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Policy Prescription from Systematic Review evidence on “Conditional Cash Transfer for Improving Uptake of Health Interventions in Low and Middle Income Countries”

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ABSTRACT

The aim of this paper was to provide policymakers with a set of evidence on the effectiveness of Conditional cash transfer (CCT) Programs in low and middle income countries. This is a policy prescription paper based on the systematic review evidence on “Conditional Cash Transfer for Improving Uptake of Health Interventions in Low and Middle Income Countries”. In this review, we have assessed the effectiveness of CCT programs on improving health services and health outcomes in Low and middle income countries. The review evidence suggests, positive health outcomes from this programs and the following paper gives an overview of the evidence as a policy prescription for policy makers.

Keywords: Policy, Evidence, Conditional Cash Transfer, low and middle income countries

BACKGROUND

Conditional cash transfer (CCT) program was introduced with the aim to “reduce poverty by making welfare programs conditional upon the receivers' actions”. CCT is a unique scheme as it has a propensity for poverty alleviations.

Latin American countries introduced the program of CCT, which targets socially disadvantaged group. These programs work on the basis of equity; CCT has been introduced in several developing countries too to increase their access for existing facilities and to increase their economic growth⁵.

Similar programs were also developed in low and middle income countries to increase the uptake of health programs and health services for the people. There are many low and middle income countries where the CCT schemes are implemented and proving to be beneficial in countries like Brazil (Bolsa Familia), Chile (Chile Solidario), Bangladesh (Female Secondary School Assistance Project) and India (Janani Suraksha Program), etc. It was documented by World Bank that “Making cash transfers to women, as virtually all CCTs do, may have increased the bargaining power of women¹.”

CCT program plays an important role in the protection of poor through providing assistance for employment opportunities, address health issues and for emergency financial assistance.

The goal of this paper is to provide policymakers with a set of evidence on the effectiveness of CCT Programs in low and middle income countries

METHODS

The systematic review evidence by Mylene Legard¹ was used to develop this policy paper. In this paper, “the effectiveness of CCT programs was assessed in improving access to and use of health services, as well as improving health outcomes, in low and middle-income countries”. This is the review based on evidence from 6 CCT programs. The review has considered only the CCT program interventions in low- and middle-income countries (defined by the World Bank.). “Outcome measure of at least one of the following was included in this review: health care utilization or access to health care, household health expenditure, or health or anthropometric outcomes.”



RESULTS

Care Seeking Behavior

Table 1 Depicts the review evidence on changes after the implementation of CCT programs.

Table 1 Health related behaviors and outcomes in the community under various Conditional Cash Transfer programs

Conditional cash transfer Programs	Health related behaviors and outcomes in the community
Malawi PROGRESSA	Number of HIV tests, Increased with the mean of 27% Health clinics visit increased by 2.09 days visits per day
Honduras	1. Use of health services increased by 27% for infants 2.42% for pre-schooled children aged 1-5 3. Prenatal care- increased with the mean of 19% 4. Paediatric examinations by 20%
Nicaraguan JSY	Infants admitted to hospitals Increased by 11% (Disadvantaged Group) Institutional deliveries Increased by 29%
Columbian	Increase in children's preventive health care visits by 23% children younger than 2 years of age and for children aged 2 to 4 years by 33%

The study results were reported by five studies^{2,4,9,7} that CCT increased the use of health services. Study by Malawi showed an increased percentage of individuals collecting HIV test results by a mean of 27% after introducing incentive programs. Also, according to Gertler³ "the PROGRSSA scheme increased the number of visits to health clinics by 2.09 days visits per day". Similarly the Honduras program showed an increase in utilization of health services in the region by 42% for under-five children. Nicaraguan project findings suggest a mean increase of 11 percentage points after 2 years on percentage of infants admitted to health facilities. Also Janani Suraksha Yojna (JSY) program of India showed that institutional births increased in 9 states from 20% to 49% in 5 years. Honduras also

"increased the mean percentage of individuals receiving prenatal care by 19 percentage points, routine pediatric examinations by 20 percentage points and growth-monitoring."

Immunization coverage

Table 2 summarizes the evidence from studies^{7,8,6} that showed the impact of CCT programs on immunization coverage. Study done by Barham on PROGRESSA program showed that immunization against measles increased by 3%. On impact evaluation of Honduras program showed an increase by 6% in immunization against first dose of DPT. The Nicaraguan program failed to document any evidences on the effectiveness of CCT on immunization coverage.

Table 2 Immunization coverage under various Conditional Cash Transfer programs

Conditional cash transfer Programs	Indicators	PROGRESS
PROGRSSA	Immunization	Increased by 3%
Honduras	Immunization	Increased by 6%
Nicaraguan	Immunization	Failed to document the evidence

Health status and gender equality

Three studies showed the beneficial effect on health outcomes of children reported by their respective mothers. The Study by Rivera⁷ showed

the 1 year health impact on anaemia status of women and girl child, which was found to be high. Gertler³ shows that the program led to a 22% decrease in the probability of children younger than



3 years of age being reported as having been ill in the past month. Evaluation of National Program for Education of Girl Child at elementary level under Sarva Shiksha Abhiyan showed the increase in enrolments of girl child by 5% in the first year.

CONCLUSION

The results from the evidence conceal reliability in improved effects of CCT programs. Overall, the results of evidence on effectiveness of CCT programs in developing countries (low and middle income countries) suggests for increased utilization of health services by the community, more scope for preventive measures, improved health

conditions, health related behaviors and positive outcomes in the regions were noticed.

These type of demand side strategies seem successful in increasing use of health services, preventive measures, health outcomes such as nutritional status, maternal health, child care, etc.

Though CCT programs prove to be an effective approach in improving access for preventive aspect and health services the success of these strategies depend on the existence of effective primary health services and local infrastructures. The unintentional incentives also need to be avoided.

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