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# Do Cash Transfers Increase the Wellbeing of Children? A Review of the Literature

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# EXECUTIVE SUMMARY

The principal idea behind cash transfers for child wellbeing is that providing the poor with additional financial resources will enable them to invest in their children's future. Cash transfer programs vary significantly in terms of their design but most of them are targeted toward poor and vulnerable populations with an overarching goal of breaking the transmission of poverty between generations and improving human capital. Two key differences characterize their designs: some are *unconditional*, when the recipient is not obligated to fulfill any requirements to receive the transfer, while others are *conditional* on certain actions on behalf of the recipient, such as enrolling children in school or taking them to regular health care checkups. Besides the existence of conditions, or a lack thereof, cash transfer programs may include a wide range of supporting practices, such as provision of nutritional supplements or a parental intervention aiming to increase the quality of care children receive at home.

This review provides a synthesis of findings from 51 studies evaluating the effectiveness of cash transfers in improving children's wellbeing, focusing on their education and cognitive development, health and nutrition, and the likelihood of engaging in child labor. All studies discussed in this review look at indicators that fall into one of these three categories.

In **education**, both conditional and unconditional transfers seem to increase enrollment. The magnitude of impact depends on initial levels of enrollment with the biggest gains achieved in areas with the highest out-of-school rates. Less promising is evidence regarding the effectiveness of cash transfer policies on the likelihood of staying in school, as well as on learning outcomes and cognitive development. This may be explained by low quality of schooling and the necessity to accompany cash transfer policies with supply-side interventions such as teacher training. There is some evidence that placing conditions on cash transfers may produce better results than making them unconditional, but the number of studies investigating this issue is small.

In **health**, there is evidence that conditional cash transfers increase the utilization of health services and that both conditional and unconditional cash transfers improve certain health outcomes, especially height and weight. Studies that look at particular illness rates, however, did not usually show much impact, even if the program was targeting them specifically, such as by distributing iron supplements (in addition to cash) in order to decrease anemia rates. Several studies found more impact for younger children, emphasizing the need to target interventions toward the youngest. Based on limited evidence, it is not possible to determine whether conditional cash transfers are more successful in improving children's health than unconditional cash transfer policies.

Findings from studies that evaluate the impact of cash transfer policies on the **likelihood of a child working** and the time spent working are quite heterogeneous. The impact does not seem to be strongly correlated with the size of the transfer nor with an increase of school attendance, but rather related to the type of work activities in which children are involved.

This review identifies several challenges in applying available evidence to design effective cash transfer programs and suggests some approaches to overcome these challenges to ensure that cash transfers lead to improvements in the wellbeing of the poorest and most vulnerable children.

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# INTRODUCTION

Cash transfers are increasingly seen as effective social protection tools and key elements of strategies that aim to help poor and vulnerable populations (Overseas Development Institute, 2007; DFID, 2011). With the long-term goal of breaking up the generational cycle of poverty, cash transfer programs often focus on improving child welfare, either by putting conditions on school attendance and health check-ups, or by providing direct unconditional grants to family members<sup>1</sup> who are believed to be the best guardians of children's wellbeing.

Child wellbeing is a multi-dimensional concept. UNICEF (2007) identifies six main topics to consider when assessing child welfare: material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviors and risk, and subjective wellbeing. Cash transfers can potentially affect all of these dimensions by providing families with additional resources to address their children's most critical needs.

This review examines the current body of rigorous evidence around the effect of cash transfers on child wellbeing. It identifies challenges in applying the available evidence in designing effective cash transfer programs. Finally, it suggests some approaches to overcome these challenges to ensure that cash transfers lead to improvements in the wellbeing of the poorest and most vulnerable children.

## METHODS

This review is a compilation of studies that used experimental and quasi-experimental techniques to assess the impact of cash transfers on a children's wellbeing; as well as meta-analyses that looked at multiple evaluations that also used rigorous methodologies. The studies were found across 10 databases and went as far back as 2004. The majority of the 459 article citations were found in the SCOPUS database, but the others yielded additional citations. The results were grouped by topic area. The review also included important gray literature reviews and reports completed by other development organizations that were found by Google searches. After a careful review of available research, published online and in academic journals, 51 studies were found to assess the impact of cash transfers on indicators related to child wellbeing by using experimental or quasi-experimental research design. Thirty-five of the studies evaluate conditional transfers, 11 focus on unconditional transfers, and 5 look at both types of programs.

Five indicators related to child wellbeing most commonly analyzed in the 51 studies identified in the initial selection include: enrollment rates (21 studies), children's work and labor (14), height (11), health care utilization (9) and vaccination rates (9), with three domains naturally emerging as a result: education, health, and children's work and labor. Several studies also looked at learning and cognitive development

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<sup>1</sup> Generally cash transfers are given to family members or blood relatives, but legally-recognized caregivers also can receive. Throughout this document, family members and families are understood to encompass caregivers who receive the transfer and households that have integrated OVC who are not related.

of children from families who receive cash transfers; those were grouped together with studies that assess educational outcomes into one category Education and Cognitive Development (28 studies total). To emphasize the fact that cash transfer policies attempt to affect children's health by improving the utilization of health care but also by boosting nutrition, the second category was named Health and Nutrition (also 28 studies). All studies looking at the likelihood of children working, either for pay or for the household, and the time children spend working, were grouped into one category: Children's Work and Labor (14 studies).<sup>2</sup> This review is organized into these three sections, each of which discusses the effectiveness of cash transfers on one of these three aspects of a child's welfare.

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# IMPACT ON CHILDREN'S EDUCATION AND COGNITIVE DEVELOPMENT

## CASH TRANSFERS AS A TOOL FOR EDUCATION FOR ALL

National governments and the donor community pledged to work toward the goal of providing all children with quality basic education by 2015, one of the Education for All goals established in 2000 in Dakar at the World Education Forum. With about 60 million children still out of school (UIS, 2014), it is clear that universal primary school completion will still be a challenge in the coming decades, and the focus of education policymakers in many parts of the world. Cash transfers are tools that have the potential to reach the poorest communities and ensure that the most disadvantaged and vulnerable children get the opportunity to receive at least basic education.

Many cash transfer policies, especially in Latin America, make school attendance of children in the household a condition for the receipt of money. Even without conditions, however, cash transfers may affect parents' ability to send children to school, especially if the barriers to schooling are mostly economic. Families may spend additional financial resources on school-related expenses, such as fees or uniforms, or may compensate for the loss of income from child labor. If money is spent on more and higher quality food, increased nutrition has the potential to improve health outcomes and lead to more concentration and better learning, resulting in children staying in school longer (Adato & Basset, 2008).

Table I presents results from 28 studies that use experimental or quasi-experimental techniques to estimate whether providing families with financial resources indeed affects education indicators. Nineteen of the studies highlighted in the table examined the effectiveness of conditional transfers, six studies evaluated unconditional transfers, and three studies compare the two kinds to establish whether conditionality makes a difference on the magnitude of the impact.

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<sup>2</sup> The total number of studies is 51, but many of them look at several aspects of children's wellbeing.

## ENROLLMENT, ATTENDANCE, AND LIKELIHOOD OF STAYING IN SCHOOL

Evidence on the effectiveness of conditional cash transfers, as Table I shows, comes mostly from Latin America, where these programs have been particularly popular: 13 of 19 studies that evaluated conditional transfers were conducted in that region. Mexico's PROGRESA (*Programa de Educación, Salud y Alimentación*, introduced in 1997 and renamed Oportunidades in 2002), a cash transfer policy with conditionality placed on school attendance, is one of the most frequently evaluated policies of this kind. Studies have proven that the program did indeed improve enrollment among the recipients, and also had a positive impact on other education indicators, such as school progression and repetition (Behrman, Sengupta & Todd, 2005; Schultz, 2001; Fernald, Gertler & Neufeld, 2009; Behrman, Parker & Todd, 2010).

Most of the other conditional cash transfer programs examined in the studies included in Table I show a positive, although heterogeneous, impact on enrollment and attendance. Results differed by country and by the initial level of enrollment; in places where schooling levels were low a cash transfer policy had the potential to make a larger impact. In two countries, Turkey and Uruguay, evaluators have not found any difference in primary school enrollment between beneficiaries and children whose families did not receive benefits; these results were at least partially explained by already high enrollment among target populations (Ahmed et al, 2007; Borraz & Gonzales, 2009). In several studies the impact of the policies seemed to be largest among the poorest communities, perhaps because the margin for improvement was the greatest there.

Several studies evaluated the impact of unconditional transfers; the results were generally positive, though available evidence was hardly conclusive given the small sample of studies (Schady & Araujo, 2008; Miller and Tsoka, 2012; Edmonds, 2006). The fact that conditions on schooling were not necessary for a cash transfer policy to lead to improvement in enrollment rates suggests that the barriers to schooling were mostly economic and additional financial resources received as a result of the program were sufficient to overcome these barriers.

Other education indicators, such as grade progression or repetition, have not been frequently studied, and the results are mixed. Some evaluations suggested a positive impact (Glewwe & Olinto, 2004; Coetze, 2013; Maluccio & Flores, 2004), while others failed to find much difference between recipients and non-recipients (Soares, Ribas & Osório, 2007; Levy & Ohls, 2010).

## LEARNING OUTCOMES

Only a handful of studies looked at whether conditional cash transfers improve children's cognitive development and school outcomes (Macours, Schady & Vakis, 2012; Fernald, Gertler & Neufeld, 2009; Ahmed et al., 2007; Levy & Ohls, 2010; Behrman, Sengupta, & Todd, 2000); results were varied. Levy and Ohls (2010) as well as Behrman, Sengupta, and Todd (2000) found no difference in test scores between recipients of cash transfers and non-recipients; but one study found a positive impact of a conditional transfer on language and cognitive development, especially in early childhood (Macours, Schady & Vakis, 2012). Similarly, two evaluations suggested that unconditional programs improve language and cognitive development in rural or the poorest communities (Fernald & Hidrobo, 2011; Paxson & Schady, 2010). The lack of conclusive evidence regarding the impact of cash transfer policies on child cognitive development was in large part due to a small number of studies that addressed this issue. However, it may also indicate

the significant role other factors played in shaping children’s learning abilities. For example, Fernald et al. (2014) suggested that adding an intervention for parents to a cash transfer policy was crucial to improve child development in rural Mexico. Cash transfers may simply not have been enough to address all root causes of why most disadvantaged children were not able to succeed in school.

## DO CONDITIONS MATTER?

Three studies (Baird, et al., 2013; Robertson, et al., 2013; Baird, McIntosh, Özler, 2011) presented in the table that compare the effectiveness of conditional and unconditional cash transfer policies suggested that conditions do improve the magnitude of the impact on enrollment, and one of these studies found that they may even be the principal factor for improvement in learning outcomes (Baird, McIntosh & Özler, 2011). Shady and Araujo (2008) found that unconditional *Bono de Desarrollo Humano* in Ecuador were particularly successful in communities that thought the program was conditional. Nevertheless, the final assessment of whether placing conditions on a cash transfer is necessary would require a careful analysis of costs associated with the monitoring of compliance, and benefits associated with increased impact.

Table 1 Impact of Cash Transfer Policies on Child’s Education and Cognitive Development<sup>3</sup>

| Program                                    | Source                         | Method                          | Impact**   | Notes  |
|--|--------------------------------|---------------------------------|--|--|
| <b>Conditional Cash Transfers</b>          |                                |                                 |  |  |
| <b>Atención a Crisis, Nicaragua*</b>       | Macours, Schady & Vakis (2012) | Randomized                      | (+) cognitive development in early childhood                           | No fade-out of impacts two years after the program was ended and transfers discontinued.   |
| <b>Bolsa Família, Brazil</b>               | Soares, Ribas & Osório (2007)  | Propensity score matching       | (+) attendance, (-) probability of dropping out, (-) grade progression | The program had a positive impact on the probability of children attending school, but it did not help them in timely grade progression—the probability of failing to advance in school was 4 percentage points higher in the treatment group. |
| <b>CESSP Scholarship Program, Cambodia</b> | Ferreira et al. (2009)         | Regression discontinuity design | (+) enrollment   | About 20 percentage point increase in enrollment. No impact on enrollment of siblings of the scholarship recipients.   |
| <b>Chile Solidario, Chile</b>              | Galasso (2006)                 | Regression discontinuity design | (+) enrollment   | Impact on enrollment ranged from 4–9 percentage points, and was observed among 6- to 15-year-olds as well as younger 4- to 5-year-old children being enrolled in pre-school.   |
| <b>Familias en Accion, Colombia</b>        | Attanasio et al. (2005)        | Difference in difference        | (+) attendance   | No impact shown for children ages 8–11 years where attendance was already high; significant impact for 12- to 17-year-olds: 10 percentage points in rural areas and 5 percentage points in urban areas.  |

<sup>3</sup> All asterisks (\*) mean that the cited document refers to a document published in a peer-reviewed journal. All other reports are considered gray literature in this document.

| Program  | Source                            | Method  | Impact**   | Notes  |
|--|-----------------------------------|---|--|--|
| <b>Female School Stipend Program, Bangladesh</b>                     | Chaudhury & Parajuli (2010)       | Difference in difference and regression discontinuity design                                      | (+) enrollment   | Enrollment in grades 6–8 was estimated to increase by about 9 percentage points as a result of the program.  |
| <b>Female Secondary School Stipend, Bangladesh</b>                   | Khandker, Pitt & Fuwa (2003)      | Fixed effects   | (+) enrollment in secondary  | An additional year of program duration was found to increase enrollment rate of girl's aged 11–18 years by 12 percentage points.   |
| <b>Ingreso Ciudadano, Uruguay*</b>                                   | Borraz & Gonzales (2009)          | Propensity score matching   | (/) attendance   | No impact for 8- to 11-year-olds can be explained by already high attendance rates, but similarly no impact was observed among older children, among whom attendance rates are lower.                      |
| <b>Japan Fund for Poverty Reduction, Cambodia*</b>                   | Filmer & Schady (2008)            | Difference in difference  | (+) enrollment, (+) attendance   | Large impact for enrollment in secondary schools: about 30 percentage points, with the most significant increases among girls from the lowest socioeconomic background.                                    |
| <b>Oportunidades, Mexico*</b>  | Behrman, Parker & Todd (2010)     | Randomized, propensity score matching and difference in difference (to evaluate long-term impact) | (+) educational attainment   | Impact on education attainment is robust with time, and it increases somewhat linearly with the duration of exposure to the program.   |
| <b>Oportunidades, Mexico*</b>  | Fernald, Gertler & Neufeld (2009) | Randomized  | Impact of additional 18 months of program:<br>(/) language and cognitive development | Additional 18 months of program before age 3 did not improve language or cognitive development, but it did reduce behavior problems as reported by mothers.  |
| <b>Program of Advancement through Health and Education, Jamaica*</b> | Levy & Ohls (2010)                | Regression discontinuity design   | (+) attendance, (/) grade progression, (/) test scores                               | Attendance increased by approximately 0.5 days a month. No evidence of impact on long-term outcomes such as school performance.  |
| <b>Programa de Asignacion Familiar, Honduras</b>                     | Glewwe & Olinto (2004)            | Randomized  | (+) enrollment, (+) attendance, (-) dropout, (+) promotion rate                      | Significant but small impact—between 1 and 4 percentage points—and stronger effects for poorer household.  |
| <b>PROGRESA, Mexico</b>  | Behrman, Sengupta, & Todd (2000)  | Randomized  | (/) achievement test scores  | No impact on language and mathematics test scores after almost a school year and a half of exposure to the program. Limitation: achievement test scores administered only among children attending school. |

| Program                                       | Source                           | Method                          | Impact**  | Notes  |
|---|----------------------------------|---------------------------------|---|--|
| <b>PROGRESA, Mexico*</b>                      | Behrman, Sengupta, & Todd (2005) | Randomized                      | (+) enrollment, (+) earlier ages of school entry, (-) repetition, (+) progression, (-) dropout rates, (+) school reentry among dropouts | A simulation exercise showed that if children were to participate in PROGRESA between ages 6 and 14, they would experience an increase of 0.68 years in average education attainment and 21 percent more children would enroll in junior secondary school. Particular impact on reducing dropout during transition to secondary. |
| <b>PROGRESA, Mexico</b>                       | Schultz (2001)                   | Randomized                      | (+) enrollment  | Difference-in-difference estimator implied that the program caused 0.66 year of additional schooling, for which youth are estimated to earn a 12 percent higher wage per year of schooling over their adult working lifetimes (age 18 to 65).  |
| <b>Red de Protección Social, Nicaragua</b>    | Dammert (2008)                   | Randomized                      | (+) enrollment  | Larger effect on boys: 18 percentage point increase in enrollment of 7- to 13-year-old boys as compared to 12 percent increase of enrollment among girls of the same age.  |
| <b>Red de Protección Social, Nicaragua</b>    | Maluccio & Flores (2005)         | Randomized                      | (+) enrollment, (+) attendance, (+) grade progression   | 18-23 percentage point increase in enrollment and attendance. Program successful in enrolling younger children as well as older children who have dropped out of school at some point.   |
| <b>Social Risk Mitigation Project, Turkey</b> | Ahmed et al. (2007)              | Regression discontinuity design | (/) enrollment in primary school, (/) transition to secondary, (+) enrollment in secondary school, (+) test scores                      | Lack of impact on primary enrollment in part due to already high enrollment rates. Impact on enrollment in secondary larger for boys than girls and particularly evident in rural areas. Grade 5 students whose families received the education transfers were 20 percent more likely to receive the top score on exams.         |
| <b>Unconditional Cash Transfers</b>           |                                  |                                 |   |  |
| <b>Bono de Desarrollo Humano, Ecuador*</b>    | Fernald & Hidrobo (2011)         | Randomized                      | (+) language development  | Impact observed only in rural areas.   |
| <b>Bono de Desarrollo Humano, Ecuador*</b>    | Paxson & Schady (2010)           | Randomized                      | (+) cognitive development   | The effect is small for the whole sample of children in participating families, but larger among the poorest.  |
| <b>Bono de Desarrollo Humano, Ecuador*</b>    | Schady & Araujo (2008)           | Randomized                      | (+) enrollment  | Approximately 10 percentage point increase in enrollment. Impact was particularly large in communities that <i>believed</i> that the program was conditional on school enrollment.   |
| <b>Child Support Grant, South Africa*</b>     | Coetze (2013)                    | Propensity score matching       | (-) probability of repeating a grade  | Small but statistically significant impact.  |
| <b>Child Support Grant, South Africa*</b>     | Edmonds (2006)                   | Regression discontinuity design | (+) attendance  | About 8 percentage point higher attendance among 13- to 17-year-olds in families with an elderly person eligible for social pension income.  |

| Program  | Source                                   | Method   | Impact**  | Notes  |
|--|--|--|---|--|
| <b>Social Cash-Transfer Scheme, Malawi*</b>            | Miller & Tsoka (2012)                    | Randomized   | (+) enrollment, (+) attendance  | Approximately 5 percentage point higher enrollment among beneficiaries. Boys aged 16–18 showed the biggest enrollment gains (25 percentage points).  |
| <b>Conditional versus Unconditional Cash Transfers</b> |  |  |   |  |
| <b>Multiple projects</b>                               | Baird, Ferreira, Özler & Woolcock (2013) | Systematic review of randomized and quasi-experimental designs | (+) enrollment  | Both conditional and unconditional cash transfer programs improve enrollment and attendance. Conditional transfers increase the odds of a child being enrolled in school by 41 percent and unconditional transfers increase the odds by 23 percent. The likelihood of attending increases with the intensity of the conditions.  |
| <b>Study in Manicaland district, Zimbabwe*</b>         | Robertson et al. (2013)                  | Randomized   | (+) attendance  | Both unconditional and conditional cash transfers increased attendance; the effect was only slightly larger for the conditional transfers.   |
| <b>Study in Zomba district, Malawi*</b>                | Baird, Mcintosh & Özler (2011)           | Randomized   | (+) enrollment, (-) dropout rates, (+) reading comprehension, mathematics and cognitive ability—only in the conditional program | Conditional program was found to be much more successful in increasing enrollment and reducing dropout as compared to unconditional cash transfer program: in unconditional transfers, the effect on enrollment was only 43 percent as large as in conditional transfers. Improvement in learning outcomes was only found among the participants in the conditional cash transfer program. |

\*\*(+ increase (-) decrease (/) no impact

# IMPACT ON CHILDREN'S HEALTH AND NUTRITION

## CASH TRANSFERS AS INVESTMENT IN CHILDREN'S HEALTH

Improving child health and nutrition are undisputable goals on the agenda of many governments and the international development community. Inadequate nutrition in particular has been identified as a major contributing factor to high levels of child mortality rates in many places around the world (Black et al., 2008). Often, malnutrition is not simply a result of food insecurity; children who live in food-secure environments are still underweight or stunted because of improper care practices, lack of access to health services, or poor sanitation. Moreover, damage caused by malnutrition already in the womb and during the first years of life may have irreversible consequences—lower intelligence, reduced physical capacity, and perpetuating poverty (World Bank, 2006).

Cash transfer policies could potentially address some of these issues by providing families with financial resources to pay for health care costs, such as medical fees and transportation to health care facilities. An

increase in income may lead to improved hygiene and sanitation, and to families being able to afford better quality food or nutrition supplements. Finally, making the receipt of payment dependent on regular preventive health care visits for children, on their up-to-date immunization, or parents' participation in health education may all contribute to advancement in children's health (Adato & Basset, 2008).

Table 2 shows evidence from 28 articles and publications on what we know about the impact of cash transfers on children's health. Nineteen of the studies included analyzed the effectiveness of conditional transfers, six studies evaluated unconditional transfers and three studies measured the impact of assigning conditions to a cash transfer policy by comparing results from both types of cash-distributing programs.

## UTILIZATION OF HEALTH CARE SERVICES

Preventive health care visits for children are the most common conditions attached to cash transfer policies. Based on available evidence, making transfers conditional on regular well-child checkups for children leads targeted families to increase their use of health services. The number of preventive health visits for children increased in all seven studies and reviews that looked specifically at this indicator (Shei et al., 2014; Galasso, 2006; Attanasio et al., 2005; Ranganathan & Lagarde, 2012; Gertler, 2000; Levy & Ohls, 2010; Maluccio & Flores, 2004). However, certain authors pointed out differences in outcomes across subpopulations. Andrade et al. (2012) found improvements only among children younger than 6 years who live in rural areas and Attanasio et al. (2005) found that cash transfers increased the number of preventive health care visits only among the youngest children (0–4 years old), where the number of health check-ups was most frequent.

It is less clear whether cash transfers are successful in increasing vaccination rates. Several studies evaluated the impact of conditional transfers on the percentage of children getting timely vaccinations and the results are mixed. Evidence of impact was found mainly in Nicaragua and Mexico (Barham, 2005; Barham et al., 2007; Barham & Maluccio, 2009), particularly in areas located far from a health care facility among children whose mothers were less educated, and also in Turkey (Ahmed et al., 2007). However, two studies that looked at *Bolsa Familia* in Brazil and one on the Program of Advancement through Health and Education (PATH) in Jamaica (Soares et al., 2007; Andrade et al., 2012; Levy & Ohls, 2010) found no significant impact. In Brazil these results are particularly surprising given that confirmed vaccination status was one of the conditions of the program.

Only one of the evaluations that focused on unconditional cash transfers looked at the change in the number of well-child checkups and found no impact (Paxson & Schady, 2010); none of them looked at immunization rates. Therefore, their impact on utilization of health care services was not possible to assess.

## HEALTH OUTCOMES

Regular visits to health clinics and up-to-date vaccinations, however, do not guarantee good health. Several evaluations of conditional cash transfers attempted to measure the impact of these policies on actual health outcomes, defined as improvements in height and weight, or reduction in illness rates (Attanasio et al., 2007; Fernald et al., 2009; Gertler, 2004; Behrman & Hoddinot, 2001; Rivera et al., 2004, Maluccio & Flores, 2004). The evidence is somewhat inconclusive, suggesting improvements in height and weight, but not much success in reducing particular illness rates. A systematic review of studies that looked at the

impact of conditional programs on height and weight, authored by Leroy, Ruel and Verhofstadt (2009), concluded that the effect seems to be larger for weight than for height, and more pronounced among younger children, and when the size of the transfer is larger.

Two studies (Maluccio & Flores, 2004; Gertler, 2004) evaluated the effectiveness of conditional programs in reducing child anemia rates in Mexico and Nicaragua, with some impact found in Mexico, but none in Nicaragua. The lack of difference between treatment and control groups in Nicaragua was despite the fact that families who participated in the program received iron supplements. Qualitative assessments of the program suggested that low utilization of the supplement might have been one of the main reasons for the lack of observed impact (Leroy et al., 2009).

A small sample of studies that looked at unconditional transfers make it even harder to draw conclusions on their effectiveness in improving children’s health. Among the few available evaluations, the results varied. Although an unconditional cash transfer program in Ecuador did not observe any changes to children’s anthropometric status (Paxson & Schady, 2010; Fernald & Hidrobo, 2011), some evidence of impact was found in studies that evaluated a cash transfer policy with no conditions in South Africa (Aguero et al., 2007; Coetze, 2013). In Malawi, the unconditional Social Cash Transfer Pilot Scheme was found to reduce overall illness rate among children (Luseno et al., 2014).

## DO CONDITIONS MATTER?

Based on limited available evidence, it is not clear whether making the receipt of cash conditional on certain health-related behaviors makes them more successful. Akresh et al. (2014) found it to be the case in Burkina Faso where only conditional programs were successful in increasing the number of preventive health care visits, while unconditional transfers did not have the same effect. A study in Zimbabwe (Robertson et al., 2013), however, found neither type of cash transfer program successful in significantly increasing vaccination rates. In another review (Bassani et al., 2013), all available evidence on the effectiveness of cash transfer programs on children’s health was deemed to be limited and of low quality.

**Table 2 Impact of Cash Transfer Policies on Child’s Health and Nutrition**

| Program                           | Source                                   | Method                    | Impact**  | Notes  |
|-----------------------------------|--|---------------------------|---|--|
| <b>Conditional Cash Transfers</b> |  |                           |   |  |
| <b>Bolsa Família, Brazil*</b>     | Andrade, Chein, Souza, Puig-Junoy (2012) | Propensity score matching | (/) vaccination rates                                   | No impact on child vaccination despite the fact that confirmed immunization status was one of the conditions of the program. |
| <b>Bolsa Família, Brazil*</b>     | Shei, Costa, Reis, Ko (2014)             | Propensity score matching | (+) preventive health care visits, (+) vaccination rate | Positive spillover effects among older siblings no longer required to meet the conditions related to health.                 |
| <b>Bolsa Família, Brazil</b>      | Soares, Ribas & Osório (2007)            | Propensity score matching | (/) vaccination rate                                    | No impact on child vaccination despite the fact that confirmed immunization status was one of the conditions of the program. |

| Program  | Source                            | Method   | Impact**  | Notes  |
|--|-----------------------------------|--|---|--|
| <b>Chile Solidario, Chile</b>  | Galasso (2006)                    | Regression discontinuity design                                | (+) preventive health care visits   | Impact of 4–6 percentage points for children younger than 6 years of age and only in rural areas.  |
| <b>Familias en Accion, Colombia</b>                                    | Attanasio et al. (2005)           | Difference in difference                                       | (+) height, (+) preventive health care visits, (-) diarrhea incidence, (/) percentage of children suffering from any symptom of respiratory disease | Impact on height (0.44 cm increase) found for children under 2 only, most likely due to another program with elements of nutrition popular among parents of older children who do not participate in the cash transfer program.<br><br>Impact on the number of preventive health care visits (23–33 percentage point increase depending on age) found for children under 4, where the number of preventive health care visits is most frequent.<br><br>Reduction of diarrhea incidence (decrease by about 10 percentage points) was also observed only for children younger than 4, and only in rural areas. |
| <b>Multiple projects*</b>  | Leroy, Ruel & Verhofstadt (2009)  | Systematic review of randomized and quasi-experimental designs | (+) weight, (+) height  | Stronger effect on height than on weight; size of transfer and exposure at a younger age was positively correlated with the size of the impact.  |
| <b>Multiple projects*</b>  | Ranganathan & Lagarde (2012)      | Systematic review of randomized and quasi-experimental designs | (+) preventive health care visits   | Conditional cash transfers should be combined with supply-side interventions to maximize effects.  |
| <b>Oportunidades, Mexico*</b>  | Fernald, Gertler & Neufeld (2009) | Randomized   | (+) height  | Impact shown among children whose mothers have no education and who were exposed to the program for additional 18 months before age 3.   |
| <b>Oportunidades, Mexico*</b>  | Ramirez-Silva et al. (2013)       | Randomized   | (+) intake of key micronutrients  | Impact observed among children 12–59 months was associated specifically with the intake of food supplements, as opposed to just diet improvements resulted from cash transfers.  |
| <b>Oportunidades, Mexico &amp; Red de Protección Social, Nicaragua</b> | Barham et al. (2007)              | Randomized, difference in difference                           | (+) vaccination rate  | Program effect particularly among children living far from health care facilities and whose mothers have less than primary education.  |
| <b>Program of Advancement through Health and Education, Jamaica*</b>   | Levy & Ohls (2010)                | Regression discontinuity design                                | (+) preventive health care visits, (/) vaccination rate   | No evidence of impact on long-term health outcomes.  |

| Program                                       | Source                    | Method                               | Impact**  | Notes   |
|---|---------------------------|--------------------------------------|---|---|
| <b>PROGRESA, Mexico</b>                       | Barham (2005)             | Randomized, difference in difference | (/) TB vaccination rate, (+) measles vaccination rate                 | Increase in measles vaccination rate was experienced mainly among children living in localities at least 5.5 kilometers from a health care clinic and whose mother did not complete primary school.   |
| <b>PROGRESA, Mexico</b>                       | Behrman & Hoddinot (2010) | Randomized                           | (+) height, (-) stunting  | Impact among children 12–36 months old. Results imply an increase of about a sixth in mean growth per year, a lower probability of stunting, and effects that may be somewhat larger for children from poorer communities but whose mothers are functionally literate.  |
| <b>PROGRESA, Mexico</b>                       | Gertler (2000)            | Randomized, difference in difference | (+) preventive health visits  | Growth monitoring visits increased 30–60 percent for children between ages 0 and 2, and 25–45 percent for children ages 3–5.  |
| <b>PROGRESA, Mexico*</b>                      | Gertler (2004)            | Randomized                           | (+) height, (/) stunting, (-) anemia                                  | Children from families who received the transfer were found to be 0.96 cm taller than children in the control group, and are 25.5 percent less likely to be anemic.<br><br>The effect of the program on health seems to increase the longer the children stayed in the program.   |
| <b>PROGRESA, Mexico*</b>                      | Rivera et al. (2004)      | Randomized                           | (+) height  | The impact was strongest among infants younger than 6 months living in the poorest households (1.1 cm increase).  |
| <b>Red de Protección Social, Nicaragua*</b>   | Barham & Maluccio (2009)  | Randomized                           | (+) vaccination rate  | Impact particularly large and significant for children who are harder to reach, i.e., those with less educated mothers and those living far from a health care facility.  |
| <b>Red de Protección Social, Nicaragua</b>    | Maluccio & Flores (2005)  | Randomized                           | (+) preventive health care visits, (/) anemia, (+) height, (+) weight | No impact on the percentage of children ages 6–59 months with anemia, in spite of an increase in the number of children in the same age group receiving iron supplements.<br><br>Children in households receiving transfers from the program experienced a reduction in stunting 1.7 times greater than the national trend. |
| <b>Social Risk Mitigation Project, Turkey</b> | Ahmed et al. (2007)       | Regression discontinuity design      | (+) vaccination rate  | 14 percentage point increase in the full immunization rate among children younger than 6.   |
| <b>Unconditional Cash Transfers</b>           |                           |                                      |   |   |
| <b>Bono de Desarrollo Humano, Ecuador*</b>    | Fernald & Hidrobo (2011)  | Randomized                           | (/) height, (/) hemoglobin  | No impact in either rural or urban areas.   |
| <b>Bono de Desarrollo Humano, Ecuador*</b>    | Paxson & Schady (2010)    | Randomized                           | (/) growth control checkup, (/) height, (+)                           | The effect on fine motor control and hemoglobin levels is small for the whole sample of children in participating families, but larger among the poorest.   |

| Program  | Source                                  | Method                          | Impact**  | Notes   |
|--|---|---------------------------------|---|---|
|  |   |                                 | fine motor control,<br>(+) hemoglobin level                     |   |
| <b>Child Support Grant, South Africa*</b>                | Aguëro, Carter & Woolard (2007)         | Continuous treatment effects    | (+) height  | Gains in height due to participation in the programs are estimated to equal an additional 3.5 cm in height in adulthood.  |
| <b>Child Support Grant, South Africa*</b>                | Coetze (2013)                           | Propensity score matching       | (+) height  | Small but statistically significant impact.   |
| <b>Child Support Grant, South Africa*</b>                | Duflo (2003)                            | Regression discontinuity design | (+) weight  | Pensions received by women had a large impact on girls' weight. No impact on boys' weight or when the recipient was a male.   |
| <b>Social Cash Transfer Pilot Scheme, Malawi*</b>        | Luseno, Singh, Handa, Suchindran (2014) | Randomized                      | (-) child illness   | Compared with children in the control group, those in beneficiary households had 37 percent lower odds of child illness, 42 percent lower odds of illness that stopped normal activities, and substantially higher odds of utilizing health services for a serious illness. |
| <b>Conditional versus Unconditional Cash Transfers</b>   |   |                                 |   |   |
| <b>Multiple projects*</b>                                | Bassani et al. (2013)                   | Meta-analysis                   | (+) preventive health care visits;<br>(/) immunization coverage | Evidence for an impact of financial incentive programs on the coverage of health interventions among children under 5 years was deemed to be generally limited and of low quality.  |
| <b>Nahouri Cash Transfer Pilot Project, Burkina Faso</b> | Akresh, de Walque & Kazianga (2012)     | Randomized                      | (+) preventive health care visits                               | Conditional cash transfers increased the number of preventive health care visits as opposed to unconditional cash transfers, which had no impact. As long as the transfers were conditional, it did not matter whether the money was given to mother or father.             |
| <b>Study in Manicaland district, Zimbabwe*</b>           | Robertson et al. (2013)                 | Randomized                      | (+) vaccination rate  | Small impact. Neither unconditional nor conditional cash transfers significantly increased vaccination rates among children.  |

\*\*(+ increase (-) decrease (/) no impact

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# IMPACT ON CHILDREN'S WORK AND LABOR

## CASH TRANSFERS TO REDUCE CHILD WORK AND LABOR

As of 2008, almost 13 percent of 5- to 14-year-old children, or 153 million, were estimated to be involved in child labor (Hoop & Rosati, 2013). This is illegal in most circumstances, according to three international conventions on child labor: ILO Convention No. 138 (Minimum Age), United Nations Convention on the Rights of the Child, and ILO Convention No. 182. However, these legal standards contain a number of flexibility clauses that contribute to the fact that there is no single definition of child labor across countries and no single statistical measure of child labor (Hoop & Rosati, 2013). Furthermore, these particular standards are more concerned with children's employment outside the home than with unwaged and domestic work that may be detrimental to children's development.

Appropriate types of work activities, both inside and outside the household, may be developmentally suitable for children, depending on their age and a variety of other factors. There is not a universally accepted threshold for appropriate "work" versus detrimental "labor" for children, however. Studies included in this section differ in terms of how they define work and labor. Given the diversity of definitions used in the 14 studies discussed here, this review uses both "work" and "labor" to encompass all types of activities, including work for pay outside of home, work for pay within the household, as well as household chores, and does not differentiate in general discussion about the effects of these activities on children's development. While discussing results of specific studies, for example in Table 3, the review uses terms chosen by the authors.

Given that cash transfers have been proven to increase enrollment, one might hypothesize that their potential to reduce children's engagement in work activities could be quite significant. For example, the value of a cash transfer may be sufficient to compensate for forgone earnings from children's work and make it no longer necessary. However, research shows that the relationship between school participation and child labor is not mutually exclusive and an increase in school enrollment does not automatically guarantee that the likelihood of a child performing work will decrease. Instead of giving up work entirely after spending more time in school, children's leisure time may be spent on work activities.

As Hirata (2008) shows, there are many reasons why children engage in work. Generating income is one obvious reason and cash transfers may be most successful when this is indeed the principal motivation behind a child's work. However, work can also be seen as a way to develop skills, and there may be a positive perception associated with a child working—suggesting independence and self-sufficiency. Furthermore, if a cash transfer contributes to an expansion of a family business, it may require more time engagement from family members, including children. The complex relationship between school attendance and work seems to explain why there appears to be no correlation between the size of the transfer and the change in the rates of child participation in economic activities (Hoop & Rosati, 2013).

Studies mentioned in this section looked at two aspects of child labor: the likelihood that a child will engage in work activities, as well as the time that a child spends working. Both these dimensions are important; using child work participation rate as the only indicator may fail to reveal impact if a child continues to work, but the time spent working is decreased significantly as a result of greater school attendance. Similarly, if the time spent working is the only indicator analyzed, the results will not provide a good understanding of whether more or fewer children are involved in work after their families receive cash transfers.

## THE LIKELIHOOD OF CHILD WORK AND LABOR

The impact of cash transfer programs on the likelihood of child labor is not as frequently analyzed as the impact on school participation or health status, as shown in Table 3, highlighting results of 10 evaluations of *conditional* cash transfer programs, and 4 evaluations of *unconditional* transfer policies. Generally speaking, available evidence suggests that cash transfer policies either lead to reductions in child labor, or have no impact. Moreover, the change seems to depend on the type of work activities in which children were involved. For example, several studies showed that cash transfers decreased work for pay, but increased work without pay within the household (Ferreira et al., 2009; Covarrubias et al., 2012; Miller & Tsoka, 2012). The magnitude of the impact may also have varied depending on where children live. Annastasio et al. (2010) found a reduction in child labor in response to a cash transfer policy mainly in cities, but no impact in rural areas. Work in rural areas may have been more flexible and relatively easier to balance with increased school attendance. Some differences were noted for boys and girls, with the former experiencing a larger impact (Behrman et al., 2010; Dammert, 2008). Gender differences in the results may have been related to how labor is defined; in studies that do not include household chores in the definition of labor, the impact may have been much larger for boys than girls who often bear more responsibilities related to chores (Hoop & Rosati, 2013), and were not as involved in income-generating activities as boys in some countries (Mallucio & Flores, 2004).

## TIME ALLOCATION AND CHILD WORK AND LABOR

Four studies looked at the number of hours children spent working (Gee, 2010; Glewwe & Olinto, 2004; Carpio & Marcous, 2009; Edmonds, 2006; Yap et al., 2002), all five of which found a decrease, even when the child labor rate itself was not affected. Carpio and Marcous (2009) looked at the time allocation changes that resulted from *Atención de Crisis* in Nicaragua in more detail and noticed a number of factors affecting the magnitude of the impact. The largest reductions in time working were observed among older boys and boys who had fallen behind in school. The study suggests that time allocation and labor specialization within the household are all important factors to consider when analyzing the impact of a social program on child labor patterns.

## DO CONDITIONS MATTER?

None of the studies identified for this review compared the impact of conditional and unconditional cash transfers on the likelihood of a child working or child labor participation rates. Based on the small sample of studies included in this section it is impossible to determine whether and to what extent conditionality contributes to a change in child labor. It seems to be more likely that both types of transfers produce a heterogeneous impact, depending on the type of work and the various characteristics of children from families who receive the transfer.

**Table 3 Impact of Cash Transfers on Child Work and Labor Participation Rates**

| Program  | Source                        | Method   | Impact**  | Notes  |
|--|-------------------------------|--|---|--|
| <b>Conditional Cash Transfers</b>                |                               |  |   |  |
| <b>Atención a Crisis, Nicaragua</b>              | Carpio & Marcous (2009)       | Randomized   | (-) number of hours worked  | Time allocation and specialization patterns in child labor within the household are important factors mediating the impact of the transfer; older boys working more and boys most behind in school were found to have the largest reduction in the number of hours worked. |
| <b>CESSP Scholarship Program, Cambodia</b>       | Ferreira et al. (2009)        | Regression discontinuity design                                    | (+) work for pay, (+) work without pay                            | Small increase in work for pay. No impact on work patterns of siblings of the scholarship recipients.  |
| <b>Familias en Accion, Colombia*</b>             | Attanasio et al. (2010)       | Difference in difference, propensity score matching                | (-) child domestic work, (/) child's income generating activities | The effect of the program in reducing domestic work (by 10–13 percentage points) was observed in urban areas and no significant impact was observed in rural areas.  |
| <b>Ingreso Ciudadano, Uruguay*</b>               | Borraz & Gonzales (2009)      | Propensity score matching  | (-) child labor   | Reduction in child labor participation rates observed only among females in Montevideo.  |
| <b>Oportunidades, Mexico*</b>                    | Behrman, Parker & Todd (2010) | Randomized, propensity score matching and difference in difference | (-) child work  | Impact observed for younger boys (30 percent lower likelihood of working), no significant impact on girls.   |
| <b>Programa de Asignacion Familiar, Honduras</b> | Glewwe & Olinto (2004)        | Randomized   | (/) child labor, (-) number of hours worked                       | Tenuous slight reduction of the number of hours worked by 6- to 13-year-olds in the poorest households.  |
| <b>Red de Protección Social, Nicaragua</b>       | Dammert (2008)                | Randomized   | (-) child labor   | Effect much more significant for boys (11–14 percentage point decrease in the likelihood of 7- to 13-year-old boys engaging in market activities versus 1 percentage point decrease for girls of the same age).  |
| <b>Red de Protección Social, Nicaragua*</b>      | Gee (2010)                    | Randomized   | (-) child labor; (-) number of hours worked                       | Program found to both reduce the probability that a child will engage in work, and reduce the number of working hours among children who are working.  |
| <b>Red de Protección Social, Nicaragua</b>       | Maluccio & Flores (2005)      | Randomized   | (-) child labor   | 5 percentage point decrease in the number of children working. Stronger effect on boys, who had much higher rates of participation in income-generating activities prior to the start of the program.  |

| Program  | Source                             | Method  | Impact**   | Notes   |
|--|------------------------------------|---|--|---|
| <b>Programa de Erradicacao do Trabalho Infantil, (PETI) Brazil</b> | Yap, Sedlacek & Orazem (2002)      | Randomized  | (-) child labor  | Unreported regressions suggest that average hours worked across all children decreased 1–2 hours per week as a result of the PETI.  |
| <b>Unconditional Cash Transfers</b>                                |                                    |   |  |   |
| <b>Bono de Desarrollo Humano, Ecuador*</b>                         | Edmonds & Schady (2011)            | Randomized  | (-) child labor  | 78 percentage point reduction in paid employment and 32 percentage point reduction in unpaid work activities within household. Child labor declines even if the transfer is less than the forgone child labor earnings. |
| <b>Child Support Grant, South Africa*</b>                          | Edmonds (2006)                     | Regression discontinuity design                                 | (/) child labor, (-) number of hours worked  | Large declines in the number of hours worked by children once families become eligible for social pension income, especially for girls.   |
| <b>Social Cash Transfer Pilot Scheme, Malawi*</b>                  | Covarrubia, Davis & Winters (2012) | Randomized, propensity score matching, difference in difference | (-) child working outside of home, (+) child working within household and household chores | Greater impact for older children (13 years +), possibly due to higher initial rates of labor at baseline.  |
| <b>Social Cash Transfer Pilot Scheme, Malawi*</b>                  | Miller & Tsoka (2012)              | Randomized  | (-) child labor, (+) working within household and household chores                         | 10 percentage point decrease in work outside the home. Chores and family work did not appear to interfere with school enrollment, which did not fluctuate based on whether children did chores.                         |

\*\*(+ ) increase (-) decrease (/) no impact

## CONCLUSIONS AND IMPLICATIONS FOR POLICYMAKERS

A review of 51 studies that examined the effectiveness of conditional and unconditional transfers on child wellbeing, and specifically their education, health and work patterns, reveals a heterogeneous impact and suggests that these policies are likely to produce a range of outcomes depending on their design and the context in which they are implemented.

Overall, the studies suggest that both conditional and unconditional transfers are successful in increasing school enrollment and utilization of health services. Their impact on school and health outcomes is mixed, with perhaps some evidence of effectiveness in improving weight and height. To the extent it is possible

to generalize given a small sample of studies (14), cash transfer policies also seem to lower the time spent by children on work activities, including work for pay and household chores.

Several issues emerge as posing a challenge for policymakers in applying the results of available research on the effectiveness of cash transfer policies. One challenge is a difficulty in associating positive impact with specific components of the program (Fernald, Gertler & Neufeld, 2010). The impact of cash transfers on child nutrition, for example, may be positive, but the true source of the effect remains unclear: improvements may be a result of families purchasing more nutritional foods or the child receiving nutrition supplements. The difficulty in associating positive results with particular elements of cash transfer programs makes it challenging for policymakers to decide which components are essential and which should or may be optional.

Another important consideration is whether a cash transfer should be conditional on certain behavior demonstrated by the recipient. Most evidence on the impact of conditional cash transfers came from Latin America and their success in that region may not be fully replicable in more resource-poor environments (Lagarde, Haines & Palmer, 2007; Overseas Development Institute, 2007), such as in many countries of sub-Saharan Africa. In these environments, obstacles on the supply side—for example, a lack of health services within reasonable distance—may be a principal reason why putting conditions on a cash transfer will not automatically make it successful even if it was deemed effective in Latin America. Improving local education and health infrastructure may be a necessary step before introducing a cash transfer policy conditional on school attendance or visiting health care facilities. In certain circumstances, making cash transfers conditional may be necessary to make them politically and socially acceptable, and to ensure that no social stigma is associated with them (Save the Children UK, HelpAge International & Institute of Developmental Studies, 2005). On the other hand, conditionality requires an infrastructure to target specific populations and monitor compliance, which significantly increases the cost of the program. In some countries, conditional cash transfers may be simply impossible to implement due to weak administrative capacity. Targeting will be particularly challenging in the context of omnipresent poverty, where distinguishing moderate from severe impoverishment is nearly impossible, and where the extent of possession of documents confirming identity and age is low.

Areas to consider for cash transfer programming and determining conditionality:

- Conditional transfer programs should conduct a needs assessment to determine whether a conditional cash transfer program is appropriate to address the intended population. Since conditions will work if barriers are purely, or mostly, economic, the needs assessment will determine whether barriers are mainly economic. For example, if the main reason why parents do not send their children to school is concern about their safety, a conditional cash transfer will not be the right mechanism to increase attendance.
- Although available studies overall suggest a larger impact of conditional policies, at least in Latin America, attaching conditions to a cash transfer policy should be part of a careful analysis of costs and benefits associated with targeting and compliance. Where conditions *are* found to improve

effectiveness, and monitoring compliance is feasible, additional cost associated with it may be still worth the investment.

- If strict monitoring of conditions is not possible, simply advertising a cash transfer policy as having the objective to benefit children may be sufficient to encourage families to spend the additional resources in a way that maximizes their children's welfare (Schady & Araujo, 2008). Another solution would be to make a cash transfer program "quasi-conditional," where conditions are attached but not strictly monitored and enforced (UNICEF, 2009).

In order to better understand the impact of cash transfer programs on children's wellbeing, additional rigorous research is recommended. More longitudinal studies that measure child wellbeing indicators multiple times over a decade or more could prove informative and guide policymakers and donors. A rigorous study that follows youth over 10-15 years could also build the evidence and understand more medium to long-term impacts.

Nonetheless, even if unconditional and conditional transfers meet their short-term objectives, the long-term aspiration of alleviating intergenerational transmission of poverty remains a difficult goal to achieve. Without improvements in the quality of schools and health care provision, the likelihood of cash transfer policies making a long-term impact on children's wellbeing remains uncertain.

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