

2025:1c

Sida Evaluation

Nordic Consulting Group A/S

Impact study of United Nations Joint Programme on Social Protection in Zambia

A case study as part of the Central Evaluation of Sida's work with Poverty



Authors: Carsten Schwensen, Louise Smed, John Rand.

The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

Sida Evaluation 2025:1c

Commissioned by Sida, the Evaluation Team.

Published by: Sida, 2025

Copyright: Sida and the authors

Date of final report: 2025-08-26

Art.no.: Sida62809en

urn:nbn:se:sida-62809en

This publication can be downloaded/ordered from www.Sida.se/publications

Table of contents

Table of contents	i
Abbreviations and acronyms	
Executive Summary	i
1 Introduction	1
2 The contribution at a glance.....	2
2.1 Funding and reach	6
2.2 Project context.....	8
2.3 Earlier studies on social protection and SCT in Zambia	10
3 Data and methods	11
3.1 Overall approach.....	11
3.2 Data availability	11
3.3 Data reliability and credibility	13
3.4 Data analysis.....	14
3.5 Limitations	16
4 ToC and Sida's Poverty Dimensions	18
4.1 Assessing the Theory of change	18
4.2 Links to Sida's poverty dimensions	18
5 Finding on impact.....	21
5.1 Impact for specific target groups	21
5.2 Impact on income, nutrition and food security	25
5.3 Systemic impact	36
5.4 Sustainability of the SCT	37
5.5 Sustainability in Effects	38
6 Concluding Remarks.....	40

Abbreviations and acronyms

7NDP	Seventh National Development Plan
CWAC	Community Welfare Assistance Committees
DFID	Department for International Development
DiD	Difference-in-Differences
EQ	Evaluation Question
ET	Evaluation Team
FCDO	Foreign, Commonwealth and Development Office
FCS	Food Consumption Score
FIES	Food Insecurity Experience Scale
GBV	Gender-Based Violence
GEWEL	Girls' Education and Women's Empowerment and Livelihood Project
GoZ	Government of Zambia
IDS	Institute of Development Studies
ILO	International Labour Organisation
LCMS	Living Conditions Monitoring Survey
MCDSS	Ministry of Community Development and Social Services
MDPA	Multidimensional Poverty Analysis
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women (MDD-W)
MLSS	Ministry of Labour and Social Security
MNDP	Ministry of National Development Planning
MOH	Ministry of Health
MPI	Multidimensional Poverty Index
OPHI	Oxford Poverty and Human Development Initiative
PMTs	Proxy Means Tests
PSM	Propensity Score Matching
RALS	Rural Agricultural Livelihood Survey
SCT	Social Cash Transfer
SEK	Swedish Kroner
Sida	The Swedish International Development Cooperation Agency
ToC	Theory of Change
UNDP	United Nations Development Fund
UNICEF	United Nations Children's Fund
UNJPSPS	United Nations Joint Programme on Social Protection
USD	United States Dollars
WFP	World Food Programme
ZDHS	Zambia Demographic and Health Survey
ZISPIS	Zambian Integrated Social Protection Information System
ZMW	Zambian Kwacha

Executive Summary

This report presents an impact assessment of Zambia's Social Cash Transfer (SCT) programme which is a core element of the contribution "United Nations Joint Programme on Social Protection in Zambia (UNJPSP) II". The assessment is part of the *Strategic Evaluation of Sida's Work with Poverty* and is primarily based on an analysis of secondary data from different sources. UNJPSP II aims to provide SCT to the most marginalised women and children in Zambia, including for people living with a disability, with the aim to combat multidimensional poverty.

Evidence - especially from a pilot of SCT combined with a nutrition intervention - shows that SCTs have contributed to improved food security and nutrition diversification for the poor beneficiaries, especially in rural areas. This has had a positive impact on children's health. There have been some positive effects on urban beneficiaries' business engagement but no impact on income and paid employment for rural beneficiaries. The supported households in rural areas have however initiated gardening to a higher extent than the control group.

Negative effects on prolonged breastfeeding and uptake of vitamin A have occurred due to misconceptions that real food is better also for very young children's nutrition and covers all vitamin needs, as well as the misconception that the vitamin supplements could jeopardize their participation in the SCT. Our analysis also revealed a significantly negative effect on asset accumulation. While SCT has been well targeted towards poor families in rural districts the targeting in urban areas has been less convincing.

So far, the programme has reached 33% of the Zambian population with an emphasis on marginalised women, children and people living with a disability. However, it has not been possible for the programme to counteract an overall increase of poverty in Zambia, including in extreme poverty. It is likely, however, that the increase in poverty in times of economic instability, droughts etc. would have been even larger in the counterfactual scenario with no social protection support and no SCT at all.

The SCT corresponds to a purchasing power of about USD 0.25 *per day per household* which is well below the required USD 3 *per day per person* to raise households out of poverty. The continued commitment of the Zambian Government to provide social protection throughout the intervention, even when the economy has performed poorly, is important for the impact of results over time. However, irregular and unpredictable payments have been a challenge.

1 Introduction

This report presents an impact assessment of Zambia's Social Cash Transfer (SCT) programme, which is a key element of the contribution "United Nations Joint Programme on Social Protection in Zambia (UNJPSP) II." The programme aims to reduce multidimensional poverty through social cash transfer (SCT) to the most vulnerable, as well as through strengthening the institutional framework for social protection through enhancing legislation, unifying SCT projects in Zambia under one framework and strengthening the reliability of the cash transfer system.

While strengthening the cash transfer system is a precondition for effective SCT, the main emphasis in this impact study is on the impact from SCT, combined with training on nutrition, with a particular focus on targeting the poor, pregnant, lactating mothers, people living with a disability and children below 5-years old. The evaluation is primarily based on an analysis of prior research on social cash transfer in Zambia, primary data from different sources, desk review, and supplementary key informant interviews in Lusaka.

The assessment is part of the *Strategic Evaluation of Sida's Work with Poverty*. It is important to note, that the assessment primarily serves a *learning purpose* rather than being an accountability exercise.

The report is organised in the following way: In Chapter 2, the contribution case is presented and contextualised. Chapter 3 includes an outline of the main data sources and methods applied in the impact study. In Chapter 4, a reconstructed Theory of Change (ToC) for the contribution case is being presented and discussed. This is followed by a presentation of key impact findings in Chapter 5. Finally, in Chapter 6 the conclusions are presented.

Box 1: Sida defines multidimensional poverty as deprivations within four dimensions - resources, opportunities and choice, power and voice and human security. Sida defines a person living in multidimensional poverty as being resource-poor and poor in one or several of the other dimensions.

Note that this definition is broader than the definition used in for instance Oxford Poverty and Human Development Initiative (OPHI)'s national multidimensional poverty index (MPI) and the World Bank definition of multidimensional poverty that uses the MPI in combination with monetary poverty.

Source: Sida (2019), Dimensions of Poverty, poverty toolbox.

2 The contribution at a glance

Table 1. Overview of the contribution

Contribution name	United Nations Joint Programme on Social Protection in Zambia (UNJPSP) II
Agreement partner	Joint UN: • United Nations Children’s Fund (UNICEF) (lead), • International Labour Organisation (ILO) • United Nations Development Fund (UNDP) • World Food Programme (WFP)
Implementing partners	Government of Zambia (GoZ): • Ministry of Community Development and Social Services (MCDSS) (lead) • Ministry of Labour and Social Security • Ministry of National Development Planning • Office of the Vice President • Ministry of Health • Disaster Management and Mitigation Unit • National Food and Nutrition Council • Zambia Agency for People with Disabilities
Donors	FCDO, Switzerland, Sweden, EU, KFW, and Ireland
Implementation period	Phase I: 2016 to 2019 + 1 year extension Phase II: 2019 (1/8) to 2024 (31/12) +2 years extension
Dates of approval	2019 (Phase II)
Sida strategy	Strategy for development cooperation with Zambia 2018-2022; Strategy area: Human rights, democracy, the rule of law and gender equality" with the objective “Increased social protection for people living in poverty”.
Sida poverty indicators	Resources; opportunities and choice
Geographic coverage	National scope
Sector/sub-sector	Social protection

The overall objective of the UNJPSP is to enhance social protection in Zambia and reduce multidimensional poverty through social cash transfers (SCT). SCT constitute 43% of the GoZ budget for social protection and is the main priority within social

protection in Zambia.¹ The programme is a poverty reducing intervention that targets the extreme poor, including people living with a disability, directly (see Figure 2 in Chapter 4).

The UNJPSP II is a continuation of UNJPSP I and builds on results and lessons learned from the first phase, which was the first joint UN programme on social protection in Zambia.² In the first phase funding for SCT was channelled directly to the GoZ as well as the lead agency UNICEF, who coordinated on behalf of the joint UN. During UNJPSP I, the programme tripled from 173,000 to 630,000 households receiving SCT and the programme contributed to the establishment of the Cash Working Group that continues to be the main coordination mechanism.

Box 2: Direct poverty reducing interventions target the poor end-beneficiaries directly and impact is expected to materialise in the short-term.

Indirect interventions work through longer results chains where impact cannot be expected to materialise in the short-term. Rather, indirect interventions aim at supporting the creation of preconditions for improvements for the poor.

The UNJPSP II includes all UN actors engaged in SCT in Zambia, and while interventions by large development partners like USAID and the World Bank fall outside the programme, the Working Group is established to ensure coordination across interventions.

A so-called *single window system* was promoted during UNJPSP I to enhance the coordination across development partners. However, the SCT process-evaluation from 2018 found that there were challenges with coordinating development partners and ensuring that beneficiaries for SCT and other social protection interventions were registered in a unified manner.³ The UNJPSP II, therefore emphasised a further streamlining of the single windows system by applying the World Bank established *Zambian Integrated Social Protection Information System (ZISPIS)* and thereby supporting a joint data collection across development partners.

This means that all the largest SCT programmes in Zambia are included within the single window approach. These programmes include the World Bank Multi-Donor Trust Fund Girls' Education and Women's Empowerment and Livelihood (GEWEL)

¹ UNICEF (2024), Zambia, Social Protection Budget Brief, 2024; UNICEF (2024), Zambia, Social Protection Budget Brief, 2023.

² Sida (2019), Joint UN Programme on Social Protection Phase II, Appraisal of Intervention, Oct. 2019.

³ Nicolas Freeman (2018), Report on the Process Evaluation of the Social Cash Transfer (SCT) Programme Joint Financing Agreement (JFA) between the Government of the Republic of Zambia and cooperating partners (UNICEF and the Governments of Sweden, the United Kingdom, Ireland and Finland).

Project, which also incorporates the Keeping Girls in School initiative; the UN Scaling up Nutrition (SUN) intervention; as well as government programmes - such as the Farmer Input Support Programme.⁴ However, it is likely that SCT interventions implemented by civil society organisations are not fully captured by the ZISPIS system, but it is not fully clear to us to which extent they also feed into the system.

So-called SCT+ interventions are, according to stakeholder interviews, gaining traction in Zambia.⁵ SCT+ interventions combine cash transfer with e.g. nutrition, education or similarly to further advance other development goals. While unconditional SCT has shown positive effects on income, food security and school attendance other research from Zambia and globally has revealed that SCT alone was insufficient to have significant impact on children's nutrition.⁶ An important component of the programme (refer Figure 2) was to enhance the framework for SCT+ interventions. In order to gain more knowledge on SCT+ programmes, a 1000-day pilot on SCT + nutrition was initiated and combined with a research component to understand effects of the pilot (refer Box 3).⁷

The UNJPSP II annual report notes that both the number of programmes and the number of districts implementing SCT+ interventions have increased, so that such interventions are implemented in 59 districts in total.⁸ One of the largest SCT+ interventions in Zambia is the World Bank's GEWEL (also funded by Sweden), which uses the general SCT programme to provide top-ups for

Box 3: The 1000-day pilot is implemented in Chipata, Kalabo, Mpika and Mwinilinga districts where 12,913 households with pregnant women, pregnant adolescent girls or children below the age of two years received a monthly top-up every second month on their regular SCT of ZMW 150 to allow them to purchase nutritious food.

Thus, supported households received ZMW 550 every second month (base SCT 400 + 150 to-up). At the same time Community Welfare Assistance Committees (CWACs) - groups of community volunteers who support the Department of Social Welfare to mobilise community members and raise awareness of social protection programmes - linked beneficiaries to health and nutrition services and advised beneficiaries on improving health and enhancing nutrition practices in the household.

⁴ GRZ-United Nations (2023), Second Joint Programme on Social Protection 2019-2022 "UNJPSP-II", Annual Report 2022, May 2023.

⁵ Zambia, Social Protection Budget Brief, 2024.

⁶ Manley J, Balarajan Y, Malm S, et al. (2020). Cash transfers and child nutritional outcomes: a systematic review and meta analysis. *BMJ Global Health*.

⁷ Ibid.

⁸ GRZ-United Nations (2023), Second Joint Programme on Social Protection 2019-2022 "UNJPSP-II", Annual Report 2022, May 2023.

enhancing women's livelihood activities, keeping girls in schools, prevention of gender based violence (GBV) etc. The ambition is to scale it to a nationwide intervention.⁹ By 2024, the programme had reached 65 districts with a budget of USD 338 millions. While this demonstrates a tendency to move more towards SCT+ interventions, we do not fully know to what extent this has already occurred. However, SCT+ interventions have exceeded outreach targets and stakeholders confirmed that SCT+ interventions are preferred by development partners moving forward.

UNICEF and Institute of Development Studies (IDS) conducted a research study that includes evidence generation to inform the SCT programme with both quantitative (a base- and endline survey) and qualitative data (a Midline Report). Both the data from the “Evidence Generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer Pilot” (referred as 1,000 Days SCT Pilot research in the following) and the analysis was made available to us. Since the trend is moving towards more SCT+ interventions it is likely that the pilot is representative for how a large portion of the SCTs are being implemented in Zambia today.

While this study focuses on SCT, the institutional framework for delivering SCT was enhanced during Phase I. This included:¹⁰

- The single window initiative mentioned above, which aims to have one joint SCT system across development partners,
- the development of the Strategic Plan for the Zambia Agency for Persons with Disability,
- the preparation of the Social Protection Bill (yet to be enacted),
- and technical support to establishing a Technical Working Group and a Cluster Advisory Group on poverty and vulnerabilities in the development of the seventh National Development Plan (7NDP).

The evaluation of Phase 1 however also revealed several shortcomings in the areas of payments, financial management, grievance systems, single windows, the Management Information System, and the M&E framework.¹¹

⁹ Girls' Education and Women's Empowerment and Livelihoods (GEWEL) Project and Scaling up Shock Responsive Social Protection (SSRSP) Project Multi-Donor Trust Fund (TF073377) Report, September 2023.

¹⁰ GRZ-United Nations (2019), Second Joint Programme on Social Protection 2019-2022 “UNJPSP-II” Programme Document.

¹¹ Nicolas Freeman (2018), Report on the Process Evaluation of the Social Cash Transfer (SCT) Programme Joint Financing Agreement (JFA) between the Government of the Republic of Zambia and cooperating partners (UNICEF and the Governments of Sweden, the United Kingdom, Ireland and Finland).

In 2018 corruption was discovered, suggesting that too much emphasis had been placed on rapid scaling, and too little on strengthening the SCT mechanisms.¹² This led to a restructuring of the programme in Phase II, so that funds were channelled exclusively to UNICEF rather than directly to GoZ. The focus shifted to strengthening capacities for social cash transfers rather than further scaling the programme.¹³

2.1 FUNDING AND REACH

The monthly value of SCT transfers is currently ZMW 200 for households without persons with severe disabilities and ZMW 400 for households with persons with severe disabilities. The transfers are provided every two months, so beneficiary households receive either ZMW 400 or ZMW 800 every two months.¹⁴

To put these figures into perspective, 400 ZMW every second months correspond to the purchasing power of about USD 0.25 per day for a household. This could be compared to the World Bank global “dollar per day poverty line,” which was recently revised to USD 3 dollar *per day per person*. The monthly transfer was increased in 2022 (up from respectively ZMW 150 and ZMW 300 for households with persons with a severe disability). Inflation over the years, was one reason for increasing the fixed amount. However, the amount continues to be discussed as it is considered insufficient to cover basic household expenditures.¹⁵ This is not least the case for urban beneficiaries.¹⁶

Table 2 provides an overview of GoZ’s annual budget for social protection since 2019 reflecting a continued increase in budget and targeted beneficiaries. Stakeholder consultations indicated that the GoZ funded between 50% and 70% of the programme between 2019 and 2024.¹⁷

¹² *ibid*; Sida (2019), Joint UN Programme on Social Protection Phase II, Appraisal of Intervention, Oct. 2019.

¹³ Sida (2020), Capacity Building Social Protection 2019-2022, Appraisal of Contribution Amendment, Nov. 2020.

¹⁴ Ministry of Community Development and Social Service, Republic of Zambia (ND), “Social Cash Transfer Factsheet”, <https://www.unicef.org/zambia/media/2571/file/Zambia-SCT-factsheet-2022.pdf>

¹⁵ Girls’ Education and Women’s Empowerment and Livelihoods (GEWEL) Project and Scaling up Shock Responsive Social Protection (SSRSP) Project Multi-Donor Trust Fund (TF073377) Report, September 2023; IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

¹⁶ UNICEF (2025), Qualitative Study of the Social Cash Transfer Programme in Urban Zambia.

¹⁷ This was also reflected in the Freeland, Nicholas (2018), Report on the Process Evaluation of the Social Cash Transfer (SCT) Programme Joint Financing Agreement (JFA) between the Government of the Republic of Zambia and cooperating partners (UNICEF and the Governments of Sweden, the United Kingdom, Ireland and Finland)

In 2022, more than 1 million households benefitted from the SCT.¹⁸ This had increased to more than 1.3 million people by 2023 with intentions of reaching 1.4 millions in 2024.¹⁹ This constitutes around one-third of the entire population which is estimated to 3,861,557 households with an average of 5.1 persons in a household.²⁰ Thus, the programme is now national with beneficiaries in 116 districts and with an outreach of around 33% of the entire Zambian population.

Table 2. GoZ budget allocation to social protection from 2019-2024

Year	Budget allocations ZMW	Budget allocations USD	% of GDP	# of households
2019	2.2 billion	164 million	0.7%	0.7 million
2020	2.6 billion	146 million	1.3%	0.7 million
2021	4.8 billion	211 million	1.3%	0.9 million
2022	6.3 billion	367 million	1.3%	1.0 million
2023	8.1 billion	472 million	1.5%	1.3 million
2024	9.7 billion	565 million	1.5%	1.4 million

Source: UNICEF's budget briefs on social protection from 2019 to 2024

Table 3 provides an overview of the donor budget to the overall UNJPSP-II. It also illustrates how the European Union (EU) and Kreditanstalt für Wiederaufbau (KfW) Development Bank channelled emergency funding through the SCT system during COVID-19. The Foreign, Commonwealth and Development Office (FCDO) is the largest donor while Sida is the second largest funder of the general programme, contributing with 23% of the donor funding. Sida has contributed USD 7.5 per household over a five-year period corresponding to USD 1.5 per person.

Table 3. Overview of donor's budget for UNJPSP-II covering 2019-2024

Agency	Country	Million USD
Overall UNJPSP-II funding		
FCDO	UK	13 031 513
Sida	Sweden	9 801 109
Irish Aid	Ireland	588 235
SDC	Switzerland	1 100 000
Parallel funding for COVID-19 Emergency Cash Transfer		
EU		9 361 600
KfW	Germany	10 151 742
Total		44 034 201

Source: UNJPSP-II, Annual Report 2022, May 2023. The table only reflects donor's contribution and not the total funding.

¹⁸ GRZ-United Nations (2023), Second Joint Programme on Social Protection 2019-2022 "UNJPSP-II", Annual Report 2022, May 2023.

¹⁹ UNICEF (2024), Zambia, Social Protection Budget Brief, 2024

²⁰ Living Conditions Monitoring Survey (LCMS) 2022.

2.2 PROJECT CONTEXT

Consumption poverty in Zambia, defined as the share of the population living on less than USD 1.90 per day, has risen over the past decade, increasing from 54% in 2015 to 58% in 2020 and 60% in 2022 (see Table 4). Both poverty and extreme poverty in Zambia have increased from 2015 to 2022. The depth of poverty, as measured by the poverty gap ratio, has however seen slight improvements in the same period and stunting of children has decreased between 2013 and 2024.

Still, these positive effects have been insufficient to counteract negative trends in both overall and extreme poverty at national level in Zambia during the period. In particular drought and COVID-19 have had a severe effect on poverty levels in Zambia during the period, and in 2022 the share living in extreme poverty had risen to 48% of the Zambian population.

Table 4. Key SCT programme indicators

Key Poverty Indicators	Data/evidence source	Before Phase 1	Change***
% of population living in extreme poverty*	LCMS	2015: 40.8%	2022: 48%
% of population living in poverty	LCMS	2015: 54.4%	2022: 60%
% of children under five years stunted**	ZDHS	2013: 40%	2018: 35% 2024: 32%
Poverty gap ration	LCMS	2015: 29.5%	2022: 26.8%

* Number of people living under the food security line; denominator: total population.

**Height for age

***Red denotes deterioration over time. Green improvements.

The share of the population identified as multidimensionally poor (based on the Multidimensional Poverty Index) was 48% in 2018, and the share in severe multidimensional poverty was 21%. See the box above for an explanation of the differences between Sida's poverty definition and the Multidimensional Poverty Index.²¹

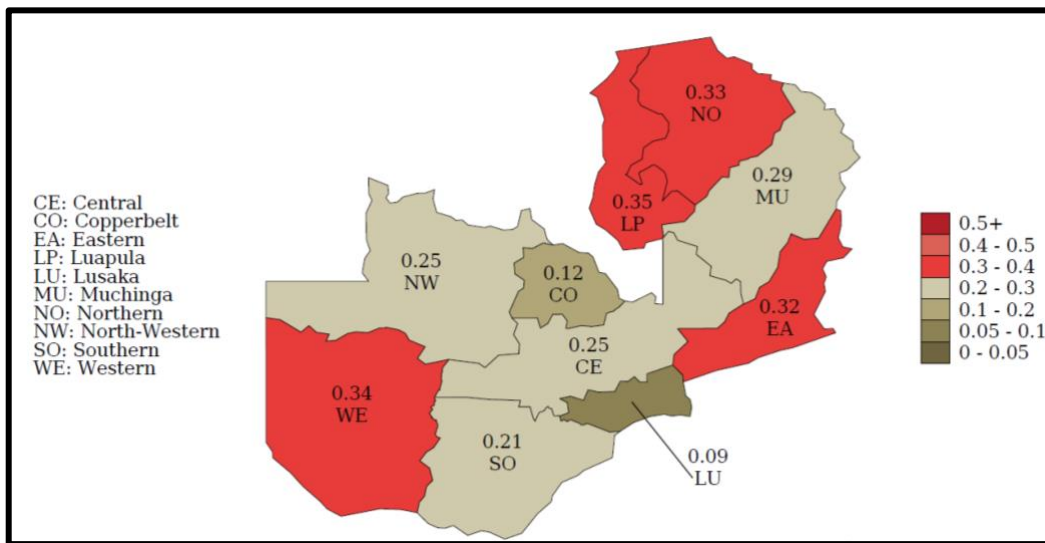
Figure 1 reflects the poverty index per province based on Zambia Demographic and Health Survey (ZDHS) data from 2018. Luapula is the province with the highest poverty rates, and this was still the case in 2021 when Sida reassessed the poverty dimensions in Zambia as part of their Mid-Term Review of the country strategy.²² Also, Eastern, Northern and Western Provinces are listed as the provinces with the highest poverty incidences.²³

²¹ Global MPI Country Briefing 2020: Zambia, OPHI, July 2020.

²² Embassy of Sweden, Lusaka (2018), Poverty analysis Zambia 2018; Embassy of Sweden, Lusaka (2020) Mid-Term Review of Swedish Development Cooperation with Zambia 2018-2022.

²³ Embassy of Sweden, Lusaka (2020), Mid-Term Review of Swedish Development Cooperation with Zambia 2018-2022.

Figure 1. Multidimensional poverty index per province based on the 2018 DHS



Source: *Global MPI Country Briefing 2020: Zambia*, OPHI, July 2020. Data based on the 2018 ZDHS. The multidimensional poverty index is calculated as the prevalence (H) times the intensity (A), see the source for further details.

Zambia suffers from extremely high inequalities with a severe divide between rural and urban areas. 60% of the population lives in rural areas while 40% lives in urban areas. In rural areas, 79% of the population is poor in terms of consumption whereas this applies to 32% in urban areas. It is however noted that income poverty is increasing faster in urban areas. Table 5 reflects the rural urban divide.

Table 5. Poverty in Zambia disaggregated by rural/urban divide

	Severe MPI poverty	MPI poverty	Consumption poverty (2015)	Consumption poverty (2022)
Urban (40% of the population)	6	21	23	32
Rural (60% of the population)	31	66	77	79
National	21	48	54	60

MPI = Multidimensional Poverty Index (health, education, resources). Sources for Consumption poverty: *Living Conditions Monitoring Survey (LCMS) 2022*, figure 12.1. Sources for rest: 2024 global MPI OPHI.

Children constitute approximately half of the Zambian population and the likelihood of children being deprived in the nutrition dimension is particularly high. Stunting rates are high but improving. While the ZDHS data revealed that 40% of children under five years were stunted in 2013 this figure had decreased to 32% in 2024. Stunting is a challenge since deprivation of proper nutrition and poor health in the childhood continues to have an impact also in adulthood. The genetic-environmental interactions begin in the first 1,000 days of life (from conception through 24 months) and continues throughout early childhood and the primary school age years, and this is why the programme targets pregnant women and mothers of children up to the age of two.

2.3 EARLIER STUDIES ON SOCIAL PROTECTION AND SCT IN ZAMBIA

SCT was initiated in Zambia in 2003 as a pilot in Kalomo District and has since then been expanded, first to reach 53 districts in 2014, and since 2021 the programme has covered all 116 districts in Zambia.²⁴ Several impact studies have been conducted in Zambia on social protection indicating positive effects of SCT. This is especially the case for SCT in rural areas while limited evidence is established for urban areas.²⁵ In 2016, an impact study based on 2,421 households found clear impact on food security, improved housing conditions, increased livestock, and investment in productive activities for beneficiaries of the Zambia's Child Grant Programme.²⁶

Other research on the Child Grant Programme and the Multiple Category Targeted Programme came to similar conclusions with effects on food security and consumption and productive outcomes on non-farm activities and agricultural production.²⁷ Mixed results from SCT were however found on women's empowerment. While women in beneficiary households of the Child Grant Programme were making more sole and joint decisions, changes in intrahousehold relationships were limited by entrenched gender norms, which indicate men as heads of household and primary decision-makers. However, women's narratives showed the SCT did increase overall household well-being because they felt increased financial empowerment and were able to retain control over transfers for household investment and savings for emergencies.²⁸

²⁴ Ministry of community development and social services, Government of Zambia, "Social cash transfers"; https://www.mcdss.gov.zm/?page_id=2086, accessed in September 2025.

²⁵ UNICEF (2025), Qualitative Study of the Social Cash Transfer Programme in Urban Zambia.

²⁶ American Institutes for Research (2016), Zambia's Child Grant Programme: 48-Month Impact Report, January 2016.

²⁷ Handa, Sudhanshu; Natali, Luisa; Seidenfeld, David; Tembo, Gelson and Davis, Benjamin (2018), Can unconditional cash transfers raise long-term living standards? Evidence from Zambia; *Journal of Development Economics* 133.

²⁸ Bonilla, J., Castro Zarzur, R., Handa, S., Nowlin, C., Peterman, A., Ring, H. and Seidenfeld, D. (2016). Cash for Women's Empowerment? A Mixed-Methods Evaluation of the Government of Zambia's Child Grant Programme, Innocenti Working Paper No.2016-01, UNICEF Office of Research, Florence.

3 Data and methods

3.1 OVERALL APPROACH

The aim of the case studies in the *Strategic Evaluation of Sida's Work with Poverty* has been to assess the impact of Sida's contributions on poverty, in line with the overall objective of Swedish development cooperation, namely, *to create preconditions for better living conditions for people living in poverty and under oppression*. For this case, the aim is thus to assess the degree to which the UNJPSP II and more specifically how SCT has contributed to reduce multidimensional poverty in Zambia.

This case study primarily draws on primary data from a number of sources made available to the evaluation team. We analysed these raw data and compared it with other publicly available data and research studies. All these data sources are described in the next section. The quantitative data is supplemented by interviews conducted with the Swedish Embassy and UNICEF in Zambia during the field visit to Zambia conducted in February 2024.

The following sections elaborate on data availability, reliability and credibility, the methods of an analysis and the limitations of the case study and its findings.

3.2 DATA AVAILABILITY

We used the following quantitative data sources:

The 1,000 Days SCT Pilot survey by the UNICEF and Institute of Development Studies. The survey provided evidence on the SCT+ nutrition intervention that was implemented in four districts: Chipata, Kalabo, Mpika, and Mwinilunga. The bulk of our impact assessment is based on this data.

It provides quantitative baseline data (from 2022) and endline data from (2023) for a total of 1,345 households, out of which 944 households received the SCT and nutrition advice (treatment/supported households) and the remaining households did not; this constitutes the control group.

A clustered sampling approach was used for the survey: Within the four districts 37 Community Welfare Assistance Committees (CWACs) were first randomly selected. Then between 15 and 30 participants were sampled in each CWAC, depending on the CWAC's size. The data spans a wide range of indicators, many of which are specifically designed to capture outcomes relevant to women and caregivers of children and their nutrition. Since October 2022, the pilot has been providing cash transfers plus

other nutrition and health services to up to 12,500 households across 4 pilot districts. As mentioned above a total of ZMW 550 was provided to the households every second month.

The baseline survey was conducted when the pilot was initiated, between October and December 2022. The midline study, based on qualitative interviews²⁹ in all four districts, took place between April to May 2023. The endline survey was conducted in third quarter of 2023. Thus, the base- and endline surveys have been implemented with one year apart.

Data from the Rural Agricultural Livelihoods Survey (RALS) was used to conduct additional impact assessments for Phase I (2016-2019), focusing on food security. Data is available for the years 2012, 2015 and 2019. However, since the RALS does not track the same households over time, the standard panel approach was not possible. To address this limitation, we applied two alternative methods.

In the first approach we created a panel data by matching households over time by using a set of identical non-time varying observable characteristics. The assumption is that if these characteristics are similar over time, the households are comparable. This, however, is a rather strong assumption. The non-time varying observable characteristics were based on answers to the following questions: (i) household in the same location as in last survey round (indicating that they have previously been interviewed), (ii) gender of HH head, (iii) year of birth of HH head, (iv) is the village chief related to the HH head or spouse of the HH head, (v) tribe of the HH head, (vi) is the HH head considered local or non-local, (vii) year HH head settled in this village, (viii) district where the HH head resided prior to coming to this village. For this analysis we have thousands of observations available over time (actual sample size depends on the outcome indicator in focus – 13,761 observations for food security for example in Table 14).

In the second approach, used as a robustness check, we followed a pseudo-panel approach taking averages of household responses within districts and compare developments in these district level averages over time between supported and control locations. For this analysis we only have 214 observations available over time.

The ZISPIS data from the World Bank. ZISPIS is a web-based Management Information System platform that collects unified data across SCT interventions in Zambia. It includes data on SCT recipients in Zambia including information on their level of vulnerability e.g. if a household includes a person living with a disability. While the full database has not been provided to the evaluation team, an extract from

²⁹ 60 key informant interviews, 12 focus group discussions and 40 in-depth-interviews.

2022 has been made available and can thus inform impact from Phase II of the programme.

The ZISPIS data includes household-specific scores from proxy means tests (PMTs), which serve as the eligibility criteria for receiving support. A proxy means score is a statistical estimate that approximates a household's economic condition or wealth level. Households with a PMT score below zero are deemed eligible for the programme, with scores closer to zero indicating households that are relatively better off among the eligible group.

The ZISPIS data provides important information on target groups and allows for comparison with the LCMS from 2015 to assess whether the programme targeting was effectively focused on poverty. While a new round of LCMS data was collected in 2022, the data has not been accessible despite several attempts to retrieve it. However, a report has been published which allows for an overall assessment of poverty and absolute poverty at the national level.

2010 CENSUS data on people living with a disability has been compared with the ZISPIS data on proportion of households supported with SCT that includes a person living with a disability (refer Figure 4).

Data from the 2018 Zambia Demographic and Health Survey (ZDHS) has been used at an overall level e.g. on stunting rates. Data from 2018 was made available but since the correspondence codes were not available it could not be used for comparison with e.g. the ZISPIS data. The 2024 data has not been made available to us, but a report on main findings were published in November 2024.

3.3 DATA RELIABILITY AND CREDIBILITY

The 1,000 Days SCT Pilot survey provided the backbone for most of our findings. Table 6 provides an assessment of this data. It is noted that raw data from both the base- and the endline survey was made available to us, and by the time we did our analysis, UNICEF/IDS had not finalised their analysis of the data. The endline research was however recently published and nuances e.g. rural/urban divides/district differences. This were subsequently integrated into our own analysis. Table 17 provides an overview of findings from our own analysis and findings from UNICEF/IDS analysis.

Table 6. 1,000 Days SCT Pilot research: Baseline, Midline and Endline Reports

Criteria	
Usability	Highly usable with strong focus on higher outcome level
Credibility	External
Results level	Higher outcome level
Data quality	High quality
Quantitative/ qualitative evidence	The research uses combination of implementation research and a quasi-experimental (difference-in-difference) mixed methods design to assess both effectiveness and implementation outcomes of the 1,000 days in SCT pilot. Baseline and endline data for a total of 1,345 households, out of which 944 households received the intervention (treatment/supported group) and 401 respondents as control group. The Midline Report builds on the baseline study and explores qualitatively experiences with SCT in 60 key informant interviews, 12 focus group discussions and 40 in-depth-interviews. Baseline and endline data have been made available to us. While a Baseline analysis/report was available the endline data had not been analysed yet and the report is still under development. We shared the data analysis with the research team to allow them to comment and to mitigate duplication of work. The research team did however not have any comments.
Reliability	Highly reliable
Conclusion	Highly reliable and usable with good data quality

High confidence	Sufficient confidence	Limited confidence	Insufficient evidence
Based on usability, addresses impact level, identified bias mitigated, good data quality	Confidence reduced by shortcomings to usability, indications of bias not mitigated, less convincing data quality	Low confidence due to lack of usability, clear bias not mitigated, poor data quality	Insufficient evidence to support a contribution judgement

The other sources outlined earlier were also deemed to be of at least sufficient quality. The ZISPIS data, however, was rather raw and unclear when we received it but we have cleaned it and made it applicable to the assessment.

Besides this, research data and annual reports have been made available to the team. Hence, data reliability and credibility is solid and spans several sources.

3.4 DATA ANALYSIS

To assess the impact of the programme we employ a matched Difference-in-Differences (DiD) approach, which combines Propensity Score Matching (PSM) with the DiD method. For the RALS data we also had to rely on Pseudo Panel Methods. Each of these methods will be explained below.

The basic idea with DiD is to compare supported and non-supported households.³⁰ However, instead of comparing *the level of outcomes*, we compare *the change in outcomes* since before the support. The DiD helps mitigate several potential biases. Most notably, if supported households start off worse than control households - which is expected if poorer households were targeted - they may still appear worse off after the intervention. Simply comparing *outcome levels* after support could misleadingly suggest that the intervention had a negative effect. However, by comparing *changes over time*, we may see that supported households improved more rapidly than control households, even if the improvement was not enough for them to catch up to or surpass the control group.

If supported and control households had been randomly assigned instead, we would have expected that both groups were more or less the same before the support.

Unfortunately, the data used in this study do not allow for validation of some critical assumptions underlying the DiD estimator. One crucial assumption is that, without the support, both groups would have followed similar paths over time - this is known as the “parallel trends” assumption. This assumption can be tested, typically by analysing the trends further back. However, this was not possible to do with the data available.

Moreover, as already described, we relied on Pseudo Panel Methods³¹ when we applied the DiD methodology to the RALS data, since we were not able to completely identify and follow the same households over time. Hence, we used the averages of household responses at the district level and compared the changes in these district averages over time.

We also used PSM to construct a control group with similar characteristics as the supported group. To do this we estimated a statistical model to determine the factors that influence the probability of participating in the programme, using a set of observable characteristics (explanatory variables) unaffected by programme interventions. We then use these coefficients to generate an estimated probability for each household to participate in the programme. This probability is called the propensity score. Finally, we matched programme participants with non-participants that possessed similar propensity scores. In that way a control group was formed by including the best matches to each participant from the supported group. The PSM approach is particularly pertinent when addressing selection bias, although it comes

³⁰ Greene, W.H. and Liu, M. (2020). “Review of Difference-in-difference Analysis in Social Sciences: Application in Policy Test Research”. Handbook of Financial Econometrics, Mathematics, Statistics, and Machine Learning, 4255-4280. https://www.worldscientific.com/doi/abs/10.1142/9789811202391_0124

³¹ Verbeek, Marno (2008), Pseudo-panels and repeated cross-sections. In Mátyás L & Sevestre P. (Ed.), *The Econometrics of Panel Data, Advanced Studies in Theoretical and Applied Econometrics*, vol. 46, Berlin Heidelberg: Springer.

with the challenge of a relatively substantial data requirement.³² While PSM attempt to control for selection bias based on observables, the DiD method control for selection bias along unobservable dimensions.

All data analyses have been conducted using pre-existing impact evaluation tools in Stata. All Stata do-files are available upon request for replication purposes. Table 7 summarizes how we used the different data sources.

Table 7. Summary of data applied in the study			
Data source	Years	Coverage	Use
1,000 Days SCT Pilot survey	2022 & 2023	Jobs, gardening, assets, food security, nutrition	Matched DiD (2022-23)
RALS	2012; 2015; 2019	Food security	Matched DiD using Psuedo-Panel (2012-19)
ZISPIS	2022	Poverty	Descriptive statistics
LCMS	2015 (2022)*	Poverty	Descriptive statistics
Census	2010	People living with a disability	To assess targeting
ZDHS	2018 (2024)*	General level, stunting	Descriptive data - to verify averages in LCMS

** ZDHS and LCMS reports from respectively 2024 and 2023 have been published but we only had access to raw data from respectively 2018 and 2015.*

3.5 LIMITATIONS

The data foundation is quite substantial, and the national coverage allows for comparison with national surveys. It has, however, been a limitation that no overview of intensification per district over time has been available. This means that there is no overview of which districts have been supported for how long and how many in each district. The ZISPIS data provides a snapshot of the coverage from 2022 which is very useful, but it does not reflect how long beneficiaries have been enrolled. Even if the ZISPIS data do capture payments over time this information was unfortunately not made available to the evaluation team.

In order to allow for a comparison between ZISPIS and the RALS data, we used a list of districts from the World Bank SCT programme, the *GEWEL*. The first phase of the programme was implemented from 2015 to 2020, thus covering more or less the same period as the RALS data which is collected in 2015 and 2019 respectively. In 2023 the programme had reached 80,474 households in the targeted 65 districts indicating an

³² Caliendo, Marco and Kopeinig, Sabine (2008), Some Practical Guidance for the Implementation of Propensity Score Matching, Journal of Economic Surveys, Vol. 22, February 2008.

outreach on average of 1238 girls per district.³³ However, it is a limitation that the evaluation team does not have information of the exact supported population in each of these districts.

The fact that we were unable to test some crucial assumptions, as discussed above for DiD, also constitutes a limitation.

Another limitation, already mentioned, is that the RALS data does not follow the same households over time, making it necessary to rely on pseudo panel methods. Therefore, the RALS has only been used to a limited extent, but it is still considered useful for triangulation of findings from the ZISPIS data.

The data set from ZDHS 2018 has not allowed for a breakdown per ward as expected. For this reason, it has been difficult to compare with for instance the ZISPIS data and therefore it has only been used at an overall level. A ward is the lowest administrative level in Zambia and there are 1828 wards in Zambia.

³³ Sida's work in Zambia in 2024 as reflected on the Sida webpage as per 20th March 2025: <https://www.sida.se/en/sidas-international-work/countries-and-regions/zambia>

4 ToC and Sida's Poverty Dimensions

4.1 ASSESSING THE THEORY OF CHANGE

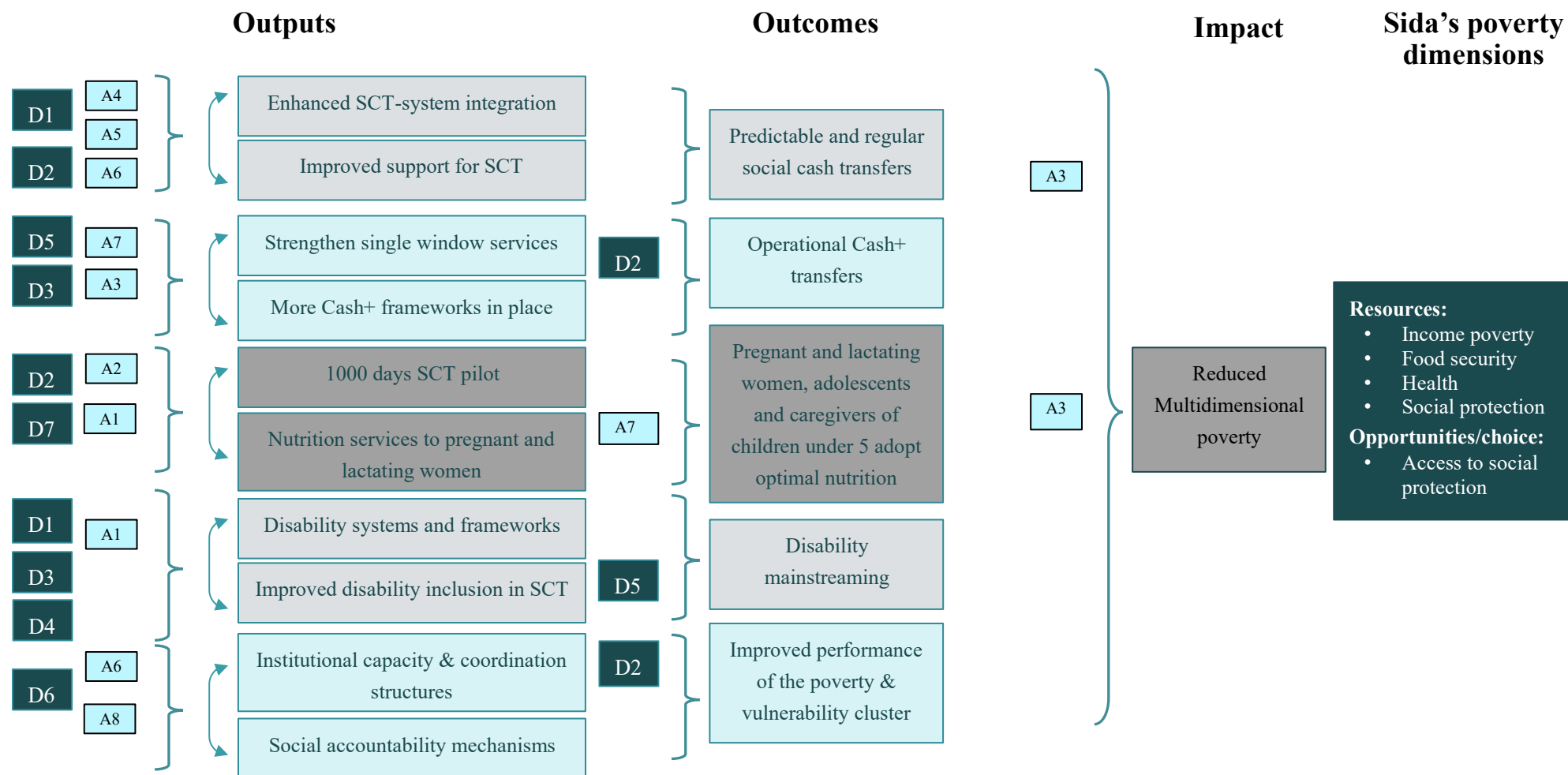
Figure 2 provides an overview of the UNJPSP II which consists of five outcomes that focus on strengthening social protection in Zambia and thereby reducing multidimensional poverty. As mentioned, predictable SCT for the extreme poor is the main driver for achieving social protection in the programme. This includes both general SCT (component 1) but also the framework for SCT+ interventions (component 2) and an explicit SCT+ nutrition targets stunting rates (component 3), the pilot intervention. All the SCT interventions (both general and SCT+) are implemented through the CWACs who link beneficiaries to services in their neighbourhood (e.g. health services, education, livelihood, income generation etc.) and who are also tasked to reach people living with a disability (component 4).

These four components are supported by the fifth, which aims to improve social protection policies through the workings of the Poverty and Vulnerability Reduction Cluster of the National Development Plan, the 7NDP. The dark green boxes indicate drivers or approaches applied by the programme to create changes while the turquoise boxes indicate the programme assumptions which are factors largely outside of programme control.

4.2 LINKS TO SIDA'S POVERTY DIMENSIONS

The programme has a dedicated focus on resource poverty and the intervention is directly targeting the poor with an emphasis on the extreme poor by transferring cash. At the same time there is a recognition that poverty is multidimensional and not only concerns a lack of income but also poor health and nutrition, lack of education etc. Therefore, the programme strives to link beneficiaries to nutrition, health programmes, as well as provide children with an opportunity for going to school and getting an education. People living with a disability are generally deprived from services, which is why these constitute a specific target group for the programme. Also, the targeting of lactating and pregnant women strives to improve nutrition in households with children under five years old. Thus, the programme targets multidimensional poverty in terms of income poverty, lack of food security, and access to health and social protection (as reflected by Sida's poverty dimensions to the right in the ToC).

Figure 2. Reconstructed ToC of the UNJPSP II



Source: The evaluation team has developed the ToC based on a document review of available documents on theoretical/intended chain of results.

Drivers

- D1: Awareness raising, communication and outreach to communities will ensure involvement of the extreme poor and public awareness of SCT (CWACs)
- D2: Information flow collected in one joint system will support real-time evidence and evidence-based decision-making
- D3: Registration of people living with a disability enables linkage to SCT (CWACs)
- D4: Capacity strengthening of CSOs to mainstream disability
- D5: CSOs advocate for better rights and influence policy
- D6: The UN and the World Bank effectively collaborate and synergize their efforts
- D7: Generation of evidence to inform the programme incl. on SCT+ interventions and graduation

Assumptions

- A1: SCT mechanism effectively targets the extreme poor
- A2: SCT payment value will be increased to 20% of average consumption
- A3: SCT households use parts of transfers productively and create spill-over/multiplier effects
- A4: Resources will be sufficient and released in due time to support implementation
- A5: Sufficient incentives at all levels to use digital processes
- A6: GoZ prioritises social protection and remains committed to 7NDP
- A7: Pregnant and lactating women are able to apply SCT for better nutrition practices
- A8: Grievance mechanism will ensure increased accountability

5 Finding on impact

The following chapter presents the evaluation team's findings on SCT's impact on poor people. The first section considers the impact for specific target groups, then impact on resources and finally, the likelihood that the impact will be sustained.

5.1 IMPACT FOR SPECIFIC TARGET GROUPS

The SCT has been well-targeted, reaching poor households in the wards. For Phase 2 of the programme (2019-2024), the analysis is based on data from the ZISPIS collected in 2022 (covering both general SCT and SCT+ interventions in Zambia), alongside the LCMS from 2015, to assess whether the programme's targeting was effectively focused on poverty. As mentioned, the ZISPIS data include household-specific scores from PMTs, that approximates a household's economic condition or wealth level. Note that the ZISPIS data *only includes beneficiary households*. Households with a PMT score below zero are deemed eligible for the programme, with scores closer to zero indicating households that are relatively better off among the eligible group.

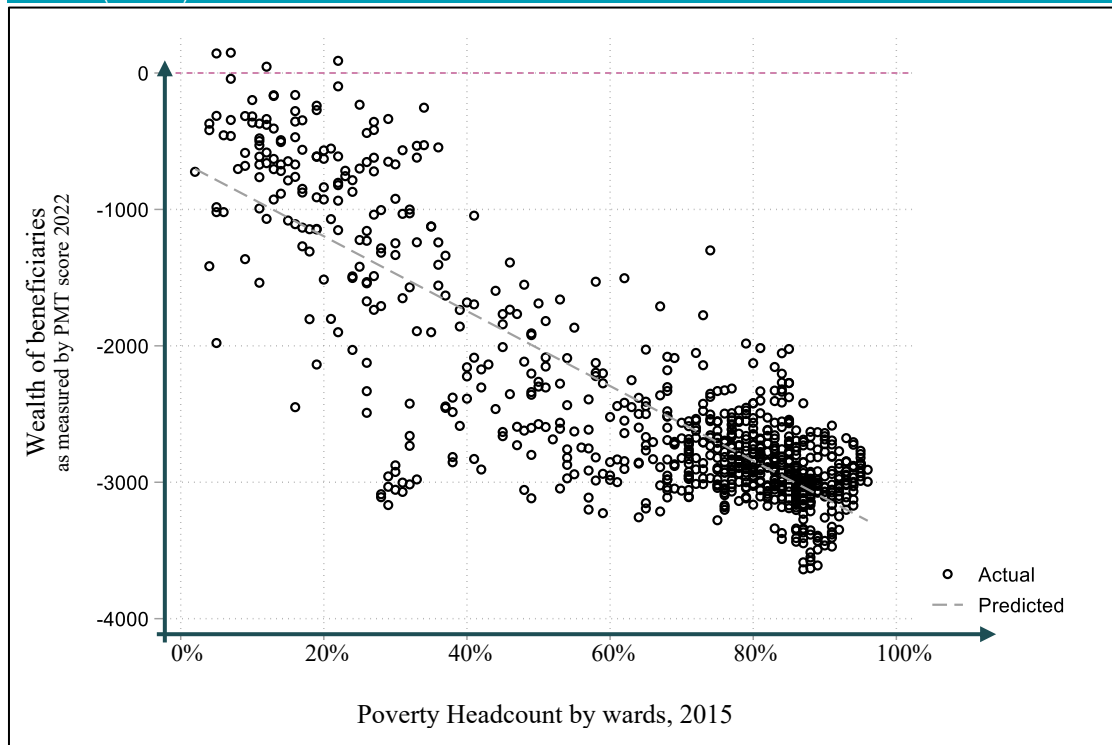
By comparing the PMT scores across wards, we can gauge the relative poverty levels of the beneficiary households. Specifically, the difference in PMT scores between households gives an indication of the differences in poverty levels within the beneficiary group.

To assess the programme's poverty focus, we calculate ward-level averages of beneficiary households' PMT scores. We then regress these averages against headcount poverty rates for the entire ward population (taken from the 2015 LCMS data). This allows us to determine whether the programme targeted areas with the highest pre-support poverty rates.

Figure 3 shows the correlation between the ward-level PMT score for beneficiaries in 2022 (from ZISPIS data) and the proportion of poor in the same ward in 2015 (LCMS data). Only four wards are located above zero and the majority fall within the poorer segments (furthest away from zero).

The negative slope of the regression line indicates that, on average, beneficiary households had lower PMT scores in poorer wards. In other words, the poorer the ward (as measured by the headcount poverty rate), the poorer the programme's beneficiaries within that ward. This is an indication that the programme was indeed well-targeted toward the poorest. This confirms assumption 1 of the ToC, i.e. that the SCT mechanism effectively targets the extreme poor.

Figure 3. Relationship between PMT score in 2022 (ZISPIS) and poverty headcount in 2015 (LCMS)



Source: Evaluation team's figure based on data from ZISPIS 2022 SCT beneficiaries) and LCMS 2015 (entire population). Each dot represents a ward. Y-axis = average PMT-score in the ward for all beneficiary households from the ZISPIS 2022 data and X-axis = average poverty headcount index in the corresponding wards in 2015 from the 2015 LCMS data. The slope of the graph is -156, which means that the proportion of supported households in a ward increases by one unit (1 percentage point), the ward PMT score decreases by 156 on average.

However, the targeting seems to have been efficient in rural areas only – at least for the pilot. The 1,000 Days SCT Pilot endline evaluation further analysed the targeting in rural and urban areas and confirmed that targeting in rural areas was solid but less so in urban areas. The wealth index at baseline showed a significant difference between the supported and comparison groups in rural areas. The supported group (beneficiaries) had a mean wealth index of -0.47 standard deviations (SD), indicating they were generally poorer than the comparison group, whose wealth index was -0.19 SD. This statistically significant difference ($p=0.013$) suggests that the pilot successfully targeted more vulnerable households in rural areas.

In contrast, the wealth index in urban areas did not show a significant difference between the supported and comparison groups. Both groups had relatively high wealth index scores, with no meaningful difference. This lack of a significant gap indicates that the selection process in urban areas did not effectively distinguish between more

vulnerable and less vulnerable households.³⁴ It should be noted that SCT in Zambia has initially been skewed towards rural areas (for good reasons) and urban areas have more recently been included.³⁵ Similarly, evidence from urban areas is more limited and only recently did UNICEF publish a study on SCT in urban areas.³⁶ This means that knowledge around urban programming is only being developed and the pilot research is therefore an important contribution to further understand SCT in urban areas.

The SCT has also been well-targeted towards people living with a disability, in line with the overall intentions of the UNJPSP. Initially, the programme struggled to reach people living with a disability and by 2015, 4.9% households with people living with a disability was reached with SCT. A specific target was set for UNJPSP II to increase the proportion of households with a member living with a disability from 4.9% to 10% by 2022.³⁷

In 2020 an emergency fund was added to the programme, due to a concrete need to respond to drought and later COVID-19. According to the Sida appraisal, 118,000 households were targeted with the emergency fund of which 70% were female headed households and 12.5% households with a member living with a disability.³⁸ This target was achieved both for the emergency fund as well as for the programme as a whole, as evidenced by the assessment of the ZISPIS data. This indicates a continued dedicated focus to reach people with a disability and female headed families which is also confirmed by the current data analysis.

In Figure 4, we assess whether households with a member living with a disability are over- or underrepresented. This is done by combining the ZISPIS data (covering only SCT beneficiaries) with the 2010 CENSUS data on disability (entire population) to compare the proportion of households with a member living with a disability across the two sources. In the figure, each dot represent a ward. The target group is considered overrepresented in a ward if their share among the beneficiaries (the Y-axis) exceeds their share in the ward as a whole (the X-axis).

³⁴ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

³⁵ Girls' Education and Women's Empowerment and Livelihoods (GEWEL) Project and Scaling up Shock Responsive Social Protection (SSRSP) Project Multi-Donor Trust Fund (TF073377) Report, September 2023.

³⁶ UNICEF (2025), Qualitative Study of the Social Cash Transfer Programme in Urban Zambia.

³⁷ GRZ-United Nations (2019), Second Joint Programme on Social Protection 2019-2022 "UNJPSP-II" Programme Document, Annex 1: Results framework.

³⁸ Sida (2020), Capacity Building Social Protection 2019-2022, Appraisal of Contribution Amendment, Nov. 2020.

In almost all wards, people living with a disability is overrepresented - only 86 out of a total of 844³⁹ wards show underrepresentation and in 89% of wards people living with a disability is overrepresented in the ZISPIS data. Specifically, the ZISPIS data from 2022 indicate that an average of 13.9% of beneficiary households include a member living with a disability, compared to just 2.3% of all households in the 2010 Census data. This suggests that the programme has been effective in targeting households with members living with a disability. Recent data from December 2023 even suggests that SCT beneficiary households with a person living with a disability have increased to 23% of the caseload.⁴⁰

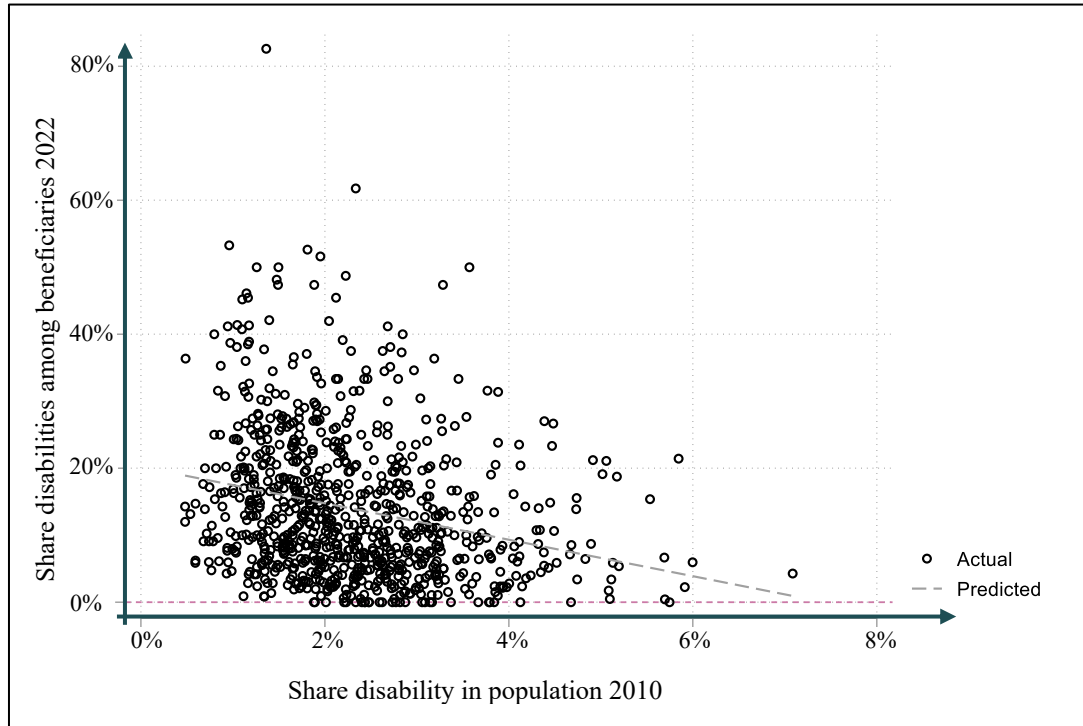
However, figure 4 also reveals a tendency for the overrepresentation to be lower in wards where the overall share of households with a member living with a disability is higher. This is reflected in the downward slope of the regression line, which is significantly different from zero. This suggests a potential issue: wards with a higher prevalence of disability are not having a correspondingly higher share of beneficiaries in the ZISPIS data. In other words, while the programme reaches many individuals with disabilities, it does not fully align with the geographic distribution of disability prevalence, potentially leaving high-need areas underrepresented.

This discrepancy raises concerns about the accuracy and effectiveness of the programme's targeting strategy. It suggests that while the programme does include households with members living with a disability, the distribution across different districts may not align with the actual demographic distribution, potentially leading to unequal access or support for households in areas with higher concentrations of disability.

³⁹ It is noted that there are 1,624 wards in the 2010 census, but only 844 wards could be matched with the ZISPIS information. Since 2021, there have been 1828 wards in Zambia as mentioned above.

⁴⁰ UNICEF (2025), Qualitative Study of the Social Cash Transfer Programme in Urban Zambia.

Figure 4. Relationship between share of people with a disability in ZISPIS 2022 compared to the Census 2010



Source: Evaluation team's figure based on data from ZISPIS 2022 and the 2010 Census. Each dot represents a ward. Y-axis = share of people living with a disability in the ward for all beneficiary households from the ZISPIS 2022 data and X-axis -the share of disabilities in the ward as reflected by the Census data from 2010.

5.2 IMPACT ON INCOME, NUTRITION AND FOOD SECURITY

Table 8 provides a summary of effects from the programme. These will be discussed in this Chapter in the same order as they are listed in the table starting with effects on jobs/income. It is noted that these effects are based primarily on the 1,000 Days SCT Pilot survey and thus a one-year time period only and caution should be made before jumping to conclusions. While it is likely that effects on e.g. handwashing and nutrition can change within a short time period, impact on health e.g. in terms of Weight-for-Age-Z-score, takes longer to achieve.

Table 8. Summary of effects from the programme (mainly change 2022 to 2023)

Outcome	Change over time	Intervention	Effect
Jobs/income generating activities (variety of measures)	2022-2023	Pilot	Mixed effects with improved business engagements for urban beneficiaries but none for rural beneficiaries. No effect on employed jobs.
Household assets	2022-2023	Pilot	Partly worse
Food (and partly nutrition)	2022-2023	Pilot	Better
Food insecurity	2015-2019	General SCT	(Better)
Breastfeeding	2022-2023	Pilot	No clear effect
Handwashing	2022-2023	Pilot	Better
Health	2022-2023	Pilot	Better

The effects on jobs and income generating activities have been mixed, with positive effects on urban beneficiaries' business engagement but no effect on paid employment for neither urban nor rural beneficiaries.

The basic economic model of labour supply predicts that SCT can have a negative effect on beneficiaries to reduce their work when they receive unexpected cash.⁴¹ Therefore, we explore here to what extent SCT has influenced beneficiaries' jobs and income generating activities.

Based on the 1,000 Days SCT Pilot survey, Table 9 column 1 examines whether women in supported households were more likely (compared to baseline) to have worked in the past 7 days. One of these questions are: *“As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?”* Thus, the survey asks about all types of income generating activities.

The results indicate no significant impact on the supported group after the SCT support. Similarly, when we extend the time frame to the past 12 months in column 2, there remains no statistically significant effect of the intervention on women's likelihood of being employed, generating income etc. Column 3 further explores the frequency of employment by categorising jobs as permanent, seasonal, day-to-day, or no employment at all, but again, no significant differences between the supported and control groups are observed.

⁴¹ World Bank Group (2018), Sarah Baird David McKenzie Berk Özler: The Effects of Cash Transfers on Adult Labor Market Outcomes Development Research Group.

Table 9. Jobs/income generating activities (change 2022 to 2023)

VARIABLES	(1) Have job or worked	(2) Have job or worked	(3) Job/worked more frequent
REREFERENCE PERIOD	Last 7 days	Last 12 months	N/A
DiD estimates	0.0232 (0.0677)	-0.0352 (0.0555)	-0.140 (0.161)

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

When disaggregating between rural and urban beneficiaries and types of income generating activities, it is however clear that the programme has had a positive effect on urban beneficiaries' business engagement. The SCT+ Pilot increased business engagement among beneficiaries in urban areas, with a 19 percentage point rise compared to non-beneficiaries.⁴² This effect was however not detected among rural beneficiaries who faced constraints such as limited market access, poor transport infrastructure, and lower purchasing power among local customers.⁴³ Given that the general labour supply model predicts reduced work effort with SCT it can be considered a positive result to obtain the same level of work as prior to the intervention.

It was already highlighted in the Baseline report that many women have limited capacity to engage in additional or even any livelihood and economic empowerment interventions due to their high burden of daily chores. It was also noted that some sub-groups - such as single mothers with several children or households caring for a member with a disability - might not be able to graduate towards economic independence.⁴⁴ In these circumstances it is likely that the beneficiaries used the SCT for consumption only.

In Table 10 we redo the analysis with two different sub-samples: households with an above-median number of children and single-parent households headed by women. The findings from Table 9 are largely confirmed within this restricted sample, with most of the matched DiD estimates remaining statistically insignificant. This suggests that the intervention did not have a notable impact on most indicators for these specific household types.

⁴² Percentage points measure the absolute difference between two percentages, not a proportional or relative change. An 19-percentage point increase in beneficiaries' business engagement means the proportion of business engagement criteria has increased by an absolute 19%.

⁴³ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

⁴⁴ IDS/UNICEF (2023), Evidence Generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer Pilot, Baseline Report.

Table 10. Jobs/income generation activities – households with above median number of children and single parent households (change 2022 to 2023)

VARIABLES	(1) Have job or worked	(2) Have job or worked	(3) Have job or worked	(4) Have job or worked	(5) Job/worked more frequent	(6) Job/worked more frequent
REFERENCE PERIOD	Last 7 days	Last 7 days	Last 12 months	Last 12 months	N/A	N/A
SUBSAMPLE	Above median no. of children	Single parent HH	Above median no. of children	Single parent HH	Above median no. of children	Single parent HH
DiD estimates	0.0671 (0.111)	0.0172 (0.167)	-0.0005 (0.0876)	-0.116 (0.140)	-0.149 (0.273)	-0.245 (0.398)

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

While the programme ToC assumes that some parts of the SCT will be applied for income generating activities, this has proven difficult for more vulnerable beneficiaries. As also discussed above, the targeting in rural areas has captured more vulnerable families while urban beneficiaries have had a relative better-off starting point. This could also explain how urban beneficiaries have been able to invest in income generating activities while this has not been the case in rural areas.

The programme has had a positive effect on gardening, in particularly in Kalabo and rural areas. Research on SCT from Zambia found a tendency for supported households to switch from off-farm paid work to own-farm labour.⁴⁵ In view of this, we analysed to what extent the SCT influence household gardening. As reflected in Table 11, supported households are 23% more likely than control group households to start producing vegetables and fruits in home gardens. This effect has primarily been realised in Kalabo District and in rural areas where an increase of 22 percentage point and 12 percentage point respectively were realised. Beneficiary households showed greater access to gardens and reported increased consumption of home-grown fruits and vegetables compared to non-beneficiaries, supporting improvements in food security and dietary diversity.⁴⁶ An increased activity in terms of home gardening is likely to positively influence resilience in the longer run.

⁴⁵ Baird et al. (2018), The effects of cash transfers on adult labor market outcomes. IZA Journal of Development and Migration (2018) 8:22.

⁴⁶ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

Table 11. Effects on gardening (change 2022 to 2023)

VARIABLES	Household produced vegetables and/or fruits (last 12 months)
DiD estimates	0.233** (0.111)

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

The programme had a significant negative impact effect on the accumulation of household assets. In Table 12, we shift the focus to assets accumulation within supported households, revealing a concerning outcome where supported households were much less likely to indicate asset accumulation than the control group. Respondents were asked to indicate what assets they owned or had access to. This included electricity, radio, television, refrigerator, access to internet, a bed, a table, a generator, washing machine, and a motorbike. The matched DiD estimates show that there is a significantly higher likelihood - 18.5% - that supported households report having zero assets compared to the control group, indicating no wealth accumulation. However, behind the impact estimate it should be noted that 72.1% of supported households reported to have zero assets prior to the intervention and this number reduced to 35.8%, but that control households saw an even larger reduction in the share having zero assets from 70.6% pre-support to 21.8% post-support, which translates into an unmatched DiD estimate of 12.4%. This signals that all households have accumulated more assets over time but supported households less so.

This finding confirms that despite efforts to empower women and improve economic conditions, many supported households remain economically vulnerable and have not seen an improvement in asset ownership. This underscores the challenges faced by these households.

Table 12. Households reporting zero assets (change 2022 to 2023)

VARIABLE	(1)	(2)	(3)
	HH report to have zero asset	HH report to have zero asset	HH report to have zero asset
SAMPLE	Full sample	Above median number of children	Single parent HH
DiD estimates	0.185** (0.0739)	0.260** (0.112)	0.139 (0.149)

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

One noteworthy result, however, is that households with an above-median number of children report a higher likelihood of possessing no assets or only a negligible amount of assets. This finding indicates that larger households, despite the intervention, may be facing greater economic challenges, particularly in terms of accumulating or retaining productive assets. This could be due to the increased financial strain associated with supporting a larger number of dependents, limiting their ability to invest in or acquire significant assets. Without any assets to fall back on, it is however likely to assume that their situation would have been even worse off without the cash transfer.

For single-parent, female-headed households, the results do not reveal any distinct patterns of impact, reinforcing the broader conclusion that the intervention's effects are not significantly different for this group compared to the general population. Nonetheless, the asset depletion observed among larger households raises concerns about the economic vulnerability of families with more children, suggesting that they may require additional support to achieve sustainable financial improvements.

A significant positive impact on food security has been realised, in particularly in rural areas.⁴⁷ The 1,000 Days in SCT pilot had a statistically significant positive impact on household food security as measured by two key metrics: the Food Insecurity Experience Scale (FIES) and the Food Consumption Score (FCS).

On the FIES, the pilot significantly reduced the likelihood of severe food insecurity by 16 percentage point overall. At the same time, the FCS of the pilot beneficiaries exhibited a significant average increase of 7.7 percentage points compared to non-beneficiaries, indicating improved dietary diversity. While the pilot had a significant positive effect on rural households, the results in urban areas were however less pronounced.

Our own analysis of the 1,000 Days SCT Pilot data reached a similar finding. Table 13 offers a summary of the DiD estimates using matched data while accounting for unobserved household heterogeneity. It examines the likelihood that households have faced deprivation of various food items over a period of four weeks. The table reflects the answer to the question: “*in the last 4 weeks, did you go without...?*” The first seven columns represent different food

Box 4: The Food Insecurity Experience Scale (FIES) is an experience-based metric developed by the FAO which aims to measure the households' experiences of food insecurity. It is based on 8 questions asking if the household experienced increasingly severe forms of food insecurity over the last 4 weeks such as “you were hungry but did not eat?”, or “your household ran out of food?”

The Food Consumption Score (FCS) was developed by World Food Programme in 1996. It aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For instance, food groups containing nutritionally dense foods, such as animal products, are given greater weight than those containing less nutritionally dense foods, such as tubers. Based on this score, a household's food consumption can be further classified into one of three categories: poor, borderline, or acceptable.

⁴⁷ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

groups, where the last column cumulate the Yes/No answers of the seven first columns into an index taking the value zero (0) if the household has not faced any deprivation of any food groups and seven (7) if the household during the last four weeks have been deprived of all seven food categories. The analysis focuses on whether households have been unable to consume certain goods due to food insecurity. The estimates capture reduced deprivation (i.e., fewer households reporting they had to go without cereals, pulses, vegetables, etc.). The results clearly show that supported households have experienced the most significant improvements in reducing food deprivation compared to control households.

This is an important result, considering the baseline found that 94% of the households were classified as severely food insecure.⁴⁸ This finding underscores the positive effect of the intervention in addressing food insecurity, contributing not only to improved household welfare but also to enhanced food security. By ensuring that more households have reliable access to a range of consumption goods, the intervention is fostering greater stability and well-being within these communities.

Table 13. Food insecurity (change 2022 to 2023)

VARIABLES	(1) Cereals & grains	(2) Pulses & nuts	(3) Vegetables	(4) Fruits	(5) Meat, egg & fish	(6) Milk & other dairy products	(7) Other, oils, fats, sugar & sweets	(8) Food index
DiD estimates	-0.113*** (0.0304)	-0.182*** (0.0349)	-0.190*** (0.0357)	-0.219*** (0.0402)	-0.268*** (0.0392)	-0.238*** (0.0453)	-0.217*** (0.0480)	-1.416*** (0.227)

Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

Enhanced food security is also somehow confirmed by national statistics. For the food security outcome, we can utilize the RALS data, which allows us to assess the effects for earlier years on district level. Starting with a focus on Phase 1 of the programme (2016-2019), we utilise data from the RALS for 2015 (T=0) and 2019 (T=1).

To identify supported districts to be compared with the RALS, we rely on documentation from the World Bank's (GEWEL) programme. This programme identifies 65 supported districts in Phase 1 (from 2015 to 2020), 43 of which could be matched with the RALS data for further analysis (Table 14). However, the RALS data does not follow the same households over time, making it necessary to rely on less reliable methods.

⁴⁸ IDS/UNICEF (2023), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

Table 14. Food insecurity – RALS data compared to districts supported since Phase 1 (change 2015 to 2020)

VARIABLES	(1) Food insecure	(2) Food insecure
MODEL	Matched DiD but not same HHs	Pseudo-panels on district average
DiD estimates	-0.171*** (0.065)	-0.038 (0.201)
Observations	13,761	214

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis of RALS data from 2015 to 2019 in the districts where the GEWEL programme is implemented.

First, we use DiD estimates where we match households over time based on a set of non-time varying observable characteristics. The results, reported in column 1 (refer explanation in data analysis), suggest a well-determined positive impact of the programme in reducing food insecurity in supported districts. This means that we compare a household in a supported district with a household in a non-supported district, where the supported and control household have been matched based on similar observable characteristics. However, we cannot be certain that the supported household is in fact supported. We only know that the household resides in a district that has received support.

Collapsing the data to the district level and relying instead on pseudo panels and differences in household averages over time (column 2) - the estimated impact is no longer statistically significant. This suggests that the observed reduction in food insecurity may be partly explained by underlying differences in household attributes between the supported and control groups, rather than the direct effect of the programme itself.

We found a positive impact on diet diversity for both women and children in the pilot. In Table 15, the focus is on the *variety* of food groups consumed by households and the likelihood of maintaining a diversified diet. This looks at whether women/children consumed a sufficiently diverse set of food groups in the last 24 hours and answers the question: “*yesterday, did you eat...?*” Here the focus is on the range and balance of diet, not just whether a household had access at all (as above in Table 13). It is based on a Minimum Dietary Diversity (MDD) for Women (MDD-W) - a population-level indicator of diet diversity validated for women aged 15-49 years old. The MDD-W takes the value 1 if women have consumed at least 5 of 10 defined food groups during the previous day or night and 0 otherwise. A key element of the 1,000 Days SCT Pilot intervention has been guidance on nutrition needs for pregnant and lactating women and parents with children under 5 years old.

The results show positive and well-determined matched DiD estimates for nutritious food groups which include fruits, meat, milk and dairy products, oils and fats, and sugar and sweets. Supported households have significantly increased their consumption of these essential food groups compared to control households. Column 1 examines household consumption across the 7 key food groups (same as in Table 13), while

column 2 uses a broader food diversification index that covers the 21 different food categories measured in the 1,000 Days SCT Pilot survey. Both measures confirm a significant positive DiD estimate, indicating that supported households have improved their overall nutrition and dietary variety as a result of the intervention.

The food groups where we find no significant results include cereals, grains, roots, pulses, nuts, seeds, and vegetables. Cereals, grains, pulses, roots, vegetables are staple foods that most households already consume, even in conditions of food insecurity. Because these are widely consumed, there may be less room for detectable increases in dietary diversity measures (MDD), which emphasize variety across food groups. In other words, adding “more cereals” does not raise diversity if they were already consumed before. The gains in diversity instead show up in less frequently consumed, more nutrient-rich groups: fruits, animal-source foods, dairy, oils, and sugar (as seen in Table 15).

That said, it is a bit surprising that no effect was realised on vegetables, given that we found a positive treatment effect on home gardening (see Table 11). The reason may be that the vegetables produced are either sold at the market or that production has not yet been substantial enough to make a difference.

Table 15. Nutrition diversity index (change 2022 to 2023)

VARIABLES	1	2
	Diversity index 1	Diversity index 2
HH consumption	Based on 7 key food groups	Based on 21 food categories ⁴⁹
DiD estimates	4.319*** (0.204)	1.210***

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023). The value 1 is included if women have consumed at least 5 of 10 defined food groups during the previous day or night and 0 otherwise.

A positive effect on dietary diversity for children (6-23 months) was also realised. In average, dietary diversity scores rose from 2.9 to 3.7 food groups with children in the 1,000 days in SCT Pilot consuming nearly one more food group on average than those in the comparison group. The programme also increased the likelihood of children meeting the MDD by 17 percentage point overall with Kalabo reporting the largest district level improvement in children's MDD.⁵⁰

⁴⁹ Food made from grains; pumpkins, carrots and squash; cassava and yams; banana; beans, lentils & legumes; dark green leafy vegetables; other vegetables; papaya, mango; other fruits; liver, kidney or heart; pork, lamb and other beef; chicken, turkey, eggs; fresh/dried fish; any food made from beans; any nuts or seeds; any milk or milk products; any sugar or food made from sugar; chips and puffs; sugar drinks and other beverages

⁵⁰ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

The findings highlight the programme's success in enhancing the dietary habits of supported households, contributing to better nutritional outcomes. By increasing information of nutrition and access to a wider range of food items, particularly those that provide essential nutrients, the intervention has likely played a key role in improving the overall health and well-being of these households. As indicated in Table 1, there has been a reduction of children under five years who are stunted from 35% in 2018 to 32% in 2024. The results in Table 15 indicates that the programme has contributed significantly to improving a diversified diet when it comes to fruits, meat, eggs, fish, dairy products, oils, fats, sugar and sweets for the supported population.

Thus, the programme has both reduced food insecurity (fewer households going without staples as reflected in Table 13) and improved diet diversity (greater consumption of non-staple groups as reflected in Table 15).

There are some, but weak, evidence for improved hand washing practices. The matched DiD estimates regarding the likelihood of adopting various sanitary practices and knowledge about breastfeeding, find weak evidence that supported households are more likely to follow certain sanitary practices compared to control households. This effect is statistically significant only at the 10% level, indicating a marginal difference (refer Table 16).

Table 16. Sanitary and breastfeeding practices (change 2022 to 2023)

VARIABLES	(1) Hand wash practices	(2) Breast feeding practices
DiD estimates	0.0752* (0.0442)	-0.0880 (0.0998)

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Source: Evaluation team's analysis based on the 1,000 Days SCT Pilot survey (baseline from end 2022 and endline data from end 2023).

A descriptive comparison of baseline and endline data for the entire sample indicates that handwashing indicators have remained relatively stable since baseline. However, there were some minor changes in specific indicators within certain districts. Interestingly, the proportion of households with a handwashing station has significantly increased from 4% to 24%. This needs to be interpreted with care as there was a change in the data collection methods which may have led to some overestimation of the improvements. The analysis did not detect any significant impact of the 1,000 Days in SCT pilot on self-reported handwashing at critical times. However, beneficiaries of the pilot were significantly more likely to use soap when washing their hands, with an overall 10 percentage point increase in soap usage compared to non-beneficiaries.⁵¹

⁵¹ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

There has been no significant impact on breast feeding practices. When it comes to knowledge or practices related to breastfeeding, we do not observe significant differences between supported and control households although this has also been an important element of the training of the supported group (Table 16). The endline evaluation suggests that exclusive breastfeeding (0-5 months), although with a small sample size for children under 6 months was limited (n=40), analysis suggests a 42 percentage point increase in exclusive breastfeeding among pilot beneficiaries compared to non-beneficiaries. However, this effect was tentative and highly dependent on sample limitations, particularly in urban settings, which restricted the potential for meaningful district-level analysis. In terms of continued breastfeeding (12-23 months), the pilot appeared to have a more pronounced negative effect on continued breastfeeding in rural areas, but with no significant impact in urban areas.⁵²

Qualitative data from the SCT Pilot suggested that many beneficiaries no longer relied solely on breastfeeding to ensure their infant's nutrition, as alternative sources of food became available. Improved food security meant they could afford nutritious foods, making continued breastfeeding less critical as a food source during times of need. A knowledge gap of the benefits of prolonged breastfeeding was identified at both base- and endline research,⁵³ but the programme had not successfully addressed it.

The assumption that SCT combined with nutrition advice lead to improved health for children and women is confirmed. Some negative effects were however also identified.

The assumption of the 1,000 days in SCT Pilot is that SCT and nutrition advice will lead to improved health for women and children. The research found that nearly all beneficiaries referred to health services attended, with 90% finding access easy and 81% rating the services as very useful. This has led to significant improvements in child health indicators among both beneficiaries and comparison group. The pilot significantly reduced diarrhoea incidence by 25 percentage point, with most notable declines in rural areas.

However, beneficiaries were 9 percentage point less likely to receive Vitamin A and micronutrient supplementation compared to non-beneficiaries. Qualitative data suggested that some beneficiaries believed that the enhanced diet would meet their children's nutritional needs, which led to decreased engagement with supplementation initiatives. Others refrained from participating in multiple programmes due to a

⁵² IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

⁵³ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

misconception that it could jeopardize their participation in the SCT which they valued the most.⁵⁴

The proportion of underweight children increased during the pilot from 8% to 12%, but despite this, the pilot showed a significant positive impact on Weight-for-Age-Z-score, indicating slight improvements in child growth, specifically in Mwinilunga and rural areas. However, these improvements were not yet large enough to translate into a decrease in underweight classifications⁵⁵ and such impact is only expected in the longer term.

5.3 SYSTEMIC IMPACT

Overall, the social protection programme has not been sufficient to reduce poverty in Zambia as envisaged. While the initial intention of the programme has been to reduce national poverty, the overall increase of poverty in Zambia has not been possible to counteract and poverty has continued to increase, including extreme poverty. As reflected in Table 4, people living in poverty and extreme poverty has increased.

Drought and COVID-19 have had a severe effect on poverty levels in Zambia and in 2022, almost 49% of the Zambian population lived in extreme poverty. Specific emphasis on nutrition does however seem to have yielded results and stunting has decreased nationwide. The poverty gap ratio has also improved during the programme period. It is likely, that the increase in poverty would have been even larger in the counterfactual scenario with no support for social protection at all.

Given that the poverty threshold was recently changed to USD 3 dollar *per day per person* and that SCT corresponds to a purchasing power of about 0.25 USD *per day per household* the SCT is insufficient, in monetary terms alone, to raise households out of poverty. Qualitative data from the pilot confirms that the SCT is not sufficient to meet children's basic nutrition needs and even less so urban beneficiaries' needs.⁵⁶ The 1,000 days in SCT Pilot also demonstrated a greater impact on households receiving a higher SCT i.e. in households with people living with a disability. Both Sida and UNICEF have advocated for increased SCTs and while this was achieved in 2022 the SCT is still insufficient to support raising households out of poverty.

⁵⁴ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

⁵⁵ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

⁵⁶ UNICEF (2025), Qualitative Study of the Social Cash Transfer Programme in Urban Zambia.

5.4 SUSTAINABILITY OF THE SCT

Continuous strong political will to support and further develop social cash transfer in Zambia is an important sign of sustainability. However, predictability of SCT payments continue to be a challenge. While it was considered a high risk that GoZ would not make resources available for transfers in a regular and predictable manner this has not been the case. GoZ's financial contribution to SCT has been above 50% of the total budget throughout the programme period and at times it has been as high as 70%. At the same time, GoZ has improved execution rates for social protection budgets during 2021 to 2022 to an average of 98%.⁵⁷ This commitment has been consistent despite a challenging economic situation with high inflation, debt default, shocks, droughts etc. which is commendable.

Development partners are contributing to the programme including the International Monetary Foundation (IMF) who approved a new Extended Credit Facility of USD 1.3 billion programme in August 2022 (channelled through the GEWEL).⁵⁸ Sweden has been contributing to the SCT since the very beginning together with UK's FCDO. Sweden is the second largest donor. More development partners have joined over time (some based on Swedish recommendation). In 2022, the Single Window Implementation guidelines was finalised and launched, also demonstrating the continued commitment to cash transfer and to support decentralisation processes of the social cash transfers. It is also reflected in the passing of the Children's Code Act, National Health Insurance Act amongst others but the lack of enactment of the Social Protection Bill that was developed in 2018 has been criticised by CSOs.⁵⁹

It is however a key target of the programme and for SCT in Zambia to ensure that payments are predictable. Despite continuous improvements in the SCT system, the cash transfers under the 1,000 SCT Pilot was not regular or predictable. This was the case when the Midline report was conducted (published in 2023). By the end of the pilot only 53% of beneficiaries perceived payments as predictable and regular, with significant variation across districts: 66% in Mpika, 57% in Kalabo, 53% in Chipata, and 49% in Mwinilunga.⁶⁰ This is a key concern to ensure best effects from the programme.

⁵⁷ UNICEF (2023), Social Protection Budget Brief Scaling Up Social Protection to Improve Lives and Livelihoods.

⁵⁸ IMF Media Center (2022), "IMF Zambia's Extended Credit Facility Arrangement," released on September 1st, 2022. <https://mediacenter.imf.org/news/imf-zambia-s-extended-credit-facility-arrangement/s/45ff4f0d-ab95-44b4-995b-499fa4f273d1>

⁵⁹ GRZ-United Nations (2023), Second Joint Programme on Social Protection 2019-2022 "UNJPSP-II", Annual Report 2022, May 2023; <https://www.mcdss.gov.zm/?p=6820>

⁶⁰ IDS/UNICEF (2025), Evidence generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer pilot, Midline Report, Inka Barnett, Cleopas Sambo and Jean-Pierre Tranchant.

5.5 SUSTAINABILITY IN EFFECTS

The impact on nutrition and food security would likely not be sustained if the programme is terminated. Supported families have significantly fewer household assets, and the intervention has not impacted the likelihood of having jobs, although urban beneficiaries have enhanced their business engagements. While there are indications that the SCT has a positive effect on gardening, the impact achieved on nutritious food is not likely to be sustainable should the SCT be discontinued, as families will not be able to prioritise nutritious food for the youngest child, the person living with a disability or other family members that secured the entrance in the programme when the cash is reduced. As reflected above, women tend to prioritise feeding the whole family rather than prioritising one child with better nutrition even if they are aware of the critical need for improved nutrition in the first living years.

Graduation out of poverty targeted SCT programmes would be an important indicator for sustainability of the achievements, but programme documentation offers limited discussion of this aspect. Instead, a shift towards linkage to other social protection mechanisms have been emphasised. It is noted in the programme document that a research study will be conducted to further develop a graduation plan and thus evidence generation is a key driver for the programme. However, since it has not been completed yet it limits the assessment of this element which will be essential for sustainability. The Base- and Midline reports make some comments about the challenges for the most vulnerable beneficiaries to graduate out of the SCT programme and Swedish Embassy and UNICEF staff indicated this to be a key concern for GoZ and a reason for their hesitation in raising the bi-monthly SCT.

The Process Evaluation from 2018 suggested that it would be better to talk about linkages rather than graduation.⁶¹ While the programme was the only social protection programme in 2018, the intention was to promote a broader social protection policy with several programmes dedicated to different target groups and needs (elderly, children etc.). Linkages between the different programmes was thus to be established through the single window approach to social protection. While a number of Acts have been enforced to protect different target groups e.g. the Children's Code Act, National Health Insurance Act,⁶² it is however noted that the Social Protection Act is yet to be enacted despite the GoZ's continued commitment to the programme.

⁶¹ Nicolas Freeman (2018), Report on the Process Evaluation of the Social Cash Transfer (SCT) Programme Joint Financing Agreement (JFA) between the Government of the Republic of Zambia and cooperating partners (UNICEF and the Governments of Sweden, the United Kingdom, Ireland and Finland).

⁶² GRZ-United Nations (2019), End of Programme Evaluation, Dr. Gashongore, Ignace November 2019.

Better linkage to other development priorities has also been prioritised. Interviews with staff from Sida and UNICEF confirmed a shift in priorities to providing beneficiaries with cash to now increasingly providing cash + other benefits (school, nutrition, employment) and this is seen as a way to support beneficiaries if not graduating, then creating linkages to other gains that will support sustainability and poverty reduction in the longer term.

6 Concluding Remarks

The initial intention of the programme to reduce poverty has not been possible to achieve and poverty in Zambia has continued to increase, including extreme poverty. Specific emphasis on nutrition does however seem to have yielded results and stunting has decreased nationwide.

The 1,000 SCT Pilot intervention has had a significant impact on reducing food deprivation and introducing enhanced nutritious food items, especially in rural areas. There was also a positive impact on gardening in rural areas. These effects impact families and children's health (e.g. reduced diarrhoea) had improved during the one-year time period the pilot was implemented in. A decrease in underweight classifications require longer time to materialise and this was yet to be realised.

However, the pilot also had a negative effect on prolonged breastfeeding due to a knowledge gap on benefits and a misconception that real food is better for children's nutrition. This also led to less uptake of vitamin A since beneficiaries understood that with enhanced food it was no longer needed. A fear of losing the SCT - which they valued the most - also prevented beneficiaries to participate in other interventions simultaneously and i.e. access the vitamin.

In general, SCT has been well targeted towards poor families in rural districts but the targeting in urban areas in the 1,000 SCT Pilot has been less effective. Our analysis revealed a significantly negative effect of the 1,000 SCT Pilot on asset ownership (i.e. probability of owning at least one asset). Furthermore, while there has been a positive effect on urban beneficiaries' business engagement, the interventions have not impacted on the likeliness of having jobs in rural areas. In rural areas, beneficiaries faced constraints such as limited market access, poor transport infrastructure, and lower purchasing power among local customers. All of these effects are summarised in Table 17.

While an increase in SCT was achieved in 2022, the amount has continued to be insufficient to support households' ability to meet basic food needs and to allocate a portion of their resources to income generating activities thereby lifting households out of poverty. This is mainly due to the increasing food prices, and some provinces have been hardly hit by food price inflation. Thus, it needs to be considered whether the amount should be further increased and differentiated based on province to reflect these challenges.

Table 17. Effects from SCT

Outcome	Change over time	Effect (our analysis)	Effect (endline analysis)
Targeting	N/A	Solid targeting of vulnerable/poor HHs	Solid targeting in rural areas but not convincing in urban areas
Disability inclusion	2010-2022	High number of HH with a disability	Not included in analysis
Jobs/income generating activities (variety of measures)	2022-2023	No clear pattern. Only positive effect on gardening	Effect on income generating activities in urban areas but none in rural areas. Business engagement among beneficiaries increased, especially in urban areas, with a 19-percentage point rise compared to non-beneficiaries. The pilot did not significantly impact paid employment for women.
Household assets	2022-2023	Negative impact	No analysis, assets have only been applied to create a wealth index.
Food (and partly nutrition)	2022-2023	Better	A significant positive effect on rural households, but results in urban areas were less pronounced. Confirms and add regional differences.
Food insecurity	2015-2019	(Better)	Statistically significant positive impact on household food when matched DiD but not same HHs. Pseudo-panels on district average shows a positive but insignificant effect.
Breastfeeding	2022-2023	No clear effect	Positive impact on 0-5 months old babies but a negative impact in terms of continued breastfeeding (12-23 months) in rural areas.
Handwashing	2022-2023	Better	Handwashing indicators have largely remained the same. However, handwashing stations increased and beneficiaries significantly more likely to use soap.
Predictability in payments	NA	Not included	In the endline survey, only 53% of beneficiaries perceived payments as predictable and regular, with significant variation across districts: 66% in Mpika, 57% in Kalabo, 53% in Chipata, and 49% in Mwinilunga.
Health	2022-2023	Better	Quantitative endline data show nearly all beneficiaries referred to health services attended, with 90% finding access easy and 81% rating the services as very useful. Improvements in most child health indicators were observed since the time of the baseline in both the supported and comparison group.

Zambia's Social Cash Transfer (SCT) programme, which is a key part of the UN Joint Programme on Social Protection in Zambia (UNJPSP II), aims to reduce multidimensional poverty. It focus in particular on the most marginalised women, children as well as people with disabilities.

Main method: Quantitative analysis of existing secondary data.

Positives: We find positive effect on food security and dietary diversity among poor households, especially in rural areas, as well as on children's health. Some gains were also noted in small business engagement among urban recipients, and rural households have started more home gardening activities.

Potential shortcomings: Negative effects were found on breastfeeding and vitamin A uptake due to misconceptions about nutrition and SCT eligibility. We also found negative effects on asset accumulation. Targeting was weak in urban areas. While reaching 33% of Zambia's population, SCT has not been sufficient to counteract the rise in national poverty. However, the SCT were only equivalent to the purchasing power of USD 0.25 per day per household. Irregular payments and low transfer amounts remain key challenges, despite strong government commitment.



SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Visiting address: Rissneleden 110, 174 57 Sundbyberg
Postal address: Box 2025, SE-174 02 Sundbyberg, Sweden
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se Web: sida.se/en

