

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

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## 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 capabilities<sup>1</sup>, (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 12.6 per cent in Africa (and 26.4 per cent globally) (10). 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 needed 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 (11, 12, 13, 14, 15, 16).
- Cash transfers have strong, positive impacts on household-level food security, including consumption, dietary diversity, and caloric intake (18). 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

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| <ul style="list-style-type: none"> <li>• 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 (17, 19, 20).</li> </ul>       | <ul style="list-style-type: none"> <li>• 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 (24, 25).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• 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 (17, 21).</li> </ul> | <ul style="list-style-type: none"> <li>• The evidence on cash transfers and HIV incidence is mixed. A minority of studies find that cash transfers reduce HIV and STI incidence (26); however, a population-based observational study found that increased government cash transfer coverage was associated with lower HIV incidence (among adolescents and adults combined) (23). The evidence on contraceptive use is also mixed; cash transfers and cash plus programmes generally increase knowledge of modern contraceptive methods but not use (17, 27, 28).</li> </ul> |
| <ul style="list-style-type: none"> <li>• Cash transfer programmes reduce mortality risk among adults and young children, but not among adolescents (22, 23).</li> </ul>  | <ul style="list-style-type: none"> <li>• 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 (17, 29, 30, 31, 32).</li> </ul>  |

### ADVANCING ADOLESCENTS’ RIGHT TO QUALITY EDUCATION AND TO RELEVANT LEARNING AND SKILLS

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| <ul style="list-style-type: none"> <li>• 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 (17, 33, 34, 35, 70).</li> </ul> | <ul style="list-style-type: none"> <li>• 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 (37).</li> </ul> |
| <ul style="list-style-type: none"> <li>• 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 (17, 36).</li> </ul>  |  |



## HIGHLIGHTS (CONT.)

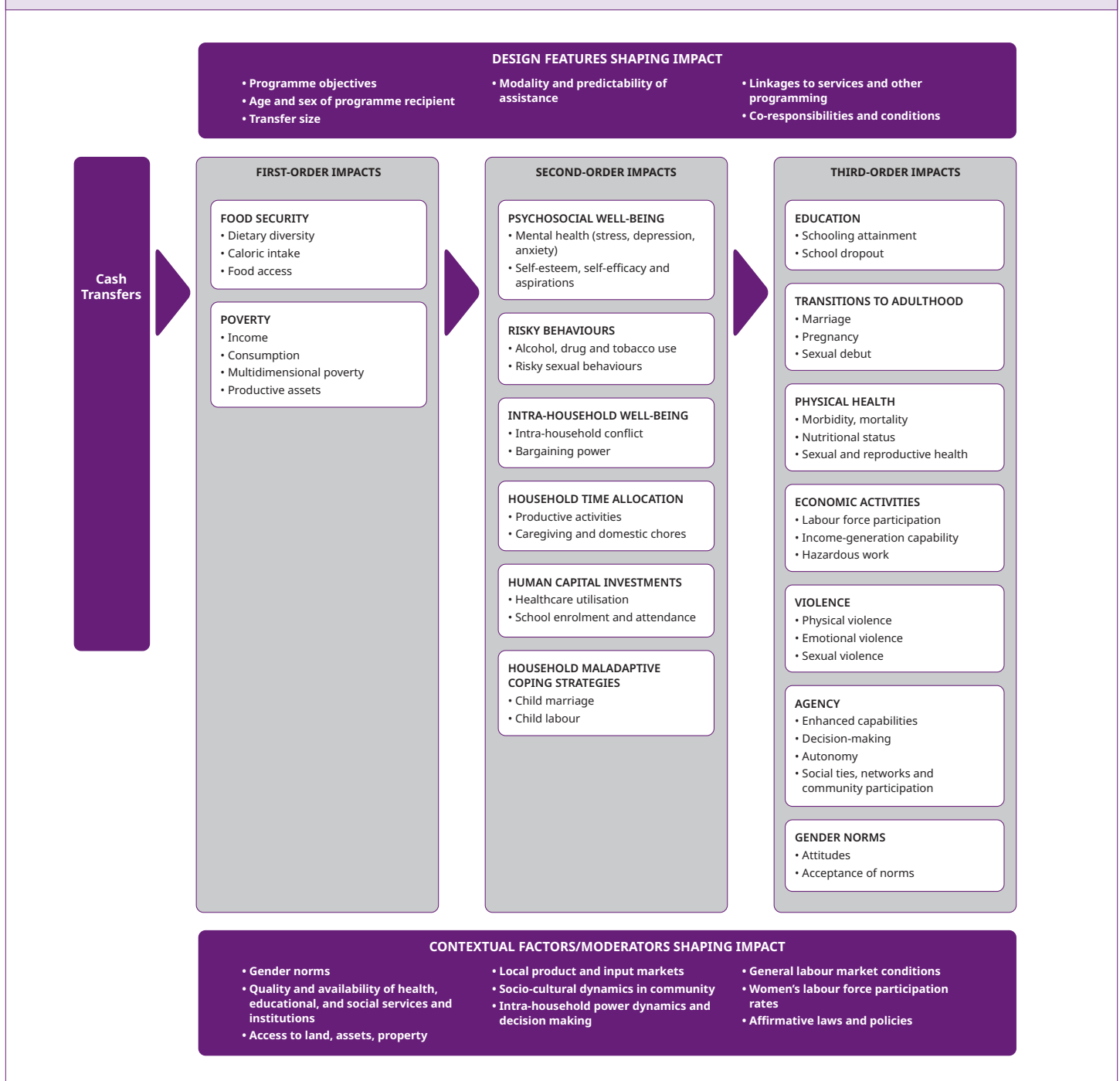
### PROTECTING EVERY ADOLESCENT FROM VIOLENCE, EXPLOITATION, AND ABUSE AND PREVENTING HARMFUL PRACTICES

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| <ul style="list-style-type: none"> <li>• There is strong evidence that cash transfers reduce intimate partner violence among adult women (39, 40, 41), but evidence among adolescents and youth is lacking. There is evidence to suggest that cash transfers can reduce violence against children and adolescents (17, 38).</li> </ul>  | <ul style="list-style-type: none"> <li>• 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 (6, 17, 26). However, cash transfers general do not increase contraceptive or condom use (with some exceptions) (17, 28).</li> </ul> |
| <ul style="list-style-type: none"> <li>• Most studies find that cash transfers reduce adolescents' participation in labour activities (17, 42).</li> </ul>  | <ul style="list-style-type: none"> <li>• Cash transfers programmes can delay sexual debut, but effects are not found in all contexts, and they are largely driven by females (17).</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Cash transfers generally reduce adolescents' domestic work, particularly among girls (42, 43, 44, 45, 46). 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.</li> </ul> | <ul style="list-style-type: none"> <li>• 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 (6).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Cash transfers delay child marriage and pregnancy, but effects are not seen in all African contexts (6, 17, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56).</li> </ul>  |   |

### CROSS-CUTTING OUTCOMES

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| <ul style="list-style-type: none"> <li>• The limited evidence available shows that cash transfers can increase aspirations for education level and delaying marriage but may not affect hopefulness<sup>2</sup> in youth (17, 34, 43).</li> </ul>   | <ul style="list-style-type: none"> <li>• 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 (58, 59, 60, 61).</li> </ul>    |
| <ul style="list-style-type: none"> <li>• Very few evaluations of cash transfers 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 (17, 26, 32, 57, 58).</li> </ul> | <ul style="list-style-type: none"> <li>• 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 (17, 56).</li> </ul> |

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



## 2. CONCLUSIONS

- 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).
- 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.
- 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.



### 3. PROGRAMME DESIGN AND IMPLEMENTATION CONSIDERATIONS

- Approaches to social protection, including for adolescents, is 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 (63). 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.
- 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.
- 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.
- 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.
- 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).
- For cash transfers, **ensure that transfer value is adequate<sup>3</sup>** 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.



### 3. PROGRAMME DESIGN AND IMPLEMENTATION CONSIDERATIONS (CONT.)

- 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 (29, 65), and they can reinforce stereotypes of women as mothers and caregivers (and not rights holders in their own right), increasing their unpaid care responsibilities (66, 67). 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 (68, 69). 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 (70).
- **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.
- **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.
- 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.
- 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.
- 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.



## 5. WHERE IS MORE RESEARCH NEEDED?

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

- 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.
- 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.
- 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).
- 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.
- Evaluations over longer periods, even once programmes have ended<sup>4</sup>, 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.



## 6. METHODOLOGY

The evidence summarized 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.



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## 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 64. Transfer Project. How much do programmes pay? Transfer size in selected national cash transfer programmes in sub-Saharan Africa. Florence and Chapel Hill: UNICEF and Carolina Population Center; 2015..
- 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.