Unconditional cash transfers for assistance in humanitarian disasters: What do we know about their effects on the use of health services and health outcomes in low- and middle-income countries?

Cochrane Public Health

Background

Unconditional cash transfers (provided without obligation) specifically for assistance in humanitarian disasters (UCTs) are a common social protection intervention that increases income, a key social determinant of health, in disaster contexts in low- and middle-income countries. This review assessed the available evidence on the effects of these UCTs on health services use, health outcomes, social determinants of health, health care expenditure, and local markets and infrastructure in low- and middle-income countries. It also assessed the relative effectiveness of these cash transfers compared with in-kind transfers, conditional cash transfers (provided contingent on expected behaviours), and the same unconditional cash transfer (UCT) paid through a different mechanism.

What was done?

We synthesized the international evidence base on the effect of these UCT interventions on the use of any health service use and health outcomes. To determine effectiveness we included comparisons of the UCT with no intervention or a considerably smaller UCT to determine effects. To determine relative effectiveness, we included comparisons of the UCT with in-kind transfers, conditional cash transfers and the same UCT provided through a different mechanism. The search included all studies that were conducted up until May 2014.

What was found?

The review included three studies that met the inclusion criteria, comprising a total of 13,885 participants and 1,200 households in the two low- and middle-income countries (Nicaragua and Niger). These studies examined five short-term UCTs that were worth between 145 and 250 United States dollars (or more, depending on household characteristics) and were provided by governmental, non-governmental or research organisations in experiments or pilot programmes. Although this review covered disaster contexts in general, the only studies found were conducted in response to droughts. Due to the body of evidence's methodologic limitations, serious risk of bias and very serious indirectness, the evidence was considered to be of very low overall quality and thus the findings reported very uncertain.

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What does the review tell us?

The low quality evidence suggested UCTs (in response to drought) appear 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. They may have resulted in a very large reduction in the chance of dying, a moderate reduction in the number of days spent sick in bed, and a large reduction in children's onset of acute malnutrition. UCTs 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. No adverse effects from the UCT's were identified. The included studies did not examine several important outcomes, including food security and equity impacts. Compared with grants of food, there was no evidence that a UCT influenced the chance of child death or onset of severe acute malnutrition. Compared with the same UCT paid via mobile phone, a UCT paid in-hand led to a moderate increase in household dietary diversity, but there was no evidence for any effect on social determinants of health, health service expenditure, or local markets and infrastructure. However, due to the low quality of the research, additional high-quality evidence is required to reach clear conclusions regarding the effectiveness and relative effectiveness of UCTs for improving health services use and health outcomes in humanitarian disasters in in low- and middle-income countries.

What does the review recommend?

Further research of UCTs in humanitarian disaster contexts other than droughts is required. The International Initiative for Impact Evaluation guidelines for conducting impact evaluations in disaster contexts should be used to examine the effectiveness of UCTs. Where feasible, study designs should apply RCT designs to reduce significant sources of bias. Future studies should look to conceal allocation and reduce the risk of contamination (e.g., by sampling geographically disconnected clusters). Also, future studies should develop and publish study protocols and rigorously report missing data so that reviewers can fully judge the risks of publication and attrition bias. In terms of scope, additional research is particularly needed to determine the effects of UCTs in adults, including adult men, and on outcome domains with relatively little or no existing evidence such as anthropometric measures and food security. Finally and importantly, studies that determine the equity impacts of UCTs along key PROGRESS (Place of Residence, Race/ethnicity, Occupation, Gender, Religion/culture, Education, Socio-economic status, Social capital/networks) categories are needed.