

UNCONDITIONAL CASH TRANSFERS & SOCIAL AND BEHAVIOR CHANGE FOR NUTRITION OUTCOMES AMONG CHILDREN UNDER 5 IN DEVELOPMENT SETTINGS: A LITERATURE REVIEW



The article eligibility criteria in Table 1 informed the search strategy for the literature review. The eight databases used are as follows: PubMed, Scopus, Web of Science, 3ie, ScienceDirect, Embase, Global Health Ovid, and CENTRAL. References from relevant articles were also manually searched. Figure 1 summarizes the results of the search.

BACKGROUND

Cash and voucher assistance (CVA) has gained attention in social protection schemes to improve child nutrition outcomes.^{1,4} Substantial evidence has been generated on the effectiveness of cash transfers – especially when provided with complementary support – in development settings, with a push for more research in humanitarian settings in recent years.²⁻³ Additionally, while much of the existing evidence comes from conditional cash transfers, recent evidence demonstrates a push for moving towards the use of **unconditional cash transfers**.¹⁻²

Given the complexity of malnutrition, there is also recognition that **“cash plus”** interventions are needed to better address the numerous and wide-ranging causes of malnutrition, such as incorporating nutrition social and behavior change (SBC) activities into cash assistance programs for nutrition outcomes.²⁻³ While there is a recognition of the need for cash and SBC combined approaches, evidence on the **most effective SBC modalities and messages** is lacking.^{1,3}

PURPOSE

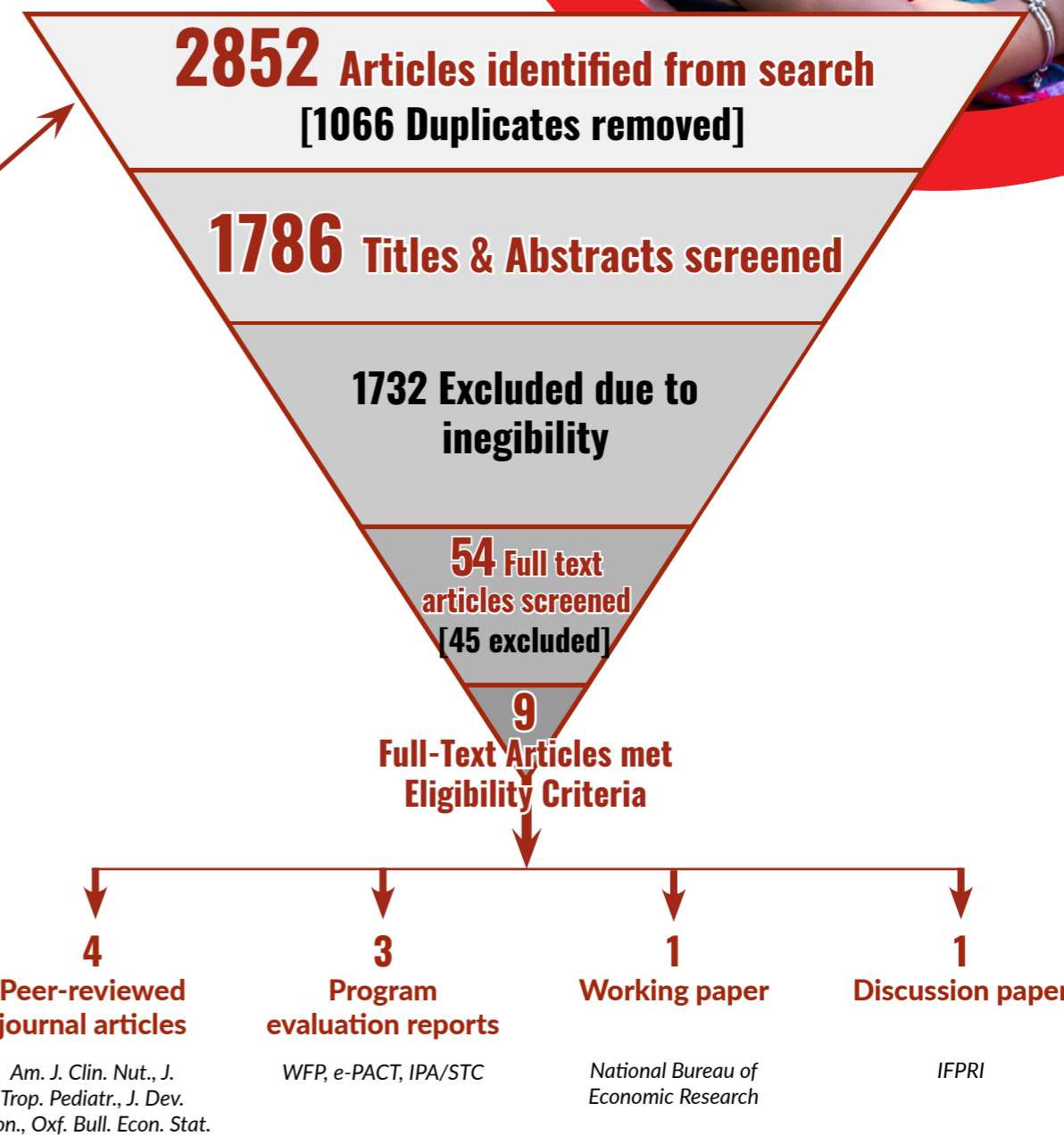
This paper is a short summary of a literature review conducted to gather, summarize, and assess the current evidence on unconditional cash + nutrition-specific SBC interventions on nutrition outcomes among children under 5 years to:

- Develop key SBC activity recommendations,
- Identify areas of further research, and
- Inform Save the Children’s approach to Cash + Nutrition SBC interventions.

METHODS

Table 1: Article Inclusion Criteria

Type of Article	Original research published in an academic journal or organizational report in English
Type of Research	<ul style="list-style-type: none"> • Original experimental trial • Cash-only or Cash + SBC comparison group • Directly measures and reports quantitative nutrition outcomes
Study Population	Children under 5 (0-59 months) (n >=300)
Intervention	<ul style="list-style-type: none"> • At least one study arm must be Cash + SBC for nutrition intervention • Cash component should be unconditional
Outcomes	<ul style="list-style-type: none"> • Directly reports quantitative anthropometric nutrition outcomes (weight-for-height Z-scores (WHZ), weight-for-age Z-scores (WAZ), height-for-age Z-scores (HAZ), mid-upper arm circumferences (MUAC), body mass index (BMI), wasting, stunting, etc.) • Measures nutrition status pre- and post- intervention
Location	Low- & Middle-Income Countries ⁵
Time	Research performed in the last 15 years (since 2009)



Although nearly 1,800 articles were initially identified after removing duplicates, only **nine (9) articles representing six (6) unique programs** were included, upon application of the inclusion and exclusion criteria described in Table 1. The nine (9) articles reviewed were published between 2019-2022, and all research was conducted between 2012-2021.⁶⁻¹⁴ Further publication details are outlined in the **graph just above**.

PROGRAM DESCRIPTION

Program durations ranged from 12-33 months.⁶⁻¹⁴ All the studies were randomized control trials (RCTs). The majority of the studies took place in **rural or sub-rural settings in economically poor areas** in the following countries: **Bangladesh, Niger, Pakistan, Liberia, Myanmar, and Nigeria.**⁶⁻¹⁴ Although the literature review was intended to cover both development and humanitarian contexts, all the research was conducted in development settings; the 9 articles discussed in this paper are, therefore, only representative of **development settings.**⁶⁻¹⁴ The diagram below details the program target populations, beneficiaries, and trial arms.

Figure 2. Study Target Populations, Beneficiaries, and Trial Arms

Target Population	Beneficiaries	Trial Arms
<ul style="list-style-type: none"> Children Under 5 Child ages at enrollment and measurement varied (ex. measuring outcomes at 24 months vs. measuring outcomes of all 6-59 months)⁶⁻¹⁴ 	<ul style="list-style-type: none"> 4 programs directly targeted mothers or pregnant women^{6-8, 12-14} 2 programs more broadly designated caregivers⁹⁻¹¹ 	<ul style="list-style-type: none"> 5 studies included cash + SBC and cash only arms⁶⁻¹³ 1 study compared intensities of cash + SBC components¹⁴ All 6 had a no- intervention control arm⁶⁻¹⁴



CVA and SBC intervention details are depicted in **Tables 3 and 4**, respectively. While the Minimum Expenditure Basket (MEB) is typically used to determine cash transfer value in programs, this was not the case for any of the included studies in this review.⁶⁻¹⁵ Of note is that **the majority of programs reported using multiple SBC activities**, for example, hosting group sessions as well as having health workers conduct home visits.⁶⁻¹⁴ It was rare for programs to utilize only one SBC modality. **Table 5** below shows the most commonly used and reported nutrition outcome measures, although some of the studies included additional measures and indicators.

Table 3. Cash Transfer Details⁶⁻¹⁴

Amount	6.50-30 USD per transfer ⁶⁻¹⁴
Criteria for Determining Amount	<ul style="list-style-type: none"> 25% mean monthly household expenditure.⁶⁻⁷ 17% total monthly HH food consumption expenditure¹⁴ Equivalent to 3-4 days work at minimum wage¹²⁻¹³ Previous study that showed impact on dietary diversity¹¹ Not specified
Frequency	<ul style="list-style-type: none"> Monthly (4 programs)^{6-8, 12-14} Every-other-month (1 program)¹¹ Quarterly (1 program)⁹⁻¹⁰
Duration	<ul style="list-style-type: none"> Typically, entire duration of the trial: 12-33 months^{6-11, 14} Myanmar: from participant enrollment until 2 years (max 30 months)¹²⁻¹³
Delivery Mechanism	<ul style="list-style-type: none"> Mobile money via provided mobile phones⁶⁻⁷ Bank transfer to recipient account¹²⁻¹³ Cashpoints after biometric verification⁹⁻¹⁰ Not specified

Table 4. SBC Intervention Details⁶⁻¹⁴

Modalities	<ul style="list-style-type: none"> Group sessions (at the beneficiary-, household-, community-, and/or village-level), M2M groups^{6-10, 12-14} Household visits, One-on-one counseling^{6-7, 9-14} Messaging via posters, radio, texts, food demonstrations, health talks (1 program)¹⁴
Staff	Community health workers (CNWs, LHWs, CHAs), trained volunteers, NGO and community workers ⁶⁻¹⁴
Activities	<ul style="list-style-type: none"> Presentations and Performances (role playing, skits)⁶⁻⁸ Interactive components (songs, call-and-response, Q&A)⁶⁻⁷ Demonstrations and aids (visual aids, picture booklets)^{6-10, 14}
Key Messages/ Focal Points	<ul style="list-style-type: none"> Majority included multiple key messages and focal points^{6-10, 12-14} BF/lactation, complementary feeding, maternal nutrition, dietary diversity most common nutrition topics⁶⁻¹⁴ Micronutrients, lipid-based nutrition supplements, signs of malnutrition less common⁶⁻¹⁰ 5/6 studies reported including hygiene and/or handwashing^{6-10, 12-13} Household expenditure, use of cash¹²⁻¹³
Duration	<ul style="list-style-type: none"> 18 months (2 programs)⁸⁻¹⁰ 24 months (2 programs)^{6-7, 12-13} Not specified (assumed for 12- and 33-month durations of programs)^{11, 14}

OVERALL IMPACT AND KEY FINDINGS




INTERVENTION EFFECTS

Table 5. Overall Intervention Effects on Key Nutrition Outcomes Indicators*

Study Location	Trial Arm	NUTRITION OUTCOME			
		Wasting (WHZ)	Stunting (HAZ)	Underweight (WAZ)	Malnutrition (MUAC)
Bangladesh	Cash + Nutrition BCC	---			---
	Cash Only	---			---
Niger	Cash + BCC				---
	Cash Only				---
Pakistan	Cash + SBCC				---
	Cash Only				---
Liberia	Cash + Nutrition Education	---	---	---	
	Cash Only	---	---	---	
Myanmar	Cash + SBCC				---
	Cash Only				---
Nigeria	Cash + High-Intensity SBCC				
	Cash + Low-Intensity SBCC				

*This table does not reflect statistical significance, but rather, generally shows effects on different nutrition outcomes of interest.

Refer to Appendix II and individual studies for further details.

	*Teal shading indicates a positive impact on the nutrition outcome.
	Beige shading indicates no improvement in the nutrition indicator.
	Yellow shading shows differing results based on specific analysis (ex. sub-groups of children or between reports) or specific measure (for example, prevalence versus average z-score).

KEY FINDINGS

The original aim of this literature review was to examine studies conducted in both humanitarian and development settings. However, as aforementioned, the studies included in this review were all implemented in development contexts, **highlighting a need for further research around the use and impact of unconditional cash + SBC activities on child nutrition outcomes in humanitarian contexts.**

Nearly all (4 out of 6) of the interventions reviewed were at least 24 months in duration and reported positive impacts on child nutrition status (wasting, stunting), and one study demonstrated a greater

impact on nutrition outcomes given longer exposure to the program (30 months).⁶⁻¹⁴

The majority of interventions (5) included key topics beyond nutrition such as messaging related to water, sanitation, and hygiene (WASH).^{6-10, 12-14}

In addition to including multiple public health topics, nearly all the studies also implemented multiple SBC activities targeting populations at different levels of the child's ecosystem such as household visits, mother support groups, and broader group sessions incorporating activities such as role playing to male and female caregivers.

KEY FINDINGS CTD.

Multiple studies enrolled pregnant women and, subsequently, measured child nutrition outcomes post-delivery of the child, and one of those studies found that intervention impacts were more pronounced among children whose mothers had been enrolled and received cash + SBC interventions while pregnant.¹²⁻¹⁴

Nearly all the studies also targeted other members of the household and community with SBC to influence behavior change in the home and foster supportive environments for mothers and children.^{6-10, 12-14}

Lastly, while the aim of the literature review was to assess existing evidence on the effectiveness of different SBC activities, when combined with CVA, on achieving child nutrition outcomes, only one (1) was designed to directly compare different SBC interventions.¹⁴

The varying study interventions, durations, contexts, and child age subgroups prohibit direct comparison of the effect of each intervention on a given nutritional outcome between studies. **However, when considering the studies in their entirety as a body of evidence, numerous key findings and recommendations can be drawn.**

RECOMMENDATIONS

- Further research is needed to determine the optimal length of Cash + SBC interventions and level of community engagement for child nutrition outcomes in humanitarian settings.
- Further research should be conducted to evaluate the effectiveness of various SBC modalities/activities on nutrition outcomes when combined with unconditional cash assistance in humanitarian settings.
- One study suggested that SBC interventions for nutrition outcomes should consider promoting multiple nutrition/health-related topics and consider using more than one modality and delivery mechanism, especially to reach different target populations.¹⁴
- Given the impact of interventions on pregnant women, implementers may consider targeting pregnant women for Cash + SBC interventions specifically aiming to achieve child nutrition outcomes.¹²⁻¹⁴
- Additionally, Cash + SBC interventions may consider targeting other members of the household and community to further strengthen the child's ecosystem and create space for fathers to support both the mother and the child.^{6-10, 12-14}



CONCLUSION

One of the takeaways from this literature review is that more research is needed, as multiple knowledge gaps were identified. More evidence is needed around the **use of unconditional cash + SBC for nutrition in humanitarian settings** with appropriate comparison groups to **evaluate the impact of different SBC interventions** (e.g., M2M groups, counseling, sensitization sessions, etc.) and **who to target** at the individual, household, and community level to achieve desired child nutrition outcomes.



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