



Impacts of cash transfers on maternal and child health outcomes in sub-Saharan Africa

This is a summary of the following paper: Ngamasana E & Moxie J (2024) *Cash transfer, maternal and child health outcomes: A scoping review in sub-Saharan Africa*. *Global Health Action*, 17, 1, 2309726. <https://doi.org/10.1080/16549716.2024.2309726>

Cash transfer programmes are poverty alleviation interventions that policymakers and funders can draw on to improve maternal and child health outcomes in low- and middle-income countries. There is, however, a lack of evidence on the effectiveness of such programmes to positively impact these outcomes. Most evaluations tend to focus on the utilisation of healthcare services and other social determinants of health. Specific health outcomes related to mortality, individuals' capacity to function, or the subjective sense of well-being are often overlooked. In a time of competing priorities, the allocation of scarce resources needs to rely on a strong evidence base. The authors therefore conducted a review of evidence in sub-Saharan African countries, where there are substantial operational differences with other regions (e.g. Latin America).

Authors synthesised current empirical evidence by searching PubMed Central and Google Scholar and supplemented this database search with a backward citation search for studies con-

ducted in sub-Saharan Africa for the period 2000–2021. They identified 21 peer-reviewed articles that reported on studies conducted in six sub-Saharan African countries – Malawi, Kenya, South Africa, Nigeria, Tanzania, and Zambia.

Among the 21 articles included, only one reported on mortality. In this study from Nigeria, the provision of cash transfers was associated with substantial increases in child survival that was driven by a large decrease in foetal deaths (a 29% absolute decrease in the treatment group compared to the control). Potential causal mechanisms included conditionalities attached to the cash payment, whereby pregnant women had to attend at least three antenatal care visits, a health facility delivery, and one postnatal visit.

Thirteen articles reported on health outcomes related to individual capacities to function – episodes of illness, assessment of depressive symptoms, and incidence of HIV and herpes virus. Participants who received conditional cash transfers reported reduced likeli-

hood of illness episodes in the past 30 days and reduced likelihood of difficulties in performing normal activities due to illness. Lack of conditional cash transfers was associated with higher school dropouts, which in turn were associated with a higher risk of HIV and herpes. Unconditional cash transfers were associated with a lower likelihood of reporting depressive symptoms.

Three studies reported outcome measures related to participants' well-being. Unconditional cash transfer programmes were found to be associated with improved quality of life and studies reported positive effects on a few subjective outcomes such as self-reported overall satisfaction with life.

Protective health promoting behaviours were reported in four of the articles. Three studies reported a positive effect of conditional cash transfer programmes on the incidence of HIV and other sexually transmitted infections through behavioural mechanisms. One study reported an increased likelihood of receiving the tetanus toxoid vaccine during the perinatal period.

The main limitation of this review was the limited number of studies reporting on some of the outcomes of interest. However, the quality of evidence was high as most studies were randomised controlled trials. Overall, the review suggests that conditional cash transfer programmes are effective in improving child survival and functional health status and in promoting healthy behaviours, whereas unconditional cash transfers are more effective for impacting measures of well-being.

Navigating school health programmes amidst COVID-19: A scoping review

This is a summary of the following paper: Carducci B, Dominguez G, Kidd E et al (2024) *Pivoting school health and nutrition programmes during COVID-19 in low- and middle-income countries: A scoping review*. *Journal of Global Health*, 14. <https://doi.org/10.7189%2Fjogh.14.05006>

Nutrition profoundly influences the development of children and adolescents aged 5–19 years. Recognising its significance, the International Commission on Financing Global Education Opportunity prioritised health and nutrition interventions for improved learning outcomes. This scoping review addresses the gap in the literature concerning school health and nutrition programme adaptations during the COVID-19 pandemic, aiming to synthesise evidence on strategies, impacts, and challenges. The goal was to guide stakeholders on immediate and long-term responses to mitigate adverse effects on children and adolescents in low- and middle-income countries due to reduced access to essential school-based resources. The review searched literature from January 2020 to June 2023, focusing on primary and secondary studies conducted in low- and middle-income countries involving children and adolescents aged 5–19 years.

This review encompasses 23 studies, each presenting different adaptation strategies and programme emphases. These include access to

school meals (n=8), health services such as immunisations, eye health, and water, sanitation, and hygiene activities (n=4), physical activity curriculum and exercise training (n=3), mental health counselling and curriculum (n=3), and multi-component approaches (n=5). Importantly, there was a notable absence of quantitative data on modified programme coverage, utilisation, and related impacts on children and adolescents' health and nutrition.

Findings revealed that multi-component programmes in various countries adopted diverse strategies in response to the COVID-19 pandemic. Some continued in-school nutrition programmes with adjustments for physical distancing, while others shifted entirely to virtual platforms or distributed services outside schools. School feeding programmes faced suspension challenges, prompting alternative approaches like distributing meals and food kits to students' homes or providing financial compensation. In-school health services were mostly halted, leaving students vulnerable to infectious diseases. Physical activity programmes shifted to virtu-

al formats, showing promise in reducing anxiety and improving physical fitness. Mental health programmes adapted to virtual counselling, facing challenges in maintaining student engagement and support.

This review underscores the scarcity of evidence concerning school health and nutrition programming during the pandemic. It stresses the necessity of monitoring such programmes regularly, both in ordinary times and during crises, to gauge the effectiveness of adapted initiatives and inform evidence-based policymaking. While adhering to World Health Organization global standards and indicators is essential at national and school levels, future research should prioritise establishing a comprehensive monitoring and evaluation framework for schools, utilising existing data sources to track key health and nutrition indicators for children and adolescents.

Following this review, the authors concluded that if we are to learn one thing from the COVID-19 pandemic and its impact on the health and well-being of children and adolescents, it is that:

“The continued provision of educational, health, and nutrition services should be of paramount concern for stakeholders and policymakers across all sectors and levels of government.”