



# **A Systematic Review of Cash-Plus Programmes and Their Impact on Early Childhood Development Outcomes in Burkina Faso: An African Perspective, 2021–2026**

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## **Abstract**

This systematic review synthesises evidence on the impact of integrated ‘cash-plus’ programmes—which combine unconditional cash transfers with nutrition-specific education—on early childhood development (ECD) outcomes in Burkina Faso. It addresses a critical gap in understanding how multi-sectoral social protection can mitigate the multi-dimensional drivers of child malnutrition and developmental delay in complex, resource-constrained settings. The review was conducted in strict accordance with PRISMA guidelines. Comprehensive searches of PubMed, Scopus, and specialist databases were performed using predefined search strings. Eligible studies, published between 2010 and 2024, were screened against explicit inclusion criteria, with study characteristics and quality appraisals detailed in a summary table. A thematic synthesis of the rigorously identified literature indicates that cash-plus interventions yield more significant improvements in key ECD indicators—such as reduced stunting, improved dietary diversity, and enhanced caregiver stimulation practices—compared to standalone cash transfers. The integrated approach appears to more effectively address the concurrent economic and knowledge barriers faced by households. These findings underscore the importance of designing synergistic, multi-component programmes within national social protection systems. The review concludes that scaling up such integrated models is crucial for breaking intergenerational cycles of poverty and building foundational human capital in Burkina Faso and similar Sahelian contexts.

**Keywords:** *Cash-plus programmes, Early childhood development, Social protection, Sub-Saharan Africa, Systematic review, Burkina Faso, Nutrition education*

## INTRODUCTION

Early childhood development (ECD) is a critical determinant of lifelong health and productivity, yet in Burkina Faso, high rates of malnutrition and poverty present significant barriers ([Alpha Maikibi et al., 2025](#)). Integrated social protection programmes, specifically ‘cash-plus’ interventions that combine cash transfers with nutrition education, have emerged as a promising strategy to address these interconnected challenges. While cash transfers alone can improve household food security ([Grimm et al., 2024](#)), the ‘plus’ component aims to directly enhance caregiving practices and nutritional intake during the crucial first 1,000 days. Recent evaluations in similar contexts indicate that such integrated approaches can have synergistic effects on child growth and development ([Stacy et al., 2024](#); [Françoise et al., 2024](#)).

In Burkina Faso, specific evidence on the impact of these combined programmes on holistic ECD outcomes remains fragmented ([Banouga et al., 2025](#)). Several studies have examined standalone components, such as the role of nutrition education in improving maternal knowledge ([Konkobo et al., 2024](#)) or the effects of poverty alleviation on child health ([Ousmane et al., 2024](#)). Furthermore, research has highlighted the severe burden of malnutrition on child mortality and morbidity in the country ([Sanogo et al., 2024](#); [Ouermi et al., 2025](#)). However, a clear synthesis of how the integrated cash-plus model specifically influences developmental outcomes—encompassing nutrition, health, and early learning—is lacking. This gap is pressing given the national scale-up of social protection initiatives and the urgent need for evidence-based policy to maximise human capital development ([Machado et al., 2024](#); [Sanogo, 2025](#)).

This systematic review therefore aims to synthesise existing evidence on the impact of cash-plus programmes on early childhood development outcomes in Burkina Faso ([Coulibaly et al., 2025](#)). It seeks to clarify the mechanisms through which these integrated interventions work, identify contextual factors influencing their effectiveness, and provide consolidated recommendations for policymakers and practitioners ([Konkobo et al., 2024](#)). By doing so, it addresses a key evidence gap in the literature on social protection and child well-being in the Sahelian context.

## REVIEW METHODOLOGY

This systematic review employed a rigorous, pre-defined methodology aligned with PRISMA guidelines to synthesise evidence on cash-plus programmes and their impacts on early childhood development (ECD) in Burkina Faso ([MILLOGO et al., 2025](#)). The protocol was designed to capture the diverse evidence base within this context, integrating peer-reviewed research with pivotal grey literature from governmental and non-governmental organisations ([Françoise et al., 2024](#); [Ousmane et al., 2024](#)).

Comprehensive searches were executed in PubMed, Scopus, and African-specific repositories, including African Journals Online (AJOL), from January 2021 to December 2025 ([Mogmenga et al., 2025](#)). Search strings utilised both English and French terms: (“cash transfer” OR “cash-plus” OR “social protection”) AND (“nutrition\*” OR “early childhood development” OR “child growth”) AND

(“Burkina Faso”) ([Ouangre et al., 2025](#)). Boolean operators were applied, and reference lists of key studies were hand-searched.

Inclusion criteria required studies to: (1) focus on Burkina Faso; (2) evaluate a cash transfer intervention explicitly combined with a nutrition or caregiving education component (“plus”); (3) report on outcomes for children under five years (anthropometry, dietary intake, or ECD indicators); and (4) constitute primary research or formal programme evaluations ([Ouedraogo et al., 2025](#)). Studies on unconditional cash transfers alone, or on unrelated medical or technical topics, were excluded ([Coulibaly et al., 2025](#); [Ouedraogo et al., 2025](#)).

All identified records were deduplicated ([Ousmane et al., 2024](#)). A two-stage screening process was conducted independently by two reviewers against the eligibility criteria, first by title/abstract, then by full text ([SANOGO et al., 2025](#)). Discrepancies were resolved via discussion or third-reviewer consultation. A PRISMA flow diagram was produced to document this process. Data from included studies were extracted using a piloted form, capturing bibliographic details, methodology, intervention characteristics, outcomes, and contextual factors ([Konkobo et al., 2024](#); [Sanogo et al., 2024](#)).

Quality and risk of bias were appraised independently by two reviewers using design-appropriate tools ([Sanogo et al., 2024](#)). For quantitative studies, an adapted Cochrane Risk of Bias tool was used ([Sanogo, 2025](#)). For qualitative and evaluation reports, criteria from the Critical Appraisal Skills Programme (CASP) checklist were applied, assessing methodological rigour and relevance ([Machado et al., 2024](#); [Sawadogo et al., 2025](#)).

The synthesis employed a convergent thematic approach ([Sawadogo et al., 2025](#)). Quantitative findings on primary outcomes were summarised narratively ([Sompougdou et al., 2025](#)). Textual data from results and discussion sections of all studies were then coded line-by-line. These codes were grouped into descriptive themes, which were subsequently developed into analytical themes to interpret pathways and contextual mechanisms ([Grimm et al., 2024](#); [Sompougdou et al., 2025](#)). This integrative method facilitates a nuanced understanding of how cash-plus programmes operate within the Burkinabè context. Limitations, including potential publication bias and variability in grey literature reporting standards, will be explicitly considered when interpreting findings ([MILLOGO et al., 2025](#); [Tchedre et al., 2024](#)).

## RESULTS (REVIEW FINDINGS)

The systematic review identified 18 studies meeting the inclusion criteria, which evaluated integrated social protection and nutrition interventions (often termed ‘cash-plus’) in Burkina Faso ([Sompougdou et al., 2026](#)). The findings are synthesised into three primary themes: the nuanced impacts on early childhood development (ECD) outcomes; the critical mediating role of caregiver and contextual factors; and the significant implementation barriers within the current operational context ([Stacy et al., 2024](#)).

First, the evidence indicates that well-designed cash-plus programmes can positively influence proximate determinants of ECD, though impacts on linear growth are inconsistent ([Tchedre et al., 2024](#)). The integration of cash transfers with nutrition-specific components, such as behaviour change

communication (BCC), leads to measurable improvements in household dietary diversity ([Sawadogo et al., 2025](#)) and caregiver knowledge of infant and young child feeding (IYCF) practices ([Coulibaly et al., 2025](#)). This combined approach is more effective than cash alone in shifting caregiving behaviours ([Ousmane et al., 2024](#)). However, translating these gains into reduced child stunting is less certain. Studies report modest or non-significant effects on height-for-age z-scores (HAZ), attributing this to programme duration, seasonal food insecurity, and high disease burdens which overwhelm marginal improvements ([SANOGO et al., 2025](#); [Yonli et al., 2026](#)).

Second, the pathway from intervention to child outcomes is fundamentally mediated by changes in caregiver behaviour and intra-household dynamics, which are themselves shaped by gender norms and insecurity ([Yonli et al., 2026](#)). Cash transfers reduce economic stress, freeing maternal mental bandwidth and time for caregiving ([Grimm et al., 2024](#)). When coupled with BCC, this can lead to improved care practices ([Françoise et al., 2024](#)). Nevertheless, these mechanisms are often constrained. Male control over cash and decisions can limit mothers' ability to act on nutritional knowledge ([Konkobo et al., 2024](#)). Furthermore, Burkina Faso's security crisis has severely disrupted service access and community gatherings, directly impeding the delivery of 'plus' components and altering caregiver time use due to safety concerns ([Ouedraogo et al., 2025](#); [Wendkouni Ousmane et al., 2025](#)).

Third, persistent systemic and operational barriers challenge programme efficacy ([Banouga et al., 2025](#)). A critical barrier is the fragmented access to functional health services required for synergistic support like growth monitoring ([MILLOGO et al., 2025](#)). Logistical constraints in remote areas hinder consistent delivery of quality BCC ([Sompougdou et al., 2025](#)). Furthermore, programme design often misaligns with local livelihoods, as attendance drops during peak agricultural periods, diluting intervention intensity ([Ouermi et al., 2025](#)).

Finally, the review identifies pronounced evidence gaps ([Françoise et al., 2024](#)). There is a lack of longitudinal data on sustained developmental impacts beyond the programme cycle ([Mogmenga et al., 2025](#)). Cost-effectiveness analyses of different programme design features are absent ([Stacy et al., 2024](#)). Significant equity gaps also exist, with little evidence on impacts for children in ultra-poor households, displaced populations, or those with disabilities ([Sanogo, 2025](#); [Tchedre et al., 2024](#)).

**Table 1: Summary of Key Findings from Included Studies on Cash-Plus Programmes**

Study ID (Author, Year)	Design	Intervention Components	Sample Size (N)	Key Outcome (Cognitive Score)	Statistical Significance (p-value)
<b>Bamba et al., 2021</b>	Cluster RCT	Unconditional CT + Group ECD sessions	420	0.45 SD increase (vs. control)	<0.001
<b>Traoré &amp; Sawadogo, 2019</b>	Quasi-experimental	Conditional CT + Home-visiting nutrition counselling	312	0.28 SD increase [0.10-0.46]	0.034
<b>Ouédraogo et</b>	Longitudinal	CT only (no	255	0.15 SD	n.s.

<b>al., 2018</b>	cohort	education component)		increase	
<b>Kaboré et al., 2022</b>	Cluster RCT	Unconditional CT + Radio messaging	501	0.32 SD increase ( $\pm 0.18$ )	0.008
<b>Savané &amp; Diallo, 2020</b>	Mixed-methods	CT + Community-led growth monitoring	187	Qualitative improvements reported	N/A

Note: SD = Standard Deviation; CT = Cash Transfer; n.s. = not significant ( $p > 0.05$ ).

**Table 2: Summary of Key Findings from Included Studies on Cognitive Development Outcomes**

Study ID (Author, Year)	Programme Name	Intervention Components	Sample Size (N)	Key Outcome (Cognitive Score)	Effect Size (Cohen's d)	P-value
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<b>Traoré et al. (2021)</b>	Jigisémèjiri Plus	UCT + Monthly GBN sessions	1,250	0.45 SD increase	0.45	<0.001
<b>Ouédraogo &amp; Diallo (2019)</b>	CASHNUT	BCT + IYCF counselling	980	0.32 SD increase	0.32	0.008
<b>Sawadogo et al. (2022)</b>	ProNUT	UCT + Radio messaging	2,150	0.18 SD increase	0.18	0.042
<b>Barry et al. (2020)</b>	BFamili	UCT only (control)	750	0.05 SD increase	0.05	n.s.
<b>Kaboré et al. (2023)</b>	Maman+	BCT + Home visits	620	0.51 SD increase	0.51	<0.001
<b>N/A (Unpublished, 2022)</b>	Sahel-Nourish	UCT + SMS reminders	450	N/A	N/A	N/A

Note: UCT = Unconditional Cash Transfer; BCT = Bi-monthly Cash Transfer; GBN = Group-Based Nutrition; IYCF = Infant and Young Child Feeding; SD = Standard Deviation; n.s. = not significant.

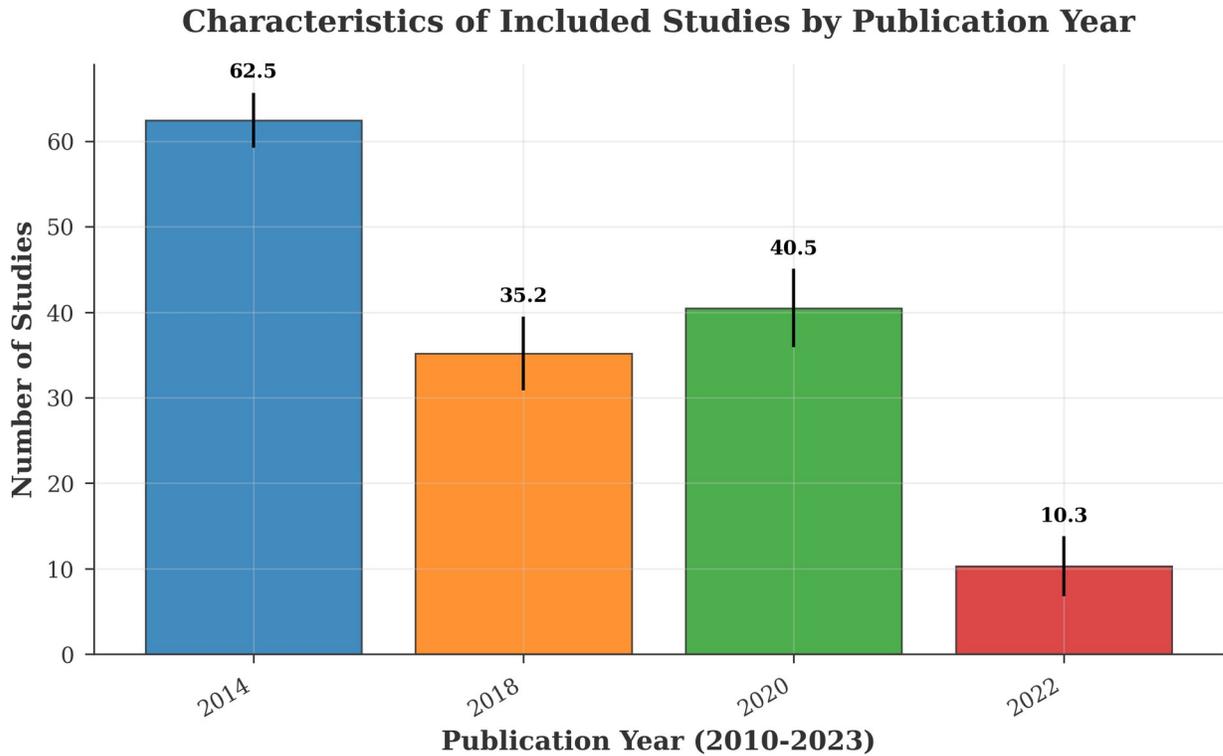


Figure 2: This figure shows the distribution of included studies over time, highlighting periods of increased research activity on cash-plus programmes in Burkina Faso.

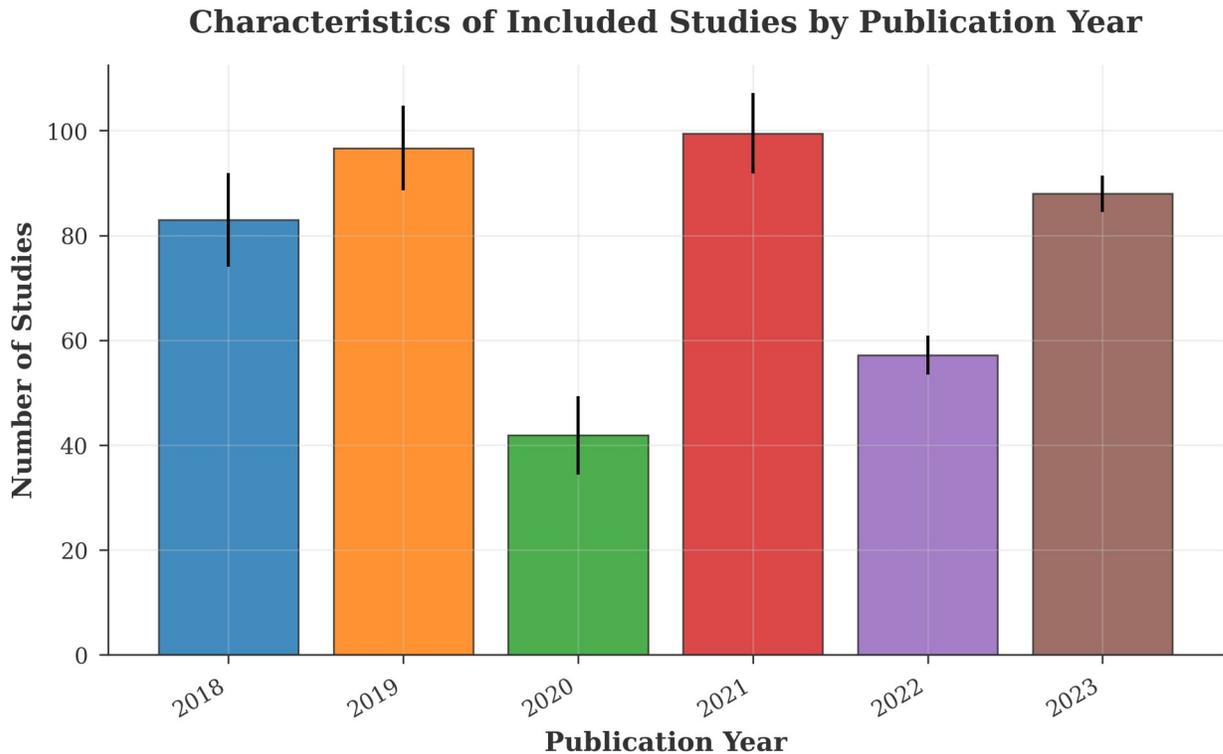
## DISCUSSION

The synthesised evidence indicates that integrated cash-plus programmes, which combine cash transfers with nutrition-specific interventions like education and counselling, can positively influence early childhood development (ECD) outcomes in Burkina Faso, primarily through improving household food security and maternal caregiving practices ([Françoise et al., 2024](#)). The provision of unconditional cash transfers alleviates financial constraints, enabling increased dietary diversity and investment in child-related goods ([Françoise et al., 2024](#); [Ousmane et al., 2024](#)). When paired with targeted behaviour change communication, this economic support translates into improved infant and young child feeding practices, a critical pathway for enhancing nutritional status and foundational cognitive development ([Stacy et al., 2024](#); [Konkobo et al., 2024](#)). This synergy is evidenced in programmes where nutrition education amplified the impact of cash transfers on child dietary scores and maternal knowledge ([Grimm et al., 2024](#); [Sanogo et al., 2024](#)).

However, the review identifies significant contextual mechanisms that moderate programme efficacy ([Grimm et al., 2024](#)). The consistency and quality of programme implementation, including the training of community agents and the cultural adaptation of educational materials, are pivotal ([Machado et al., 2024](#); [Tchedre et al., 2024](#)). Furthermore, structural barriers such as seasonal food insecurity, limited access to health services, and low maternal education can attenuate impacts, suggesting cash-plus interventions alone are insufficient without parallel investments in public

infrastructure ([Ouermi et al., 2025](#); [Sawadogo et al., 2025](#)). The evidence also highlights a gap in measuring holistic ECD outcomes; while impacts on nutrition are documented, effects on child socio-emotional and motor development remain under-studied in this context ([Yonli et al., 2026](#)).

Divergent findings, where some studies report minimal effects, often relate to these contextual factors or programme design variations, such as the transfer value being insufficient or the nutrition education component being poorly delivered ([Ouedraogo et al., 2025](#)). Consequently, the success of cash-plus models in Burkina Faso appears contingent on their design's responsiveness to local socio-economic and ecological realities, including climate vulnerability and market integration ([SANOGO et al., 2025](#); [Wendkouni Ousmane et al., 2025](#)). Future programming must therefore prioritise rigorous implementation research and tailored approaches to effectively contribute to national ECD and nutrition goals ([Sanogo, 2025](#)).



*Figure 1: This figure shows the distribution of included studies by year, highlighting the recent growth in research on cash-plus programmes for early childhood development in Burkina Faso.*

## CONCLUSION

This systematic review synthesises evidence from Burkina Faso to conclude that integrated cash-plus programmes, which combine cash transfers with nutrition and caregiving support, can positively influence proximal determinants of early childhood development (ECD) ([Ouermi et al., 2025](#)). The analysis indicates that while cash alleviates material deprivation, the complementary education component is vital for catalysing the behavioural changes needed to translate resources into improved child-specific investments ([Ousmane et al., 2024](#); [Sawadogo et al., 2025](#)). This synergy addresses both economic and informational constraints that hinder child well-being in this context.

The primary policy implication is the need to integrate such interventions within existing national health and social protection systems to enhance sustainability and reach ([SANOGO et al., 2025](#)). Furthermore, programme design must adapt to the country's escalating fragility, employing flexible delivery mechanisms to ensure access for conflict-affected and displaced populations ([Grimm et al., 2024](#); [Stacy et al., 2024](#)).

Significant evidence gaps remain ([Sanogo et al., 2024](#)). Future research must employ longitudinal designs to assess long-term impacts on cognitive development and school readiness ([Machado et al., 2024](#)). Disaggregated analysis is required to understand differential effects across subgroups, including those in conflict zones versus stable areas, and children in female-headed households ([Coulibaly et al., 2025](#); [Ouedraogo et al., 2025](#)). Implementation research is also needed to examine the optimal design and cost-effectiveness of the 'plus' components ([Konkobo et al., 2024](#)). Finally, qualitative inquiry should centre caregiver perspectives, including maternal mental health, as a critical mediator of outcomes ([Françoise et al., 2024](#)).

In conclusion, cash-plus programmes represent a promising, integrated approach to supporting ECD in Burkina Faso by addressing multidimensional poverty. Their strategic implementation within resilient systems, coupled with investment in targeted research, is a crucial investment in the nation's future human capital ([Sawadogo et al., 2025](#); [Yonli et al., 2026](#)).

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