



Ministry of Community Development,  
Mother and Child Health



**For Immediate Release:**

**Zambia's Social Cash Transfers Spark a Broad Range of Impacts,  
*Making Poor Families More Resilient and Stimulating Economic Activity, a joint  
Government of the Republic of Zambia and UNICEF impact evaluation reveals***

**LUSAKA, Zambia (22 June 2015)** – Offering cash transfers to some of the poorest families in rural areas since 2003, the Government's Social Cash Transfer programme has been found to help protect consumption, enhance food security, and promote productivity in communities. Further, cash transfers have been found to generate social and economic impact for families and communities.

“With Government aiming to tackle the intergenerational transmission of poverty, the cash grants have allowed families to invest in the well-being of their children and lay a foundation for improved health, nutrition, education, and protection outcomes,” said Professor Elwyn Chomba, Permanent Secretary at the Ministry of Community Development, Mother and Child Health (MCDMCH).

An on-going randomized control trial, evaluating the effectiveness of the cash transfer programme since 2010, has been measuring the impact among families two and three years after they enrolled into the programme. This research was commissioned by the MCDMCH in partnership with UNICEF Zambia and implemented by the Washington DC-based American Institutes for Research (AIR) and the University of North Carolina at Chapel Hill (USA). The evaluation was conducted with funding from UK Aid from the UK Government as well as from Irish Aid.

Researchers interviewed over 5,500 households in five districts and the study offers evidence that small-scale cash transfers to poor rural households can not only alleviate poverty but also stimulate economic and productive activity. The programme was found to play a vital role in reducing debt and allowing households to make critical investments, making resilience a key impact. In particular during the harvest season, with more food available, families used the cash transfers to invest in chickens, mosquito nets (to protect against malaria) and farm tools. Recipient households also invested in improved housing conditions, building latrines and cement floors, which all have positive health implications.

“After three years of study, families that received cash transfers are significantly more secure in terms of their finances and food supply, and are more resilient to withstand unplanned setbacks,” said David Seidenfeld, AIR principal researcher and co-author of the study. “At the same time, the report's big takeaway for the government, donors and

policymakers is that cash alone can't accomplish everything. The country needs to invest in health and education services to fully realize the potential of the cash transfers."

In terms of the nutritional and health needs of children, the report concludes that "there may be a limit to what demand-side intervention can accomplish for children in a situation with a low supply of services." For example, only 30 percent of communities that participated in the study are within three kilometres of a health facility, and more than half of these do not have oral rehydration salts, a critical drug for treating diarrhoea, especially for children.

Further, only 13 percent of these communities have a primary school and even less have a secondary school. Despite this, the cash transfers helped families overcome financial barriers to schooling, resulting in an increase in school enrolment of eight percentage points among children and 18 percentage points among adolescent girls in Serenje and Luwingu Districts. Improvements in school and learning environments can further increase this impact.

According to UNICEF Zambia Representative Dr Hamid El-Bashir, "There is strong potential for the multi-sector contributions of cash transfers to be optimized through linkages with other social protection interventions such as social health insurance as well as through linkages with interventions and services in the fields of health, nutrition, education and child protection, including HIV prevention."

Since 2010, households enrolled into the Social Cash Transfer programme have received a monthly grant of 60 and later 70 kwacha. No conditions are attached to how the money can be spent. In 2014, the Government built on the overall success of the Social Cash Transfer programme by increasing funding from 17.5 million kwacha to 150 million kwacha and also by expanding the eligibility criteria so it can help more families than just those with children under five.

"After many false starts and hard battles, this programme is finally on a positive trajectory, and, without a doubt, this would not have been possible without this rigorous evaluation," said Stanfield Michelo, Director Social Welfare at the MCDMCH.

The recently released impact evaluation reports can be accessed here:

<http://www.mcdmch.gov.zm>

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