THE TRANSFER PROJECT

WILLIAM + FLORA Hewlett Foundation

PRESTO POLICY RESEARCH SOLUTIONS

unicef for every child

Source: ©UNICEF/UN0826368/Dejongh

CASH TRANSFERS IN AFRICA

Impacts on Children's Nutritional Status: Evidence Summary

September 2025

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

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

Source: ©UNICEF/UN0469329/Dejongh

1. INTRODUCTION

Social protection is prominently featured in the 2030 development agenda, and 52.4 per cent of the global population are covered by at least one social protection benefit (ILO 2024). Social protection programmes can contribute to reducing poverty and inequality and can also enhance social cohesion. They are vital to national development strategies.

Regional comparisons indicate that 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 sub-Saharan Africa), yet coverage in many countries is substantially lower (ILO 2024). At the same time, social protection programming in the region has expanded dramatically over the past two decades. Many countries in Africa have invested in and expanded their social protection systems (ILO 2024). In fact, between 2000 and 2015, the number of non-contributory social protection programmes in the region tripled (Cirillo and Tebaldi 2016), and almost every African country now has at least one social safety net programme (Beegle, Coudouel, and Monsalve 2018). In response to the COVID-19 pandemic, countries paid increased attention to social programmes around the world.

Social assistance is one form of social protection and includes social transfers (cash transfers), food vouchers or consumable in-kind transfers, including school feeding programmes, productive asset transfers, public works programmes, fee waivers, targeted subsidies, and social care services (for example, childcare benefits, family support services, childcare provision). In Africa, governments have introduced flagship social safety net programmes and increased social protection coverage (World Bank 2018). For instance, between 2010 and 2016, the number of countries in sub-Saharan Africa with an unconditional cash transfer programme doubled from 20 to 40 out of 48 countries (Hagen-Zanker et al. 2016). Nevertheless, countries have struggled to significantly expand coverage of their cash transfer programmes, with some notable exceptions.

Much of the expansion of social protection in Africa is in the form of social cash transfers and is informed by a growing body of global evidence that demonstrates that cash transfer 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 the current overview, we focus on cash transfers, which are a core element of social protection strategies in low- and middle-income countries (Bastagli et al. 2019). They are generally designed to provide regular and predictable cash support to poor and vulnerable households or individuals. The direct provision of cash empowers these households and individuals to address their vulnerability and helps them alleviate the worst effects of poverty (Agrawal et al. 2020; Garcia, Moore, and Moore 2012). Many national cash transfer programmes have objectives related to reducing poverty and food security, in combination with improving human capital development (including health and education). Poverty reduction objectives can be framed from the perspective of both monetary poverty and multidimensional poverty. These measures are complementary, and multidimensional poverty aims to capture individuals' access to goods and services and measure deprivations across various domains (including health, education, and infrastructure, among others). Evidence shows cash transfers reduce poverty and food insecurity and increase asset ownership, school attendance, and other aspects of well-being (Baird et al. 2014; Bastagli et al. 2019; Davis et al. 2016; Owusu-Addo, Renzaho, and Smith 2018; Pega et al. 2022).

Source: ©UNICEF/UNI670656/Mmina/Elephant Media

At the same time, country-level expansion of social protection programming is often constrained by incomplete awareness and understanding among different stakeholders of social protection impacts on families and potential to reduce inequality and contribute to local economic development. This includes commonly held misperceptions around the nature and impacts of cash transfer programmes. The problem is further compounded by the inaccessibility and underutilisation of existing evidence which has the potential to inform policy and programmatic reform and increase financial investments in social protection. In the wake of not only the COVID-19 pandemic, but also with increasing challenges associated with the effects of climate change, local and global socio-economic crises, and an increasing number of people living in fragile and conflict contexts, it is imperative that available evidence is made accessible to inform decisions on the use of scarce resources to extend coverage, improve adequacy, and optimise the delivery of social protection programmes in Africa.

While numerous impact evaluations and systematic reviews have examined cash transfer programme impacts, including in Africa, these are often in academic publications (which may require payment to access) or lengthy technical reports that are not easily accessible to a broader audience. In addition, summaries of evidence across countries or outcomes are also lacking, as many systematic reviews focus on narrow outcomes by design. In this series of papers, we aim to synthesise this evidence on the impacts of social cash transfer programmes or social safety net programmes as it applies to the sub-Saharan African context in brief and in language accessible to policymakers, practitioners, civil society actors, and other stakeholders. The series covers topics such as poverty, food security, and resilience; health; education; gender equality; nutrition; and adolescents.

This is the fifth paper in the series, examining impacts of social cash transfer programmes on child nutritional status (for example, anthropometric outcomes such as stunting, wasting, underweight, and overweight/obesity) in language accessible to policymakers, practitioners, and other stakeholders. The paper provides an overview of the evidence with a focus on Africa, concentrating on where notable impacts are evident, where they are not, where evidence is scarce, and a discussion of the factors determining programme effectiveness or its absence, as the evidence allows. Where possible, we focus on evidence from national cash transfer programmes and not emergency settings. In particular, we highlight evidence from evaluations conducted in Africa under the Transfer Project[1].

Source: ©UNICEF/UNI702739/Dicko

Box 1. Key concepts and terminology

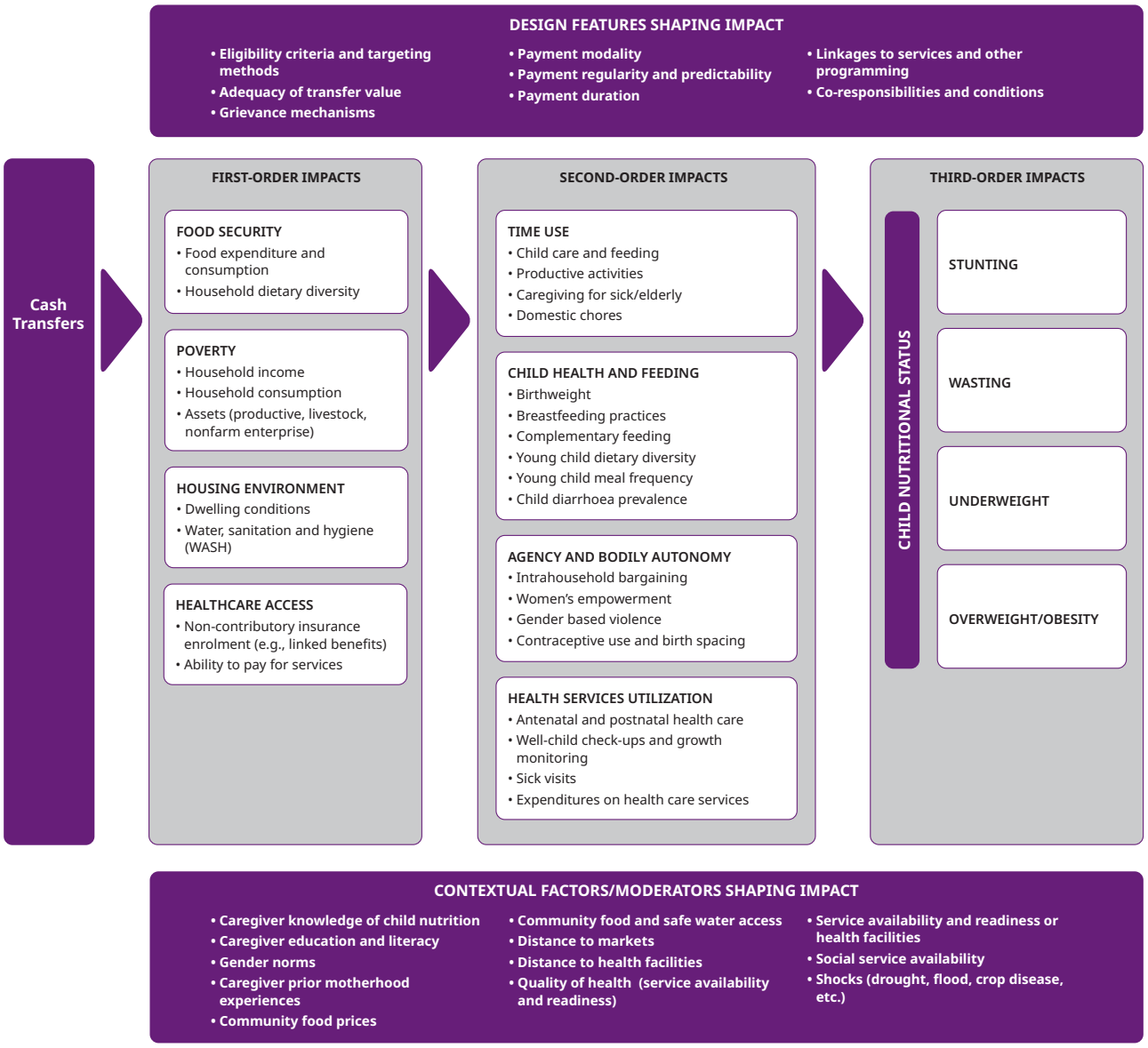
- The Social Protection Inter-Agency Cooperative Board (SPIAC-B) defines social protection as the "set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion, throughout their life cycles, with a particular emphasis towards vulnerable groups" (SPIAC-B). Social protection programming can be divided into **contributory** and **non-contributory programming**. In contributory programming, participants must pay into programming to receive benefits when eligible (for example, in the event of injury, maternity, unemployment, or retirement). In contrast, non-contributory programming is available to individuals even if they have not paid into programmes and includes both social assistance programmes and social care (family support services). Social assistance includes social transfers (cash transfers, vouchers, in-kind transfers), public works programmes, fee waivers, and subsidies.
- This review focuses on evidence from **social cash transfers**, including both unconditional and conditional cash transfers. **Unconditional** cash transfers are provided to individuals or households without conditions around compliance with certain behaviours. **Conditional** cash transfers, on the other hand, are provided based on households or individuals complying with certain behavioural requirements (conditions), such as household members' school attendance or health check-ups. In some settings, an unconditional base transfer may be provided and then additional top-up amounts may be subject to conditions. Conditions are increasingly referred to as "co-responsibilities".
- **Social cash transfers** are regular, predictable cash transfers delivered to households, generally with objectives related to poverty reduction, consumption smoothing, and human capital development. They are typically delivered over a longer period of time as compared to cash transfers in humanitarian or emergency settings. The latter may be short-term transfers intended to meet basic needs for food, shelter, etc.
- When cash transfers are linked with other programming or services, this is referred to as **"cash plus"**. These services might include health care, vocational training, social and behaviour change communication, or other programming. The motivation for designing programmes with intentional linkages is that evidence shows that cash alone may not be sufficient to overcome many barriers that poor and marginalised households face. Thus, additional, often intersectoral linkages, can help address some of these barriers to health, education, and livelihood access, and ultimately contribute to sustainable poverty reduction.

Source: ©UNICEF/UN0664032/Schermbrucker

2. CONCEPTUALISING HOW CASH TRANSFERS AFFECT CHILD NUTRITIONAL STATUS

The conceptual framework in Figure 1 shows how cash transfer programmes may influence different outcomes of interest. Child nutritional status refers to measures of overweight/obesity (high weight-for-height) and malnutrition among young children (0-59 months). Malnutrition outcomes are measured with stunting (low height-for-age), wasting (low weight-for-height), and underweight (low weight-for-age). Cash transfer programmes may influence these outcomes directly or indirectly (Biscaye et al. 2017). While the linkages are suggestive based on theory, in the evidence review section we highlight which pathways (including first-, second-, and third-order impacts) have strong supporting evidence and where gaps still exist. The framework serves as the point of reference for the remainder of this paper.

FIGURE 1. CONCEPTUAL FRAMEWORK LINKING CASH TO CHILD NUTRITION



First-Order Impacts

As can be seen in Figure 1, social assistance programmes increase household-level economic security (food security and poverty), housing environment, and health care access first, before working their effects to other second- and third-order impacts. This is because social assistance programmes (especially those implemented by governments) are often targeted at the household-level and because food security (caloric intake, food access, and dietary diversity) is among the most pressing needs that vulnerable households must address first.

FOOD SECURITY: Insufficient amounts, quality, and types of food (i.e. food insecurity) within households have been associated with worse nutritional status for children in sub-Saharan Africa (Gassara and Chen 2021), making food security a key mechanism for impact. Most immediately, cash transfers tend to increase food expenditures, leading to greater household-level food security, including caloric consumption and dietary diversity (Hidrobo et al. 2018; Arnold, Conway, and Greenslade 2011; Bastagli et al. 2016). Food security is defined as 'having, at all times, both physical and economic access to sufficient food to meet dietary needs for a productive and healthy life' (USAID). Food security may be constrained because of contextual factors in settings in which people live (for example, economic downturn); because of a lack of or decline in household economic resources (for example, loss of household labour or productive assets); because of limitations in available livelihood strategies (for example, dependence on subsistence farming); or because of household behavioural characteristics (for example, resource allocation decisions) (Devereux 2012). Cash transfers can, in part, serve as a buffer against some of the negative impacts on food security resulting from changes at any of these levels. Cash transfer programmes increase household income, and, as such, increase the resources available for households to buy food (d'Agostino, Pieroni, and Scarlato 2013; de Groot et al. 2017). Larger transfer sizes may have stronger effects (Manley, Alderman, and Gentilini 2022). Households commonly use cash transfers to buy more and higher quality food (Tiwari et al. 2016). However, because impacts of cash transfer programmes on food security occur via impacts on food expenditure, impacts are moderated by the availability of food and the prices of food (de Groot et al. 2017). Impacts on food security are also affected by shocks external to the household, including adverse climate events, inflation, global pandemics, or political instability.

POVERTY: Social assistance programmes can increase disposable income through direct cash transfers or can reduce budget constraints through in-kind provision of goods and services, or through vouchers and subsidies. In turn, these changes can result in reduced poverty rates, or at a minimum reduce the poverty gap, a measure which reflects the depth of poverty (the distance households find themselves below the poverty line). This reduction in poverty can be both monetary and multi-dimensional, with multi-dimensional poverty considering deprivations beyond monetary poverty and across several domains such as health, education, or access to basic infrastructure and services, particularly when cash transfers are provided in conjunction with complementary services. This increased economic security leads to increased expenditures, including on food and food security (Arnold, Conway, and Greenslade 2011; Bastagli et al. 2016; Hidrobo et al. 2018; Alderman and Yemtsov 2012) (see above). Increased income may also lead to increased purchase of household and productive assets including farm tools, livestock, and improved agricultural inputs and technologies (Bastagli et al. 2019; Hidrobo et al. 2018; Alderman and Yemtsov 2012; Bastagli et al. 2016).

HOUSING ENVIRONMENT: Cash transfer programmes can enable households to invest in improvements to dwelling conditions and water, sanitation, and hygiene (WASH). Improved WASH conditions can reduce the risk of diarrhoea, which has long-term impacts on child nutritional status and other infections.

HEALTH CARE ACCESS: Cash transfers can also increase enrolment in health insurance, either through increased ability to pay for premiums or sometimes due to linked benefits, whereby cash transfer participants are eligible for fee waivers for premiums (for example, fee waivers for premiums in the National Health Insurance Scheme among participants of Ghana's Livelihood Empowerment Against Poverty (LEAP) program). Increased health insurance coverage and increased income together can improve households' ability to pay for (and subsequently, make expenditures on) health services, transportation, and medications. Uptake of health insurance may depend on contextual factors, such as perceived benefits, which is correlated with service availability and readiness.

Source: ©UNICEF/UNI482854/Mirindi Johnson

Second-Order Impacts

Social assistance programmes can also improve young child nutrition outcomes through secondary impact pathways, including time use (for example, time allocation for childcare and feeding), child health and feeding practices (for example, child dietary diversity and caloric intake), agency and bodily autonomy (for example, intrahousehold bargaining related to child feeding practices), and health service use (for example, child growth monitoring). Some of these impacts might be related to programme objectives and/or co-responsibilities. Alternatively, some effects might indirectly follow from the knock-on effects of increased economic and food security which were more immediate. These secondary impacts are discussed in turn below.

TIME USE: Maternal time allocation, in particular, has important implications for child nutrition in terms of food production, food preparation, child feeding, and childcare activities (Johnston et al. 2018). Trade-offs in time spent on productive and domestic activities can have varied effects on nutrition pathways. On the one hand, participating in economic activities can improve access to nutritious foods through increased food and economic security. At the same time, increases in productive investments can lead to changes in the time allocation of household members in productive agricultural activities, livestock tending, or operating non-farm businesses, (Anderson et al. 2017; Arnold, Conway, and Greenslade 2011; Bastagli et al. 2016), with secondary effects on time allocated to caregiving and household chores. Thus, time spent with children may decrease or there may be substitution effects, whereby other household members (often adolescent girls) may increase time spent caring for young children as adults engage more time in productive activities.

CHILD HEALTH AND FEEDING: Low birthweight is a strong predictor of malnutrition in early life (Ntenda 2019). Cash transfers, particularly those targeted to women before and during pregnancy, may lead to improvements in intrauterine growth through improved maternal health and nutrition. Moreover, inadequate nutritional intake among infants and young children (IYCF) is an immediate cause of malnutrition, including stunting, wasting, and underweight (World Health Organization 2021). Nonadherence to IYCF feeding guidelines puts children at risk for essential nutrient and vitamin deficiencies and detrimental growth trajectories. Cash transfers may indirectly improve child feeding practices by increasing household food security and the availability of adequate food types and quantities. Frequent childhood illnesses such as diarrhoea can lead to delayed growth and child stunting. The prevention and management of diarrhoea is crucial for improving child malnutrition outcomes. Cash transfers may reduce diarrhoea through multiple paths, including improved WASH conditions, improved nutrient intake, and increased health care utilisation (including antenatal care or during illness).

Source: ©UNICEF/UNI702940/Dicko

AGENCY AND BODILY AUTONOMY: Within households, social assistance may affect intrahousehold bargaining power, women's autonomy, gender-based violence, and contraception use and childbearing. For example, improved economic security and reduced associated stress can affect intrahousehold dynamics, leading to reductions in interpersonal violence within the household, including gender-based violence against caregivers. Experiences of intimate partner violence among mothers have been associated with suboptimal feeding practices for infants and young children (Walters et al. 2021; Tsedal et al. 2020). Additional pathways identified regarding gender-based violence on nutritional status of young children include adverse effects on maternal health and wellbeing, which impact care and feeding practices and directly affect a child's stress response, leading to negative impacts on biological regulatory systems (Yount, DiGirolamo, and Ramakrishnan 2011a). Moreover, cash transfers may delay childbearing in adolescence, with positive effects for children's nutritional status, morbidity, and mortality (Hindin et al. 2016). Increases in birth spacing can also have beneficial effects on infant health and children's nutritional status (Conde-Agudelo et al. 2012; Conde-Agudelo, Rosas-Bermudez, and Kafury-Goeta 2006). Furthermore, empowerment of female caregivers, which may be affected by programme characteristics such as sex of recipient and transfer size, can result in women's preferences in intrahousehold resource allocation (include for women's health and well-being, children's health and nutrition, and food security) being realised.

SERVICES: Through reducing financial barriers, in the medium-term, cash transfers programmes can improve the use of preventative or treatment health care services (when ill), including well-child check-ups, growth monitoring, care related to illness, antenatal and postnatal care, and birth registration (which allows individuals to access benefits to which they are entitled, like health insurance, throughout the life course through legal recognition). The effective use of health care services, whether through insurance coverage or increased health expenditure, can improve nutritional uptake of young children through improved health environment and health status.

Third-Order Impacts

Through the first- and second-order pathways described, cash transfers can lead to improved child nutrition status by decreasing rates of stunting, wasting, and underweight and potentially reducing the double burden associated with being both malnourished and overweight or obese.

Programme Design Features

Social assistance programme design features that can moderate impacts of cash transfers include the following:

- Targeting criteria and processes
- Modality of transfer (e-payment v. Manual)
- Frequency and predictability of transfer
- Duration of transfer
- Adequacy of the cash transfer value (including whether these keep pace with inflation)
- Existence of conditions or co-responsibilities
- Integrated linkages to complementary (e.G., Social and behaviour change communication, food supplements) programming, and services (in case of integrated cash transfer programmes, often referred to as 'cash plus,' including health fee waivers or non-contributory health insurance)

Transparent and effective cash transfer targeting processes help ensure that the most vulnerable households and individuals are included and improve community understanding, trust, and acceptance of the programme. Meanwhile, 'adequate', regular, and predictable transfers may empower households to meet their immediate consumption needs. It is important that transfer values keep pace with inflation.

Pathways can also be reinforced where integrated linkages or referrals to complementary health and social services exist, including through case management or behaviour change communication on various health[2] and nutrition topics. Meanwhile, when cash transfer programmes implement conditions (or co-responsibilities), the time burden to meet these conditions often falls to women, increasing their responsibilities and exacerbating their workload (sometimes referred to as "time poverty") (Molyneux 2006). This increased workload may counteract effects on women's empowerment (Peterman et al. 2024) and time spent on parenting activities. As such, these design characteristics can moderate the level of impact on the outcomes described above. In addition, inability to meet the conditions for whatever unforeseen reasons can result in penalties in the form of lower transfers, which can further harm the most marginalised households who are in need of additional resources.

Contextual Factors

As shown in Figure 1, the framework also considers a number of contextual factors which may influence the effects of cash transfers on child nutritional status. Caregiver knowledge regarding infant and young child feeding, for example, which is largely shaped by education level, previous experience, and availability of services, can help leverage the use of benefits towards meeting adequate nutritional requirements of young children. Meeting dietary needs of children and mothers is also dependent on availability and prices of food, as well as exposure to economic shocks on the community or household level, while women's empowerment may be mediated through societal norms regarding gender roles. Importantly, where cash transfer programmes include complementary services or linkages to health services (such as through health insurance premium waivers, free services, or related initiatives) and access to safe water and sanitation facilities, this can, in turn, impact child nutritional status (de Groot et al. 2017).

Shocks may also moderate the impacts; for example, 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. These factors can influence cash transfer impacts independently and jointly. Their effects can be positive or negative. Nevertheless, a review focusing on moderating factors concluded that moderating characteristics were often underreported or not frequently analysed in cash transfer evaluations (Cooper et al. 2020).

Source: ©UNICEF/UN0557721/

3. METHODOLOGY

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

We prioritise evidence from systematic reviews, narrative reviews, and meta-analyses of impact evaluations of cash transfer programmes, with a focus on evidence from Africa, as well as individual studies (published reports and peer-reviewed articles) from the Transfer Project[1]. For outcomes where there exist reviews but there are gaps in the evidence from Africa, we draw on global reviews and evidence. For outcomes where systematic reviews and meta-analyses were not available, we draw on evidence from individual studies, identified through searches in PubMed and Google Scholar. We have flagged these as areas for more research to strengthen the African evidence base. This holds for areas where evidence is emerging but not yet solidified (for example, cash plus programmes without accompanying rigorous impact evaluations) or evaluations that consider the moderating effects of programme design features and implementation fidelity.

Regarding the key indicators to measure impact across areas of interest, we adopted indicators most widely reported in past key systematic reviews and Transfer Project evaluation studies. Table 1 presents an overview of these indicators which are then explained in more detail in the following sections that present the evidence on each.

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 counter factual (what would have happened to the treatment group had they not received the treatment).

Source: ©UNICEF/UN0337478

Table 1: Outcomes of interest and list of corresponding indicators

OUTCOMES OF INTEREST	INDICATORS
FIRST-ORDER IMPACTS	
FOOD SECURITY	Food expenditures and consumption
	Household dietary diversity
POVERTY	Household income
	Household consumption
	Assets (productive, livestock, non-farm enterprise)
HOUSING ENVIRONMENT	Dwelling conditions
	Water, sanitation and hygiene (WASH)
HEALTH CARE ACCESS	Non-contributory insurance enrolment (for example, linked benefits)
	Ability to pay for services
SECOND-ORDER IMPACTS	
TIME USE	Childcare and feeding
	Productive activities
	Caregiving for sick/elderly
	Domestic chores
CHILD HEALTH AND FEEDING	Birthweight
	Breastfeeding practices
	Complementary feeding
	Young child dietary diversity
	Young child meal frequency
	Child diarrhoea prevalence
AGENCY AND BODILY AUTONOMY	Intrahousehold bargaining
	Women's empowerment
	Gender based violence
	Contraceptive use and birth spacing
HEALTH SERVICES UTILIZATION	Antenatal and postnatal health care
	Well-child check-ups & growth monitoring
	Sick visits
	Expenditure on health care services
THIRD-ORDER IMPACTS	
CHILD NUTRITIONAL STATUS	Stunting
	Wasting
	Underweight
	Overweight and obesity

Table 2: Summary of systematic reviews covered

AUTHORS & YEAR	TYPES OF CASH TRANSFERS EXAMINED	AIMS
De Groot et al. (2017)	Conditional and unconditional	Narrative review synthesising results from previous literature reviews and metanalyses, supplemented by additional studies from the African context.
Little et al. (2021)	Cash plus	Systematic review and meta-analysis of studies examining the effects of cash plus interventions for infants and young children compared to cash alone. Seventeen studies were included in the review, of which seven were from Africa.
Manley and Gitter (2013)	Conditional and unconditional	Systematic review and meta-analysis examining the impact of cash transfer programmes on child anthropometric outcomes. They included evidence from 21 studies examining 17 programmes in 12 countries, two of which were from Africa.
Manley and Slavchevska (2017)	Conditional and unconditional	Narrative review of 20 cash transfer programmes (12 from Africa). While not a systematic review, the programmes were selected based on relevance to the African context.
Manley et al. (2020)	Conditional and unconditional	Systematic review and meta-analysis examining the impact of both governmental and non-governmental cash transfer programmes in countries with GDP per capita below $10,000 USD on child anthropometric outcomes. They included evidence from 74 studies from 40 cash transfers in 25 countries, 12 of which were from Africa.
Manley et al. (2022)	Conditional and unconditional	As an extension of the Manley et al. (2020) review, the criteria remained the same as the previous entry. In addition to the 74 studies previously included, the authors identified 55 additional studies of 33 CT programmes. Of the 129 studies in total, 42 per cent were from African countries.
Onwuchekwa et al. (2021)	Conditional	Narrative systematic review of CCTs in Africa examining child health outcomes. Nine studies of eight programmes were included.
Owusu-Addo and Cross (2014)	Conditional	Narrative systematic review of 17 studies (16 from Latin America, 1 from Zimbabwe) on child health.
Owusu-Addo et al. (2018)	Conditional and unconditional	Conducted a narrative review of 53 studies covering 24 unconditional and conditional cash transfer programmes in Africa.
Pega et al. (2022)	Unconditional	Pega et al. (2022) performed a systematic review and meta-analysis from lower- and middle-income countries on the effects of unconditional cash transfers on the use of health services and health outcomes in low- and middle-income countries. They included 34 studies covering 22 programmes from Africa, the Americas, and South-East Asia. Of the 24 studies, 10 included studies were from governmental programmes in Africa, while four were from experimental research (non-governmental) studies. A minority of studies (n=7) came from outside the African region.
Semba et al. (2022)	Conditional and unconditional	Narrative systematic review including 20 studies examining the effects of cash transfer interventions on risk of overweight and obesity. Eleven studies from eight countries were identified examining impacts on children or adolescents, with one country represented from Africa.

4. EVIDENCE ON THE IMPACTS OF CASH TRANSFERS ON CHILD NUTRITIONAL STATUS IN AFRICA AND BEYOND

The below sections have been organised to show where impacts have been seen, what factors explain differences in impact, and what gaps still exist in the African evidence base to inform future research.

Before delving into a detailed description of findings in the remainder of Section 4, we provide a short summary of impacts of cash transfers on child nutritional status-related outcomes, following pathways outlined in the conceptual framework. First, there is strong evidence that cash transfers improve outcomes related to nutritional intake, including poverty and food insecurity (both quantity and quality of diets) on the household level. Improvements in housing conditions have been reported, but not extensively. Very few studies have examined impacts of cash transfers on health insurance enrolment — which also affects access to care — but among those examining this outcome, they find that cash transfers increase health insurance enrolment.

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

Finally, while there is evidence that cash transfers reduce stunting and wasting and increase height-for-age globally (together with studies in Africa), these results are more mixed when looking at individual studies, or when looking at Africa only (in which case only protective impacts on wasting were found). One reason for lack of protective impacts on stunting, wasting, and underweight may be due to small sample sizes for given outcomes. For example, as prevalence of stunting can generally be expected to decline by approximately one percentage point per year as a result of an intervention (such as cash transfers), the number of children needed in an impact evaluation to detect such a small change is approximately 10,000 children (researchers refer to this as minimum sample size, which is related to statistical power). However, most Transfer Project evaluations have a sample size of approximately 2,000 to 4,000 households and thus are more likely to detect impacts in the range of three to five percentage point decreases annually. This may explain why meta-analyses (which pool samples and estimates from multiple studies) have found small impacts, but individual evaluations tend not to find significant impacts on stunting.

4.1 Evidence of Impacts of Social Assistance on Food Security, Poverty, Housing Environment, and Health Care Access

4.1.1 Food security

Key concepts:

- **FOOD SECURITY** – an individual or household having an insufficient supply or access to safe and nutritious food needed for normal growth and to maintain a healthy life (Moncayo and Cafiero 2021).

Lacking adequate nutritious foods on the household level can lead to worse nutritional status for children (Gassara and Chen 2021). In terms of food security, some evaluations have focused on the quantity of food obtained or consumed to assess food security. Such studies commonly use household food expenditure or household food consumption as indicators. Food consumption, as an indicator of impact, has some benefits over food expenditure because it considers food which is consumed but not purchased (i.e., is grown, received, or exchanged). Yet, both indicators tell us something about the impact of cash transfers on food security. Other evaluations have looked at dietary diversity to assess impact on food security. Dietary diversity focuses on the quality of food obtained or consumed and is usually measured by summing the number of foods or food groups consumed over a reference period. Some programmes utilise validated food security scales to capture an overall indicator of a household's food security level. The effects of cash transfer programmes on various indicators related to food security are summarised below.

Food expenditure and consumption

Cash transfers increase food expenditure and food consumption.

Key concepts:

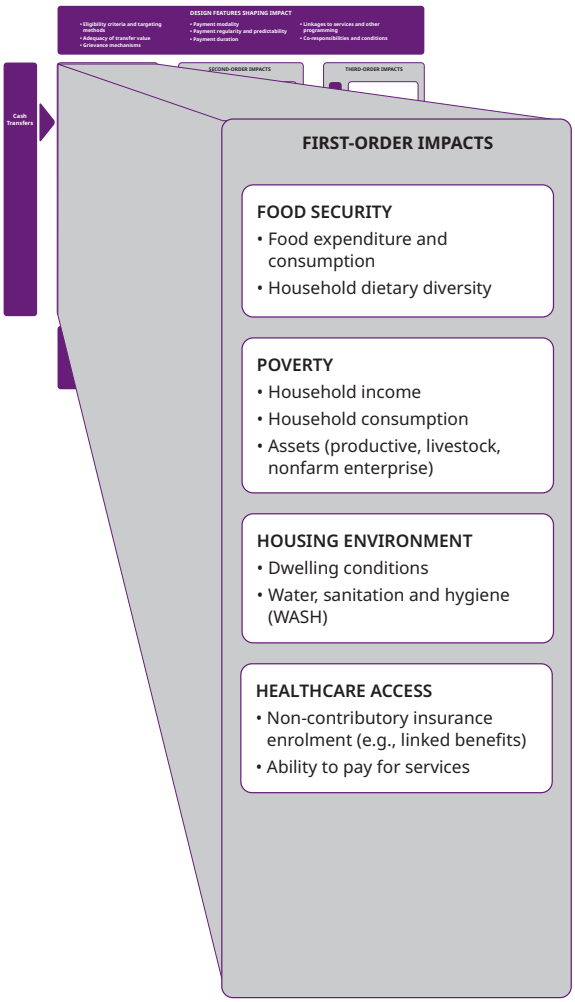
- **FOOD EXPENDITURE** – how much households spend on food in a given week or month (expressed as 'per capita' or 'per adult equivalent').
- **FOOD CONSUMPTION** – value of food consumed (expressed as 'per capita' or 'per adult equivalent') in calories or monetary value.

The global evidence on the impacts of cash transfer programmes on food expenditure and food consumption is well-summarised in a range of reviews, including Richter (2010), Gentilini (2016), Segura-Perez et al. (2016), de Groot et al. (2017), Bastagli et al. (2016), Hidrobo et al. (2018), and Bastagli et al. (2019). In a meta-analysis of 58 studies covering 46 programmes in 25 countries in Latin America and the Caribbean, East Asia and the Pacific, South Asia and sub-Saharan Africa conducted by Hidrobo et al. (2018), cash transfer programmes were found to improve both the quantity and quality of food consumed by beneficiaries. For example, in 40 estimates across 21 programmes, caloric intake increased by 8 per cent globally (6 per cent in sub-Saharan Africa). The authors note that food expenditure tends to rise faster than calorie intake as a result of cash, at least at the start of programme exposure, because households typically use the transfers to improve the quality of their diet first by increasing their consumption of more expensive animal source foods.

The Bastagli et al. (2019) review found that, among 31 studies reporting on the impacts of cash transfer programmes on food expenditure, 23 studies showed at least one positive impact on food expenditures. The mean effect size among the 23 studies that showed at least one positive impact translated into a 13 per cent increase in monthly food expenditure. The largest effects were found in South Asia, with a 19 per cent increase in monthly food expenditure, while the smallest effects were in sub-Saharan Africa, where monthly food expenditure increased by 12 per cent. Likewise, Hidrobo et al. (2018) reviewed 66 studies reporting on food security and found that, among 17 programmes reporting on consumption/expenditure, cash transfer programme increases food consumption or expenditure by 13 per cent.

Out of the 31 studies in the Bastagli et al. (2019) review that considered the impacts of cash transfer programmes on food security, nine sub-Saharan African studies were covered, including

FIGURE 1A. CONCEPTUAL FRAMEWORK LINKING CASH TO CHILD NUTRITION - FIRST-ORDER IMPACTS



from Kenya (Haushofer and Shapiro 2013; Merttens et al. 2013), Lesotho (Pellerano et al. 2014), Malawi (Miller, Tsoka, and Reichert 2011), Niger (Aker et al. 2014), Uganda (Gilligan 2013; Blattman et al. 2015), and Zambia (AIR 2014; Daidone et al. 2014). These evaluations analysed the impacts of cash transfer programmes on monthly food expenditure, food consumption per capita, food expenditure per capita, and weekly food expenditure per capita. Cash transfers were found associated with improvements in these measures in eight studies (out of nine). Hagen-Zanker et al. (2011) reviewed 17 studies focusing on the impacts of cash transfer programmes on total and food expenditure, including five studies from sub-Saharan Africa. The review found positive impacts of cash transfers on different indicators of total food expenditure in 13 out of the 17 studies considered.

Some more recent evaluations from Africa were not covered in the above-referenced reviews. After three years, Senegal's Family Cash Transfer Programme increased total monthly food expenditures by 4,787 FCFA (Bossuroy et al. 2023). A cash transfer in response to COVID-19 jointly administered by UNICEF and World Food Programme in Democratic Republic of Congo in collaboration with the government increased the proportion of household expenditures directed towards food, but there were no impacts on other food security measures (for example, food consumption and acceptable food consumption) (UNICEF Innocenti – Global Office of Research and Foresight et al. 2024). In Kenya, the Hunger Safety Net Programme (HSNP) improved household food consumption, while, at the same time, control households in the evaluation experienced a large drop in food consumption. This suggests that the programme provided a safety net for participating households in the context of severe drought. The impact was larger for poorer households and smaller households, which received higher per capita transfer value (Merttens et al. 2013).

Evaluation studies conducted as part of the Transfer Project (see Table 3) have also reported positive impacts of cash transfer programmes on food expenditures (for example, SCTP Evaluation Team 2016; LEAP 1000 Evaluation Team 2018; American Institutes for Research 2016). As part of the Transfer Project, impacts of cash transfers on food expenditures tend to be assessed using per adult equivalent food expenditure; with evidence reported in local currencies, Handa et al. (2018) reviewed eight Transfer Project evaluation studies and found that (social) cash transfer programmes significantly increased per capita food expenditure in six of these studies. In addition, in Ghana, adult equivalent monthly food expenditure increased by 6.65 Ghanian Cedi due to Ghana's Livelihood Empowerment Against Poverty 1000 programme (LEAP 1000 Evaluation Team 2018). In Mozambique, the Child Grant 0-2 increased monthly per capita food expenditures by 57.3 MZN (Bonilla et al. 2022).

Source: ©UNICEF/UN0725057/Apochi Owoicho

Table 3. Summary of impacts of cash transfers on food expenditure in sub-Saharan Africa from Transfer Project evaluation studies

COUNTRY	PROGRAMME	ACRONYM	EVALUATION POINT	MEASUREMENT UNIT	REFERENCE PERIOD	IMPACT IN LOCAL CURRENCIES
Angola	Social Cash Transfer Programme	SCTP	32 months	N/A	*Not measured*	*Not measured*
Burkina Faso	Child Sensitive Social Protection Programme	CSSPP	36 months	Household expenditure on food and beverages	Annual	N.S.
Ethiopia	Social Cash Transfer Pilot Programme	SCTPP	24 months	Per capita food expenditure	Monthly	2628 Birr
Ghana	Livelihood Empowerment Against Poverty 1000	LEAP 1000	24 months	Adult equivalent food expenditure	Monthly	6.65 Cedis
	Livelihood Empowerment Against Poverty	LEAP	6 years	N/A	*Not measured*	*Not measured*
Kenya	Cash Transfers for Orphans and Vulnerable Children	CT-OVC	48 months	Per capita food expenditure	Monthly	849.04 Shillings
Lesotho	Child Grant Programme (CGP-SPRINGS)	CGP (CGP-SPRINGS)	24 months	Per capita food expenditure	Monthly	108.764 Loti
Malawi	Social Cash Transfer Programme	SCTP	27 months	Per capita food expenditure	Annual	35519.83 Malawian Kwacha
Mozambique	Child Grant 0-2	CG 0-2	24 months	Per capita food expenditure	Monthly	57.3 MZN
South Africa	South African Child Support Grant	CSG	N/A (dose-response effect)	N/A	*Not measured*	*Not measured*
Tanzania	Productive Social Safety Net	PSSN	24 months	N/A	*Not measured*	*Not measured*
Zambia	Multiple Category Targeting Grant	SCT	36 months	Per capita food expenditure	Monthly	39.51 Zambian Kwacha
	Child Grant Programme	CGP	48 months	Per capita food expenditure	Monthly	9.75 Zambian Kwacha
Zimbabwe	Harmonized Social Cash Transfer	HSCT	12 months	Per capita food expenditure	Monthly	20.41 USD

N/A = not applicable
N.S. = not significant

While the bulk of the evidence, globally and in Africa, suggests that cash transfers increase food expenditure and food consumption, there are a limited number of evaluations in which such impacts have not been seen. These evaluations largely found no impacts on expenditures due to low transfer value or unpredictable or irregular payments. In Africa, these include earlier iterations of Ghana's LEAP[3] (Handa, Park, Osei Darko, et al. 2014), Lesotho's Child Grant Programme (Pellerano et al. 2014), and Zambia's Monze Cash Transfer pilot (Seidenfeld and Handa 2011). Few studies have reported negative impacts of cash transfers on food expenditure and food consumption (Gilligan et al. 2021).

Household dietary diversity, meal frequency, food security summary scores

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

Key concepts:

- **DIETARY DIVERSITY** – diversity of food consumed, generally reported as number of food groups.

Looking at the global evidence on the impacts of cash transfers on dietary diversity, the Bastagli et al. (2019) and Hidrobo et al. (2018) reviews are the most informative. Bastagli et al. (2019) includes 12 studies on the impacts of cash transfers on dietary diversity. They found that just over half of these studies (7 out of 12) showed significant improvements in this area. In Africa, positive impacts were observed in programmes in Malawi (Baird et al. 2013) and Zambia (AIR 2014; Daidone et al. 2014). In a meta-analysis of 58 studies covering 46 programmes in 25 countries in Latin America and the Caribbean, East Asia and the Pacific, South Asia and sub-Saharan Africa conducted by Hidrobo et al. (2018), cash transfer programmes were found to improve the quality of food consumed by beneficiaries. In terms of dietary diversity, Hidrobo et al. (2018) find that across 17 impact estimates, consumption of fruits and vegetables increased by 7 per cent, on average, globally. Turning to animal source foods, the meta-analysis examined 50 impact estimates across 17 programmes and found that cash transfers increase animal source food consumption by 19 per cent on average, globally. In sub-Saharan Africa, this effect was much larger and amounted to a 32 per cent increase. Another review found that larger transfer sizes are positively associated with dietary diversity (Manley, Alderman, and Gentilini 2022).

More recent evidence not covered in these reviews supports strong increases in household dietary diversity and overall food security resulting from cash transfers. The midline assessment of Tanzania's Productive Social Safety Net (PSSN) program found the cash transfer beneficiary households significantly improved low dietary diversity (measured as a household eating four or fewer of seven main food groups per day) (Rosas et al. 2020). In Angola, the government Valor Crianca programme targeted to food insecure households with a child under age five years increased household food security (as measured by number of meals per day, household hunger, and the Food Insecurity Experience Scale) (Damoah et al. 2024). After three years, Senegal's Family Cash Transfer Programme increased protein consumption (Bossuroy et al. 2023). After 36 months, the Child Sensitive Social Protection Programme in Burkina Faso increased food security as measured by number of meals per day and the household food insecurity access scale (UNICEF Innocenti 2024). Mali's government cash transfer program Filets Sociaux (Jigisemejiri) resulted in a 35 per cent reduction in the Household Food Insecurity Access score (HFIAS) at midline, but this effect was not seen at endline (Hidrobo, Karachiwalla, and Roy 2023). This same program also saw a 13 per cent increase in household's Dietary Diversity Index (DDI) at midline, but this impact was not sustained at endline. In the Kenya HSNP, dietary diversity of the poorest households was improved following the programme (Merttens et al. 2013).

Similar findings have been reported in Transfer Project evaluation studies (see Table 4), including in Ethiopia (Berhane et al. 2015), Ghana (LEAP 1000 Evaluation Team 2018), Kenya (Ward et al. 2010), Malawi (SCTP Evaluation Team 2016), Lesotho (Pellerano et al. 2014), Mozambique (Child Grant Evaluation Team 2022), Zambia (American Institutes for Research 2015, 2016), and Zimbabwe (HSCT evaluation team 2018). In Ethiopia, the social cash transfer significantly improved household dietary diversity (Berhane et al. 2015). In Ghana, the LEAP 1000 programme, which was targeted to households with pregnant women or small children, had positive impacts on number of meals consumed, but had no impact on a summary measure of household food insecurity (Ghana LEAP 1000 Evaluation Team 2018). A previous evaluation of LEAP did not show positive impacts on food consumption; however there were concerns about the evaluation design, suggesting that those findings should be interpreted with caution (Ghana LEAP Evaluation Team 2017). In Kenya, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) resulted in significant household dietary diversity improvements (Ward et al. 2010). The Lesotho Child Grants Programme significantly improved a variety of food security indicators for households, adults, and children. Children under 17 in beneficiary households were less likely to eat smaller and fewer meals per day out of necessity (Pellerano et al. 2014). In Malawi, beneficiary household food access and quality also improved as

a result of the Social Cash Transfer Programme, with significant increases in number of meals eaten per day, decreases in worry about food, and increases budget share allocated to meats (SCTP Evaluation Team 2016). In Mozambique, the Child Grant (0 to 2 years) increased number of meals eaten per day and reduced an overall measure of household food insecurity by 0.79 points (Child Grant Evaluation Team 2022). Zambia's Child Grant Programme significantly improved a summary measure of household food insecurity and the number of households eating more than one meal per day, as well as children under five having access to nutritious food (American Institutes for Research 2016). Zambia's Multiple Category Targeting Grant also improved households' food insecurity score, the number of households eating more than one meal per day, the number who ate meat or fish five or more times in the past month, the amount of households who were not severely food insecure, and children under five's access to nutritious food (American Institutes for Research 2015, 2016). Finally, in Zimbabwe, the Harmonised Social Cash Transfer increased dietary diversity, with significant increases in consumption of fruits, eggs, pulses and legumes, fats, and sweets. These effects were the largest among the poorest households (HSCT Evaluation Team 2018).

There are not many examples from the region where cash transfers did not increase household dietary diversity.

Source: ©UNICEF/UN0159475/Meyer

Table 4. Household food security, dietary diversity, and meal consumption

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	REFERENCE GROUP	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Ethiopia	Social Cash Transfer Pilot Programme (Tigray Region)	SCTPP	36 months	Household	Months of food insecurity	Last 12 months	N.S.
				Adult	Number of meals per day	Last 12 months	N.S.
				Adult	Dietary Diversity	Last 12 months	0.362**
Ghana	Livelihood Empowerment Against Poverty	LEAP	72 months	N/A	N/A	*Not measured*	*Not measured*
	Livelihood Empowerment Against Poverty 1000	LEAP 1000	24 months	Household	Number of meals per day	Unspecified	0.091***
				Household	No member went without food	Last 4 weeks	N.S.
				Household	Worry about food	Last 4 weeks	N.S.
				Household	Food insecurity scale	Last 4 weeks	N.S.
				Children Under 5	Always ate nutrition food	Last 4 weeks	N.S.
				Children Under 5	Always given enough food	Last 4 weeks	N.S.

Table 4. Household food security, dietary diversity, and meal consumption (CONT.)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	REFERENCE GROUP	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Kenya	Cash Transfer for Orphans and Vulnerable Children	CT-OVC	24 months	Household	Dietary diversity	Previous 7 days	0.821***
Lesotho	Child Grants Programme	CGP	24 months	Household	Did not have enough food	12 months	N.S.
				Household	Number of months of extreme shortage of food	12 months	-1.5***
				Adult	Had to eat smaller/ fewer meals	12 months	N.S.
				Adult	Went to sleep hungry	12 months	-7.4pp*
				Children Under 17	Had to eat smaller meals	12 months	-11.2pp**
				Children Under 17	Had to eat fewer meals	12 months	-11.4pp**
				Children Under 17	Went to sleep hungry	12 months	N.S.
Malawi	Social Cash Transfer Programme	SCTP	24 months	Household	Worry about food	Previous 7 days	-20pp***
				Household	Number of meals per day	Unspecified	0.294***
				Household	Eat more than 1 meal per day	Unspecified	13.6pp***
				Household	Budget share allocations to meat	Annual	0.025**
Mozambique	Child Grant 0-2	CG-02	24 months	Household	Number of meals per day	Last 4 weeks	0.30***
				Household	Food insecurity scale	Last 4 weeks	-0.79***
South Africa	South African Child Support Grant	CSG	N/A (dose-response effect)	N/A	N/A	*Not measured*	*Not measured*

Table 4. Household food security, dietary diversity, and meal consumption (CONT.)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	REFERENCE GROUP	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Tanzania	Productive Social Safety Net	PSSN	24 months	N/A	N/A	*Not measured*	*Not measured*
Zambia	Child Grant Programme	CGP	48 months	Household	Eat more than 1 meal per day	Unspecified	5pp*
				Household	Food insecurity scale	Unspecified	-1.88*
				Household	Ate vegetables 5+ times	Last 7 days	N.S.
				Household	Ate meat/fish 5+ times	Last month	N.S.
				Household	Is not severely food insecure	Unspecified	N.S.
				Children Under 5	Has access to nutritious food	Last 4 weeks	7.4pp*
				Children Under 5	Has access to adequate amounts of food	Last 4 weeks	N.S.
	Multiple Category Targeting Programme	MCTP	36 months	Household	Eat more than 1 meal per day	Unspecified	15pp*
				Household	Food insecurity scale	Unspecified	2.69*
				Household	Ate vegetables 5+ times	Last 7 days	N.S.
				Household	Ate meat/fish 5+ times	Last month	12pp*
				Household	Is not severely food insecure	Unspecified	19pp*
				Children Under 5	Has access to nutritious food	Last 4 weeks	7.4pp*
				Children Under 5	Has access to adequate amounts of food	Last 4 weeks	N.S.
Zimbabwe	Harmonised Social Cash Transfer Programme	HSCT	48 months	Household	Diet diversity	Last 30 days	0.401*
				Household	Food insecurity scale	Last 30 days	2.550***
				Household	Hunger scale	Last 30 days	-0.414**
				Household	Moderate/severe hunger	Last 30 days	-14.4pp***
				Household	Eat 3 or more meals per day	Last 30 days	N.S.

N/A = not applicable
N.S. = not significant
pp = percentage points
**p<0.05, **p<0.01, ***p<0.001*

4.1.2 Poverty

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

Key concepts:

- **POVERTY HEADCOUNT** – the poverty headcount measures the proportion of the population that is poor (i.e., their income/expenditure level falls below the national poverty line) (Bastagli et al. 2016). Accordingly, individuals are classified as poor if their household per capita (or per adult equivalent) consumption is lower than the national poverty line.
- **POVERTY GAP** – the poverty gap measures the extent of poverty. In other words, it measures how far poor households find themselves from the poverty line by measuring the distance (in monetary value) between household income/expenditure and the poverty line (Bastagli et al. 2016).
- **MULTIDIMENSIONAL POVERTY** – multidimensional poverty is a complementary measure to monetary poverty. It measures multidimensional poverty along various dimensions, including education, health, and access to basic services. These dimensions are measured using various indicators (i.e., years of schooling, child school enrolment, child mortality, nutrition, electricity, drinking water, sanitation, flooring, cooking fuel and assets). Studies use various measures of multidimensional poverty, including the Alkire and Foster Method (used by Oxford Poverty and Human Development Initiative), the Bristol Child Deprivation approach, and the Multiple Overlapping Deprivation Analysis (MODA) method.

Among social assistance programmes, cash transfers most commonly target poverty directly, whereas other types of social assistance programmes (for example, school feeding, vouchers, in-kind transfers, or fee waivers) aim to alleviate the negative effects of poverty. Thus, among evaluations of social assistance programmes, those that most commonly evaluate impacts on poverty are evaluations of cash transfer programmes. Evaluations of their impact on **monetary poverty**, however, have not considered these impacts at the child level; rather, impacts are measured at the household level. Bastagli et al. (2019) conducted a comprehensive review of cash transfer (conditional and unconditional) programmes globally. Six out of nine studies that considered impacts of cash transfers on poverty found that cash transfers were associated with reductions in poverty headcount (with reductions ranging from 4.1 percentage points in Zambia to 21.9 percentage points in Pakistan) and seven out of nine studies found reductions in the poverty gap which represents severity of poverty (with reductions ranging from 4.5 percentage points in Mexico to about 8.4 percentage points in Zambia). A more recent meta-analysis focused specifically on impacts of unconditional cash transfers on monetary poverty found that across five studies (all government programmes in Africa), unconditional cash transfers reduced the risk of living in extreme poverty (RR 0.92, 95% CI 0.87 to 0.97) (Pega et al. 2022).

In contrast, **multidimensional poverty** is often measured at the individual level. None of the systematic reviews included in this synthesis investigated the impacts of cash transfer programmes (or other social assistance programmes) on multidimensional poverty. However, several individual evaluations have examined impacts on multidimensional poverty among children. An evaluation of the Lesotho Child Grant Programme (CGP) examined impacts on multidimensional child poverty (calculated based on the Bristol Child Deprivation approach) and found that the programme reduced the average number of deprivations among children aged 0 to 5 years (Ward et al. 2010). In Ghana, the government's Livelihood Empowerment Against Poverty (LEAP) programme reduced multidimensional poverty (measured by the Multidimensional Poverty Index (MPI), which measures the incidence and intensity of deprivations in health, education, and standard of living) among children 0 to 5 years by 10.5 per cent (Osei and Turkson 2022). Kenya's Hunger Safety Net Programme (HSNP) was found to reduce multidimensional poverty on the household level by 0.046 to 0.048 (as a continuous score index) (Song and Imai 2019).

Source: ©TransferProject/Michelle Mills/Ghana 2015

Assets

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

Social assistance programmes (including cash transfers, public works, cash plus, or graduation programmes) can also help low-income households overcome credit and liquidity constraints and invest in productive assets. Hidrobo et al. (2018) reviewed 15 studies on the impacts of social protection programmes (including conditional cash transfers, unconditional cash transfers, public works programmes, and food transfers/vouchers) on livestock ownership. Eight of the studies found positive impacts, with an overall average increase of 14 per cent in the likelihood of owning any livestock (based on a meta-analysis of the 15 studies). More specifically, six of the studies (all from sub-Saharan Africa) were classified as having 'large' impacts (more than 40 per cent), with the largest impacts observed in Zambia, including an 86 per cent increase due to the Multiple Category Targeting Grant and a 72 per cent increase due to the Child Grant Programme. However, the same review observed that only one (in Malawi) out of five studies found that cash transfers positively impacted ownership of any agricultural inputs, zero out of four studies found positive impacts on agricultural assets as measured by monetary units, and one (in Ethiopia) out of three studies found positive impacts on the number of agricultural assets owned (Hidrobo et al. 2018). Bastagli et al. (2019) examined the impacts of cash transfer programmes on operating non-farm enterprises and business assets and found that three (CGP in Zambia by two studies and Youth Opportunities Programme in Uganda) out of five studies found positive impacts. The effect sizes ranges between 4.5 percentage points increase in owning business assets to 16.6 percentage points on the share of households operating a non-farm enterprise, both in Zambia.

4.1.3 Housing environment

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

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

Poor housing and hygiene conditions can increase children's exposure to pathogens, resulting in higher risk for developing diarrhoeal and other infectious diseases (Yaya et al. 2018), which has subsequent implications for nutritional status. Among eight Transfer Project studies in Africa (see Table 5) that examined the impacts of cash transfer on water, sanitation, and hygiene, seven studies found significant improvements. After 12 months, the Child Sensitive Social Protection Programme in Burkina Faso improved household lighting, finished fence walls and roofing, and improved water treatment; there were no impacts on improved toilets or availability of handwashing facilities (UNICEF Innocenti 2024). In Ghana, LEAP improved the proportion of floors made of cement and flush or pit toilets and LEAP 1000 improved the number of acceptable domains and improved flooring. In Lesotho, the CGP significantly increased households' roof quality. In Kenya, CT-OVC beneficiaries had a decreased likelihood of having no toilet and using firewood, residue, animal waste, or grass as their main cooking fuel. The Mozambique Child Grant 0-2 increased households' probability for treating their water and using soap/detergent, as well as having a latrine. In Zambia, the CGP significantly increased owning a toilet and having a cement floor.

Source: ©UNICEF/UNI729569/Benekire

Table 5. Dwelling conditions and water, sanitation and hygiene (WASH)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	INDICATORS	EFFECT SIZE
Angola	Social Cash Transfer Programme	SCTP	32 months	N/A	*Not measured*
Burkina Faso	Child Sensitive Social Protection Programme	CSSPP	36 months	Number of persons per room	-0.738*
				Finished fence wall	N.S.
				Finished roofing	18.75 pp*
				Improved floor	N.S.
				Improved source of drinking water during dry season	N.S.
				Improved source of drinking water during rainy season	N.S.
				Treated water before use	2.47 pp**
				Access to improved toilet	N.S.
				Access to improved cooking fuel	N.S.
				Availability of hand washing facilities	N.S.
Ethiopia	Social Cash Transfer Pilot Programme (Tigray Region)	SCTPP	36 months	N/A	*Not Measured*
Ghana	Livelihood Empowerment Against Poverty	LEAP	72 months	Improved source of drinking water	N.S.
				Floor made of cement	12 pp**
				Outer walls made of cement	N.S.
				Flush or Pit Toilet	-28 pp***
	Livelihood Empowerment Against Poverty 1000	LEAP 1000	24 months	Number of acceptable domains	0.140**
				Improved floor	4.9 pp*
				Improved drinking water	N.S.
				Improved Sanitation	N.S.
				Appropriate handwashing facility	N.S.
Lesotho	Child Grants Programme	CGP	24 months	Piped water on premises	N.S.
				Good quality floor	N.S.
				Good quality walls	N.S.
				Good quality roof	5.1 pp**
				Any type of toilet	N.S.

Table 5. Dwelling conditions and water, sanitation and hygiene (WASH) (CONT.)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	INDICATORS	EFFECT SIZE
Kenya	Cash Transfers for Orphans and Vulnerable Children	CT-OVC	24 months	No Toilet	-10.6 pp**
				Poor quality walls	N.S.
				Poor quality roof	N.S.
				Poor quality floor	N.S.
				Main source of cooking fuel is firewood or residue/animal waste/grass	-6.5 pp***
				Main source of drinking water during dry season is river, lake, or pond	N.S.
Malawi	Social Cash Transfer Programme	SCTP	24 months	N/A	*Not measured*
Mozambique	Child Grant 0-2	CG-02	24 months	Main source of drinking water is safe	N.S.
				HH Treats water to make it safe	20 pp***
				Water Available for Handwashing	N.S.
				Soap/detergent	24 pp***
				Latrine	7 pp**
South Africa	South African Child Support Grant	CSG	N/A (dose-response effect)	N/A	*Not measured*
Tanzania	Productive Social Safety Net	PSSN	24 months	N/A	*Not measured*
Zambia	Child Grant Programme	CGP	48 months	Own toilet	9.4 pp**
				Iron sheet roof	N.S.
				Cement floor	2.0 pp**
				Brick Wall	N.S.
	Multiple Category Targeting Programme	MCTP	36 months	Purchased roof	N.S.
				Purchased floor	N.S.
				Purchased wall	N.S
				Clean water	N.S.
				Own toilet	N.S.
Zimbabwe	Harmonized Social Cast Transfer Programme	HSCT	48 months	N/A	*Not measured*

N/A = not applicable
N.S. = not significant
pp = percentage points
**p<0.05, **p<0.01, ***p<0.001*

4.1.4 Health care access

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

Improved health insurance coverage and/or increased expenditure on health care can improve access to health services, including growth monitoring checks and treatment for diarrhoeal illnesses, which in turn can impact children's nutritional status. Health insurance enrolment is not a commonly measured outcome in cash transfer evaluations. However, at least two government cash transfer programmes in Africa have increased levels of enrolment into health insurance. First, Ghana's Livelihood Empowerment Against Poverty 1000 programme increased health insurance enrolment among adults by 14.1 percentage points and among children 5-17 years by 12.7 percentage points (Ghana LEAP 1000 Evaluation Team 2018), as measured by a Transfer Project Evaluation. An in-depth study found that LEAP 1000 increased health insurance enrolment at a higher rate in communities with higher quality health services as compared to communities with lower quality health services (among adults, 18 percentage point increase v. 9 percentage point increase; among children, 20 percentage point increase v. 0 percentage point increase) (Otieno et al. 2022). It is important to note that the programme was designed to combine cash transfers with a premium fee waiver to enrol in the health insurance scheme, but households still had to apply for health insurance and renew their cards annually. Second, a non-Transfer Project evaluation of Tanzania's pilot conditional cash transfer programme (a pre-cursor to the Productive Social Safety Net, also implemented by the Tanzania Social Action Fund) increased the probability that households enrolled in the government-run health insurance programme, the Community Health Fund (CHF), by 36 percentage points (Evans, Holtemeyer, and Kosec 2019). In the Tanzanian context, fee waivers for CHF enrolment were not provided to cash transfer participants at the time of the evaluation; however, participants were encouraged by programme implementers to enrol using cash transfer funds.[4] Theoretically, health insurance may also influence the direct impacts of cash transfers on other health outcomes; however, evaluations have not measured these effects.

Source: ©UNICEF/UNI548717/Benekire

4.2 Evidence of Impacts of Cash Transfers on Time Use, Child Feeding and Diarrhoea, Agency and Bodily Autonomy, and Services

4.2.1 Time use

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

Key concepts:

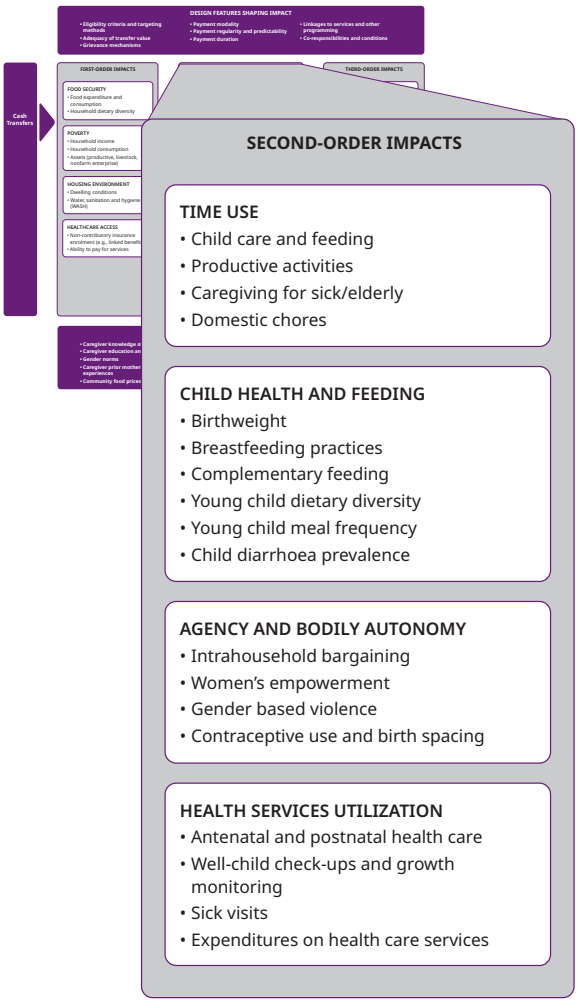
- **DOMESTIC CHORES** – household chores including collecting water, firewood or other fuel materials; collecting nuts or other tree fruits; taking care of children; taking care of sick or elderly household members; cooking or cleaning.
- **CAREGIVING** – taking care of children, the sick, or the elderly.

Trade-offs in time spent on productive and domestic activities can have varied effects on nutrition pathways (Johnston et al. 2018). While participating in economic activities can improve food security- and poverty-related indicators (see previous evidence on first order impacts), additional time spent on productive investments can come at a cost to caregiving and childcare activities. A review by Perera et al. (2022) found that, while social **protection programmes** can increase women's access to the labour market, women continue to be responsible for housework and childcare (and may gain new responsibilities in this area). In a global review, Bastagli and colleagues (2016) find that 4 out of 16 studies showed that cash transfers increased overall labour-force participation among women, and only one study (in Mexico) observed a decrease. In terms of intensity of work (number of hours), no clear patterns emerged; in 6 out of 10 studies there were no changes, while among the remaining four, some studies showed increases and some studies showed decreases in women's hours worked. Turning to domestic chores, Bastagli et al. (2016) did find evidence of increases in time spent on domestic work by women in two out of six studies, including childcare. Research examining the implications of interventions targeted to mothers and caregivers on time spent on parenting practices which promote early childhood development are largely understudied (Evans, Jakiela, and Knauer 2021).

Banerjee et al. (2017), Baird et al. (2018), and Handa et al. (2018) present further evidence of the impact of cash transfer programmes on adult labour market participation. Banerjee et al. (2017) reviewed 23 past studies (four from sub-Saharan Africa) on cash transfers' (without work requirements) impacts on adult labour supply. They found that programmes overall had little to no effects on labour supply (overall labour supply and on shifts in the allocation of labour supply); of those with impacts on working probability or hours of work (total 14 studies), nine do not find any significant effect, two find a combination of positive and null results, two find only negative results, and one finds a combination of positive and negative effects. Of those included from Africa, while one study did not find impacts, the other three find mixed evidence. For example, Zambia's Child Grant Programme reduced participation in casual wage labour and increased participation in non-farm enterprises and labour on household farms. In Kenya, CT-OVC reduced employment in wage work for men and women and employment in non-farm activities for women; but it reduced men's employment in non-farm activities. They also conducted detailed analysis on seven randomised controled trial programmes (though none were from sub-Saharan Africa) and found no evidence that cash transfer programmes influence either participation (employment) or the overall number of hours worked. There remain no impacts when disaggregated by gender. In a global review of 23 studies, Baird and colleagues (2018) also find that cash transfers, without an explicit employment focus, tend to result in little to no change in adult labour. The review also underscored that there is no empirical evidence to support the income effect of cash transfers, defined as cash recipients (adults) reducing work and increasing leisure. However, changes in the type of work towards self-employment and own farming is observed following unconditional government cash transfers to working-age adults.

Based on a review of eight Transfer Project evaluations in sub-Saharan Africa, Handa et al. (2018) find that although cash transfers do not have significant effects on most of the labour supply indicators, adult labour supply for wage work (mostly the least preferred casual labour such as agricultural and non-agricultural wage employment) decreased in four studies, with reductions ranging from 3.3 percentage points in Ethiopia's Social Cash Transfer Pilot Programme and 13.0 percentage points in Zambia's Child Grant Programme. Simultaneously, engagement in own non-farm enterprises increased in Zambia's Child Grant Programme (12.1 percentage points), Zambia's Multiple Category Targeting Grant (3.0 percentage points), and Zimbabwe's Harmonised Social Cash Transfer (4.8 percentage points). This substitution from casual wage labour to more preferred labour activities suggests an overall benefit of cash transfers. The review by Handa et al. (2018) observed mixed impacts on the share of households with at least one adult member participating in any farming activities, with a reduction

FIGURE 1B. CONCEPTUAL FRAMEWORK LINKING CASH TO CHILD NUTRITION - SECOND-ORDER IMPACTS



by 6.3 percentage points in Ghana due to the Livelihood Empowerment Against Poverty programme, but an increase by 5.1 percentage points due to the Multiple Category Targeting Grant in Zambia. Some more recent evaluations in Africa have not been covered in the aforementioned reviews. After three years, Senegal's Family Cash Transfer Programme had no impacts on adult labour supply; however, the programme did increase households participating in non-farm enterprises (Bossuroy et al. 2023). In the Democratic Republic of Congo, a cash transfer programme jointly implemented by UNICEF and the World Food Programme (WFP) in collaboration with the government increased the proportion of households that cultivated land but had no impacts on other productive or domestic work outcomes (UNICEF Innocenti – Global Office of Research and Foresight et al. 2024). After 36 months, the Child

Sensitive Social Protection Programme in Burkina Faso had no effect on non-farm enterprise operation, but it did increase adolescents' participation in livestock tending and economic activities. (UNICEF Innocenti 2024). In Angola, the government Valor Crianca programme targeted to food insecure households with a child under age five years increased households' land cultivation and number of crops cultivated, as well as non-farm enterprise (Damoah et al. 2024).

4.2.2 Child health and feeding

Birthweight

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

Key concepts:

- **BIRTHWEIGHT** – child's weight at birth.
- **LOW BIRTHWEIGHT** – baby born with absolute weight less than 2,500 grams.
- **STUNTING AT BIRTH** – length two or more standard deviations below international growth standards.

Low birthweight can have persistent negative impacts on children's nutritional status. Babies born stunted are at increased risk for staying stunted and, among those who recover, relapsing in stunting in early childhood (Benjamin-Chung et al. 2023). A global systematic review identified four studies examining impacts of cash transfers on birthweight and all of these found positive effects, ranging from 31 to 578 grams (Leroy et al. 2021). However, none of the studies covered in the review were conducted in Africa (three were in Latin America and one was in Nepal). Since that review, three additional studies have been published examining impacts of Ghana's LEAP 1000 on birthweight. The studies found that LEAP 1000 decreased low birthweight prevalence by 3.5 percentage points overall, and even more (4.1 percentage points) in the dry season (but not in the rainy season). In terms of absolute birthweight, LEAP 1000 had larger impacts on increasing weight among babies born in the dry season compared to in the rainy season (109 v. 79 grams) (Quinones et al. 2023). Because the rainy season is generally a time of increased food insecurity (when food stocks are low) and increased risk of malaria (which is associated with increased risk of low birthweight), babies born in this period may be particularly vulnerable, and thus cash transfers (or at least the amount of cash distributed) may not be sufficient to overcome all these barriers to healthy birthweight. Next, the research team examined whether LEAP 1000 could mitigate the adverse effects of high temperatures on low birthweight. They found that high temperatures were associated with increased likelihood of low birthweight among babies born in households not receiving cash transfers, but there was no association between high temperatures and low birthweight in households receiving cash transfers (LaPointe et al. 2024). These findings suggest that LEAP 1000 mitigated the adverse effects of high temperatures on low birthweight risk.

Child feeding practices

Cash transfers improve infant and young child feeding practices, however studies examining child-level feeding indicators are limited.

Key concepts:

- **EXCLUSIVE BREASTFEEDING** – infants are given only breastmilk until 6 months.
- **COMPLEMENTARY FEEDING** – a child is fed soft, semi-soft, or solid foods in addition to breastmilk beginning at 6-8 months.
- **DIETARY DIVERSITY** – a child is fed from different types of food groups (minimum five out of eight food groups).
- **MINIMUM ACCEPTABLE DIET** – a child is fed age-appropriate diet diversity and meal frequency (three or more meals per day).

Improving child dietary intake (for example, meal frequency, types of foods eaten, etc.) is another pathway through which cash transfers can improve longer-term nutrition-related outcomes such as anthropometric measures. Infant and young child feeding (IYCF) guidelines (World Health Organization (WHO) and United Nations Children's Fund (UNICEF) 2021) include initiation of breastfeeding within one hour of birth, exclusive breastfeeding for infants until 6 months, and the introduction of soft, semi-soft, or solid at 6-8 months and continued breastfeeding until the child is 24 months. From 6-23 months, complementary feeding best practices indicate that young children should be fed a minimum acceptable diet in addition to breastfeeding; a minimum acceptable diet is comprised of dietary diversity (typically five out of eight defined food groups per day) and minimum meal frequency (three or more meals of solid, semi-solid, or soft foods per day). Additional IYCF indicators

include consuming foods rich in Vitamin A, iron, and protein. While most cash transfer and nutrition studies measure household food security and dietary consumption, few specifically examine child nutritional intake. In a narrative review synthesising cash transfer programme impacts on child nutrition, the only included African program to measure child dietary indicators found that cash transfers in Uganda improved children's consumption of starches, meat, eggs, and dairy products (de Groot et al. 2017). In a recent global meta-analysis covering 129 articles, Manley and colleagues (2022) found improved dietary diversity among children involved in cash transfer programmes (0.39 (95% CI 0.34 to 0.44; p<0.01). A narrative systematic review of cash transfer impacts on child health in Africa included only two studies measuring child dietary intake; a cash transfer programme in Niger improved child meal frequency and diversity while another in Mali did not (Onwuchekwa, Verdonck, and Marchal 2021).

In more recent evidence not covered in these reviews, Angola's government Valor Crianca programme targeted to food insecure households with a child under age five years increased several child-level feeding indicators (Damoah et al. 2024). Children 6 months and above in beneficiary households had overall higher dietary diversity and were more likely to consume every type of nutrient-rich food group, including Vitamin A rich fruits, and also had greater odds of being fed a minimum acceptable diet. After 36 months, the Child Sensitive Social Protection Programme in Burkina Faso improved the proportion of children exclusively breastfed until 6 months, children aged 6-8 months old who were introduced to solid or semi-solid foods (19 pp), and children 6-23 months consuming eggs or flesh foods (UNICEF Innocenti 2024). At midline, children's dietary diversity and minimum acceptable diet improved but this was not significant at endline. Mali's government cash transfer program Filets Sociaux (Jigisemejiri) found no impact of the programme on any IYCF outcomes (Hidrobo, Karachiwalla, and Roy 2023).

Four out of five Transfer Project evaluation studies which included child nutritional intake indicators (see Table 6) found improved dietary metrics for children in cash transfer beneficiary households. Significant increases in child meal frequency were found among children 0-59 months in Malawi SCTP and Zambia CGP as well as in Mozambique Child Grant 0-2 for children 0-24 months. The Zambia CGP also improved child consumption of protein-rich foods. Among children 0-24 months, Mozambique cash transfers increased the number of food groups consumed, the proportion of children meeting minimum dietary diversity, consumption of Vitamin A rich foods, and number of times child consumed solid or soft foods in the previous day. The Ghana LEAP 1000 programme did not find improvements for any child nutritional intake-related indicators except for increased exclusive breastfeeding for children under 6 months. No studies evaluated the impact on unhealthy diets or consumption of sweet beverages.

Improved household food diversity and meal frequency may not always translate to improving these metrics at the child level and are moderated by time use and autonomy factors, such as resource allocation for childcare, women's empowerment, and intrahousehold bargaining. Moreover, caregiver knowledge and beliefs about infant and young child feeding practices mediates the relationship between cash transfers and IYCF feeding practices; caregivers must be aware of and willing to adhere to adapted feeding practices for cash transfers to result in child dietary intake improvements. Cash transfers may influence multiple pathways, such as allowing the caregiver more time and resources to learn about and implement best practices. Cash plus programmes with a social and behaviour change communication (SBCC) component or IYCF education programmes in theory may result in even stronger impacts of cash transfers on child feeding. However, a review and meta-analysis of six studies found no impacts of cash plus SBCC on stunting, wasting, and underweight, as compared to cash alone (Little et al. 2021). Nevertheless, the evidence base on this topic is limited and more research is needed.

Source: ©UNICEF/UNI587850/Ramasomanana

Table 6. Summary of Transfer Project Impacts on infant and young child feeding practices

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	AGE RANGE	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Ethiopia	Social Cash Transfer Pilot Programme (Tigray Region)	SCTPP	36 months	Children 12 years and younger	Meal frequency	Last 12 months	N.S.
Ghana	Livelihood Empowerment Against Poverty	LEAP	72 months	N/A	N/A	*Not measured*	*Not measured*
	Livelihood Empowerment Against Poverty 1000	LEAP 1000	24 months	Children 0 – 5 months	Exclusive breastfeeding under 6 months	Previous 24 hours	11.2pp*
				Children 12 – 15 months	Continued breastfeeding at 1 year	Previous 24 hours	N.S.
				Children 0 – 5 months	Introduction of solid, semi-solid or soft foods at 6-8 months	Unspecified	N.S.
				Children 6 – 23 months	Minimum dietary diversity	Previous 24 hours	N.S.
				Children 6 – 23 months	Minimum meal frequency	Previous 24 hours	N.S.
				Children 6 – 23 months	Minimum acceptable diet	Previous 24 hours	N.S.
				Children 6 – 23 months	Consumption of iron-rich or iron-fortified foods	Previous 24 hours	N.S.
Kenya	Cash Transfer for Orphans and Vulnerable Children	CT-OVC	24 months	N/A	N/A	*Not measured*	*Not measured*
Lesotho	Child Grant Programme	CGP	24 months	N/A	N/A	*Not measured*	*Not measured*
Malawi	Social Cash Transfer Programme	SCTP	24 months	Children 0-59 months	Minimum meal frequency	Unspecified	9.3pp*
				Children 0-59 months	Consumed Vitamin-A rich foods	Previous 24 hours	N.S.

Table 6. Summary of Transfer Project Impacts on infant and young child feeding practices (CONT.)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	AGE RANGE	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Mozambique	Child Grant 0-2	CG-02	24 months	Children 0-24 months	Total number of food groups consumed	Previous 24 hours	0.38***
				Children 0-24 months	Minimum dietary diversity	Previous 24 hours	11pp***
				Children 0-24 months	Consumed Vitamin-A rich foods	Previous 24 hours	10pp***
				Children 0-24 months	Times child consumed solid/ soft food	Previous 24 hours	0.21***
				Children 0-24 months	Minimum meal frequency	Previous 24 hours	6pp***
South Africa	South African Child Support Grant	CSG	N/A (dose-response effect)	N/A	N/A	*Not measured*	*Not measured*
Tanzania	Productive Social Safety Net	PSSN	24 months	N/A	N/A	*Not measured*	*Not measured*
Zambia	Child Grant Programme	CGP	48 months	Children 0-9 years	Minimum meal frequency	Previous 24 hours	13.4pp*
				Children 0-59 months	Minimum dietary diversity	Previous 24 hours	N.S.
				Children 0-59 months	Consumed protein-rich foods	Previous 24 hours	11.7pp*
	Multiple Category Targeting Programme	MCTP	36 months	N/A	N/A	*Not measured*	*Not measured*
Zimbabwe	Harmonised Social Cash Transfer Programme	HSCT	48 months	N/A	N/A	*Not measured*	*Not measured*

N/A = not applicable
N.S. = not significant
pp = percentage points
**p<0.05, **p<0.01, ***p<0.001*

Child Diarrhoea Prevalence

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

In a global narrative review, reductions in child diarrhoea prevalence were found in cash transfer programmes in Zambia and Colombia (de Groot et al. 2017). A global meta-analysis also found significant reductions for child diarrhoea prevalence (− 1.74%, 95% CI −2.79% to −0.68%; $p<0.05$) (Manley, Alderman, and Gentilini 2022). However, Tanzania's PSSN (Rosas et al. 2020) and Angola's Valor Crianca programme (Damoah et al. 2024) did not reduce child diarrhoea. The Ghana LEAP 1000 programme, the Malawi Social Cash Transfer programme, Mozambique Child Grant, and Zambia Child Grant Program also did not find significant impacts on child diarrhoea prevalence.

4.2.3 Agency and bodily autonomy

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

Cash transfers can alter intrahousehold dynamics, including bargaining power, decision-making, and time allocation, which subsequently impact maternal and child wellbeing.

Source: ©UNICEF/U.S. CDC/UNI619275/Amanda

Women's empowerment

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

Key concepts:

- **BARGAINING POWER** – ability to leverage within one's relationships in the household; ability to bargain can give women in particular increased self-efficacy, confidence, and decision-making capabilities.
- **AGENCY (INDIVIDUAL)** – a fundamental element of empowerment, agency is defined as the ability to articulate goals and act on them. It is typically measured as: (1) direct indicators, to include: power within, household decision-making, freedom of movement, and freedom from violence; (2) indirect indicators, to include: timing of marriage and childbearing, labour force participation, income generation, and participation in social groups and community ties.
- **AUTONOMY** – an individual's feeling of control over their life.
- **DECISION-MAKING** – used as a proxy to measure autonomy and agency. It is typically measured as: (1) self-assessed decision-making power; (2) self-assessed shared/joint decision-making; (3) self-assessed primary decision-making.

Impacts on women's empowerment are covered more extensively in the associated summary document.

Women's ability to influence **intrahousehold** resource allocation, including related to family planning, health care, food expenditures, and time use, can have important implications for children's nutritional status (Carlson, Kordas, and Murray-Kolb 2015). In their systematic review and meta-analysis of social **safety nets** and **women's agency**, Peterman and colleagues (2024) found robust and significant pooled effects in the domain of agency, which included voice and decision-making. Bastagli and colleagues (2019) found that in all eight studies they reviewed with this indicator, cash transfers increased a woman's likelihood to be either a sole or joint decision-maker for expenditure-related decisions in her household. The effects were mixed, however, when the decisions involved contraceptive use, with one study showing significant increase in decision-making power and another showing significant decrease. In their review

of social safety nets and gender equity in Africa, Peterman and colleagues (Peterman et al. 2019) found that one out of four indicators of autonomy was positive and significant and suggest that quantitative measurements do not necessarily accurately capture this concept.

In their narrative review of social assistance and climate change resiliency for women and girls, Hidrobo and colleagues (2023) 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. They note that while the investment did not necessarily differ whether men or women are targeted, when women were made the primary recipient of social assistance, they had stronger agency and control over their resources. In turn, this could (but does not always) allow them to better cope with negative shocks. In their review of qualitative studies evaluating cash transfers and health services, Yoshino and colleagues (2023) found that across all types of cash transfer programmes, adolescent girls and young women experienced an enhanced sense of **agency and empowerment**. They reported a sense of increased security and decision-making in their households, as well as a greater sense of connection to their communities. This increased social cohesion was due to more social interactions and feelings of connection, which led to stronger relationships overall.

A global review examining impacts of cash transfers (governmental and non-governmental) on health-related outcomes as measured by qualitative research found that cash transfers gave women, adolescents, and people with disability more **autonomy**, allowing them to be independent and contribute to the household (Yoshino et al. 2023).

Additionally, a multi-country qualitative study found that, while cash transfers gave women more options in their livelihoods choices, they did not appear to significantly transform existing gendered household decision-making, but rather conformed to existing norms (Fisher et al. 2017). A qualitative study from Ghana (related to a government cash plus programme) found that cash transfers reduced economic stress within households but did not fundamentally change gender norms (Barrington et al. 2022), while a related study indicated that men reported reduced gender role strain (inability to fulfil financial responsibilities expected of men) resulting from the cash transfers (Pereira et al. 2023). In contrast, 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 (Nesbitt-Ahmed, Pozarny, and de la O Campos 2017).

Gender-based violence

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

Key concepts:

- **PHYSICAL INTIMATE PARTNER VIOLENCE** – acts perpetrated by an intimate partner that physically hurt the victim, including but not limited to being slapped, pushed, shoved; hit with a fist; being kicked, dragged, or beaten up; being choked or burnt; being threatened with a gun, knife, or weapon.
- **EMOTIONAL INTIMATE PARTNER VIOLENCE** – psychological aggression (yelling and insults) and threats, including threats of harm, belittling, humiliation, and threats to take away children, perpetrated by an intimate partner.
- **CONTROLLING BEHAVIOURS** – acts perpetrated by an intimate partner including isolation from friends and family; restricting access to financial resources; monitoring and restricting movement, employment, education, or access to medical care.

Children's exposure to intimate partner violence in the home affects young children's growth and nutrition through biological and behavioural (e.g., caregiving) pathways (Yount, DiGirolamo, and Ramakrishnan 2011b). Intimate partner violence is defined as acts (including physical, sexual, and emotional violence or controlling behaviours) perpetrated by an individuals' **intimate partner** (husband, wife, girlfriend, boyfriend, or other romantic or sexual partner). There is a strong global evidence base demonstrating that cash transfers reduce intimate partner violence experienced by women.

Two global systematic reviews were conducted to synthesise evidence on the impacts of cash transfers on intimate partner violence (Baranov et al. 2021; Buller et al. 2018). Buller et al. (2018) reviewed studies (quantitative and qualitative) examining 22 cash transfer interventions (six in Africa) and found that 11 out of 14 quantitative studies showed that cash transfers reduced intimate partner violence (with reductions ranging from 11 to 66 per cent), while only one showed mixed findings (Haushofer and Shapiro 2016). Reductions were more frequently found for physical and/or sexual violence, followed by controlling behaviours, and then emotional intimate partner violence. Pathways through which cash transfers reduce intimate partner violence suggested by these studies include: 1) economic security and emotional well-being;

2) intra-household conflict; and 3) women's empowerment. The second global systematic review and meta-analysis found strong evidence that cash transfers reduce physical and emotional intimate partner violence and controlling behaviours (Baranov et al. 2021). A meta-analysis of all the reviewed studies in combination found that cash transfers reduced physical intimate partner violence (by 4 percentage points), emotional intimate partner violence (by 2 percentage points), and controlling behaviours (by 4 percentage points).

Moving to Africa, a regional systematic review examined impacts of social safety nets (broader than just cash transfers) on women's experiences of intimate partner violence in five countries in Africa (in Ghana, Kenya, Malawi, South Africa and Tanzania) (Peterman et al. 2019). Four out of these five studies found that social safety nets reduced intimate partner violence. Decreases were largest for **physical intimate partner violence**, followed by **controlling behaviours** and **emotional intimate partner violence**. In contrast, in Zambia, there were no impacts of the Child Grant Programme on women's experience of intimate partner violence (Peterman et al. 2018).

Contraceptive use, fertility, and birth spacing

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

Key concepts:

- **CONTRACEPTIVE USE** – currently using modern contraceptive method.
- **BIRTH SPACING** – length of time between births; increased birth spacing has positive health impacts for the mother and subsequent children born.

Short length of birth intervals is a risk factor for adverse children's outcomes, including pre-term birth, small for gestational age, and low birthweight (Conde-Agudelo, Rosas-Bermudez, and Kafury-Goeta 2006). Thus, examining impacts on women's contraceptive use and birth spacing is an important pathway to consider in understanding impacts of cash transfers on children's nutrition outcomes. A systematic review examining the impacts of both conditional and unconditional cash transfers on contraception and fertility identified 11 articles, representing results from four programmes in Africa (Khan et al. 2016). Among these, two out of three showed a positive effect on contraceptive use (both positive impacts were from Mexico's Oportunidades programme), while the remaining studies did not examine contraceptive use. However, there were some differences by age. In Mexico, positive impacts on contraceptive use were seen among women 20-24 years of age, but no impacts were seen among adolescents aged 15-19 years (Lamadrid-Figueroa et al. 2008). In the one African study covered in this review (a Transfer Project study) which examined contraceptive use (Zambia's Child Grant Programme), no impacts were found (Palermo et al. 2016).

Other Transfer Project studies (not covered in the Khan et al. review) have also investigated whether cash transfers in Africa increase uptake of modern contraceptives. No impacts were found in Ghana's LEAP 1000, Zambia's Child Grant Programme, Tanzania's Productive Social Safety Net (among adolescents and youth up to 29 years old), or Mozambique's Child Grant 0-2 years.

A systematic review by Bastagli et al. (2016) found that 7 out of 10 studies reported **cash transfers** decreased the likelihood of **pregnancy or giving birth** among women and girls.

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. In Kenya, girls in households receiving the Cash Transfer for Orphans and Vulnerable Children were 34 per cent (or 5 percentage points) less likely to have ever been pregnant compared to girls in non-cash transfer households (Handa, Peterman, Huang, et al. 2015). The Harmonised 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 (Angeles et al. 2018). Adolescent girls in households receiving South Africa's Child Support Grant since early childhood were less likely to have ever been pregnant (DSD, SASSA, and UNICEF 2012). 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 (Abdoulayi et al. 2016). Among younger females (adolescents 13 to 19 years), however, there were no impacts on pregnancy at either wave (Abdoulayi et al. 2016). 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 (Tanzania PSSN Youth Study Evaluation Team 2018).

Among adult women, Transfer Project evaluations in Ghana, Mozambique, and Zambia did not find any adverse effects of cash transfers on **fertility** (Ghana LEAP 1000 Evaluation Team 2018; Palermo et al. 2016; Bonilla et al. 2022). That is, cash transfers did not increase childbearing. In fact, in Ghana, the Livelihood Empowerment Against Poverty (LEAP) 1000

programme reduced fertility, and in Mozambique, cash transfers reduced the probability of current or recent pregnancies.

Finally, while birth spacing is generally not covered in reviews, the unconditional, government-implemented Child Support Grant in South Africa increased **birth spacing** (cash transfers delayed adult women's second pregnancy) (Rosenberg et al. 2015). Increases in birth spacing are linked to healthier pregnancies and increased birthweight.

4.2.4 Health services utilisation

For an overview of the impacts of cash transfers on health utilisation in general, see the associated summary document in this series.

Antenatal, skilled attendance at birth, and postnatal care

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

Key concepts:

- **ANTENATAL (PRENATAL) CARE**– refers to the care a woman receives while pregnant.
- **POSTNATAL CARE**– refers to the care a woman receives during the 6-8 weeks after birth.

The first 1,000 days of life (from conception to two years of age) are a critical window for development, with strong determinants of child undernutrition identified in maternal, prenatal, and at-birth characteristics (Mertens et al. 2023). While various factors have led to improvements in rates of stunting in recent years, improved access to maternal care had the strongest association with reducing stunting levels in sub-Saharan Africa in a recent study (Buisman et al. 2019). A systematic review measuring the impacts of cash transfers and vouchers on the use of maternity care services identified 17 studies on cash transfers (Hunter et al. 2017), one of which was an unconditional cash transfer programme (the Zambia CGP). Conditional cash transfers, none of which were from African contexts, were found to have large, positive effects on antenatal care. However, there were an insufficient number of studies to determine effects on postnatal care.

Among three studies in Africa identified by Owusu-Addo et al. (2018), two found positive impacts (Nigeria's CT and Uganda's ACU) on antenatal care. In Zambia, there was no evidence that the Child Grant Programme increased **antenatal care** utilisation (Handa, Peterman, Seidenfeld, et al. 2015). In other African studies not covered in this review, Tanzania's Productive Social Safety Net (PSSN) (Rosas et al. 2019) and Ghana's Livelihood Empowerment Against Poverty (LEAP) 1000 increased the use of antenatal care.

Turning to the use of **skilled attendance at birth delivery**, none of the aforementioned studies covered by in Owusu-Addo et al. (2018) found effects on skilled care at delivery (Nigeria's Cash Transfer, Uganda's Antenatal Care Utilisation Study, or Zambia's Child Grant Programme). The review by Hunter et al. (2017) found only a limited positive effect on use of skilled birth attendance during delivery. Tanzania's Productive Social Safety Net also had no effects on skilled delivery (Rosas et al. 2019). However, a more in-depth study of Zambia's Child Grant Programme (a Transfer Project study), while confirming a lack of overall impacts on skilled delivery, did find that there were differential impacts on this outcome based on quality of health services in the community. That is, researchers found that women in communities with better health services were more likely to access skilled delivery as a result of Zambia's CGP (Handa et al. 2016). This is an important finding in the context of Africa, where health infrastructure is often limited, and suggests that, to maximize cash transfer impacts, supply-side investments are simultaneously needed.

Child health care utilisation and growth monitoring

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

Generally, the evidence summarised below suggests that while cash transfers can positively affect routine health visits for young children, impacts are not seen in all African contexts. Reasons for the lack of impacts in some settings in Africa may stem from greater barriers to health care access (financial, distance, quality of health services including staffing) or conditions directly linked to child health visits in other contexts (for example, in Latin America).

According to a review of 21 studies from 13 countries conducted by J-PAL which synthesised results of cash transfers on child health in LMICs (J-PAL 2020), conditional cash transfer programmes generally increased health promotion behaviours, including bringing children in for growth monitoring, check-ups,

and vaccinations, and participating in WASH interventions, more so than unconditional programmes. Of the eight studies that reported impacts of CCTs on health service utilisation, all showed an improvement in at least one measure. In a second review by Onwuchekwa et al. (2021) of conditional cash transfers, two out of three studies (in Burkina Faso and Tanzania) examining health care utilisation found positive impacts. Both led to increased frequency of routine preventative health clinic visits among children aged 0-5 years old and 0-2 years old in Burkina Faso and Tanzania, respectively (Akresh, de Walque, and Kazianga 2012). In the Pega et al. (2022) review, two cash transfer evaluations measured outcomes on growth checks for young children in Africa, with no impacts found for either (Lesotho (Pellerano et al. 2014) and Kenya (Ward et al. 2010)).

Focusing on African contexts, a review by Owusu-Addo and colleagues (2018) examined both conditional and unconditional cash transfers found that, while vaccination coverage was largely not impacted (as described in more detail in the associated summary document in this series, several impacts on child health utilisation were found. Malawi's Social Cash Transfer Programme increased health services among children 6-17 years of age (Luseno et al. 2014) and curative care for diarrhoea and fever among children 0-5 years of age (SCTP Evaluation Team 2016). Ghana's Livelihood Empowerment Against Poverty also increased curative health care among children 0-5 years of age. Counterintuitively, Zimbabwe's Harmonised Social Cash Transfer led to reduced curative care among children 0-5 years of age. South Africa's Child Support Grant found an increase in growth monitoring, with a 7.7 percentage point increase in being weighed prior to age two (DSD, SASSA, and UNICEF 2012).

In a study not included in the above reviews, Novignon and colleagues (2022) analysed Transfer Project data from five unconditional cash transfer programmes in four African Countries (Malawi, Ghana, Zambia, Zimbabwe). The authors found positive impacts on preventative care among children under five years in Zambia's Child Grant Programme and Malawi's Social Cash Transfer Programmes (Novignon et al. 2022). No impacts were found in health care utilisation for young children in Zimbabwe and Ghana.

Expenditures on health care

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

No reviews focusing exclusively on Africa have examined household expenditures on child health. Globally, in the Pega et al. (2022) review, eight studies examined impacts on health care expenditures overall. While meta-analysis was not possible, a narrative summary of these studies indicates that cash transfers increased the amount of money spent on health care at 7 to 36 months after cash transfers began.

Source: ©UNICEF/UNI125896/Asselin

Within the Transfer Project, some studies have examined the impacts of cash transfers on child-level health expenditures. Novignon and colleagues (2022) found that Ghana's Livelihood Empowerment Against Poverty decreased spending on young child health, with no impacts found in Zambia, Malawi, or Zimbabwe among this age group (ages 0-5).

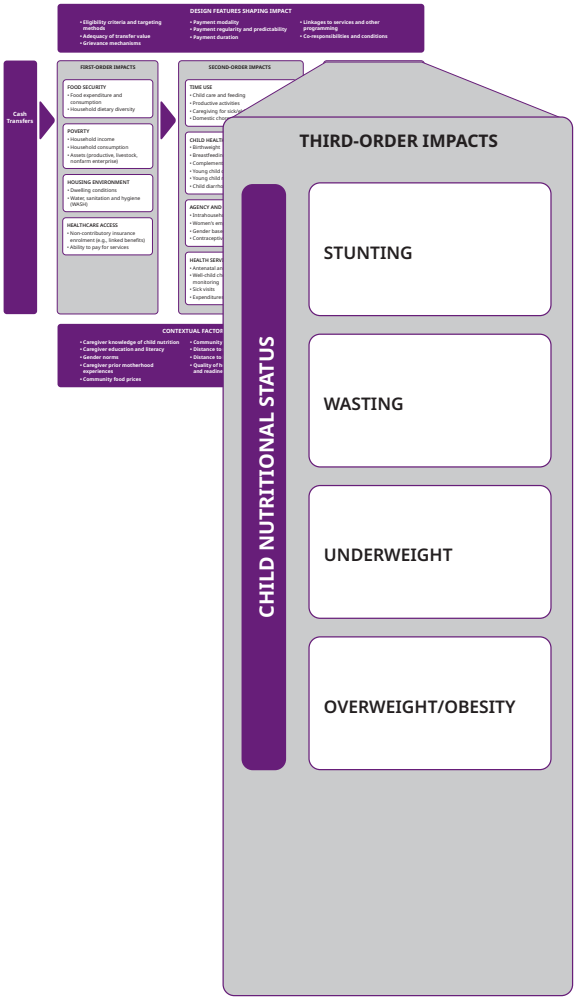
4.3 Evidence of impacts of cash transfers on child nutritional status

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

Key concepts:

- **HEIGHT-FOR-AGE Z-SCORE** – this value indicates a child's height status relative to the standard population. A negative score indicates the child is shorter in stature than the median height of other children his/her age.
- **WEIGHT-FOR-HEIGHT Z-SCORE** – this value indicates a child's weight status relative to the standard population. A negative score indicates the child weighs less than the median weight of other children his/her height.
- **WEIGHT-FOR-AGE Z-SCORE** – this value indicates a child's weight status relative to the standard population. A negative score indicates the child weighs less than the median weight of other children his/her age.
- **STUNTING** – based on low height-for-age scores (two standard deviations or more below the mean height-for-age z-score), stunting indicates long term nutritional deficiencies. Children who suffer from growth retardation in early life are at risk for long term negative effects, including cognitive deficits, poor schooling outcomes, and lost productivity.
- **WASTING** – based on low weight-for-height scores (two standard deviations or more below the mean weight-for-height z-score), wasting is indicative of short-term nutritional deficiencies resulting from insufficient nutritional intake and/or as a consequence of ill health (most notably diarrhoea). Although more aptly addressed by immediate measures to improve nutritional status, as opposed to stunting, the health conditions associated with wasting, such as impaired immune system function, put young children at increased risk for morbidity and mortality.

FIGURE 1C. CONCEPTUAL FRAMEWORK LINKING CASH TO CHILD NUTRITION - THIRD-ORDER IMPACTS



- **UNDERWEIGHT** – based on low weight-for-age (two standard deviations or more below the median weight-for-age z-score), being underweight increases the risk of mortality among young children.
- **OVERWEIGHT/OBESITY** – children in LMIC with a high weight-for-height (two or three standard deviations or more above the median weight-for-height z-score for overweight and obesity, respectively), often face a double burden of malnutrition, whereby they are more likely to suffer from undernutrition due to intake of nutrient-poor, overprocessed foods while simultaneously facing the short and long term health consequences associated with being overweight.

Several systematic reviews (including narrative reviews) and meta-analyses have been conducted which synthesise the impacts of cash transfer programmes on child nutrition outcomes, more specifically on child undernutrition (for example, stunting, wasting, and underweight). According to the most recent global meta-analysis, Manley and colleagues (2022) identified 129 studies on impacts of cash transfers on child nutrition and proximate determinants. The review included both conditional and unconditional cash transfers globally, with nearly half of all studies (43 per cent) from African contexts. Using results from 77 studies for their meta-analysis, the study reported that cash transfers reduced stunting and wasting and increased height-for-age. In contrast, there were no impacts on weight-for-height or weight-for-age z-scores. When analysed separately by region, effects on wasting remained significant, but effects on stunting, height-for-age, weight-for-age, and weight-for-height were not significant in Africa.

The authors concluded that lack of sizeable and consistent results was attributed to small sample sizes for weight-for-age and height-for-age z-scores, as well as variations in programme benefits, including transfer amounts and complementary services. The authors cite larger transfer size, which increases diet diversity, consumption of animal food sources, and height-for-age z scores, and access to behavioural change communications, which promote WASH, as particularly important in terms of programme design features (Manley, Alderman, and Gentilini 2022). However, another literature review conducted comparing cash transfers to cash plus nutrition-sensitive programming did not find that cash plus programmes were more effective in reducing stunting than cash transfers in their meta-analysis of seven studies (Little et al. 2021).

In a previous study by Manley and Slavchevska (2019) reviewing 20 studies (12 in Africa), the authors found that only two cash transfers in Africa reported positive impacts on child nutrition outcomes (one each in Malawi and South Africa). Meanwhile, two other studies in the region (in Zambia and Mozambique) found no impacts on anthropometric outcomes. The South African Child Support Grant reported 20 per cent improvements in height-for-age z-scores for children enrolled for at least 24 months (Aguero, Carter, and Woolard 2006), while the Mchinji Malawi Social Cash Transfer Pilot reported 4- and 2-percentage point decreases in stunting and wasting, respectively (Miller, Tsoka, and Reichert 2008). The other eight studies reported impacts on pathway indicators (including dietary diversity) but did not report impacts on anthropometrics. Only one systematic review was identified which measured the relationship between cash transfers and risk for overweight and obesity (Semba et al. 2022), and among the 20 included studies covered in the review, only one looked at young child nutrition outcomes in African contexts (South Africa), suggesting protective effects against obesity. Other studies which did look at young child nutritional status, including Brazil (children aged 0-5), Columbia (children aged 2-6), Dominican Republic (children aged 0-5), and the USA (children aged 3), overweight or obesity was reduced in the US and Dominican Republic samples but not in the Latin American context.

Source: ©UNICEF/UN0701252/N'Daou

One (in Malawi) out of seven Transfer Project evaluations measuring children's nutrition outcomes (stunting, wasting, or underweight) found impacts (see Table 7). In Malawi, children were 2.7 percentage points less likely to be wasted as a result of the Social Cash Transfer (Abdoulayi et al. 2016). The other six evaluations found no impacts on these outcomes overall, but there were some impacts on specific sub-groups. In South Africa, the Child Support Grant led to increased height-for-age z scores among two subsamples, girls and children whose mothers have eight or more grades of education, by 0.194 and 0.184 points, respectively (DSD, SASSA, and UNICEF 2012). In Ghana, the Livelihood Empowerment Against Poverty 1000 led to significant increases in the proportion of children aged 24-59 months wasted and underweight (3.9 and 4.9 percentage points, respectively), and, similarly, Kenya's Cash Transfers for Orphans and Vulnerable Children saw adverse impacts on wasting (9.8 pp increase) and weight-for-age z-scores (-0.37 point decrease) among children under 36-months. Expanding beyond the Transfer Project, no impacts on anthropometric outcomes were found in Tanzania (Evans et al. 2014), Burkina Faso (Akresh, de Walque, and Kazianga 2012), or Mali (Akresh, de Walque, and Kazianga 2012).

One reason for the lack of protective impacts on anthropometrics may be due to relatively small sample sizes. For example, as prevalence of stunting can generally be expected to decline by approximately one percentage point per year as a result of an intervention (such as cash transfers), the number of children needed in an impact evaluation to detect such a small change is approximately 10,000 children (researchers refer to this as minimum sample size, which is related to statistical power). However, most Transfer Project evaluations have a sample size of approximately 2,000 to 4,000 households and thus are more likely to detect impacts in the range of 3 to 5 percentage point decreases annually. This may explain why global meta-analyses (which pool samples and estimates from multiple studies) have found small impacts, but individual evaluations tend not to find significant impacts on stunting.

Table 7: Summary of Transfer Project Impacts on child malnutrition

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	AGE RANGE	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
Ethiopia[1]	Social Cash Transfer Pilot Programme (Tigray Region)	SCTPP	36 months	Children < 48 months	Stunting	Programme duration	N.S.
				Children < 48 months	Wasting	Programme duration	N.S.
				Children < 48 months	Height-for-age z-score	Programme duration	N.S.
				Children < 48 months	Weight for height	Programme duration	N.S.
Ghana[2]	Livelihood Empowerment Against Poverty	LEAP	72 months	N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
	Livelihood Empowerment Against Poverty 1000	LEAP 1000	24 months	Children 0-83 month	Stunting	Programme duration	N.S.
				Children 0-83 month	Wasting	Programme duration	N.S.
				Children 0-83 month	Height-for-age z-score	Programme duration	N.S.
				Children 0-83 month	Weight for height	Programme duration	N.S.
Kenya[3]	Cash Transfers for Orphans and Vulnerable Children	CT-OVC	24 months	Children < 60 months	Stunting	Programme duration	N.S.
				Children < 60 months	Wasting	Programme duration	N.S.
				Children < 60 months	Height-for-age z-score	Programme duration	N.S.
				Children < 60 months	Weight for height	Programme duration	N.S.
Malawi	Social Cash Transfer Programme	SCTP	24 months	Children 6-59 months	Stunting	Programme duration	N.S.
				Children 6-59 months	Wasting	Programme duration	-2.7pp***
				Children 6-59 months	Height-for-age z-score	Programme duration	N.S.
				Children 6-59 months	Weight for height	Programme duration	N.S.
Mozambique	Child Grant 0-2	CG-02	24 months	Children 0-24 months	Stunting	Programme duration	N.S.
				Children 0-24 months	Wasting	Programme duration	N.S.
				Children 0-24 months	Height-for-age z-score	Programme duration	N.S.
				Children 0-24 months	Weight for height	Programme duration	N.S.

Table 7: Summary of Transfer Project Impacts on child malnutrition (CONT.)

COUNTRY	PROGRAMME	ACRONYM	EVALUATION TIME POINT	AGE RANGE	INDICATOR	REFERENCE PERIOD	EFFECT SIZE
South Africa	South African Child Support Grant	CSG	N/A (dose-response effect)	Programme participants	Stunting	Programme duration	N.S.
				Programme participants	Wasting	*Not measured*	*Not measured*
				Programme participants	Height-for-age z-score	Programme duration	N.S.
				Programme participants	Weight for height	*Not measured*	*Not measured*
Tanzania	Productive Social Safety Net	PSSN	24 months	N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
Zambia	Child Grant Programme	CGP	48 months	Children ages 0-9 years	Stunting	Programme duration	N.S.
				Children ages 0-9 years	Wasting	Programme duration	N.S.
				Children ages 0-9 years	Height-for-age z-score	Programme duration	N.S.
				Children ages 0-9 years	Weight for height	Programme duration	N.S.
	Multiple Category Targeting Programme	MCTP	36 months	N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
Zimbabwe	Harmonised Social Cash Transfer Programme	HSCT	48 months	N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*
				N/A	N/A	*Not measured*	*Not measured*

N/A = not applicable
N.S. = not significant
pp = percentage points
**p<0.05, **p<0.01, ***p<0.001*

[1] The authors indicated they did not feel their sample was large enough to infer any significant impacts from the program on these outcomes.
[2] When disaggregated by age groups, found adverse programmatic impacts for wasting (3.9 pp increase) and underweight (4.8 pp increase) in children 24-59 months.
[3] When disaggregated by age groups, found adverse programmatic impacts for wasting (9.8 pp increase) and weight-for-age z-scores (-0.37 point decrease)) in children under 36 months at baseline

Box 2. Considerations for interpreting impact of cash transfers on child nutrition in Africa to global evidence

There are several points that should be taken into account when interpreting impacts of cash transfers on nutrition-related outcomes in Africa:

- **INTERVENTION PERIOD FOR STUNTING:** Stunting is largely determined in the first 1,000 days of life (starting from conception to 24 months of age) (US Agency for International Development 2017). Thus, maternal nutrition and infections (including malaria) prior to birth are important determinants. However, many cash transfer programmes (for example, Zambia's Child Grant Programme, Ghana's LEAP 1000, and Mozambique's Child Grant Programme) often enrol families after the birth of the child. In this way, maternal nutrition and health behaviours are likely not influenced by the cash (and thus a large window for determining stunting outcomes is missed). Additionally, stunting determinants are highly complex and a large portion of the determinants of stunting are poorly understood. Thus, an intervention such as cash transfers aimed at only one determinant of stunting (poverty) may be limited in affecting overall change, especially if only targeted at a portion of the window in which stunting is determined (for example, infancy but not in utero).
- **ENVIRONMENTAL INFLUENCES:** A general lack of cash transfer impacts in Africa may be driven by environmental factors. Stunting is determined by a complex array of factors, and cash likely only addresses some of these factors. Children in Africa also face a high infectious environment in comparison to children in other regions. In addition, African food supplies are often contaminated with fungal metabolites (mycotoxins), which are commonly found in maize and ground nuts and are also associated with stunting (Prendergast and Humphrey 2014).
- **CONDITIONAL V. UNCONDITIONAL:** Large-scale government-led cash transfer programmes in Africa are more likely to be unconditional than conditional, or to implement soft conditionalities (or co-responsibilities) which are communicated but not monitored. In contrast, many cash transfer programmes in Latin America are often designed with strict and enforced conditions. At the same time, generalised levels of poverty in Africa are higher, the infectious environment differs (including higher risk of malaria in Africa, which is linked to low birthweight), and health infrastructure is more limited, as compared to other regions. Thus, it is impossible to conclude that differences in outcomes across regions are attributable to the presence or absence of conditions.
- **CONTEXTUAL FACTORS LIKE HEALTH SERVICES QUALITY AND HOUSING CONDITIONS:** Differences in contextual factors may influence cash transfer programme impacts. The few studies that have evaluated the role of contextual factors suggest that supply side factors (for example, quality of health services) influence programme impacts on health and nutrition outcomes in cash transfer programmes. For instance, there is evidence that cash transfer impacts are greater (in terms of health insurance uptake and skilled delivery at birth) for households living in communities with relatively better health infrastructure, and there is evidence that cash transfers can reduce stunting in households with access to clean water and improved dwelling characteristics. These differential impacts are important to note, where cash transfers may remove financial barriers to health care but where poor physical assets or low-quality services due to understaffing, medicine stockouts, etc. can still limit service utilisation; or where cash transfers may contribute to reductions in stunting, but only where other important conditions exist (like access to clean water).
- **IMPLEMENTATION CHALLENGES:** The fact that cash transfer programmes in Africa are implemented in a context where there are often sometimes weak institutions may also limit effects on nutrition and health. Several evaluations in the region have pointed out widespread implementation challenges that constrain programme effectiveness. These challenges include, among others, the transfer size, the timing and frequency of payments, and, at a broader level, economic instability, challenges that are interrelated. Meanwhile, widespread economic instability has affected programme effectiveness, with inflationary pressures eroding real transfer values, limiting their purchasing power and ability for programmes to achieve substantial coverage.

5. LESSONS LEARNED FROM REVIEWING THE EVIDENCE

5.1 What Does the Evidence Say?

Pathways of impact

Food security, poverty, housing environment, and health care access

- The evidence on the positive impacts of cash transfers on household dietary diversity (and caloric intake), including on the quantity and quality of food consumed by beneficiary households, is strong and consistent across countries, including in Africa. In fact, there are not many examples from the region where cash transfers did not increase dietary diversity.
- Cash transfer programmes reduce poverty headcount and poverty gap in Africa. Based on Transfer Project evaluation studies, large-scale government-led cash transfer programmes in Africa reduced headcount poverty with 2.1 to 14.9 percentage points and poverty gap with 2.6 to 12.6 percentage points among programme beneficiaries.
- Most cash transfer programmes in Africa significantly increase household expenditures, including food expenditures and food consumption. Programme design features such as the maintenance of real transfer value and regularity/predictability of payments are crucial to ensure impact.
- A limited number of studies suggest that cash transfers can increase enrolment in health insurance in Africa, however, this is not a common outcome in many evaluations.

Source: ©UNICEF/UNI212672/Tremeau

Source: ©UNICEF/UN0827399/Ayene

Time use, birthweight, feeding practices, agency and bodily autonomy, and services

- While cash transfers can increase women's time spent on productive activities, they continue to be responsible for housework and childcare (and may gain new responsibilities in this area). More evidence is required to understand how cash transfers can impact time spent on parenting activities to promote early child development.
- Among the few studies examining impacts on birthweight, cash transfers have been found to increase birthweight, but effects may be influenced by season of birth.
- Several programmes improve child dietary diversity, meal frequency, and consumption of other nutrient-rich food groups.
- There is strong evidence that cash transfers reduce gender-based violence, including intimate partner violence, increase agency and decision-making, and empower women in participating households. Cash transfers may also reduce adolescent pregnancy and increase birth spacing, both of which can have positive effects on infant and child health and nutrition.
- Cash transfers in Africa can increase health visits for young children, but effects are not seen in all settings. Impacts may be enhanced by 'plus' components that proactively link cash participants with information or health services.

Impacts on nutritional status outcomes

- Finally, while there is evidence that cash transfers reduce stunting and wasting and increase height-for-age globally (together with studies in Africa), when looking at only Africa, only protective impacts on wasting were found. Lack of impacts in Africa may be due to large sample sizes needed to detect impacts on stunting (which most studies do not reach), or it could be due to environmental factors in Africa, such as a high infectious environment or fungal metabolites, which are also associated with stunting, contaminating many food supply systems in Africa.
- Few studies examine cash transfers and childhood obesity in Africa, but one study from South Africa suggested protective effects.

Source: ©UNICEF/UN0742480/

5.2 Where Do We Need More Research?

Reviewing the evidence on the impact of cash transfers on child nutrition in Africa we identified some gaps:

1. **DESIGN AND IMPLEMENTATION:** More information is needed about programme design features and implementation and their moderating effect on programme impact. However, large-scale government programmes generally do not vary design and implementation features to experiment with how design features can affect outcomes. Thus, information on programme design can be learned from non-governmental programmes, including research trials which are more flexible and pilot different design features (for example, to study sex of transfer recipient, transfer amount and frequency, and other characteristics). More process evaluations of government-led cash transfer programmes can also contribute to learning around implementation and its influence on cash transfer impacts.
2. **CONTEXTUAL INFLUENCES:** More research is needed to understand how contextual factors, such as quality of surrounding health services and other environmental factors (water, sanitation, and hygiene), social and gender norms, and other characteristics influence the effects of cash transfers on child nutrition outcomes.
3. **PATHWAYS OF IMPACT:** More research is needed to understand pathways of impact for child nutrition outcomes. For example, improved child feeding practices are a key pathway between cash transfers and child malnutrition and overweight/obesity prevalence, yet many studies evaluate only household level food security and dietary diversity. More evidence is needed at the child-level to better understand how cash transfers and household dietary improvements translate to the youngest household members. Mediators of child feeding pathways, such as caregiver knowledge of best practices and caregiver decision-making power, also need to be further examined. In addition, more research is needed on nutrition pathways in utero (for example, women's access to food, physical labour, immunisations, infections) and pre-conception, and how these influence the impacts of cash transfers.
4. **LINKAGES BETWEEN CASH TRANSFERS AND COMPLEMENTARY SERVICES:** As malnutrition is influenced by various factors in both households and communities, multi-sector interventions may be needed to influence child nutritional status. For instance, access to WASH services and maternal education on best feeding practices may not fully be addressed using cash transfers alone, yet both are integral to improving nutritional intake of young children and providing requisite conditions (like access to clean water) for cash transfers to reduce malnutrition outcomes. Improving child nutrition does not only require the removal of household-level financial barriers but also the tackling of other demand- and supply-side barriers, including (access and affordability to diverse quality foods and clean water and information gaps. As such, more studies are needed that evaluate the linkages between cash transfer programmes and complementary services on child nutrition outcomes and their pathways.

Source: ©UNICEF/UN0663901/Schermbrucker

ENDNOTES

1 Established in 2008, the Transfer Project is a collaborative network between the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the UN (FAO), University of North Carolina, national governments, and local research partners. Its goals are to provide rigorous evidence on the effectiveness of large-scale national cash transfer programmes in sub-Saharan Africa and the Middle East and to use this evidence to inform the development of cash transfer and social protection policies and programmes via dialogue and learning.

2 The health brief in this series provides a more comprehensive summary of pathways through which cash transfers influence health outcomes.

3 This evaluation was conducted prior to transfer increases to keep pace with inflation.

4 In 2023, new legislation in Tanzania was passed regarding Universal Health Coverage with plans to cover enrolment premiums for the most vulnerable groups (including cash transfer participants). Details of implementation are still being developed.

REFERENCES

International Dietary Data Expansion Project. In *Household Dietary Diversity Score*.

Abdoulayi, S, G Angeles, C Barrington, K Brugh, S Handa, and K Kilburn. 2016. Malawi Social Cash Transfer Program Endline Impact Evaluation Report. Chapel Hill, NC: University of North Carolina at Chapel Hill.

Agrawal, Arun, Nanki Kaur, Clare Shakya, and Andrew Norton. 2020. "Social assistance programs and climate resilience: reducing vulnerability through cash transfers." *Current Opinion in Environmental Sustainability* 44:113-123.

Aguero, Jorge, Michael Carter, and Ingrid Woolard. 2006. "The impact of unconditional cash transfers on nutrition: The South African Child Support Grant."

AIR. 2014. Zambia's Child Grant Porgram: 36-month Impact Report. American Institutes for Research, Washington D.C.

Aker, J. C., R. Boumnijel, McClelland A., and N. Tierney. 2014. "Payment mechanisms and anti-poverty programs: Evidence from a mobile money cash transfer experiment in Niger. Unpublished working paper."

Akresh, Richard, Damien de Walque, and Harounan Kazianga. 2012. "Alternative Cash Transfer Delivery Mechanisms: Impacts on Routine Preventative Health Clinic Visits in Burkina Faso." *SSRN Electronic Journal*. doi: 10.2139/ssrn.2003654.

Alderman, Harold, and Ruslan Yemtsov. 2012. "Productive role of social protection." *Background Paper for the World Bank 22*.

American Institutes for Research. 2015. Zambia's Multiple Category Targeting Grant: 36-Month Impact Report Washington, DC: American Institutes for Research.

American Institutes for Research. 2016. Zambia's Child Grant Programme: 48-Month Impact Report Washington, DC: American Institutes for Research.

Anderson, C. L., T. Reynolds, P. Biscaye, D. Coomes, E. Ebeling, A. R. Favreau, and T. Madsen. 2017. Review of Evidence on Long-term Impacts of Cash Transfer Programs (EPAR Technical Report 359). University of Washington, Evans School of Public Policy and Governance.

Angeles, G, Averi Chakrabarti, S Handa, F Otchere, and G Spektor. 2018. Zimbabwe's Harmonised Social Cash Transfer Programme: Endline Impact Evaluation Report. Chapel Hill: Carolina Population Center.

Arnold, Catherine, Tim Conway, and Matthew Greenslade. 2011. "Cash transfers literature review." *London: Department for International Development*.

Baird, S. J., E. Chirwa, J. de Hoop, and B. Özler. 2013. " Girl Power: Cash Transfers and Adolescent Welfare. Evidence from a Cluster-Randomized Experiment in Malawi. Working paper. National Bureau of Economic Research (NBER).".

Baird, Sarah, Francisco HG Ferreira, Berk Özler, and Michael Woolcock. 2014. "Conditional, unconditional and everything in between: a systematic review of the effects of cash transfer programmes on schooling outcomes." *Journal of Development Effectiveness* 6 (1):1-43.

Baird, Sarah, David McKenzie, and Berk Özler. 2018. "The effects of cash transfers on adult labor market outcomes." *IZA Journal of Development and Migration* 8 (1):1-20.

Banerjee, Abhijit V, Rema Hanna, Gabriel E Kreindler, and Benjamin A Olken. 2017. "Debunking the stereotype of the lazy welfare recipient: Evidence from cash transfer programs." *The World Bank Research Observer* 32 (2):155-184.

Baranov, Victoria, Lisa Cameron, Diana Contreras Suarez, and Claire Thibout. 2021. "Theoretical underpinnings and meta-analysis of the effects of cash transfers on intimate partner violence in low-and middle-income countries." *The Journal of Development Studies* 57 (1):1-25.

Barrington, Clare, Amber Peterman, Akalpa J Akaligaung, Tia Palermo, Marlous de Milliano, and Raymond A Aborigo. 2022. "'Poverty can break a home': Exploring mechanisms linking cash plus programming and intimate partner violence in Ghana." *Social Science & Medicine* 292:114521.

Bastagli, Francesca, Jessica Hagen-Zanker, Luke Harman, Valentina Barca, Georgina Sturge, and Tanja Schmidt. 2019. "The impact of cash transfers: a review of the evidence from low-and middle-income countries." *Journal of Social Policy* 48 (3):569-594.

Bastagli, Francesca, Jessica Hagen-Zanker, Luke Harman, Valentina Barca, Georgina Sturge, Tanja Schmidt, and Lucca Pellerano. 2016. "Cash transfers: what does the evidence say." *A rigorous review of programme impact and the role of design and implementation features*. London: ODI.

Beegle, K, A Coudouel, and E Monsalve. 2018. Realizing the Full Potential of Social Safety Nets in Africa. Washington, DC: World Bank and Agence Francaise de Developpement.

Benjamin-Chung, Jade, Andrew Mertens, John M. Colford, Alan E. Hubbard, Mark J. van der Laan, Jeremy Coyle, Oleg Sofrygin, Wilson Cai, Anna Nguyen, Nolan N. Pokpongkiat, Stephanie Djajadi, Anmol Seth, Wendy Jilek, Esther Jung, Esther O. Chung, Sonali Rosete, Nima Hejazi, Ivana Malenica, Haodong Li, Ryan Hafen, Vishak Subramoney, Jonas Häggström, Thea Norman, Kenneth H. Brown, Parul Christian, Benjamin F. Arnold, Souheila Abbeddou, Linda S. Adair, Tahmeed Ahmed, Asad Ali, Hasmot Ali, Per Ashorn, Rajiv Bahl, Mauricio L. Barreto, France Begín, Pascal Obong Bessong, Maharaj Kishan Bhan, Nita Bhandari, Santosh K. Bhargava, Zulfiqar A. Bhutta, Robert E. Black, Ladaporn Bodhidatta, Delia Carba, Ines Gonzalez Casanova, William Checkley, Jean E. Crabtree, Kathryn G. Dewey, Christopher P. Duggan, Caroline H. D. Fall, Abu Syed Golam Faruque, Wafaie W. Fawzi, José Quirino da Silva Filho, Robert H. Gilman, Richard L. Guerrant, Rashidul Haque, Sonja Y. Hess, Eric R. Houpt, Jean H. Humphrey, Najeeha Talat Iqbal, Elizabeth Yakes Jimenez, Jacob John, Sushil Matthew John, Gagandeep Kang, Margaret Kosek, Michael S. Kramer, Alain Labrique, Nanette R. Lee, Aldo Ângelo Moreira Lima, Mustafa Mahfuz, Tjale Cloupas Mahopo, Kenneth Maleta, Dharma S. Manandhar, Karim P. Manji, Reynaldo Martorell, Sarmila Mazumder, Estomih Mduma, Venkata Raghava Mohan, Sophie E. Moore, Ishita Mostafa, Robert Ntozini, Mzwakhe Emanuel Nyathi, Maribel Paredes Olortegui, William A. Petri, Prasanna Samuel Premkumar, Andrew M. Prentice, Najeeb Rahman, Harshpal Singh Sachdev, Kamran Sadiq, Rajiv Sarkar, Naomi M. Saville, Saijuddin Shaikh, Bhim P. Shrestha, Sanjaya Kumar Shrestha, Alberto Melo Soares, Bakary Sonko, Aryeh D. Stein, Erling Svensen, Sana Syed, Fayaz Umrani, Honorine D. Ward, Keith P. West, Lee Shu Fune Wu, Seungmi Yang, Pablo Penataro Yori, and Consortium The Ki Child Growth. 2023. "Early-childhood linear growth faltering in low- and middle-income countries." *Nature* 621 (7979):550-557. doi: 10.1038/s41586-023-06418-5.

Berhane, Guush, Stephen Devereux, John Hoddinott, J Hoel, M Kimmel, N Ledlie, and Keetie Roelen. 2015. Evaluation of the Social Cash Transfers Pilot Programme Tigray Region, Ethiopia. Endline Report. In Washington, DC, Brighton, Mekelle: International Food Policy Research Institute, Institute of Development Studies, University of Sussex, and University of Mekelle, Tigray.

Biscaye, Pierre, David Coomes, Elan Ebeling, Annie Rose Favreau, and Trygve Madsen. 2017. "Review of Evidence on Long-term Impacts of Cash Transfer Programs." *Mimeo*.

Blattman, C., E.P. Green, I. Jamison, M.C Lehmann, and J. Annan. 2015. "The returns to cash and microenterprise support among the ultra-poor: A field experiment." *Rochester, NY: Social Science Research Network* (SSRN).

Bonilla, Juan, R Castro-Zarzur, D Seidenfeld, A Peterman, and Z Buckauf. 2022. 24-month Impact Evaluation of the Child Grant (0-2 years) Component in the Nampula Province in Mozambique 2019-2021.

Bossuroy, Thomas, Nuria Branders, Stéphanie Brunelin, Aline Coudoue, Céline Ferré, Ababacar Gueye, Solène Rougeau, and Dame Seck Thiam. 2023. RAPPORT D'EVALUATION D'IMPACT DU PROGRAMME NATIONAL DE BOURSES DE SÉCURITÉ FAMILIALE. Washington, DC: World Bank.

Buisman, L. R., E. Van de Poel, O. O'Donnell, and E. K. A. van Doorslaer. 2019. "What explains the fall in child stunting in Sub-Saharan Africa?" *SSM Popul Health* 8:100384. doi: 10.1016/j.ssmph.2019.100384.

Buller, AM, A Peterman, M. Ranganathan, A Bleile, M Hidrobo, and L Heise. 2018. "A mixed-method review of cash transfers and intimate partner violence in low- and middle-income countries." *World Bank Research Observer* 33 (2):218-258.

Carlson, G. J., K. Kordas, and L. E. Murray-Kolb. 2015. "Associations between women's autonomy and child nutritional status: a review of the literature." *Matern Child Nutr* 11 (4):452-82. doi: 10.1111/mcn.12113.

Child Grant Evaluation Team. 2022. "24-Month Impact Evaluation of the Child Grant 0-2 Component in the Nampula Province in Mozambique—2019-2021." *United Nations Children's Fund, Mozambique*.

Cirillo, Cristina, and Raquel Tebaldi. 2016. "Social Protection in Africa: inventory of non-contributory programmes." *International Policy Centre for Inclusive Growth Working Paper*.

Conde-Agudelo, Agustín, Anyeli Rosas-Bermudez, Fabio Castaño, and Maureen H Norton. 2012. "Effects of birth spacing on maternal, perinatal, infant, and child health: a systematic review of causal mechanisms." *Studies in family planning* 43 (2):93-114.

Conde-Agudelo, Agustín, Anyeli Rosas-Bermudez, and AC Kafury-Goeta. 2006. "Birth spacing and risk of adverse perinatal outcomes: A meta-analysis." *JAMA* 295 (15):1809-1823.

Cooper, Jan E, Tarik Benmarhnia, Alissa Koski, and Nicholas B King. 2020. "Cash transfer programs have differential effects on health: a review of the literature from low and middle-income countries." *Social science & medicine* 247:112806.

d'Agostino, Giorgio, Luca Pieroni, and Margherita Scarlato. 2013. "Social Protection and Food Security in Sub-Saharan Africa: An Evaluation of Cash Transfer Programmes."

Daidone, S, B Davis, J Dewbre, M Gonzales-Flores, S Handa, D Seidenfeld, and G Tembo. 2014. Zambia's Child Grant Programme: 24-month impact report on productive activities and labour allocation. Rome: Food and Agriculture Organization of the United Nations.

Damoah, K, U Thibault, N Tirivayi, and J Daminelli. 2024. The Impact of Social Cash

Transfer Pilot Programme in Angola. Florence: UNICEF Innocenti.

Davis, Benjamin, Sudhanshu Handa, Nicola Hypher, Natalia Winder Rossi, Paul Winters, and Jennifer Yablonski. 2016. *From evidence to action: the story of cash transfers and impact evaluation in sub Saharan Africa*: Oxford University Press.

de Groot, Richard, Tia Palermo, Sudhanshu Handa, Luigi Peter Ragno, and Amber Peterman. 2017. "Cash transfers and child nutrition: pathways and impacts." *Development Policy Review* 35 (5):621-643.

Devereux S, Eide WB, Hoddinott J, Lustig N, Subbarao K. . 2012. Social protection for food security. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.

Dewbre, J., E. Prifti, A. Ruvalcaba, S. Daidone, and B. Davis. . 2015. Zimbabwe's Harmonized Cash Transfer Programme: 12-Month Impact Report on Productive Activities and Labour Allocation.

DSD, SASSA, and UNICEF. 2012. The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households. Pretoria: UNICEF South Africa.

Evans, David, Stephanie Hausladen, Katrina Kosec, and Natasha Reese. 2014. Tanzania: can local communities successfully run cash transfer programs? : The World Bank.

Evans, David K, Pamela Jakiela, and Heather A Knauer. 2021. "The impact of early childhood interventions on mothers." *Science* 372 (6544):794-796.

Evans, DK, Brian Holtemeyer, and K Kosec. 2019. "Cash Transfers adn Health: Evidence from Tanzania." *World Bank Group Policy Research Working Paper* 7882.

Fisher, Eleanor, Ramlatu Attah, Valentina Barca, Clare O'Brien, Simon Brook, Jeremy Holland, Andrew Kardan, Sara Pavanello, and Pamela Pozarny. 2017. "The livelihood impacts of cash transfers in sub-Saharan Africa: beneficiary perspectives from six countries." *World Development* 99:299-319.

Garcia, Marito, Charity G Moore, and Charity MT Moore. 2012. *The cash dividend: the rise of cash transfer programs in sub-Saharan Africa*: World Bank Publications.

Gassara, G., and J. Chen. 2021. "Household Food Insecurity, Dietary Diversity, and Stunting in Sub-Saharan Africa: A Systematic Review." *Nutrients* 13 (12). doi: 10.3390/nu13124401.

Gentilini, Ugo. 2016. "Revisiting the "cash versus food" debate: new evidence for an old puzzle?" *The World Bank Research Observer* 31 (1):135-167.

Ghana LEAP 1000 Evaluation Team. 2018. Ghana LEAP 1000 Programme: Endline Evaluation Report. Florence, Italy: UNICEF Office of Research.

Ghana LEAP Evaluation Team. 2017. Ghana Livelihood Empowerment Against Poverty Programme: Endline Impact Evaluation Report. Chapel Hill: Carolina Population Center.

Gilligan, D. O., Margolies, A., Quiñones, E. and Roy, S. 2013. Impact evaluation of cash and food transfers at early childhood development centres in Karamoja, Uganda. Final Impact Report.: International Food Policy Research Institute, Washington, D.C. .

Gilligan, Daniel O, Alejandra Arrieta, Stephen Devereux, John F Hoddinott, Dereje Kebede, Natasha Ledlie, Keetie Roelen, and Alemayehu Seyoum Taffesse. 2021. "Impact evaluation of improved nutrition through integrated basic social services and social cash transfer pilot program (IN-SCT) in Oromia and SNNP regions, Ethiopia: Endline impact evaluation report."

Hagen-Zanker, Jessica, Francesca Bastagli, Luke Harman, Valentina Barca, Georgina Sturge, and Tanja Schmidt. 2016. "Understanding the impact of cash transfers: the evidence." *London, UK: Overseas Development Institute*.

Hagen-Zanker, Jessica, Anna McCord, Rebecca Holmes, F Booker, and E Molinari. 2011. "Systematic review of the impact of employment guarantee schemes and cash transfers on the poor." London: Overseas Development Institute.

Handa, S, M Park, R. O Darko, I Osei-Akoto, B Davis, and S Daidone. 2014. Livelihood Empowerment Against Poverty Program Impact Evaluation. Chapel Hill: Carolina Population Center, University of North Carolina at Chapel Hill.

Handa, S, M Park, R Osei Darko, I Osei-Akoto, B Davis, and S Daidone. 2014. Livelihood Empowerment Against Poverty Program: Midline Impact Evaluation. Chapel Hill: University of North Carolina.

Handa, S, A Peterman, C Huang, C. T. Halpern, A Pettifor, and H. Thirumurthy. 2015. "Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on Early Pregnancy and Marriage of Adolescent Girls." *Social Science & Medicine* 141:36-45.

Handa, Sudhanshu, Silvio Daidone, Amber Peterman, Benjamin Davis, Audrey Pereira, Tia Palermo, and Jennifer Yablonski. 2018. "Myth-busting? Confronting six common perceptions about unconditional cash transfers as a poverty reduction strategy in Africa." *The World Bank Research Observer* 33 (2):259-298.

Handa, Sudhanshu, Amber Peterman, David Seidenfeld, and Gelson Tembo. 2015. "Income Transfers and Maternal Health: Evidence from a National Randomized Social Cash Transfer Program in Zambia." *Health economics* 25 (2):225+236.

Handa, Sudhanshu, Amber Peterman, David Seidenfeld, and Gelson Tembo. 2016. "Income transfers and maternal health: evidence from a national randomized social cash transfer program in Zambia." *Health economics* 25 (2):225-236.

Haushofer, Johannes, and Jeremy Shapiro. 2013. "Household response to income changes: Evidence from an unconditional cash transfer program in Kenya." *Massachusetts Institute of Technology* 24 (5):1-57.

Haushofer, Johannes, and Jeremy Shapiro. 2016. "The short-term impact of unconditional cash transfers to the poor: experimental evidence from Kenya." *The Quarterly Journal of Economics* 131 (4):1973-2042. doi: https://doi.org/10.1093/qje/qjw025.

Hidrobo, Melissa, Elizabeth Bryan, Peter Laderach, Valerie Mueller, Bianca Navia, Zahrah Nesbitt-Ahmed, and Shalini Roy. 2023. "Leveraging social protection to support women's and girls' climate resilience in low-and middle-income countries."

Hidrobo, Melissa, John Hoddinott, Neha Kumar, and Meghan Olivier. 2018. "Social Protection, Food Security, and Asset Formation." *World Development* 101:88-103.

Hidrobo, Melissa, Naureen Karachiwalla, and Shalini Roy. 2023. "The impacts of cash transfers on mental health and investments: Experimental evidence from Mali." *Journal of Economic Behavior & Organization* 216:608-630.

Hindin, M. J., A. M. Kalamar, T. A. Thompson, and U. D. Upadhyay. 2016. "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature." *J Adolesc Health* 59 (3 Suppl):S8-s15. doi: 10.1016/j.jadohealth.2016.04.021.

HSCT evaluation team. 2018. Zimbabwe's Harmonised Social Cash Transfer Programme Endline Impact Evaluation Report. Carolina Population Center, University of North Carolina at Chapel Hill.

Hunter, Benjamin M, Sean Harrison, Anayda Portela, and Debra Bick. 2017. "The effects of cash transfers and vouchers on the use and quality of maternity care services: a systematic review." *PloS one* 12 (3):e0173068.

ILO. 2024. World Social Protection Report 2024-2026. Universal social protection for climate action and a just transition. Geneva: International Labour Office.

J-PAL. 2020. "Using cash transfers to improve child health in low- and middle-income countries.", accessed May 24. https://www.povertyactionlab.org/policy-insight/using-cash-transfers-improve-child-health-low-and-middle-income-countries.

Johnston, Deborah, Sara Stevano, Hazel J Malapit, Elizabeth Hull, and Suneetha Kadiyala. 2018. "Time use as an explanation for the agri-nutrition disconnect: evidence from rural areas in low and middle-income countries." *Food policy* 76:8-18.

Khan, ME, Avishek Hazra, Aastha Kant, and Moazzam Ali. 2016. "Conditional and unconditional cash transfers to improve use of contraception in low and middle income countries: A systematic review." *Studies in family planning* 47 (4):371-383.

Lamadrid-Figueroa, H, G Angeles, T Mroz, J Urquieta-Salomón, B Hernández-Prado, A Cruz-Valdez, and M Ma Téllez-Rojo. 2008. "Impact of Oportunidades on contraceptive methods use in adolescent and young adult women living in rural areas 1997-2000." *University of North Carolina at Chapel Hill, Carolina Population Center, MEASURE Evaluation.*

LaPointe, Sarah, Pauline Mendola, Shao Lin, Lili Tian, Ana Bonell, Clement Adamba, and Tia Palermo. 2024. "Impact of cash transfers on the association between prenatal exposures to high temperatures and low birthweight: Retrospective analysis from the LEAP 1000 study." *BJOG: An International Journal of Obstetrics & Gynaecology*.

LEAP 1000 Evaluation Team. 2018. Ghana LEAP 1000 Programme: Endline Evaluation Report Annex ATT Estimates. Republic of Ghana, Ministry of Gender, Children and Social Protection.

Leroy, Jef L, Bastien Koch, Shalini Roy, Daniel Gilligan, and Marie Ruel. 2021. "Social assistance programs and birth outcomes: a systematic review and assessment of nutrition and health pathways." *The Journal of Nutrition* 151 (12):3841-3855.

Little, Madison T, Keetie Roelen, Brittany CL Lange, Janina I Steinert, Alexa R Yakubovich, Lucie Cluver, and David K Humphreys. 2021. "Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low-and middle-income countries." *PLoS medicine* 18 (9):e1003698.

Luseno, Winnie K, Kavita Singh, Sudhanshu Handa, and Chirayath Suchindran. 2014. "A multilevel analysis of the effect of Malawi's Social Cash Transfer Pilot Scheme on school-age children's health." *Health policy and planning* 29 (4):421-432.

Manley, James, Harold Alderman, and Ugo Gentilini. 2022. "More evidence on cash transfers and child nutritional outcomes: a systematic review and meta-analysis." *BMJ global health* 7 (4):e008233.

Manley, James, and Vanya Slavchevska. 2019. "Are cash transfers the answer for child nutrition in sub-Saharan Africa? A literature review." *Development Policy Review* 37 (2):204-224.

Mertens, Andrew, Jade Benjamin-Chung, John M. Colford, Jeremy Coyle, Mark J. van der Laan, Alan E. Hubbard, Sonali Rosete, Ivana Malenica, Nima Hejazi, Oleg Sofrygin, Wilson Cai, Haodong Li, Anna Nguyen, Nolan N. Pokpongkiat, Stephanie Djajadi, Anmol Seth, Esther Jung, Esther O. Chung, Wendy Jilek, Vishak Subramoney, Ryan Hafen, Jonas Häggström, Thea Norman, Kenneth H. Brown, Parul Christian, Benjamin F. Arnold, Souheila Abbeddou, Linda S. Adair, Tahmeed Ahmed, Asad Ali, Hasmot Ali, Per Ashorn, Rajiv Bahl, Mauricio L. Barreto, Elodie Becquey, France Begín, Pascal Obong Bessong, Maharaj Kishan Bhan, Nita Bhandari, Santosh K. Bhargava, Zulfiqar A. Bhutta, Robert E. Black, Ladaporn Bodhidatta, Delia Carba, William Checkley, Parul Christian, Jean E. Crabtree, Kathryn G. Dewey, Christopher P. Duggan, Caroline H. D. Fall, Abu Syed Golam Faruque, Wafaie W. Fawzi, José Quirino da Silva Filho, Robert H. Gilman, Richard L. Guerrant, Rashidul Haque, S. M. Tafsir Hasan, Sonja Y. Hess, Eric R. Houpt, Jean H. Humphrey, Najeeha Talat Iqbal, Elizabeth Yakes Jimenez, Jacob John, Sushil Matthew John, Gagandeep Kang, Margaret Kosek, Michael S. Kramer, Alain Labrique, Nanette R. Lee, Aldo Ângelo Moreira Lima, Tjale Cloupas Mahopo, Kenneth Maleta, Dharma S. Manandhar, Karim P. Manji, Reynaldo Martorell, Sarmila Mazumder, Estomih Mduma, Venkata Raghava Mohan, Sophie E. Moore, Robert Ntozini, Mzwakhe Emanuel Nyathi, Maribel Paredes Olortegui, Césaire T. Ouédraogo, William A. Petri, Prasanna Samuel Premkumar, Andrew M. Prentice, Najeeb Rahman, Manuel Ramirez-Zea, Harshpal Singh Sachdev, Kamran Sadiq, Rajiv Sarkar, Monira Sarmin, Naomi M. Saville, Saijuddin Shaikh, Bhim P. Shrestha, Sanjaya Kumar Shrestha, Alberto Melo Soares, Bakary Sonko, Aryeh D. Stein, Erling Svensen, Sana Syed, Fayaz Umrani, Honorine D. Ward, Keith P. West, Lee Shu Fune Wu, Seungmi Yang, Pablo Penataro Yori, and Consortium The Ki Child Growth. 2023. "Causes and consequences of child growth faltering in low-resource settings." *Nature* 621 (7979):568-576. doi: 10.1038/s41586-023-06501-x.

Merttens, Fred, Alex Hurrell, Marta Marzi, Ramla Attah, Maham Farhat, Andrew Kardan, and Ian MacAuslan. 2013. "Kenya hunger safety net programme monitoring and evaluation component." *Impact Evluation Final Report*. Oxford Policy Management.

Miller, Candace M, Maxton Tsoka, and Kathryn Reichert. 2011. "The impact of the Social Cash Transfer Scheme on food security in Malawi." *Food policy* 36 (2):230-238.

Miller, Candace, Maxton Tsoka, and Kathryn Reichert. 2008. "Impact evaluation report external evaluation of the Mchinji Social Cash Transfer pilot."

Molyneux, Maxine. 2006. "Mothers at the service of the new poverty agenda: progresa/oportunidades, Mexico's conditional transfer programme." *Social Policy & Administration* 40 (4):425-449.

Moncayo JR., and Cafiero C. 2021. "Hunger and food insecurity: FAO."

Nesbitt-Ahmed, Z., P. Pozarny, and A.P. de la O Campos. 2017. "Qualitative research on the impacts of social protection on rural women's economic empowerment." *The Malawi Social Cash Transfer Programme, Country Case Study Report Rome,* Food and Agriculture Organization.

Novignon, Jacob, Leah Prencipe, Adria Molotsky, Elsa Valli, Richard de Groot, Clement Adamba, and Tia Palermo. 2022. "The impact of unconditional cash transfers on morbidity and health-seeking behaviour in Africa: evidence from Ghana, Malawi, Zambia and Zimbabwe." *Health Policy and Planning* 37 (5):607-623.

Ntenda, Peter Austin Morton. 2019. "Association of low birth weight with undernutrition in preschool-aged children in Malawi." *Nutrition Journal* 18 (1):51. doi: 10.1186/s12937-019-0477-8.

Onwuchekwa, Chukwuemeka, Kristien Verdonck, and Bruno Marchal. 2021. "Systematic review on the impact of conditional cash transfers on child health service utilisation and child health in sub-Saharan Africa." *Frontiers in public health* 9.

Osei, Kwabena Brefo, and Danny Turkson. 2022. "Cash transfer and multidimensional child poverty: Evidence from Ghana." *International Journal of Social Economics* 49 (5):744-764.

Otieno, Peter, Gustavo Angeles, Sarah Quiñones, Vincent van Halsema, Jacob Novignon, and Tia Palermo. 2022. "Health services availability and readiness moderate cash transfer impacts on health insurance enrolment: evidence from the LEAP 1000 cash transfer program in Ghana." *BMC Health Services Research* 22 (1):599.

Owusu-Addo, Ebenezer, Andre MN Renzaho, and Ben J Smith. 2018. "The impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: a systematic review." *Health Policy and Planning* 33 (5):675-696.

Palermo, Tia, Sudhanshu Handa, Amber Peterman, Leah Prencipe, and David Seidenfeld. 2016. "Unconditional government social cash transfer in Africa does not increase fertility." *Journal of population economics* 29 (4):1083-1111.

Pega, Frank, Roman Pabayo, Claire Benny, Eun-Young Lee, Stefan K Lhachimi, and Sze Yan Liu. 2022. "Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low-and middle-income countries." *Cochrane Database of Systematic Reviews* (3).

Pellerano, Luca, Marta Moratti, Maja Jakobsen, Matěj Bajgar, and Valentina Barca. 2014. The Lesotho Child grants Programme Impact Evaluation: Follow-up Report. In *Report Commissioned by UNICEF/FAO with EU funding, for the Government of Lesotho*. Oxford: Oxford Policy Management.

Pereira, Audrey, Akalpa J Akaligaung, Raymond Aborigo, Amber Peterman, Tia Palermo, and Clare Barrington. 2023. "'Joy, not sorrow': Men's perspectives on gender, violence, and cash transfers targeted to women in northern Ghana." *SSM-Qualitative Research in Health* 3:100275.

Perera, Camila, Shivit Bakrania, Alessandra Ipince, Zahrah Nesbitt-Ahmed, Oluwaseun Obasola, Dominic Richardson, Jorinde Van de Scheur, and Ruichuan Yu. 2022. "Impact of social protection on gender equality in low-and middle-income countries: A systematic review of reviews." *Campbell Systematic Reviews* 18 (2):e1240.

Peterman, Amber, Neha Kumar, Audrey Pereira, and Daniel O Gilligan. 2019. "Toward gender equality: A critical assessment of evidence on social safety nets in Africa."

Peterman, Amber, Tia M Palermo, Sudhanshu Handa, David Seidenfeld, and Zambia Child Grant Program Evaluation Team. 2018. "List randomization for soliciting experience of intimate partner violence: application to the evaluation of Zambia's unconditional child grant program." *Health economics* 27 (3):622-628.

Peterman, Amber, Jingying Wang, Kevin Kamto Sonke, and Janina Steinert. 2024. "Social Safety Nets, Women's Economic Achievements and Agency: A Systematic Review and Meta-Analysis." *Center for Global Development Working Papers* (684).

Prendergast, Andrew J, and Jean H Humphrey. 2014. "The stunting syndrome in developing countries." *Paediatrics and international child health* 34 (4):250-265.

Quinones, S, Pauline Mendola, Lili Tian, Shao Lin, Jacob Novignon, Gustavo Angeles, and Tia Palermo. 2023. "Ghana's livelihood empowerment against poverty (1000) program seasonally Impacts Birthweight: a difference-in-differences analysis." *International Journal of Public Health* 68:1605336.

Richter, Linda. 2010. "Social cash transfers to support children and families affected by HIV/AIDS." *Vulnerable Children and Youth Studies* 5 (sup1):81-91.

Rosas, N, S Zaldivar, J Granata, G Lertsuridej, W Wilson, A Chuwa, R Kiama, MM Mwinyi, and A Hassan Mussa. 2019. Evaluating Tanzania's Productive Social Safety Net: Findings from the Midline Survey. Washington, DC and Dar es Salaam: World Bank and National Bureau of Statistics.

Rosas, Nina, Samantha Zaldivar, Maria Julia Granata, Gaew Lertsuridej, Nicholas Wilson, Albina Chuwa, Rainer Kiama, Mayasa Mahfoudh Mwinyi, and Asia Hassan Mussa. 2020. "Evaluating Tanzania's productive social safety net: Findings from the midline survey."

Rosenberg, Molly, Audrey Pettifor, Nadia Nguyen, Daniel Westreich, Jacob Bor, Till Bärnighausen, Paul Mee, Rhian Twine, Stephen Tollman, and Kathleen Kahn. 2015. "Relationship between Receipt of a Social Protection Grant for a Child and Second Pregnancy Rates among South African Women: A Cohort Study." *PloS one* 10 (9):e0137352.

SCTP Evaluation Team. 2016. Malawi Social Cash Transfer Programme Endline Impact Evaluation Report. Carolina Population Center, University of North Carolina at Chapel Hill.

Segura-Pérez, Sofia, Rubén Grajeda, and Rafael Pérez-Escamilla. 2016. "Conditional cash transfer programs and the health and nutrition of Latin American children." *Revista Panamericana de Salud Pública* 40:124-137.

Seidenfeld, D, and S Handa. 2011. Results of the three-year impact evaluation of Zambia's Cash Transfer Program in Monze District final report. Washington, DC: American Institutes for Research.

Semba, Richard D, James Manley, Lori Rosman, Nihaal Rahman, and Martin W Bloem. 2022. "Relationship of cash transfers with risk of overweight and obesity in children and adults: a systematic review." *BMC public health* 22 (1):1190.

Song, Sophie, and Katsushi S Imai. 2019. "Does the hunger safety net programme reduce multidimensional poverty? Evidence from Kenya." *Development Studies Research* 6 (1):47-61.

Tanzania PSSN Youth Study Evaluation Team. 2018. Tanzania Youth Study of the Productive Social Safety Net (PSSN) Impact Evaluation: Endline Report. Florence, Italy: UNICEF Office of Research - Innocenti.

Team, The Kenya CT-OVC Evaluation. 2012. "The impact of the Kenya Cash Transfer Program for Orphans and Vulnerable Children on household spending." *Journal of Development Effectiveness* 4 (1):9-37.

Tiwari, Smriti, Silvio Daidone, Maria Angelita Ruvalcaba, Ervin Prifti, Sudhanshu Handa, Benjamin Davis, Ousmane Niang, Luca Pellerano, Paul Quarles Van Ufford, and David Seidenfeld. 2016. "Impact of cash transfer programs on food security and nutrition in sub-Saharan Africa: A cross-country analysis." *Global Food Security* 11:72-83.

Tsedal, Desta Melaku, Mezgebu Yitayal, Zegeye Abebe, and Adino Tesfahun Tsegaye. 2020. "Effect of intimate partner violence of women on minimum acceptable diet of children aged 6–23 months in Ethiopia: evidence from 2016 Ethiopian demographic and health survey." *BMC nutrition* 6:1-11.

UNICEF Innocenti. 2024. Impacts of the Child Sensitive Social Protection Programme in Burkina Faso. Florence: UNICEF Innocenti.

UNICEF Innocenti – Global Office of Research and Foresight, Vera Bersudskaya, Frank Otchere, Nyasha Tirivayi, and Mathilde C. Van Drooghenbroeck. 2024. The Impact of the Cash Transfer Intervention in the Commune of Nsélé in

Kinshasa: Impact assessment report,. Florence: UNICEF Innocenti.

US Agency for International Development. 2017. "The 1,000-day window of opportunity: technical guidance brief Secondary The 1,000-day window of opportunity: technical guidance brief."

USAID. Agriculture and Food Security.

Walters, Christine N, Hasina Rakotomanana, Joel J Komakech, and Barbara J Stoecker. 2021. "Maternal experience of intimate partner violence is associated with suboptimal breastfeeding practices in Malawi, Tanzania, and Zambia: insights from a DHS analysis." I*nternational Breastfeeding Journal* 16:1-12.

Ward, P, A Hurrell, A Visram, N Riemenschneider, L Pellerano, I MacAuslan, and J Willis. 2010. "Kenya CT-OVC programme operational and impact evaluation 2007–2009." *London: Oxford Policy Management*.

World Bank. 2018. The State of Social Safety Nets 2018. Washington, DC: World Bank.

World Health Organization. 2021. "Levels and trends in child malnutrition: UNICEF."

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). 2021. Indicators for assessing infant and young child feeding practices: definitions and measurement methods. New York :: United Nations Children's Fund (UNICEF) and World Health Organization (WHO).

Yaya, Sanni, Alzahra Hudani, Ogochukwu Udenigwe, Vaibhav Shah, Michael Ekholuenetale, and Ghose Bishwajit. 2018. "Improving Water, Sanitation and Hygiene Practices, and Housing Quality to Prevent Diarrhea among Under-Five Children in Nigeria." *Tropical Medicine and Infectious Disease* 3:41. doi: 10.3390/tropicalmed3020041.

Yoshino, C. A., K. Sidney-Annerstedt, T. Wingfield, B. Kirubi, K. Viney, D. Boccia, and S. Atkins. 2023. "Experiences of conditional and unconditional cash transfers intended for improving health outcomes and health service use: a qualitative evidence synthesis." *Cochrane Database of Systematic Reviews* (3). doi: 10.1002/14651858.CD013635.pub2.

Yount, K. M., A. M. DiGirolamo, and U. Ramakrishnan. 2011a. "Impacts of domestic violence on child growth and nutrition: a conceptual review of the pathways of influence." *Soc Sci Med* 72 (9):1534-54. doi: 10.1016/j.socscimed.2011.02.042.

Yount, Kathryn M, Ann M DiGirolamo, and Usha Ramakrishnan. 2011b. "Impacts of domestic violence on child growth and nutrition: A conceptual review of the pathways of influence." *Social Science & Medicine* 72 (9):1534-1554.