa found positive impacts on these outcomes (in Burkina Faso, Kenya, and Tanzania). However, a study in Ghana found adverse effects on grade repetition, which was likely the result of the programme motivating more marginalized children to go to school (attending), who might be further behind, and consequently, more likely to repeat grades (34). The remaining studies found no impacts.

Long-term economic, schooling, and employment outcomes

Evidence on the effects of social assistance (cash transfer) receipt in childhood (including adolescence) on longer-term employment outcomes and educational attainment is extremely limited in Africa.



Longer-term evidence on the effects of receipt of social assistance in childhood on outcomes in early adulthood is generally limited to conditional cash transfer programmes in Latin America or cash transfers implemented by non-governmental organizations in Africa. One study of a non-governmental cash transfer targeted to adolescent girls in Malawi found that cash receipt in adolescence increased school attainment and **math and cognitive test scores** but did not lead to higher earnings in early adulthood (35).

2.4 Protecting Every Adolescent From Violence, Exploitation, and Abuse and Preventing Harmful Practices

Physical, emotional, and sexual violence

There is strong evidence that cash transfers reduce intimate partner violence among adult women, but evidence among adolescents and youth is limited. There is evidence to suggest that cash transfers can reduce violence against children and adolescents.



A global review of social assistance programmes reported on six studies across five programmes examining impacts on violence among adolescents (17). Among these, one examined impacts specifically among adolescents and found that Malawi's Social Cash Transfer reduced adolescents aged 13 to 19 years' experiences of forced sex. Five other studies covered in the review examined impacts among adolescents and either younger children (under 17 years) or older youth (below age 30) combined and found protective effects in Zimbabwe, adverse effects in Zambia, and no impacts in Tanzania. Among studies covered in a systematic review of bundled programmes for adolescents (governmental and non-governmental) in Africa combining economic components with health or life skills components, four out of thirteen studies (three out of ten interventions) found protective effects on gender-based violence (36).

Only five studies have examined impacts of cash transfer on **adolescents' and youths' exposure to intimate partner violence** (all in Africa), and these studies found that cash transfers reduced intimate partner violence among adolescents in Mozambique and South Africa, but not Malawi. No increases in intimate partner violence were reported. Two global reviews among adult women have overwhelmingly found that cash transfers reduce intimate partner violence (37, 38). More evidence exists for adult women, and it strongly indicates that cash transfers reduce intimate partner violence (37, 39).



Source: ©UNICEF/UNI212672/Tremeau

Child labour

Most studies find that cash transfers reduce adolescents' participation in labour activities.



In a global review of government social assistance programmes, a majority of 21 studies found negative impacts on **participation in labour activities** among adolescents (including in Malawi, Tanzania, and Kenya) (17). There were, however, increases in adolescents' labour activities in Zambia. Studies in four countries found no impacts on adolescent's labour participation (in Lesotho, South Africa, Zambia, and Zimbabwe). Among studies that grouped adolescents together with younger children (31 studies in total), 13 found reductions in adolescents' and children's participation in labour activities, five found increases, one found mixed effects, and 12 found no effects. There were few differences in impacts between boys and girls; in those that found differences, effects were larger for boys or only apparent for boys, but not girls. Another narrative review examined the impacts of **cash transfers** on **child labour** from 23 studies (40). The review found that unconditional cash transfers reduced child labour, including in South Africa (among children 15 to 17 years, with larger effects among those who started receiving the grant at a younger age) and Malawi. The review found that South Africa's old-age pension reduced hours worked, with larger effects among boys than girls. Transfer Project evaluations found that government cash transfer programmes reduced casual labour engagement in Ghana among girls 7-14 years, business labour days among girls in Ethiopia, and farm work among children 5 to 17 years in Mozambique. In contrast, cash transfers increased child labour in Malawi (among children 6-17 years, similar effect sizes among boys and girls), and in Tanzania there were mixed effects, whereby cash transfers reduced children's paid work outside the household but increased female children's participation in livestock herding.

Domestic chores

Cash transfers generally reduce adolescents' domestic work, particularly among girls.



However, this is not always the case: in a small number of studies, unpaid care burden among girls has increased, possibly as a substitute for women in the household, who may be required to engage in activities outside the household as a result of the social protection programme, including public works programmes, to maintain eligibility. Only one narrative review summarized effects on time spent in domestic chores among adolescents (together with children) (40). The review found that unconditional cash transfers reduced children's and adolescents' domestic work in Malawi, and social pensions reduced children's domestic work in South Africa (larger reductions in household chores among girls than boys). Transfer Project studies found cash transfers led to reductions in domestic chore participation in Mozambique (41), for girls in Ghana (but not boys) (42), and mixed results in Malawi and Lesotho (43, 44). There were no effects of cash transfers on participation in domestic chores in Ethiopia, Tanzania, Zambia, or Zimbabwe.

Marriage

Cash transfers can delay adolescent marriage and pregnancy, but effects are not seen in all African contexts.



In their review of government **social assistance programmes**, Cirillo and colleagues reviewed 11 studies (nine in Africa) examining impacts on marriage, covering eight programmes, and found that only three (two in Africa) examined marriage among adolescents specifically (6). Among the two studies (in Malawi and Ethiopia) in Africa which examined adolescents separately from young adults, only Ethiopia's Productive Safety Net Programme was found to delay marriage among girls 12 to 18 years (45). Pathways of impact were reduced financial pressures for families to marry off girls and increased girls' educational opportunities (46). In contrast, Malawi's Social Cash Transfer did not delay marriage among adolescents 13 to 19 years, but it did delay marriage when examining adolescents and young adults 15 to 24 years combined in the short run; impacts were not sustained at a subsequent follow-up (47, 48). Other studies covered in the review examined marriage among adolescents and youth combined, and among these, protective impacts were found as a result of Zimbabwe's Harmonized Social Cash Transfer (impacts driven by girls aged 12 to 20 years) (49); no impacts on marriage were found in Kenya or Tanzania. Additional global evidence from systematic reviews not restricted to government programming shows mixed, though generally protective (in approximately half of studies), impacts of cash transfers on child marriage (50, 51, 52). A systematic review found mostly protective impacts on **early marriage** with delays in marriage among adolescent girls in Malawi, mixed effects by sex in South Africa (with protective effects for adolescent boys but not girls in households receiving an old-age pension), and no impacts in Malawi (51). Another global systematic review found that three out of four high quality studies of cash transfer programmes (three in Africa) either **delayed marriage** or reduced the proportion of adolescents who were married (50). Finally, a systematic review examining government-led unconditional cash transfer programmes did not find effects on early marriage in Kenya, Malawi, or Zambia (52).

Adolescent Pregnancy

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



In a review of **non-contributory social protection programming** (largely cash transfers) in lower- and middle-income countries, two out of five studies found that cash transfers reduced the probability of **adolescent pregnancy** (17). Both studies finding protective impacts examined the Child Support Grant in South Africa, while the remaining studies found no effects.

Six additional studies (all Transfer Project studies in Africa) examined pregnancy among adolescent girls and young women combined (no disaggregated findings among adolescents), and among these, three found that cash transfers reduced the probability of pregnancy (in Kenya, Malawi, and Zimbabwe). In Kenya, girls in households receiving the Cash Transfer for Orphans and Vulnerable Children were 34 percent (or 5 percentage points) less likely to have ever been pregnant compared to girls in non-cash transfer households (53). The Harmonized Social Cash Transfer programme in Zimbabwe reduced the probability of lifetime pregnancy among girls aged 13 to 20 at baseline by 11.8 percentage points (49). Malawi's Social Cash Transfer reduced the probability of ever having been pregnant (by 1.5 percentage points) at midline among females aged 15 to 24; however, these results were no longer significant one year later at endline (43). Finally, in Tanzania there were no impacts of the Productive Social Safety Net on girls' and young women's (ages 15 to 28 years at baseline) pregnancy rates (54).



Risky sexual behaviours (unprotected sex, multiple sexual partners, transactional sex, and age-disparate sexual partnerships)

There is some positive but limited evidence that cash transfers can reduce the number of sexual partners, transactional sex, and age-disparate sexual relationships among adolescents in Africa.



A global review of government programmes found that cash transfers led to a reduced probability that adolescents had **multiple sexual partners** in three out of six studies (all examining South Africa's Child Support Grant, with protective effects among female adolescents in two studies and males in one); impacts were not significant in the remaining three countries (Kenya, Tanzania, and Zambia) (6). Another systematic review of government and non-governmental cash transfers examined 14 studies (13 in Africa) and found that only one cash transfer intervention, South Africa's Child Support Grant, was found to reduce the number of sexual partners among adolescents girls and boys (24).

Turning to **condom use**, the global review of government social assistance programmes identified two studies that examined impacts among adolescents and both found no significant effects of cash transfers on adolescent condom use (in Malawi and South Africa) (17). The review identified five additional studies examining adolescents and youth together, and only one (the Harmonized Cash Transfer Programme in Zimbabwe) found that cash transfers increased condom use at first sex (49); no impacts were found in Zambia, Kenya, Tanzania, and South Africa.

The global review of government social assistance programmes reported that two out of eight studies found that cash transfers reduced **transactional sex** (among adolescents and youth in Kenya and among adolescents in South Africa) (17). A systematic review examining both governmental and non-governmental programmes also found that in two out of eight studies cash transfers reduced engagement in transactional sex in Zambia and Malawi (24).

Sexual debut

Cash transfers programmes can delay sexual debut, but effects are not found in all contexts, and they are largely driven by females.



A global review of government **social assistance programmes** reviewed eight studies (a majority of studies were in Africa) examining impacts on **sexual debut**; three of those examined adolescents specifically while the rest grouped adolescents and young adults below age 30 (17). Half of the studies found that cash transfers reduced likelihood of adolescent sexual debut (in South Africa, Zimbabwe, and Malawi). Effects were driven by females.

Alcohol and tobacco use

While the evidence from Africa suggests that cash transfers do not increase the purchase and use of alcohol and tobacco in participating households, there is little data to specifically indicate whether adolescents' substance use is affected.



A global review of government programmes found that in two out of three studies, cash transfers reduced cigarette smoking and/or alcohol use among adolescents and youth (in Malawi and Zimbabwe), while the third (in South Africa) found no impacts (6). **Alcohol and tobacco expenditures** are typically measured at the household level and not among adolescents residing in those households. One study examined eight evaluations in Ethiopia, Ghana, Lesotho, Malawi, Zambia [2 studies] and Zimbabwe and found no impacts on expenditures on alcohol and tobacco, except in Lesotho, where there was a reduction (43).



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2.5 Cross-Cutting Outcomes

Aspirations and hopefulness

The limited evidence available shows that cash transfers can increase aspirations for education level and delaying marriage but may not affect hopefulness in youth.



A global review found that cash transfers increase aspirations (two out of three studies in Africa), but not hopefulness (zero out of three studies in Africa); however, only a limited number of studies examine these outcomes (17). Finally, a global review of qualitative studies (not focused on adolescents, but including some cash transfers targeted to adolescents) found that cash transfers increased feelings of aspirations and resilience, including increased education aspirations of teenagers in Malawi (32), but not in Zambia (41).

Social capital, cohesion, and community participation

Very few evaluations of cash transfers have examined impacts on social cohesion and social support in Africa or globally, particularly among adolescents. Among the small number of studies examining these outcomes, there is some evidence to suggest that cash transfer programmes can increase social support and social capital. Studies among adults have also shown that cash transfers can increase trust and social capital.



Among government social assistance programmes, two out of three studies found that cash transfers increased adolescents' perceived **social support**, including in Zambia and Malawi (17). Among other studies not covered in reviews, a non-governmental cash transfer in Malawi increased adolescent girls' **social capital** (55), while another cash plus programme in Liberia had no impacts on social capital (56). A global review of qualitative studies found that cash transfers enhanced **social cohesion and social capital building**, with respondents feeling more connected to their community due to increased social interactions (30). A study from Tanzania (among adults) found that cash transfers can **increase trust in other community members** and that beneficiaries perceived a greater likelihood of accessing support from other households (24).



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Gender attitudes

Cash transfers can enhance gender-equitable attitudes and community perceptions on women's roles, but there are very few studies examining these outcomes in Africa.



Changing gender norms is rarely an objective in existing cash transfer programmes, though there is an increasing recognition of how they can drive gender inequalities and adverse outcomes for women and girls, as well as how they can moderate social protection impacts on gender equality outcomes (57). Global reviews have not examined impacts on gender attitudes. However, some individual studies have found that cash transfers and cash plus programming have increased gender equitable attitudes among adults in Kenya, Ghana, and Mozambique (10, 18, 56). Additionally, a multi-country qualitative study found that, while cash transfers gave women more options in their livelihood choices, they did not appear to significantly transform existing gendered household decision-making, but rather conformed to existing norms (58). Finally, a qualitative study in Malawi found that, as cash transfers caused women to increase their involvement in income-generating activities, this had a positive spill-over effect on community perceptions towards women's economic roles (59).

Autonomy, agency, and decision-making

There is limited evidence on cash transfers and autonomy and decision-making in adolescents in Africa, but one study found positive impacts among female adolescents and youth.



A review of **social assistance** programmes identified only one study examining impacts on **autonomy** among adolescents and youth and found that the household-targeted Tanzania's Productive Social Safety Net (comprising cash transfers, public works, and livelihood enhancement) increased feelings of **autonomy** and control over their lives for adolescents and young people (ages 15-29) living in participating households, and these impacts were driven by females (17, 54). The same study also found that the programme increased adolescents' and youths' decision-making as well (impacts were also driven by females). In their narrative review of social assistance and climate change resiliency for women and girls, Hidrobo and colleagues found that when social assistance resources in Kenya were targeted to women, their **financial decision-making capabilities** were strengthened, and thus their ability to manage climate risk (52, 60).

3. CONCLUSIONS

<ul style="list-style-type: none">There is strong evidence that cash transfers reduce household-level poverty and food insecurity; increase adolescents' school enrolment and attendance; reduce adolescents' engagement (or hours spent) in labour; and reduce intimate partner violence (largely examined among adult women).	<ul style="list-style-type: none">Evidence suggests that, among adolescents in Africa, cash transfers generally do not increase contraceptive or condom use (with some exceptions) or reduce mortality (despite impacts on other age groups). This could be due to the fact that adolescents are a relatively healthy segment of the population, with generally lower mortality rates.
<ul style="list-style-type: none">There is moderate evidence (often varying by context, sex, or age group) that cash transfers improve adolescents' mental health and aspirations; increase schooling attainment and test scores; delay sexual debut and marriage; reduce pregnancy; reduce risky sexual behaviours including multiple sexual partners, transactional sex, and age-disparate sexual relationships; reduce violence experiences; reduce HIV infection; and reduce participation (or hours spent) in domestic chores.	



4. PROGRAMME DESIGN AND IMPLEMENTATION CONSIDERATIONS

<ul style="list-style-type: none"> Approaches to social protection, including for adolescents, should take a rights-based approach with progressive realization of universal coverage. They should also recognize vulnerabilities across the life-course, including early childhood and adolescence, placing a particular emphasis on vulnerable groups (61). This approach requires an intersectional lens, where design considers the needs of (overlapping) groups including women and girls, people with disability, members of racial and ethnic minority groups, children on the move, and others. 	<ul style="list-style-type: none"> Programme design should take into account the socio-economic and cultural context in which the programmes are implemented, including consultation with adolescents themselves and examination of key data on gender norms related to key outcomes being targeted. Promote the active participation of adolescent girls (and boys) in programme management and governance structures to improve their access to benefits (by implementing their recommendations for outreach, such as using social media, providing information on benefits at schools and clinics, etc.) and enhance their leadership, agency, self-esteem, and social capital.
<ul style="list-style-type: none"> Undertake a gender- and age-sensitive analysis to understand the poverty characteristics, risks and vulnerabilities of adolescent girls and boys (and women and men), the intra-household dynamics that impact these, and the moderating effects of gender norms and intersectionality, to inform programme design. 	<ul style="list-style-type: none"> Adopt a lifecycle approach, expand eligibility criteria to enrol households with adolescent girls to address gender-specific vulnerabilities faced by adolescent girls, to enrol households headed by adolescent girls, and to ensure that cash transfers (e.g., child benefits) or other benefits to households are not discontinued as children age into adolescence.
<ul style="list-style-type: none"> Carry out a feasibility study to understand whether the scope of existing programmes that target households can be expanded to include components to address adolescents' (including girls') poverty and vulnerability to specific risks, with a focus on what programme design features are scalable. Attention should be paid to operational entry points, including government coordination mechanisms on national and local levels, and management information systems interoperability and data sharing (for identifying eligible participants). 	<ul style="list-style-type: none"> For cash transfers, ensure that transfer value is adequate³ and keeps pace with inflation to unlock the maximum potential of benefits and ensure that type of benefit responds to the needs faced by groups of girls.



4. PROGRAMME DESIGN AND IMPLEMENTATION CONSIDERATIONS (CONT.)

<ul style="list-style-type: none"> Cash transfers should be designed without conditions where possible. While, from a political economy perspective, conditions can enable support from policymakers, political elites, and taxpayers, evidence shows they can have negative, unintended consequences. For example, conditions reduce households' abilities to make their own decisions about how to best invest cash, they can adversely affect the mental health of adolescent girls and women (27, 64), and they can reinforce stereotypes of women as mothers and caregivers (and not rights holders in their own right), increasing their unpaid care responsibilities (65, 66). Moreover, evidence indicates that unconditional cash transfers have larger effects on mental health, women's agency, and women's economic achievement than conditional cash transfers (67, 68). Finally, with respect to school attendance, one of the most common conditions, the evidence indicates that conditional and unconditional cash transfers are equally effective in increasing attendance (69). 	<ul style="list-style-type: none"> Strengthen capacity of frontline workers, including social welfare workers, responsible for implementation of linkages, referrals, and case management, both for holistic delivery and to respond to adolescents' specific needs. Capacity should be strengthened in terms of training for new programme activities (including how to work with adolescent girls) as well as new hires to meet demand as programmes and frontline workers' responsibilities expand.
<ul style="list-style-type: none"> Facilitate linkages to strengthened (including adolescent friendly), existing, tailored, complementary services and programming informed by adolescent girls' priorities and needs to achieve larger effects on a wider range of outcomes and to maximise sustainability of linkages and impacts beyond programme periods. These services may include health services, education services, digital and financial inclusion, vocational training, livelihood enhancement programmes, sexual and reproductive health services, gender-based violence prevention programmes and care services. Complementary programming should also bring together adolescents with other programme participants to facilitate development of social networks, peer exchange, and increased knowledge, such as safe spaces, mentoring, or skills exchange, where possible. 	<ul style="list-style-type: none"> Conduct community sensitisation to sensitise community members to gender- and age-responsive programme objectives (for example, why adolescent girls might be targeted specifically and what barriers they face, why pregnant adolescents and women might be given waivers for participation in public works, etc.) to promote buy-in, ensure implementation is carried out as designed, and increase gender equitable attitudes.
<ul style="list-style-type: none"> Implement two-way communication and outreach strategies with a focus on hard-to-reach adolescents to inform (potential) participants and their households about how to register and enrol in schemes, collect transfers, attend complementary activities, and report complaints. Incorporate accountability and grievance response mechanisms in social protection that are accessible and create space for adolescent girls and boys. 	<ul style="list-style-type: none"> Ensure that monitoring and evaluation frameworks incorporate gender, age, and other inclusion-related aspects, and generate evidence on gender impacts of programmes on adolescent girls, both those targeted to them, and other household-based programmes.



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5. WHERE IS MORE RESEARCH NEEDED?

Based on gaps in the evidence summarised, we recommend the following directions for future research.

<ul style="list-style-type: none"> Many studies and reviews do not report sex- and age-disaggregated impacts. More efforts should be made to report these, including increasing sample sizes in evaluations to have sufficient statistical power to detect disaggregated effects. This will require increased funding to support larger evaluation samples. 	<ul style="list-style-type: none"> Future research agendas to understand the impacts of cash transfers for adolescents should be developed together with adolescents through participatory approaches to ensure that topics relevant to them are examined and that their experiences are accurately reflected in research design, implementation, and dissemination.
<ul style="list-style-type: none"> Very few studies have examined impacts among adolescents on food security and nutrition; healthcare utilisation; skills and test scores; caregiving; autonomy, agency, and decision-making; social support; and gender attitudes. More research is needed in these areas. 	<ul style="list-style-type: none"> Evaluations over longer periods, even once programmes have ended⁴, are needed to understand whether cash transfers improve longer-term outcomes, as adolescents transition from adolescence to adulthood, including schooling attainment, skills acquisition, labour market outcomes, income, violence risk, health, and ultimately whether they can help break the intergenerational persistence of poverty.
<ul style="list-style-type: none"> More research (including with mixed methods) should be carried out to unpack pathways of impact (the “why” of programme impacts); to understand how contextual factors (including distance from and quality of schools and health facilities, labour market characteristics, and gender norms) may affect how large cash transfer impacts on adolescents’ well-being can be; and to understand impacts of integrated, multisectoral programming (including multi-arm studies which can estimate both synergistic impacts of multiple components together, as well as individual contributions of each component). However, estimating moderating effects of contextual factors and multi-arm studies of different combinations of multisectoral programming requires larger evaluation sample sizes (and additional funding). 	

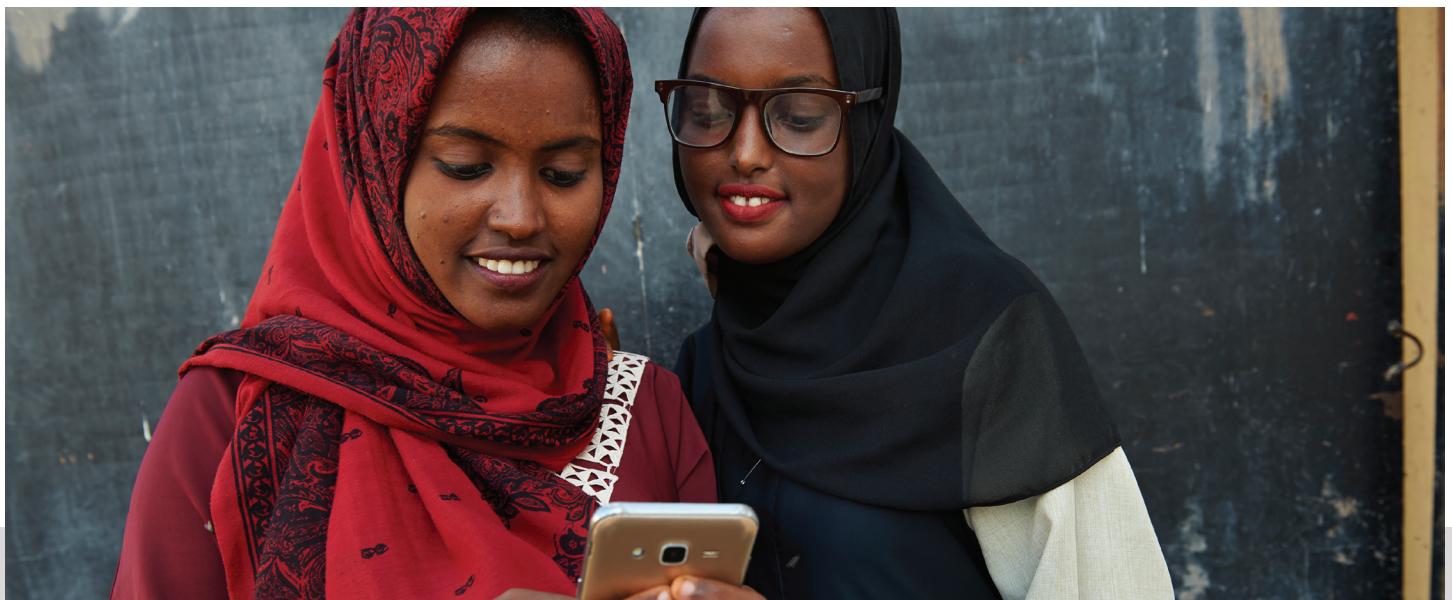


6. METHODOLOGY

The evidence summarised in this brief is drawn mainly from systematic reviews, narrative reviews, and meta-analyses. 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, as well as from the Transfer Project. 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).
- **ODDS** – odds are the probability of an event occurring divided by the 1 minus the probability of the event occurring [$p/(1-p)$]
- **ODDS RATIO** – an odds ratio is the odds for one group (treatment) divided by the odds for another group (control)



ACKNOWLEDGEMENTS

This summary document was commissioned by UNICEF and drafted by Policy Research Solutions (PRESTO). Authors included Tia Palermo and Kate Caisley. The authors thanks Sara Abdoulayi and Sanne Holtslag for helpful comments and Devon Rohr for design.

REFERENCES



ENDNOTES

- 1 The concept of capabilities (as an approach to development) emphasises the importance of functioning ('doing' and 'being') over a simple assessment of commodities or happiness (4). Expansion of capabilities entails new opportunities to choose or decide a different future and the ability to act on those choices. The capabilities framework for adolescents developed by Gender and Adolescence Global Evidence (GAGE) defines the following capabilities domains: (1) education and learning, (2) bodily integrity, (3) physical and reproductive health and nutrition, (4) psychosocial well-being, (5) voice and agency, and (6) economic empowerment (5).
- 2 Defined as ability to initiate actions towards a goal and capacity to achieve those goals.
- 3 To achieve adequacy, transfer value amount depends on context and programme objectives. However, studies of cash transfers suggest that the value should be at least 20 per cent of pre-programme monthly household expenditures to have broad-ranging effects (62).
- 4 Many programmes are implemented as short-term programming and short evaluation periods reflect this duration. However, short-term programming may not have sustained impacts.



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