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REVIEW PAPER

CASH TRANSFER PROGRAMMES ON CHILDREN'S OUTCOMES: EVIDENCE FROM DEVELOPING COUNTRIES

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ABSTRACT

This review evaluated the impact of conditional and unconditional cash transfer programmes on child development. The systematic search was conducted electronically with the aid of Google search engine, using these key search words - "cash transfers", "child health", "child development", "child marriage" and "child labour". Studies that used Randomised Control Trails (RCTs) and quasi-experiments, as well as studies that reported cash transfers and child development outcomes such as school enrolment, attendance, test score, child work, child health and nutrition and cognitive development were included. Data on social programmes, target population, methodological quality and study results were extracted with the aid of a standard form. The seven studies that met the inclusion criteria were two from Africa, two from Asia and three from Latin America. Six studies reported on the impact of cash transfers and educational outcomes, three on child labour and three on child health and cognitive development. Strong evidence showed that cash transfers enhanced child development on different variables, but evidence regarding child marriage was inconclusive. These results demonstrated the importance of cash transfers in enhancing the development of children living in poor households, while also offering some protection against children vulnerability in developing countries.

Keywords: Cash transfers, Conditional cash transfers, children, systematic review, unconditional cash transfers

INTRODUCTION

Children growing up in poor income households experience numerous challenges that children from more advantaged households do not (Duncan, 1997). Such challenges include dropping out of schools, early marriage, child labour and nutritional and health deficiencies. Policymakers and stakeholders in the development field in most developing countries are designing and implementing anti-poverty programmes to enhance positive outcomes for children and adolescents (de Walque *et al.*, 2017). One main approach is the use of cash transfers to enhance child development (Millán *et al.*, 2018; Miller and Tsoka, 2012; Seidenfeld *et al.*, 2015; Skoufias and Parker, 2001).

Cash transfers are outstanding instruments of confronting poor households' vulnerability and advancing human capital investment (de Walque *et al.*, 2017; Rosati, 2016). By relieving the economic hardship of poor households (Rosati, 2016), cash transfers can mitigate poverty in the short-run, while at the same time urging households to invest in the health, nutrition and education of their children (Millán *et al.*, 2018).

Cash transfers can be conditional or unconditional. Conditional cash transfer (CCT) programmes allow cash to be given to poor households under the condition they comply with certain requirements (de Walque *et al.*, 2017; Seidenfeld *et al.*, 2015). For instance, the condition may be allowing their children to go to school regularly or taking





a child to the hospital for a regular medical check-up (de Walque *et al.*, 2017; Seidenfeld *et al.*, 2015). On the other hand, unconditional cash transfer (UCT) programmes are those that no conditions are attached to the programme, poor families are given the cash because they live below the national poverty line (de Walque *et al.*, 2017). This might not have a direct impact on child development because no condition is attached to the cash transfer for supporting child development. Empirical evidence indicates that cash transfer programmes have a positive impact on childhood development outcomes, see (Millán *et al.*, 2018; Miller and Tsoka, 2012; Seidenfeld *et al.*, 2015).

In this paper, I employed a systematic review technique to assess if cash transfers can impact child development positively. The main research question adopted for this review is “do cash transfers enhance child’s development? This systematic review intends to add to the debate on the impact of cash transfers on child development.

The rest of this study is organized as follows. Part 2 discusses the materials and methods used to gather relevant data. Part 3 presents the results and Part 4 discusses the results, while Part 5 concludes. This review evaluates the impact of conditional and unconditional cash transfer programmes on child development.

MATERIALS AND METHODS

Design: This is a systematic literature review associated with a clearly formulated research question that used systematic explicit methods to identify, select, and critically appraise relevant research from previously published studies related to the question at hand” (ten Ham-Baloyi and Jordan, 2016). The systematic review technique applies literature review mechanisms to include particularly those studies that meet specific requirements that systematically affirm the rigour of the evidence presented by a previously published research (ten Ham-Baloyi and Jordan, 2016). The main attribute of a systematic review is that it employs a rigorous collection of criteria by which to examine the accuracy and potency of already published studies (ten Ham-Baloyi and Jordan, 2016).

Search strategy: The author search databases for previous research articles on the internet. Keywords such as child development, cash transfers, child early married, child health and child labour were used to search for relevant literature. Only studies that assess the impact of cash transfers on the indicators mentioned above were initially accepted for further review.

Inclusion and Exclusion criteria: Only studies that met the review criteria were included. For example, studies that reported the correlation between cash transfers and child outcomes in various variables formed the included studies. Studies that evaluate both conditional and unconditional cash transfers impact on child development were included in this review. Only studies in English were included in this study, other high-quality studies in other languages were excluded. Furthermore, only quality studies in quantitative approaches were included in the review, this is because other studies in qualitative methods were of low quality and they do not meet the review criteria.

Quality assessment: There is no generally acceptable way for assessing study quality. However, this review employs its own quality assessment mechanism instead of using any quality assessment tool. This review used five indicators to assess the included studies. These are study design, outcomes measured, statistical issues, quality of intervention and quality of reporting.

Data extraction: A systematic technique was used to extract relevant data from the included studies with the use of a standard form. For each of the included studies, the following details were extracted: citation, study setting, sample size, methodology, evaluation design, methods of impact estimation, intervention and impact measured.

Data synthesis: Data collection forms were used to gather data from the included studies and a narrative synthesis was used to present each study findings in details. This process involves using coding and interpreting the outcomes.

RESULTS

Study selection:

The initial search on the internet produced 50 research articles and a further search produced 50 articles. In all, 100 articles followed the study selection procedure that left 7 articles as the final included studies for this study. The selection procedure and study flow are demonstrated in Figure 1.





Study characteristics:

Table 1 below presents the included study characteristics. Two studies were conducted in Africa, two also in Asia and three in Latin America. In all the included studies, the study populations are children living in households that have children and the households are receiving cash transfers. Some included studies also used population that have no access to cash transfers which they used as comparison households.

In terms of methodology, all the included studies employed quantitative approach, while majority studies used Randomized Control Trial (RCT) and quasi-experiment. On methods of impact estimation, Difference in Difference (DID) was used by four of the studies, three used regressions and one study each used Intention-TO-Treat (ITT) model and Chi-square test.

Four studies assessed the impact of CCT on children’s outcomes while the remaining three studies investigated the correlation between UCT and children’s outcomes. Table 2 below gives detailed information about CCT and UCT programmes in each country of the included studies.

Regarding impact measured, some studies measure one variable and others measured multiple variables. For instance, six studies measured the impact of cash transfers on children’s education outcomes, three studies measured the impact on child labour and one study measured the impact on child health and development.

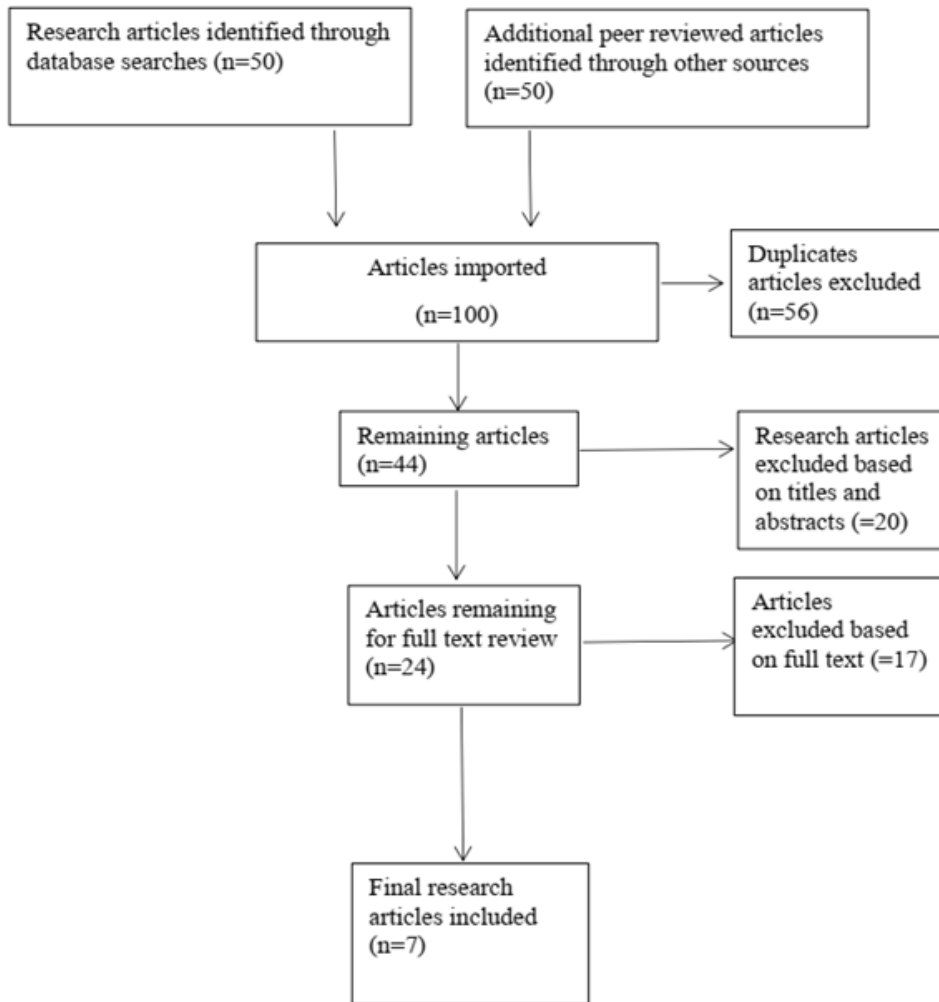


Figure 1: Study selection flow diagram



**Table 1: Characteristics of included studies**

Study	Location	Sample size	Methods	Evaluation design	Method of impact estimation	Intervention	Impact(s) Measured
Herrmann <i>et al.</i> , 2017	Thailand	4,021 households 1,220 children	Quantitative	Randomized experiments	Regressions	UCT	Education, child labour
Macours <i>et al.</i> , 2012	Nicaragua	1,220 children, 2136 households	Quantitative	Experiment	DID, Instrumental variable regressions	CCT	Child health, child development
Millán <i>et al.</i> , 2018	Honduras	All individuals born in the targeted 70 rural municipalities	Quantitative	RCT	ITT model	CCT	Education, health
Miller and Tsoka, 2012	Malawi	1000 households	Quantitative	RCT	DID	UCT	Education, child labour
Nanda <i>et al.</i> , 2014	India	9,466 households	Quantitative	Quasi-experiment	Chi-square multivariate regression test,	CCT	Girls' education, delayed marriage
Seidenfeld <i>et al.</i> , 2015	Zambia	2,514 households with 14,565 people	Quantitative	Experiment	DID	UCT	Education
Skoufias and Parker, 2001	Mexico	506 localities	Quantitative	Quasi-experiment	DID	CCT	Education, labour



**Table 2: Detailed information about Conditional Cash Transfer (CCT) and Unconditional Cash Transfer (UCT) Programme in each country**

Country/study	Programme	Type	Monthly benefits in local currency	Conditions/requirements
Honduras/ Millán <i>et al.</i> , 2018	<i>Programa de Asignación Familiar, PRAF-II,</i>	CCT	Transfers averaged almost 4% of the entire pre-programmed household income	<i>Health grant:</i> Child health and growth monitoring visits and the mother's attendance at health education seminars <i>Education grant:</i> School enrolment and attendance for households with children ages 6-12 who has not yet completed 4th grade
India/ Nanda <i>et al.</i> , 2014	<i>Apni Beti Apna Dhan (ABAD),</i> or “Our Daughter, Our Wealth	CCT	500 India Rupees within two weeks of putting to bed an eligible daughter. Rs2500 for the female child within three months of births and on enrolment	Conditioned on delayed marriage and beneficiaries endured a prolonged 18-year duration before collecting any grant
Malawi/ Miller and Tsoka, 2012	Malawi Social Cash-Transfer Scheme (SCTS)	UCT	MK1800 for households with four or more members MK200 paid for each elementary-school-aged child MK400 for each post-primary-school-aged youth	There are no conditions attached to the cash transfer. However, recipients receive payment, they are instructed that children should enrol in school
Mexico/ Skoufias and Parker, 2001	PROGRESA	CCT	80 Pesos for pupils in third grade, 280 pesos for boys and 305 pesos for girls in the 3 rd year of secondary school	The monetary education grants are connected to the school attendance of children so that if a child misses more than 15% of school days in a month without cogent reason, the family will not receive the grant for that month, similarly, families must complete a schedule of visits to the health care facilities in order to receive monetary support for improved nutrition
Nicaragua/Macours <i>et al.</i> , 2012	Atención a Crisis	CCT	US\$145	<i>Health grant:</i> Health regular check-up <i>Education grant:</i> School attendance by children
Thailand/ Herrmann <i>et al.</i> , 2017	Old age pension that is non-contributory	UCT	600 Baht for 60 to 69 years old. 700 Baht for 70 to 79 years. 800 Baht for 80 to 89 years. 100 Baht for 90 years or above	Any Thai aged 60 or older is qualified for the scheme- except for those who live in a public retirement home or receive any separate state social security. The scheme is non-contributory, yet enrolment is needed in order to secure transfers.
Zambia/ Seidenfeld <i>et al.</i> , 2015	CGP	UCT	60 kwacha (ZMW)	No conditions are attached to the cash. In the introductory stage of the programme, only households with children under 3 were enrolled to ensure that every beneficiary household would receive the grants for at least two years





Direct impacts of cash transfer programmes on children

Education:

Of the seven studies reviewed, six, one each in Thailand (Herrmann *et al.*, Leckcivilize, and Zenker, 2017), Honduras (Millán *et al.*, 2018), Malawi (Miller and Tsoka, 2012), India (Nanda *et al.*, 2014), Zambia (Seidenfeld *et al.*, 2015), and Mexico (Skoufias and Parker, 2001) examined the impact of CCT and UCT on children's education outcomes. All six studies found a positive impact of cash transfer programmes on school enrolment, but this impact varies among the studies (Table 3 below). In Thailand, social pension increase schooling for children aged 12-18 living in households that are pension eligibility (Herrmann *et al.*, 2017). However, there was no positive correlation between pension and school enrolment of younger children between the ages of 6 to 11. In Honduras, the exposure of CCT to households with children show positive and significant ITT impacts of CCT for male and female children of different ages on grade attainment and the competition of school (Millán *et al.*, 2018). While the impact was tremendous with older children, the long-term impact for both male and female children was minimal.

In the case of the Malawian study, a DID analysis indicated that households with children receiving UCT encountered a 5%-point difference in school enrolment, higher education investment and lower absences in school as compared to the comparison households with no cash transfers (Miller and Tsoka, 2012). The findings of the study revealed that girls in the intervention households had much reduction in absenteeism than boys. Also, both children in the intervention and comparison households had reduced absenteeism (Miller and Tsoka, 2012).

Girls' education was the assessment of the study of Nanda *et al.* (2014) in India. Using a quasi-experimental impact evaluation design on Apni Beti Apna Dhan (ABAD) programme on educational outcomes, the findings of the impact evaluation suggested that a significant number of girls who are beneficiaries of the social intervention remained in school than the girls who were not beneficiaries of the social intervention. A similar study in Zambia by (Seidenfeld *et al.*, 2015) shows that households receiving cash transfers invested in the education of their children than households not receiving any social grant. However, the cash transfers do not have any impact on households who do not invest in the education of their children prior to receiving the grant. In the Mexican study by (Skoufias and Parker, 2001), PROGRESA had a tremendous positive impact on attendance rates for both male and female secondary school students aged between 12-17. The marginal effects for male children between 12 and 17 years old of age are all significant in every round after the launch of the programme. For schoolgirls, the effects of the programme are indeed greater.

Child labour:

The impact of cash transfers on child labour was reported by three studies (Herrmann *et al.*, 2017; Miller and Tsoka, 2012; Skoufias and Parker, 2001). In Malawi, intervention and comparison school children indicated a statistically significant difference in the proportion of boys and girls working in cash generating jobs (Miller and Tsoka, 2012). In Mexico, PROGRESA had mixed impacts on child labour participation of different ages of children (Skoufias and Parker, 2001). A randomised experiment in Thailand revealed that UCT led to a reduction in child work for all children, especially for children that are older (Herrmann *et al.*, 2017). The findings can be interpreted that some children quit working, especially in the event of part-time jobs, or that they are less prone to start to work. Table 4 below shows the summary evidence of the impact of cash transfers and child labour.

Health:

Only two studies of all the studies reviewed found a positive effect of cash transfers on child health and development (Macours *et al.*, 2012; Millán *et al.*, 2018). (Table 5 below). In Honduras, the exposure of children to health and nutrition components had a positive impact on them, however, the impact was not significant (Millán *et al.*, 2018). In Nicaragua, the results show that three-quarters of the coefficients are positive, and almost one-half of those that are positive are significant at 10% higher (Macours *et al.*, 2012). This show a very strong impact of Atención a Crisis on child health and development since there were no significant negative coefficients.



**Table 3: Review of impacts of cash transfer programmes on children's educational outcomes**

Country	Study	Sample size	Age	Outcomes	Results
Honduras	Millán <i>et al.</i> 2018	Children exposed to CCT	6-12 years old	Test scores, school completion, enrolment	<i>Test scores:</i> Their highest grade obtained raised by more than 0.5 grades (a significant increase of about 10 per cent). <i>Completion:</i> CCT increased in the probability of completing primary school of 5.1 p.p. (about 28 per cent) and 6.7 p.p. (about 11 per cent). <i>Enrolment:</i> CCT also increased the probability of being enrolled in 2013 by 4.7 p.p. or more
India	Nanda <i>et al.</i> 2014	up to 3rd birth rank girls born between 1994-1998	15-17 years olds	Improved educational attainment	CCT increases the probability of being in school after age 15 by 23%. CCT has not been established if it can delay girls' age of marriage.
Malawi	Miller and Tsoka, 2012	1,242 children	6-18 years	Enrolment, attendance, education expenditures	<i>Enrolment:</i> By endline, the enrolment rate raised for all 6-15-year-olds in each research group. However, treatment children had higher increases in several groups (boys aged 6-8, girls aged 9-11 and 12-15, and boys and girls aged 16-18). <i>Attendance:</i> By endline, the dual-difference impact was strongest among treatment girls aged 16-18. Among the groups. 12-15 age group, treatment girls had better reductions in the number of absences than boys. Nevertheless, all age group treatment and control children and young children had decreased absenteeism. <i>Education expenditures:</i> By endline, there were statistically significant surges in yearly school spending for all age groups and both genders. Moreover, the double-difference estimate between treatment and control children was significant in most age groups, suggesting higher expenditures on the treatment children and young people
Mexico	Skoufias and Parker, 2001	Boys: 14, 363 Girls: 13,482	8-17 years old	Attendance, enrolment, school participation	<i>Attendance:</i> CCT has positive significant effects for boys of 7.6%, 5.6% and 10.2% increase in the attendance rate in November 1998, June 1999 and November 1999 rounds, respectively. For girls, CCT increased their attendance rate by 16% in November 1998 and increased further to 19.8% in November 1999. <i>Enrolment:</i> CCT increased the incidence of school enrolment by 4.3 percentage points. <i>School participation:</i> CCT significantly increased school participation by 4 points which is an increase of approximately 8% in participation in school.
Thailand	Herrmann <i>et al.</i> 2017	1,220 children	6-18 years old	Enrolment	UCT has no impact in school enrolment of children between 6 and 18 years old. However, UCT makes it possible for children in pension households almost 20% points more likely to enrol in school than children not in pension households.
Zambia	Seidenfeld <i>et al.</i> 2015	4,793 children	Children under age 5	Education expenditure	UCT increased the number of households with three or more books by 1.5 percentage points, from 1.5 per cent of households to 3% households. No impact on the number of households that own one book.



**Table 4: Review of impacts of cash transfer programmes on children's labour outcomes**

Country	Study	Sample size	Age	Outcomes	Results
Malawi	Miller and Tsoka, 2012	1,242 children	6-18 years old	Child work	UCT reduced boys' work by 12% and that of girls by 10%. The enrolment rate for children doing income jobs was 85% compared with 92% for children not doing income jobs ($p < 0.004$)
Mexico	Skoufias and Parker, 2001	Children who lived in 2136 households with three generations	8-17 years old	Child work	CCT significantly reduced work participation for boys ages 8-17, and larger absolute and proportional reductions for a group of boys ages 12-17 of 4% points from a pre-programmed level of 55%. CCT reduced girls domestic work participation of about 10%
Thailand	Herrmann <i>et al.</i> 2017	1,220 children	6-18 years old	Child work	UCT reduced children work by almost 15%

Cognitive, language, and behaviour outcomes:

Of the seven studies reviewed, two reported the correlation between cash transfers and child cognitive development, language and behavioural development (Macours *et al.*, 2012; Seidenfeld *et al.*, 2015) (Table 5). In Zambia, cash transfers improved the learning activities of children in households receiving grants notwithstanding the educational level of their mothers. In contrast, the grants did not have any effect on the child's ability to work individually and on the language-cognition scale (Seidenfeld *et al.*, 2015). In Nicaragua, the cash transfers increased the cognitive development of children in CCT-eligible households (Macours *et al.*, 2012). However, households that received a lump-sum grant do not show to have produced stronger child development results, notably in terms of cognitive development (Macours *et al.*, 2012).

Indirect impacts of cash transfers programmes on children

The section of the study reviews the evidence of the various forms of cash transfer programmes impacting on other outcomes that could affect child development. Of the seven studies reviewed, five mentioned some indirect impacts of cash transfers on child development. The cash transfer programmes in Zambia, Malawi and Nicaragua led to increased expenditures on education (Miller and Tsoka, 2012; Seidenfeld *et al.*, 2015; Skoufias and Parker, 2001).

Increasing food consumption is one impact of cash transfers mentioned by (Macours *et al.*, 2012; Miller and Tsoka, 2012). The Malawian Malawi Social Cash-Transfer Scheme (SCTS) made it possible for children to have breakfast before going to the school which was not possible before the programme started (Miller and Tsoka, 2012). In Nicaragua, households receiving cash transfers were able to change the composition of food expenditures, spending a little fraction on stables and higher fractions on animal protein, fruits and vegetable (Macours *et al.*, 2012). While cash transfer programmes had significant increases in different measures of child stimulation (Macours *et al.*, 2012), in Thailand, the social grant does not look to influence any other expenditure items other than education expenditure (Herrmann *et al.*, 2017). In India, the CCT programme designed to prevent early child marriage can enhance educational outcomes for girls, however, the findings of the impact evaluation did not know whether the CCT had prevented girls' age of marriage (Nanda *et al.*, 2014).



**Table 5: Review of impacts of cash transfer programmes on children's health and development outcomes**

Country	Study	Sample size	Age	Outcomes	Results
Honduras	Millán <i>et al.</i> 2018	Children exposed to CCT	6-12 years old	Health, nutrition	CCT had positive and significant effects (about 0.4 grades) for those exposed to nutrition and health package in early childhood. For girls ages 9-10, it was significant but smaller (0.2 grades) but not significant for other age groups
Nicaragua	Macours <i>et al.</i> 2012	Children in treatment and control households	6-29 years old	Cognitive development, health	CCT made households had significant increases in different measures of child stimulation. For instance, the mean increase in stimulation is 0.26 standard deviations, and the mean increase in health inputs is 0.13 standard deviations
Zambia	Seidenfeld <i>et al.</i> 2015	4,793 children	Children under age 5	Cognitive development	UCT impacts the support for learning scale by 0.497. It also impacts the child's ability to follow directions by 10.5%. However, no programme impacts were observed in language cognition scale

DISCUSSION

This review assesses the impact of cash transfers on child outcomes following the study's research question: "do cash transfers enhance child's development? Most of the studies reviewed in this study acknowledged the impact of CCT and UCT programmes on child development outcomes and this is in line with the findings of (Mishra, 2017; UNICEF-ESARO/Transfer Project, 2015). Cash transfer programmes impacted the educational outcomes of children. Six of the included studies supported this notion from their findings. The impact measured by these studies includes school enrolment, completion, absenteeism, test score, attendance and education expenditure.

It is discovered from the findings from this review that both CCT and UCT programmes enhance children's educational development. While CCT requires beneficiaries to accept some conditions before they can receive cash, UCT has no conditions attached to it. In Honduras, Mexico and India, CCT impacted children positively in different educational outcomes. The findings from this review showed that school enrolment increased due to CCT in Honduras and Mexico. While Honduras's CCT called the Programa de Asignación Familiar, PRAF-II increased school enrolment in 2013 by 4.7 percentage points (Millán *et al.*, 2018), the Mexican PROGRESA also increased the incidence of school enrolment by 4.3 percentage points (Skoufias and Parker, 2001).

Aside from the school enrolment that CCT programmes enhance for children, there were also some significant effects of CCT on test scores, attendance, completion, participation and the probability of girls being in school after the age of 15. However, in India, it was not established if CCT can prevent school-age girls from getting marriage since the *Apni Beti Apna Dhan* (ABAD), or "Our Daughter, Our Wealth was meant to delay early child marriage (Nanda *et al.*, 2014).

While CCT programmes have proven to enhance children's educational development due to the conditions attached to the accessibility of the cash, the findings from this review have also established that UCT programmes have the potential of





influencing children's educational development even when the cash is not being monitored as the case of CCT. In Malawi and Zambia, UCT programmes increased educational enrolment, attendance, expenditures; however, there is weak evidence in the case of Thailand. In terms of comparing the outcomes of CCT and UCT programmes' effectiveness in meeting children's educational development, there were not clear results from the selected studies to show that CCT or UCT programmes influence children's educational development more.

In developing countries, child labour deprives children the opportunity of attending school because they are engaged in employment activities. Cash transfer is one instrument that stakeholders are using to prevent children from working in order to concentrate on schooling. Though, only three studies mentioned cash transfers and child labour in this review (Herrmann *et al.*, 2017; Miller and Tsoka, 2012; Skoufias and Parker, 2001). It was established from the study's findings that both CCT and UCT programmes encourage children to stay more in school and denied them the opportunity of engaging in income jobs. The rates of child labour reduction for both CCT and UCT programmes were similar and this proved that either CCT or UCT can be used effectively to increase school participation for children and discouraging them from working when they are supposed to be in school. The boys were favoured more in terms of work reduction than girls due to cash transfers.

When it comes to cash transfers, child health and development are important. Three of the reviewed studies suggest that cash transfer programmes improve children's health, nutrition and cognitive development. The findings from this review showed that the boys benefited significantly than girls in Honduras in school grades due to the exposure of health packages in the cash transfer programme. In the case of Nicaragua, there was no clear evidence; however, the social intervention (Atención a Crisis) had a significant impact on child stimulation. On cognitive effect, this review finding suggest that cash transfer programme in Zambia supports children learning and enhances their ability to follow direction (Seidenfeld *et al.*, 2015).

Aside from the direct impact of cash transfer programmes on child development, CCT and UCT programmes have indirect effects on other variables. The findings of the review show that cash transfers stimulate the consumption of nutritional food, make beneficiaries' children have breakfast before going to school and increasing household expenditure on children's books.

There is growing evidence of social interventions impacting children health and development positively. An evaluation of studies from different countries throughout the world has discovered that children benefit directly in early child development from a variety of social interventions, however, the social interventions with stimulation or an educational element had greater cognitive outcomes than a nutrition-only programme (Hirano and Imbens, 2005). Another evaluation likewise made the position that extensive programmes that consist of nutrition, health, and parenting elements have the strongest capability for increasing child development outcomes (Engle *et al.*, 2007). Even though cash transfers programmes are not aimed directly at enhancing children's development, many countries have embraced to employ cash transfer programmes to focus on child development (Fernald, Gertler, and Hidrobo, 2012).

The findings of this review support the views of development experts that considered cash transfer programmes as important mechanisms for enhancing child health and development. Emphasis on the studies reviewed was on education and labour outcomes, with little concentration of child health and cognitive development.

This study encountered some limitations. Firstly, only studies in English were included in the reviews whereas they are quality studies in other languages. Secondly, few include studies did not interpret their findings in a way for someone who is not acquainted with quantitative analysis to understand them easily. Furthermore, only quantitative studies were included in this review which made impossible for this review to compare their findings with that of studies that would have used qualitative approaches.

In summary, there is strong evidence that both CCT and UCT programmes enhance children's development outcomes. Most of the studies reviewed attested to various positive impacts of cash transfers benefiting children. Though there was no clear evidence in some of these impacts. The findings of this review have been able to establish that the positive impacts of cash transfers outweighed the native impact or no significant impacts. While this is so, this review faces some limitations which make the outcomes of the review not to be generalized in the analytical term. A broad systematic review study is needed that will include studies in other languages and qualitative design to evaluate the impact of cash transfers on child health and development outcomes.





CONCLUSION

Cash transfer programmes have the capacity to enhance child health and development. This is where stakeholders, especially in developing countries should double their efforts in using cash transfers in meeting the health and development needs of children in vulnerable households. This will lead to increases in school enrolment, attendance, completion, grade and better health and well-being of children from poor backgrounds. Children are the future leaders of tomorrow, using social interventions in influencing their development will go a long way in reducing their vulnerability.

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