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Evaluating Impact: Turning Promises into Evidence

SOCIAL CASH TRANSFERS IN ZAMBIA

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1. Background

❑ SOCIAL CASH TRANSFERS

❑ SCTs implemented in five districts.

❑ There are 12,000 beneficiaries on the scheme.

❑ The cash transfers are \$10 per month

❑ The scheme will be scaled up to 15 districts covering 64,000 beneficiaries.

❑ The target groups are incapacitated households, that is those that are extremely poor and lack self help capacity e.g households that are headed by chronically sick, aged, disabled and child headed households. The objective is to reduce hunger and extreme poverty in these households. The second objective is to break the intergenerational transfer of poverty.

❑ The targeting is done by the community.

2. Results Chain



- Funds
- Staff
- Community volunteers
- Information
- Banking facilities
- Capital equipment

- Training
- Community and district mobilisation
- Awareness raising
- Setting up the central data base
- Procurement of capital equipment
- Selection of beneficiaries
- Payment of transfers

- Trained staff
- Active district and community structures
- Programme is supported at all levels
- Data base in place
- Equipment is procured
- Beneficiaries targeted and receiving cash transfers

- Number of meals per day increased from one to three
- The asset base is increased so that households purchase at least three assets over one year
- Increased productivity in adults
- Improved anthropometrics

**LONGER-TERM
OUTCOMES
HIGHER ORDER GOALS**

- Reduced hunger
- Reduced poverty
- Economic independence in households/sustainability
- Reduced child labour
- Improved health
- Social inclusion

2. Results Chain



- Improved attendance and enrolment at school

3. Primary Research Questions

- Do cash transfers result in better health?
- Do cash transfers result in better productivity?
- Do cash transfers promote social inclusion?
- To what extent do cash transfers improve literacy levels?

4. Outcome Indicators

- Number of meals per day increased from one to three
- The asset base is increased so that households purchase at least three assets over one year
 - Increased number of days worked from two days to three days in a week
 - Reduced absenteeism from 33% to 20%.
 - Reduced number of children presented with malnutrition.

5. Identification Strategy/ Method

- Undertake community targeting of beneficiaries
- Do a baseline
- Randomisation of the communities
- Choose control and treatment groups

6. Sample and Data

- ❑ Baseline survey
- ❑ The treatment sample in each district is 1,200 households.
- ❑ The control sample size is 1,200 households.
- ❑ 240 households per district both for treatment and control.
- ❑ Survey data
- ❑ Administrative data (household characteristics, school records, health records, etc)

7. Time Frame / Work Plan

- The baseline will be done in two months (September and October, 2010)
- Follow up surveys will be done after two years
- Collect administrative data from schools and hospitals on a monthly basis
- Final impact evaluation survey will be done after four years.

○ Time Frame / Work Plan for the baseline

ACTIVITY	TIME FRAME
Questionnaire design	One month
Questionnaire testing and training	One week
Data collection	Two months
Data entry/ processing	Two months
Data analysis	Two months
Report	Two months

8. Sources of Financing

❑ Government of the Republic of Zambia and UNICEF.