

Evidence Assessment: Summary of a Systematic Review

Who is this summary for?

This evidence assessment is for Doctors, Health Personnel, Community Health Workers and the partners involved in managing humanitarian disasters.

Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in low- and middle-income countries

Key findings

- Unconditional cash transfers appeared to contribute to a very small increase in the proportion of children who received vitamin or iron supplements and a beneficial effect on children's home environment.
- Compared with grants of food, there was no evidence that unconditional cash transfers influenced the chance of child death or severe acute malnutrition.
- Unconditional cash transfers had no clear effect on the proportion of children who received deworming drugs, children's height for age, adults' level of depression, or the quality of parenting behaviour.

Background

Unconditional cash transfers (UCTs) for humanitarian assistance during disasters may improve health in low- and middle-income countries (LMICs) by giving recipients additional income. This review sought to assess the effect of UCTs on health services use, health outcomes, social determinants of health, health care expenditure, and local markets and infrastructure in LMICs. We also assessed the effects of UCTs paid in-hand compared with grants of other goods (e.g., food) and types of cash transfers.

Question

What is the effects of UCTs in improving health services use, health outcomes, social determinants of health, health care expenditure, and local markets and infrastructure in LMICs?

Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in Cameroon: Cameroon is face to an influx of more than 350,000 refugees in the regions of the Extreme North and East. Unconditional cash transfers are used to help refugees with health problems. This intervention could improve their the use of health services.

Table 1: Summary of the systematic review

	What the review authors searched for	What the review authors found
Studies	Randomised controlled trials (RCTs), quasi-RCTs, controlled before-and-after studies (CBAs), interrupted time-series studies, and cohort studies.	Three studies Cluster-randomised controlled trials were included.
Participants	Children and adults	Children and adults
Interventions	UCTs paid exclusively to women and those paid to both sexes and studies on both stand-alone UCTs and UCTs provided in combination with or alongside an- other intervention.	One study implemented UCTs with a total value of USD 145 (approximately USD 24 every 2 months for 12 months) for families without children or with children aged 6 and under, and USD 235 plus USD 25 per child for families with children aged 7 to 15 years and enrolled in primary school. One study used UCT plus food transfer of a total value of USD 208 (USD 52 per month for four months). Another study used UCT of USD 225 (USD 45 per month for five months) and recipients also received a mobile phone. The intervention aimed to reduce malnutrition and prevent asset depletion in households during and after droughts. It was targeted to poor households with at least one child aged zero to four years, and it was paid to either parent.
Controls	No unconditional cash transfer or co-intervention only	No unconditional cash transfer or co-intervention only
Outcomes	Primary outcomes <ul style="list-style-type: none"> • Use of health services • Heath outcomes Secondary outcomes <ul style="list-style-type: none"> • Social determinant of health • Health service expenditure 	The outcomes reported were: <ul style="list-style-type: none"> • Use of health services ; • Heath outcomes ; • Social determinant of health; • Health service expenditure.
Date of the most recent search 4 May 2014.		
Limitations: This is a high quality systematic review, AMSTAR =10/11		
Citation: Pega F, Liu SY, Walter S, Lhachimi SK. Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in low- and middle-income countries. Cochrane Database of Systematic Reviews 2015, Issue 9. Art. No.: CD011247. DOI: 10.1002/14651858.CD011247.pub2.		

Table 2: Summary of findings

Outcomes	No of Participants (studies)	Quality of the evidence (GRADE)
Population: children and adults in low- and middle-income countries Settings: drought Intervention: unconditional cash transfer Comparison: no unconditional cash transfer (or co-intervention only)		
Received vitamin or iron supplements Z-score of proportion (follow-up: 8 to 9 months)	3326 (1)	Very low
Received deworming drugs Z-score of proportion (follow-up: 8 to 9 months)	3326 (1)	Very low
Died mortality rate per 10,000 child-months (follow-up: 4 months)	2885 (1)	Very low
Height for age Z-score of number (follow-up: 8 to 9 months)	3326 (1)	Very low
Number of days sick in bed Z-score of number (follow-up: 8 to 9 months)	3326 (1)	Very low
Became severely acutely malnourished Incidence of first event per 1000 child months (follow-up: 4 months)	2885 (1)	Very low
Level of depression Z-score of Center for Epidemiological Studies Depression score. Scale: from 0 to 80. (follow-up: 8 to 9 months)	3326 (1)	Very low

Applicability

In this review, two of the studies were conducted in Niger and one in Nicaragua. These findings may be applied in other low resources settings.

Conclusions

Given the low quality of the evidence available, it is difficult to make any clear conclusions regarding the effectiveness of UCTs for improving health services use and health outcomes in humanitarian disaster contexts in LMICs.

Prepared by

M. Vouking, C.D. Evina, L. Mbuagbaw, P. Ongolo-Zogo: Centre for the Development of Best Practices in Health, Yaoundé, Cameroon. Available at www.cdbph.org

February 2016

Contact:

Email: camer.cdbpsh@gmail.com

Site web: www.cdbph.org

▲ Observatoire du Médicament au Cameroun: www.newsinehealth.org

Téléphone: +237 242 08 19 19