

Evidence generation from the gender and nutrition sensitive 1,000 Days in Social Cash Transfer pilot Additional Drought Data Collection

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EXECUTIVE SUMMARY

The 2023-2024 farming season was affected by floods, dry spells and outbreaks of diseases as well as Fall Army Worms, Stock Borer, and Cassava Brown Streak, which affected the seasonal performance impacting 84 of Zambia's 116 districts, with substantial effects in the Southern, Central, Eastern, Western, Copperbelt, Lusaka, and North-Western provinces. These areas have faced significant crop failures, especially maize, and declining livestock health due to a lack of pasture and water. Southern Zambia and parts of the Western and Eastern provinces have been particularly hard-hit. This drought has led to significant food insecurity, leaving approximately six million people in urgent need of assistance. The drought is expected to escalate child malnutrition, especially in rural areas where poverty is high and access to food is becoming increasingly difficult. The IPC food insecurity analysis showed that by October 2024, at least 67 districts will be in crisis with over 2.4 million classified as being in crisis or worse and requiring urgent humanitarian attention.

The 1,000 days in SCT pilot, currently being implemented in four districts across four provinces, includes Chipata (Eastern Province), Kalabo (Western Province), Mpika (Muchinga Province) and Mwinilunga (North-Western Province), all of which have been heavily affected by the drought. This study aims to build on the evidence generated during the pilot's second year, focusing specifically on the additional impact the pilot might have had on young children's nutrition in the context of the ongoing drought.

This report presents the Institute of Development Studies (IDS) and the University of Zambia's response to UNICEF's request for additional evidence generation on the benefits of the gender and nutrition-sensitive social protection strategy (1,000 Days Social Cash transfer (SCT) pilot) in the context of recent devastating droughts that have severely affected Zambia.

OBJECTIVES OF THE STUDY

The primary objective of this research was **to assess whether and how beneficiaries of the 1,000 days in SCT pilot have been safeguarded from the most severe effects of the drought.**

The specific research objectives were as follows:

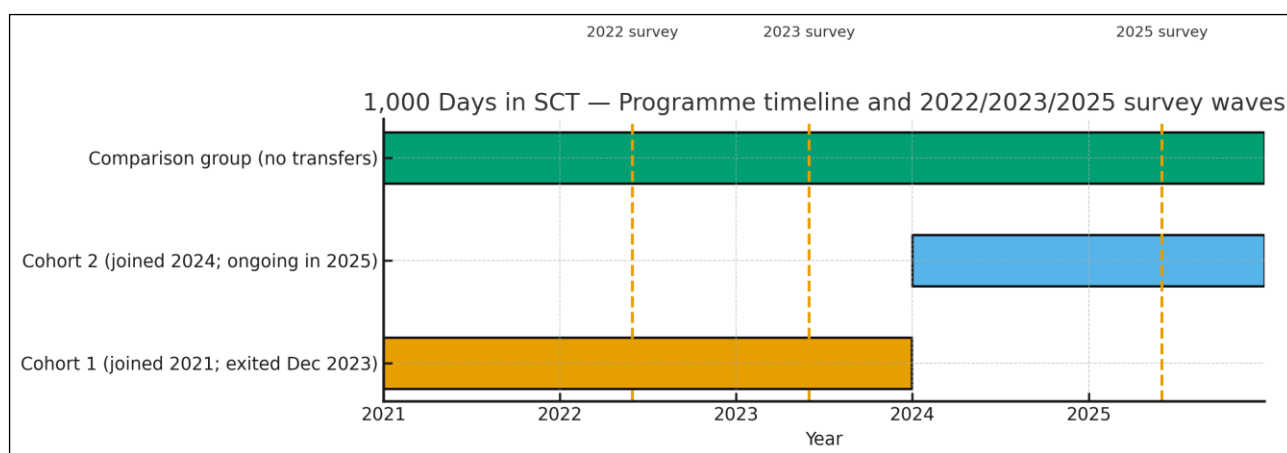
1. **To assess whether the 1,000 Days in SCT pilot protected maternal and child diets, household food security (and other selected key outcome indicators) during the drought.**
2. **To examine the mechanisms through which the 1,000 Days in SCT pilot provided protection during the crisis, including:**
 - The impact of cash transfers earmarked for child nutrition.
 - The added value of the non-monetary components of the 1,000 Days in SCT pilot.
 - The pilot's role in reducing negative coping strategies, such as the distress sale of productive assets.
3. **To assess how the implementation structures and strategies of the 1,000 Days in SCT pilot were adapted to enable a rapid response to the needs of the most vulnerable households with young children during the drought.** This may include:
 - Leveraging existing infrastructure for rapid additional emergency cash transfers (e.g. vertical expansion).

- Facilitating links to food assistance or other direct nutrition supplementation for children.

RESEARCH DESIGN

The evaluation extended a difference-in-differences (DiD) quasi-experimental design to assess the 1,000 Days in SCT pilot's protective effects during the 2024 drought on household food security, dietary diversity and coping. It compared three groups: first cohort beneficiaries who joined at the start of the pilot (most exiting after December 2023 as children aged out); second cohort beneficiaries registered after December 2023; and a comparison group (the same comparison households that in previous rounds).

Figure ES 1: Timeline of enrolment and follow-up for first and second cohort beneficiaries and comparison group in the 1,000 Days in SCT pilot.



Source : Authors' own.

Fieldwork was conducted between February and April 2025 in all four pilot districts, combining a household survey of 3,507 households with qualitative work in purposively selected CWACs including key informant interviews and in-depth interviews (IDIs) with current and former beneficiaries. A mixed-methods integration triangulated survey estimates with qualitative.

FINDINGS AND RECOMMENDATIONS

1. Did the 1,000 Days in SCT Pilot protect maternal and child diets and food security during the drought?

The empirical evidence suggests that the 1,000 Days in SCT Pilot provided some protection to maternal and child diets and household food security during the 2024 drought, though results varied across the first and second cohort of the pilots and by outcomes.

Women's dietary diversity (MDD-W / WDDS):

- In drought-affected households, women in the first cohort of the 1,000 Days in SCT pilot consumed 0.8 more food groups than non-beneficiaries, corresponding to a 13 percentage point (pp) higher likelihood of meeting the minimum dietary diversity threshold (MDD-W).

- Women in the second cohort of the 1,000 Days in SCT pilot did not see improvements, and in non-drought households their dietary diversity was even slightly lower than in the comparison households.
- Women in households that received D-ECT consumed 0.5 more food groups (+5pp).
- While the panel data did not show statistically significant causal impacts, there were encouraging **signs that having been in the first cohort of the 1,000 Days in SCT pilot helped women maintain more diverse diets during the drought.**

Children's diets (MDD 6–23 months):

- While overall child dietary diversity did not differ significantly from the comparison households, the evidence suggested that having been in the first cohort of the 1,000 Days in SCT pilot may have helped protect young children's diets during the drought.
- **Children in the first cohort of the 1,000 days in SCT pilot were more likely to consume nutrient-rich foods** such as flesh foods (22 percentage points more likely), fruits and vegetables (16pp), and eggs. This points to the pilot's potential to safeguard the quality of diets in times of crisis.
- By contrast, children in households of the second cohort and those receiving D-ECT showed fewer improvements, although D-ECT did appear to support higher intake of vitamin A-rich foods.
- In non-drought settings, patterns were more mixed, with some groups showing weaker or even negative associations.

Household food security (FIES / FCS):

- The findings suggested that both the 1,000 Days in SCT pilot and D-ECT helped households to cope better with food insecurity, but through slightly different pathways.
- Having been in the **first cohort or receiving D-ECT primarily improved households food consumption score (FCS)**. Households in the first cohort of the 1,000 Days in SCT pilot had +6.3 pp higher Food Consumption Score ($p < 0.01$) and were 19pp less likely to have a poor Food Consumption Score ($p < 0.01$).
- While being in the **second 1,000 days in SCT pilot cohort mainly reduced the direct experience of food insecurity**. Household in the second cohort had significantly lower moderate food insecurity (-19pp, $p < 0.05$) and severe food insecurity (-21pp, $p < 0.05$).
- However, the protective effects of both the 1,000 days in SCT pilot and D-ECT were weaker in households that were severely, and over prolonged time affected by the drought.

Child health

- Overall evidence **was mixed and uneven**. Neither the SCT pilot (first or second cohort) nor D-ECT improved children's nutritional status (measured by weight-for-age or underweight prevalence).

- With regards to other child health outcomes the 1,000 Days in SCT pilot and D-ECT helped improve some aspects of service uptake (micronutrient supplementation, diarrhoea treatment), particularly in drought-affected households.

Homestead Food Production

- The 1,000 Days in SCT pilot may have helped households start or maintain homestead food production, particularly in drought-affected areas.
- However, the panel findings indicate that **these effects were not consistent or sustained across all groups**.
- To strengthen resilience, additional support for homestead production (e.g. access to inputs, irrigation, and extension services) may be needed.

Overall takeaway:

The **1,000 Days in SCT Pilot did provide some protection to maternal and child diets and household food security during the drought, with the strongest, significant evidence for households that had been in the first cohort**. However, protective effects on child health, WASH, and homestead food production (HFP) were limited, pointing to the need to further strengthen the referral systems and complementary services to sustain and scale gains.

2. Through what mechanisms did the 1,000 Days in SCT Pilot protect children's nutrition during the drought?

Mechanism: Role of cash transfers earmarked for nutrition

Across communities and cohorts, awareness was clear that the 1,000 Days in SCT pilot cash was earmarked for young children's nutrition rather than general household spending. This child-centred framing, reinforced by CWACs, translated into three main pathways: (1) direct purchase of nutrient-rich foods; (2) investment in homestead food production (gardens, poultry, small livestock); and (3) small income-generating activities that indirectly financed diverse diets. Programme design and timing shaped how far these pathways protected diets during the 2024 drought. The first cohort (longer exposure; K550 bi-monthly) most consistently reported durable protection of maternal and child diets, as earlier transfers enabled households to build buffers (livestock, seeds/gardens, petty trading) that could be liquidated or harvested when shocks hit. The second cohort (shorter exposure; K550 bi-monthly) largely prioritised immediate food needs with fewer opportunities to invest, offering weaker longer-term protection. The D-ECT (shorter duration; K800) mainly shored up short-term consumption; where receipt was partial, delayed or contested, protective effects were further limited. These qualitative patterns align with the directional findings in the quantitative outcome analysis (Chapter 4).

Across all data sources, there were only a few cases involving children with disabilities. Nevertheless, these accounts offer valuable insights into how the child-earmarked cash transfer supported children with special needs. Caregivers described the daily difficulties of caring for their disabled children, noting that feeding was often a major challenge. For some, the cash transfer was described as “the only way” they could afford nutrient-dense, soft and palatable foods such as milk, eggs, peanut butter and soya porridge—essential for their child's nutrition and health. This evidence indicates that the nutrition-earmarked transfer not only improved dietary adequacy for most children but also enabled caregivers of children with disabilities to meet more complex nutritional and care

requirements. Although such cases were rare, they underscore the need to maintain flexible and predictable transfers, and to ensure that counselling and monitoring systems are responsive to disability-related care needs.

Recommendations

- **Sustain duration to build resilience:** Prioritise longer, predictable child-earmarked transfers for new entrants, enabling households to accumulate nutrition-relevant buffers (gardens, small livestock, petty trade) before shocks.
- **Layer and sequence support:** Use D-ECT (or similar surge top-ups) to stabilise immediate consumption during crises, but pair with ongoing 1,000 Days transfers and referral to nutrition-sensitive services to maintain child diet quality between shocks.
- **Protect delivery integrity:** Ensure on-time, full payments to the primary caregiver (in most cases the mother of the child) and strengthen grievance channels, particularly during emergencies.
- **Market and service linkages:** Draw on existing market and price monitoring by government and partners (for example, WFP's market and price surveys during the drought response) to check that key nutritious foods (eggs, pulses, vegetables) are available and affordable in pilot areas, and use this information to (a) adjust transfer values or top-ups where feasible and (b) tailor nutrition counselling towards locally available, affordable options..
- **Integrate disability-sensitive approaches into pilot design and delivery** more explicitly to ensure that caregivers of children with disabilities can fully benefit from the child-earmarked cash transfer. This could include identifying and recording households with children who have disabilities during registration, providing tailored counselling on feeding and care challenges (e.g. safe feeding positions, adapted food textures), and maintaining flexibility in how transfers are used so that caregivers can purchase specialised foods or cover transport to health services. Monitoring tools should also include simple indicators to track the inclusion and wellbeing of children with disabilities over time.

Mechanism: Non-monetary components of the 1,000 days in SCT pilot

The quantitative evidence suggests that needs assessments and referrals as part of the non-monetary component of the 1,000 days in SCT pilot may have supported protective behaviours related dietary diversity, WASH, and food production during the drought, although the effects were not consistent across outcomes. The evidence was stronger across the qualitative interviews, which provide evidence that the non-monetary components of the 1,000 Days in SCT pilot enabled protection through five main mechanisms:

1. **Child-centred nutrition counselling (both through CWACs and NSGs)** steered spending towards appropriate foods for young children and helped maintain diets including during the drought.
2. **CWAC follow-up and reminders** (home visits, pre-payment meetings) reinforced disciplined, child-focused use of transfers during the drought.

3. **Savings groups (village banking/SILC)** provided quick, flexible liquidity when needs spiked; first-cohort beneficiaries most clearly reported protection from these groups.
4. **Asset-building (small livestock)** created buffers that households could liquidate for food and school costs when prices rose or crops failed.
5. **Homestead food production** sustained dietary diversity and generated small cash income through sales.

Cohort differences mattered. First cohort households had time to translate guidance into buffers (savings, livestock, gardens) and then draw them down during the crisis. Second cohort households enrolled closer to the drought and more often prioritised immediate needs, with less opportunity to convert advice into durable assets.

Recommendations:

- **Sustain and scale the non-monetary bundle** (nutrition counselling, CWAC follow-up, savings groups, asset-building and gardening guidance) so newer cohorts can build similar buffers.
- **Fast-track buffer formation for recent entrants** (e.g., starter livestock/seed kits, links to savings groups) to convert guidance into resilience sooner.

Track key resilience outcomes over time and integrate a small set of related indicators into the routine outcome-monitoring framework so that protective effects are not missed by standard survey indicators. For example, monitor resilience outcomes over time by: (i) routinely recording households' livestock holdings (number, type, and any distress sale of livestock or other productive assets); (ii) tracking savings and financial buffers, including participation in savings groups, frequency of deposits, and whether households can draw on savings for unexpected expenses; (iii) monitoring home production and food access, such as the proportion of households with active gardens or small livestock, garden output, and whether home-produced foods contribute to children's meals; and (iv) including simple indicators of household coping and stability, for example the use of negative coping strategies in the last 30 days and a brief household food security or consumption stability measure.

Mechanisms: Negative coping strategies

The 1,000 Days in SCT pilot helped reduce harmful coping during the drought, with stronger protection among first-cohort households who had longer exposure. These households drew on buffers built with the transfers—such as small livestock and gardens—and, when needed, selectively sold part of the livestock they had purchased with the transfer to cover food shortfalls, helping avoid distress sales of core assets and, in some cases, meal reductions or school withdrawals. Second-cohort households, enrolled as the drought intensified, had less time to build buffers and more often resorted to distress sales, piecework, and cutting the quantity and quality of food. D-ECT recipients more frequently reported negative food-related coping, indicating that short-lived, higher-value payments mainly covered immediate needs and rarely enabled buffer accumulation, especially where payments were partial or one-off.

Recommendations:

Balance duration and transfer size to maximise impact. While findings from the pilot highlight the importance of predictable, longer-duration support, evidence from other studies also points to

the critical role of transfer size in achieving meaningful consumption and nutrition gains. During the pilot, households that remained enrolled for 18–24 months—spanning at least one lean season—appeared better able to build modest buffers (e.g. home gardens, small livestock) and avoid distress sales. A key rationale for transitioning the 1,000 Days pilot beneficiaries into the D-ECT programme was to allow new households to participate for a longer period than initially planned.

- Use D-ECT or other emergency measurements as a temporary top-up during shocks alongside the ongoing 1,000 Days transfer—not as a stand-alone fix—so immediate needs are covered without undermining buffer-building.

Support faster recovery for late entrants within existing programme parameters.

Although front-loading transfers is not currently feasible within SCT or D-ECT guidelines, households enrolling during or immediately after a shock may still require additional support to build buffers. Where possible, link new entrants to complementary interventions already operating in their areas—such as seed or seedling distributions, small livestock initiatives, or agricultural extension services—to help them recover more quickly and begin rebuilding livelihoods without altering the established transfer schedule.

3. Adaptation of the 1,000 Days in SCT Pilot during the drought

The 1,000 Days in SCT pilot showed only partial and uneven adaptation in response to the drought. Among first cohort households, D-ECT coverage was low (11.3%) and over a quarter (26.8%) were unsure if they had received it, highlighting communication gaps. Coverage was very low for the second cohort (5.7%), while control households reported minimal receipt (0.9%) but high uncertainty (35.4%). Where both 1,000 days in SCT pilot and D-ECT were received, payments often overlapped, helping smooth consumption, but staggered roll-out created delays and confusion.

Some of the difficulties observed—particularly those related to coordination of humanitarian assistance, communication with beneficiaries, and payment delivery—fell outside the remit of the 1,000 Days in SCT pilot itself. These issues were part of the wider D-ECT and broader drought response implementation systems, which operated in parallel to the pilot and influenced how effectively support reached households.

Qualitative evidence pointed to modest, locally driven adaptations. Some CWACs stepped up home visits, used lists for targeting, and reinforced child-focused spending, but these efforts were inconsistent and weakened by payment delays, missing names, and unreimbursed “missed months.” In some areas, SCT pilot households were excluded from food distributions because they already received cash, leaving them at risk compared to non-beneficiaries.

Recommendations:

- **Layer support systematically:** Ensure crisis top-ups (e.g., D-ECT) overlap by default with the 1,000 days in SCT pilot transfer during shocks to avoid gaps in support.
- **Strengthen delivery systems:** Guarantee timely and full payments to the primary caregiver, maintain accurate beneficiary lists, and promptly reimburse missed months.
- **Improve communication:** Use clear and consistent labelling of programmes, simple notifications (e.g., SMS or payment slips), and pre-payment meetings to reduce confusion.
- **Coordinate with humanitarian aid:** Align targeting so 1,000 days in SCT pilot participation does not automatically exclude households from food distributions or other emergency relief.

- **Support new pilot entrants during crises:** Provide a short, front-loaded package of faster payments combined with brief counselling to help households meet immediate needs while building resilience.

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List of abbreviations

ANC	Antenatal Care
CPI	Consumer Price Index
CWAC	Community Welfare Assistance Committee
D-ECT	Drought Emergency Cash Transfer
DHO	District Health Office
DiD	Difference-in-Differences
DSWO	District Social Welfare Office/Officer
DNCC	District Nutrition Coordinating Committee
DSWS	Department of Social Work & Sociology
ECD	Early Childhood Development
FCS	Food Consumption Score
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FIES	Food Insecurity Experience Scale
GMP	Growth Monitoring and Promotion
IDS	Institute of Development Studies
IYCFP	Infant and Child Feeding Practices
IFBSPP	Integrated Framework of Basic Social Protection Programmes
KAP	Knowledge, Attitude and Practice
KII	Key Informant Interview
MAD	Minimum Acceptable Diet
MCDSS	Ministry of Community Development and Social Services
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
MIYCN	Maternal, Infant and Young Child Nutrition
MIS	Management Information Systems
MNO	Mobile Network Operator
MTCT	Mother to Child Transmission
NFNC	National Food and Nutrition Commission
NSG	Nutrition Support Group
NRC	National Registration Card
PMT	Proxy Means Test
PNC	Postnatal Care

SBCC	Social Behavioural Change Communication
SCT	Social Cash Transfer
SIDA	Swedish International Development Aid
SUN II	Scaling Up Nutrition II
ToC	Theory of Change
TORs	Terms of References
UNICEF	United Nations Children's Fund
UNJPSP	United Nations Joint Programme for Social Protection
UNZA	University of Zambia
WASH	Water Sanitation and Hygiene
ZISPIS	Zambia Integrated Social Protection Information System

1 Introduction

Zambia's government-run flagship social assistance programme – established in 2003 to reduce extreme poverty – is an unconditional Social Cash Transfer (SCT) programme. Over the past decade, several evaluations have shown that the SCT has had positive effects on household income, reductions in inequality, food security, and school attendance (Tembo, Freeland et al. 2014, Handa, Peterman et al. 2016). However, research in Zambia (Research 2015) and globally (Manley, Balarajan et al. 2020) indicates that providing cash transfers alone is often not enough to bring about substantial improvements in children's nutritional status or birth outcomes.

While overall Zambia has made some progress towards meeting the global targets for maternal, infant and young child nutrition (MIYCN), 34.5% of children below the age of 5 are still too short for their age (stunted), 4.2 % are too light for their height (wasted) and 11.6% of infants are born with a low weight (Global Nutrition Report 2021). Infant and child feeding practices (IYCFP) are sub-optimal with only 69.9% of infants aged between 0 to 5 months being exclusively breastfed, and only 12.3% of infants and young children aged between 6 and 23 months achieving the Minimum Acceptable Diet (UNICEF 2020).

To tackle poverty while improving the nutrition and health of vulnerable children under two years old, as well as pregnant and breastfeeding women and adolescent girls, the Ministry of Community Development and Social Services (MCDSS), with technical support from UNICEF under the United Nations Joint Programme for Social Protection (UNJPSP) – Phase II, launched the 1,000 Days in SCT pilot. The pilot, funded by the Kingdom of Sweden, the Foreign, Commonwealth and Development Office (FCDO), the Swiss Development Cooperation (SDC) and the Republic of Ireland, focuses on the first 1,000 days of life – from conception until a child's second birthday – a critical period for ensuring optimal growth and development. From October 2022 to March 2025, the pilot has reached up to 12,500 households in four districts (Chipata, Kalabo, Mpika, and Mwinilunga), providing cash transfers alongside strengthened linkages to nutrition and health services.

The pilot's implementation coincided with a particularly difficult 2023–2024 farming season, marked by floods, dry spells, and pest outbreaks, including Fall Army Worms, Stock Borer, and Cassava Brown Streak. These shocks severely affected agricultural performance in 84 of Zambia's 116 districts, including all four pilot districts. The resulting drought has left around six million people in urgent need of assistance and is expected to worsen child malnutrition rates.

This report draws on research carried out by a consortium from the Institute of Development Studies (IDS) and the Department of Social Work & Sociology (DSWS), University of Zambia. Between October 2022 and June 2024, the consortium used a combination of implementation research and evaluation approaches to assess both the effectiveness and implementation outcomes of the 1,000 Days in SCT pilot.¹ Crucially, considering the worsening drought and its potential impact on maternal and child nutrition, the consortium undertook additional quantitative and qualitative data collection between February and April 2025. This extra round of data gathering was specifically designed to provide new evidence on the pilot's effects during a period of acute crisis.

¹ See the following link for the final report of this assessment: <https://www.unicef.org/zambia/media/6591/file/ZAM-1000-days-pilot.pdf>

1.1 Objectives of this report

The primary objective of this research was **to assess whether and how beneficiaries of the 1,000 days in SCT pilot have been safeguarded from the most severe effects of the drought**. The assessment encompassed both current beneficiaries (at time of the data collection) and those who had recently exited the pilot due to age eligibility criteria (i.e. the child's second birthday).

The specific research objectives were as follows:

4. **To assess whether the 1,000 Days in SCT pilot protected maternal and child diets, household food security** (and other selected key outcome indicators) **during the drought**.
5. **To examine the mechanisms through which the 1,000 Days in SCT pilot provided protection during the crisis**, including:
 - The impact of cash transfers earmarked for child nutrition.
 - The added value of the non-monetary components of the 1,000 Days in SCT pilot.
 - The pilot's role in reducing negative coping strategies, such as the distress sale of productive assets.
6. **To assess how the implementation structures and strategies of the 1,000 Days in SCT pilot were adapted to enable a rapid response to the needs of the most vulnerable households with young children during the drought**. This may include:
 - Leveraging existing infrastructure for rapid additional emergency cash transfers (e.g. vertical expansion).
 - Facilitating links to food assistance or other direct nutrition supplementation for children.

1.2 Structure of the report

The report is organised into seven sections. Section 2 provides an overview of the 1,000 Days in SCT pilot. Section 3 details the methodology used for the additional data collection round, undertaken to assess the pilot's performance in the context of the drought. Section 4 presents findings on the protective effects of combining social cash transfers with nutrition-related services during crises, focusing on dietary diversity and food security. Section 5 examines the mechanisms through which the pilot provided protection. Section 6 explores how the pilot's structures adapted in response to the crisis. Section 7 summarises the key findings and sets out recommendations.

2 Description of the 1,000 days in SCT pilot and research design

This section recaps the overall design of the 1,000 days in SCT pilot.

2.1 Brief description of the 1,000 days in SCT pilot

The SCT nutrition pilot takes a holistic approach with several components in addition to the bi-monthly cash transfers including nutrition top ups on the SCT payments).

The 1,000 days in SCT pilot provides its beneficiaries with the following:

- **Bi-monthly top-up cash transfers of K150K²** (in addition to the usual bi-monthly cash transfers of the SCT programme).

There are two types of beneficiaries of the 1,000 days in SCT pilot:

- **New beneficiaries:** Beneficiary households that were not yet part of the national Social Cash Transfer (SCT). These households were enrolled on the pilot and receive K400 bi-monthly SCT amount and the 1,000 days in SCT pilot (K150 nutrition top-up).
- **Old beneficiaries:** Beneficiary households that were already part of the SCT programme with 1000 days members and added to the 1,000 days in SCT pilot and received a nutrition top of K150.

The nutrition top up is meant to be used to improve the dietary diversity and nutrition choices of the beneficiary households, particularly of young children, and pregnant or breastfeeding mothers.

- Referrals of beneficiaries to available community-based and district level services (offered by e.g. DSWO, MOH, SUN II)³
- Links to social and behaviour change communication (SBCC) provided as part of SUN II.

Households automatically exit the pilot if the child reaches 24 months of age.

2.1.1 Beneficiary selection for the 1,000 days in SCT pilot

The SCT programme in Zambia currently uses the inclusive model as a targeting approach for beneficiaries (MCDSS 2018). To be eligible for the SCT, households must meet the **Residency⁴ and Welfare criterion⁵** and fall into any of the eligibility categories for vulnerable and incapacitated households.

The **Eligibility criteria** for the SCT programme includes vulnerable and incapacitated households from five categories (MCDSS 2018):

² Zambian kwacha (ZMW); K150 are approximately 7.7 US dollars.

³ Based on availability of services in each district there are some small variations across districts (based on communication with UNICEF in the inception phase).

⁴ The Residency criterion states that households must have been living in the same catchment area for at least six months.

⁵ The Welfare Criterion determines that a household is eligible if it cannot meet basic needs based on Proxy Means Test (PMT) using a Household Living Conditions Index.

1. Households with an elderly person (aged 65 years or above).
2. Household with a member or members with severe disability.
3. Household with a member or members who are chronically ill on palliative care.
4. Child headed households (i.e., head is below 19 years old).
5. Female headed household (i.e., not married and with at least 3 children aged below 19 years).

The 1,000 days in SCT pilot adds a **sixth eligibility category** to the existing 5 categories:

6. Households with pregnant women, or a member that is two years or below.

The pilot targets both households that are already on the SCT programme and households that are not yet part of it. New beneficiary households are identified through Community Welfare Assistance Committees (CWAC), health facilities, or SUN-II beneficiary registration database.

Identification and listing of eligible households (including verification of households that are already on the SCT programme; and households that are not yet in the programme)

In communities, trained enumerators identify and list eligible households with help from CWAC and health facility staff. Eligibility must be verified with either 1) an Antenatal Care (ANC) or proof of pregnancy for pregnant women or (2) under-5-card/birth record or (3) certificate for children two years and below.

Beneficiary registration (including welfare criterion assessment and enumeration for new beneficiary households)

The registration process differs between households that are already in the SCT programme and households that are not.

- **Existing SCT households:** Existing SCT households are not subjected to the enumeration process as they were already enumerated, and their welfare estimation was established through Proxy Means Test (PMT). Once their eligibility for the 1000 Days in SCT pilot is verified they are simply entered into the payment module for nutrition top up payment.
- **New beneficiary households:** Households will be visited for welfare estimation. A household is registered into the pilot if it passes the Proxy Means Test (PMT) using the Household Living Conditions Index. Households will be entered into the payment module

2.1.2 The SCT nutrition package

The nutrition package will consist of referrals and linkages of beneficiaries to services (both within and outside the community) that support better nutrition and health outcomes (including health, nutrition, and agriculture services) as well as access to Scaling Up Nutrition (SUN II) Services.

Referral and linkages to services

The implementation manual suggests two pathways by which beneficiaries of the SCT nutrition pilot could be referred/get access to additional nutrition-related services: (1) Single Window Services (SWS); and (2) Case management by CWACs.

Single Window Services (SWS): To operationalize the Integrated Framework of Basic Social Protection Programmes (IFBSPP), the Government of Zambia created a SWS approach to improve the delivery of its social protection programmes. The SCT nutrition pilot aims to make use of the approach. The SWS approach functions as a one-stop shop that readily provides information regarding various programmes and criteria, and facilitates assessment, enrolment and payment of benefits for qualifying beneficiaries. SWSs facilitate transparency and information sharing across various government institutions and foster horizontal and vertical integration by strengthening sub-national authorities.

The SWS will be used to support:

- Referral and feedback mechanisms for SCT nutrition pilot beneficiaries. Beneficiaries can receive information of programmes/schemes and services that might be available to them; however, they must register themselves first.

Linkages for potential beneficiaries can also be referred to the most suitable social protection programmes including the 1000 Days in SCT pilot based on their specific needs. SUN II operates through different structures, Nutrition Support Groups (NSGs) and Ward Nutrition Coordinating Committees (WNCCs), which were mapped for effective referrals.

Case management by CWAC: CWAC members actively reach out and visit households that have been registered for the 1,000 days in SCT pilot to conduct a tailored needs assessment. Based on the findings of the assessment, the CWAC will then refer beneficiaries to the identified relevant service (both within and outside the local communities) and follow up with the beneficiaries on the uptake of those services.

2.1.3 Scaling up Nutrition (SUN II) Services

All beneficiaries of the 1,000 days in nutrition pilot are linked to services offered through the SUN II programme. The SUN II programme is a four-year initiative supporting the government's first 1,000 Most Critical Days Programme Phase II (MCDP II) led by UNICEF in partnership with the National Food and Nutrition Commission (NFNC), line ministries, other UN agencies and non-governmental organizations. SUN II services include nutrition-specific, nutrition-sensitive and nutrition-enabling services that focus on the first 1,000 days.

More specifically, 1,000 days in nutrition pilot beneficiaries are linked to:

- **Water and Sanitation and Hygiene (WASH) services**
- **Livelihood and Empowerment Interventions** (in particular to the Village Savings and Lending Associations (VSLA)) which are expected to increase access to nutritious foods in the short-term and in the medium/long term increase access to inputs for agriculture.
- **Social and Behaviour Change Communication (SBCC) and Nutrition Education** targeted towards pregnant/breastfeeding mothers and mothers with children below 2 years of age to improve consumption of diverse and nutritious foods, promote appropriate maternal, adolescent, infant and young child feeding (IYCF) and caring practices (breastfeeding, complementary feeding, dietary diversity); hygiene and sanitation practices; appropriate cooking practices, and importance of consumption of micronutrient and protein rich foods. The SBCC will also include the promotion for use of appropriate health and nutrition services

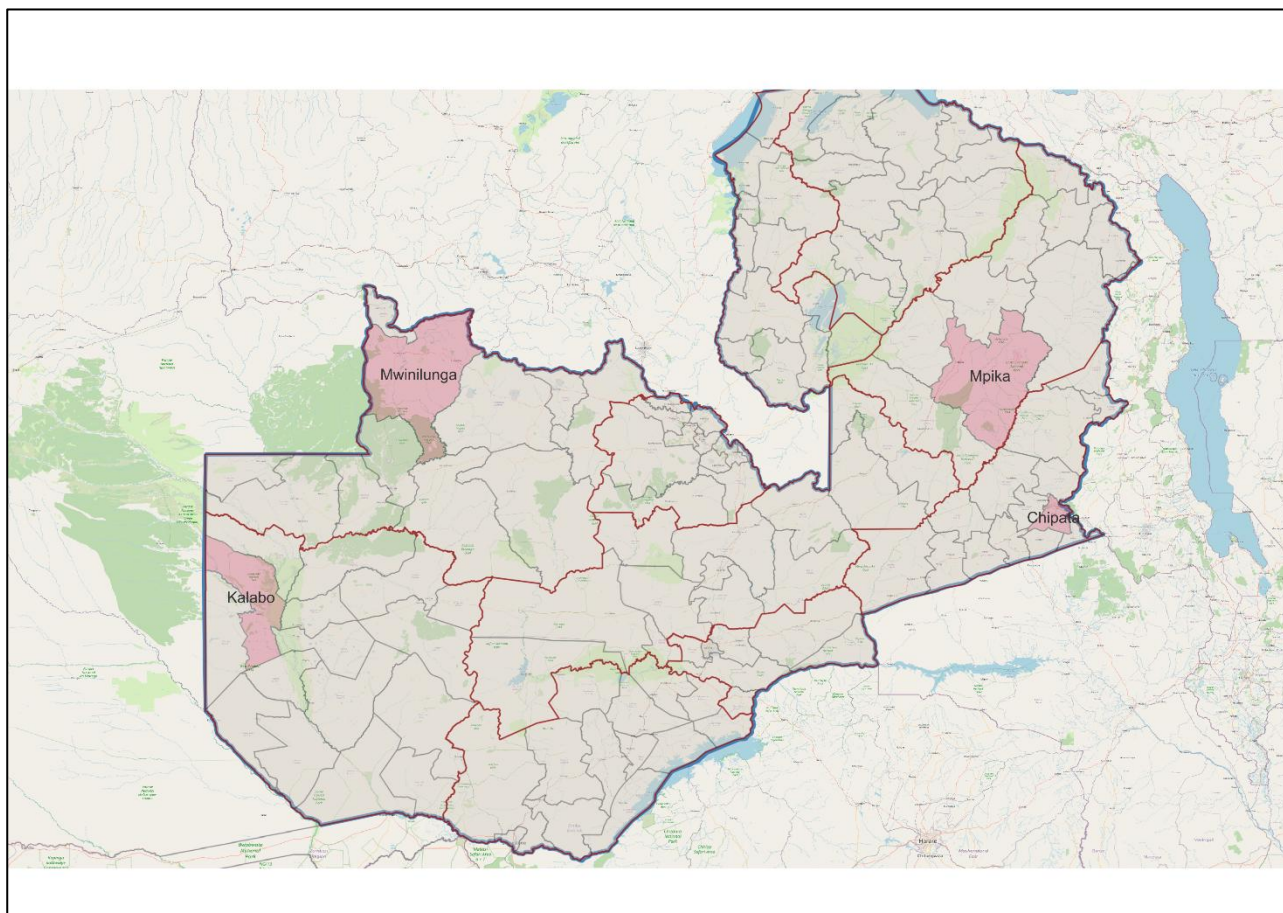
(antenatal care (ANC), postnatal care (PNC), growth monitoring and promotion (GMP), Vitamin A, Deworming, IFA Supplementation) for pregnant women, breastfeeding mothers, and children under 2 years of age.

- **Support in production of diversified foods via homestead food production** (FAO/MoA via extension system).
- **Early Child Development Services (ECD)** These services are only offered to 1,000 days in SCT pilot beneficiaries in Chipata District. Services include a comprehensive package of services such as health, nutrition, WASH, child protection, early learning and parenting education programme.

2.2 Locations of the SCT nutrition pilot

The SCT Nutrition pilot is a three-year project implemented in four purposefully selected districts of Zambia, namely in Chipata, Kalabo, Mpika, and Mwinilunga (see Figure 1, pilot districts highlighted in red). All 4 districts are part of the 36 priority districts for stunting reduction under Zambia's First 1,000 Most Critical Days Programme II (MCDP II), and therefore receive comprehensive, integrated, harmonized, and large-scale multi-sectoral nutrition interventions using a common approach to deliver services. The 4 districts were purposefully selected as UNICEF was implementing the Scaling Up Nutrition Phase II (SUN II) there (UNICEF 2019).

Figure 1: Map of Zambia with pilot districts highlighted in red



Source : Authors' own.

Other selection criteria for the pilot districts were presented in the implementation manual and include high levels of stunting among children below the age of 5 years, mobile network coverage (for cash transfer via mobile phones⁶), urban/rural location and SCT payment mechanism. Within the selected districts the SCT nutrition pilot will first be rolled out Wards that are also part of SUN-II.

⁶ No mobile cash transfers took place during this research study.

3 Methodology and data sources

3.1 Overview

The research used a mixed-methods approach, triangulating quantitative and qualitative methods to generate comprehensive insights into:

1. the additional protective effects of the 1,000 Days in SCT pilot for young children's and women's nutrition during a sudden crisis;
2. the mechanisms through which protection was provided during the crisis; and
3. whether, and how, pilot structures were adapted in response.

Quantitative and qualitative data collection were carried out between February and April 2025 in four pilot districts: Kalabo (Western Province), Mwinilunga (North-Western Province), Mpika (Muchinga Province), and Chipata (Eastern Province).

3.2 Quantitative methods

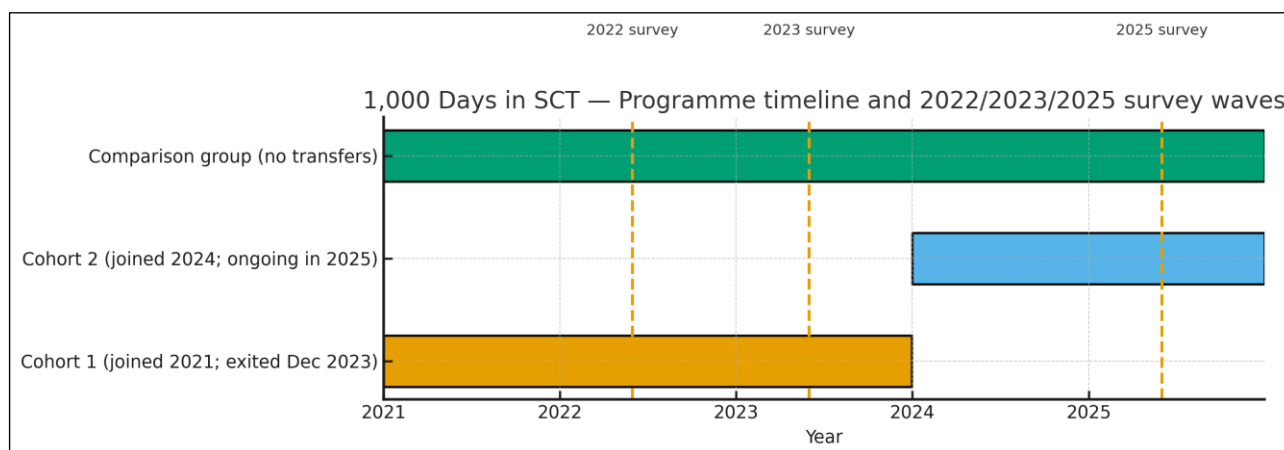
3.2.1 Quantitative cross-sectional survey

This quantitative study extended the difference-in-differences (DiD) quasi-experimental approach used in previous phases of the implementation and evaluation of 1,000 days in SCT pilot. The aim was to assess the pilot's protective effects during a period of severe drought on key maternal and child nutrition outcomes—specifically household food security, dietary diversity, and coping mechanisms. Research was conducted in all four pilot districts, using the same CWACs as in earlier phases to ensure comparability.

Three household groups were included (see Figure 2):

- **Treatment Group 1 – Second cohort of 1,000 days in SCT pilot beneficiaries:** Households that were registered into the 1,000 days in SCT pilot after December 2023 (which is when the endline survey of the previous pilot evaluation was conducted). This cohort allowed for assessment of the pilot's ongoing protective effects during drought.
- **Treatment Group 2 – First cohort of 1,000 days in SCT pilot beneficiaries:** Households that joined the 1,000 Days in SCT pilot at the very beginning (2021) and were also part of the previous evaluation. Most of these households left the pilot after December 2023 because their child turned older than 24 months, although a few remained in the pilot. Following these households allowed the study to see whether the positive effects of the pilot continued even after participation ended.
- **Comparison Group – Non-Beneficiaries:** Households that were originally listed for the pilot but were not registered following their PMT assessment, as they were classified as too affluent to qualify. Despite this, they met all other eligibility criteria for the pilot and were therefore considered comparable to beneficiary households. These households had never received 1,000 Days in SCT Pilot cash transfers.

Figure 2: Timeline of enrolment and follow-up for first and second cohort beneficiaries and comparison group in the 1,000 Days in SCT pilot



Source : Authors' own.

Sampling was designed to detect a medium effect size (0.3 standard deviations) with 80% statistical power, in line with widely accepted impact evaluation standards (Gertler, Martinez et al. 2016). This corresponded to approximately 350 households per group, or 1,050 households in total. To enable analysis at the district level, the target was set generously at around 1,050 households per district (4,200 total), selected using probability proportional to size, with wards sampled first and CWACs selected randomly within them.

Fieldwork was carried out under challenging conditions, including heavy rains, difficult road access, high agricultural labour demands during the farming season, outdated contact details, and coordination changes following CWAC elections. In some locations, particularly Chipata, refusals were higher than expected. Even with these constraints, the survey team successfully reached **3,507 households**—a sample size well above typical thresholds for robust DiD analysis in similar contexts (McKenzie 2012, White and Raitzer 2017). The sample provided rich geographic and demographic diversity, with distribution as follows: Chipata (33.7%), Mwinilunga (28.9%), Kalabo (27.3%), and Mpika (10%). Given the methodological continuity with previous phases, the availability of two rounds of existing longitudinal data for Treatment Group 2 (first pilot cohort) and the Comparison Group, and the statistically sufficient sample size, the study was well positioned to generate credible, policy-relevant evidence on the 1,000 days in SCT pilot role in protecting nutrition outcomes during climatic shocks.

As in the previous evaluation, we used households' self-reported information from the survey to determine their participation in the 1,000 Days in SCT pilot, as well as whether they had received D-ECT and/or other drought-related support (see Section 3.2.1 of the final evaluation report⁷). This approach provided a more accurate measure of programme exposure. See Table 1 for the final sample included in the statistical analysis grouped by whether households were part of the 1,000 Days in SCT pilot (first or second cohort) and whether they also received D-ECT support and/or other drought support. With regards to other support most common was Cash-for-Work which reached 11% of respondents.

Under the D-ECT programme, the Government of Zambia, through the MCDSS with support from partners like the World Bank and UNJPSP II—provided an emergency cash transfer of K800 per household every two months.⁸ Since this sum was administered bi-monthly, the average per month

⁷ <https://www.unicef.org/zambia/media/6591/file/ZAM-1000-days-pilot.pdf>

⁸ https://www.unicef.org/zambia/stories/rain-didnt-come-hope-did?utm_source=chatgpt.com

was effectively K400 (assuming equal spacing). The scheme ran for a 12-month period beginning in mid-2024.

Table 1: Sample for quantitative analysis (N = 3,507), grouped by whether households were part of the 1,000 Days in SCT pilot and whether they also received D-ECT support/other drought support

Pilot participation	Number of households n (%)	Received D-ECT n (%)	Did not receive D-ECT n (%)	Unsure if D-ECT was received n (%)	Received other support n (%)
First 1,000 days in SCT pilot cohort ¹	2535 (72.3)	287 (11.3)	1569 (61.9)	679 (26.8)	258 (10.7)
Second 1,000 days in SCT pilot cohort ²	158 (4.5)	9 (5.7)	149 (94.3)	0 (0.0)	15 (9.6)
Control group (never received 1,000 days in SCT pilot cash transfer)	814 (23.2)	7 (0.9)	519 (63.8)	288 (35.4)	97 (12.4)

¹ Self-reported cash transfer from 1,000 days in SCT pilot; ² Self-reported cash transfer from 1,000 days in SCT pilot after 1st June 2024.

3.2.2 Outcome measures of interest

The survey collected information on:

- Nutrition and selected child health outcomes: Food security; dietary diversity of mothers and children; child health; WASH.
- Child health and Nutritional status: Anthropometry was not undertaken; however, information on children under two years was extracted from under-five cards, supplementation and diarrhoea incidence and treatment.
- Homestead food production: Sources of income, assets, and home food production.
- Impact of the drought on households: Magnitude of the drought's effects, food shortages, and coping strategies.

For Treatment Groups 1 and 2, the survey also gathered information on:

- Use of cash transfers.
- Uptake and engagement with nutrition-related services.
- Length of exposure to the pilot.

Wherever possible, validated standard tools (e.g. dietary diversity scores, Minimum Acceptable Diet for children 6–23 months, household food security measures) were reused to ensure rigour and comparability. Refer to **Annex 1** for a copy of the household survey.

3.2.3 Quantitative data collection and cleaning

In preparation for data collection (including both the quantitative survey and the qualitative interviews), a five-day training workshop for research assistants was organised by the Department of Social Work and Sociology at the University of Zambia (20–24 January 2025). The training was led by Dr Cleopas Sambo, with Dr Inka Barnett and Dr JP Tranchant participating virtually as required.

The training aimed to equip research assistants with the necessary knowledge and skills to conduct high-quality data collection. Sessions covered the study's aims, methodology, sampling strategies, participant selection, ethical protocols and consent procedures, and practical aspects of field organisation. Team building and role-play exercises were used to familiarise assistants with interview guides and field procedures.

All completed survey questionnaires were uploaded to KoboCollect.⁹ The UNZA team and IDS implemented several measures to ensure the quality of data collection. First, the field team leader accompanied the data collectors to all sites, participated in interviews, and reviewed the collected data, which included both quantitative household survey data and the qualitative data. Second, interviewers synchronized data daily, except when hindered by internet connectivity issues, and checked for duplicates and completeness of surveys. Third, UNZA maintained detailed field notes with a daily debrief schedule and shared them daily with IDS during fieldwork via WhatsApp and a shared Teams folder, allowing for prompt identification and resolution of any issues. Fourth, IDS conducted data validation checks multiple times a week on the exported data. Incomplete or unsatisfactory questionnaires were returned to the field team for correction, which included revisiting households if necessary. Finally, the data underwent a cleaning process to correct inconsistencies and erroneous entries.

3.2.4 Quantitative analysis

First step of the quantitative analysis

The first step of our quantitative analysis used survey data collected in early 2025 to explore how participation in different programmes was linked to key wellbeing indicators. Specifically, we compared households in the first cohort of the 1,000 Days SCT pilot, the second cohort, and the D-ECT programme with households that did not participate in any of these programmes.

We examined how these different groups performed on core outcome indicators — dietary diversity, food security, child health, and WASH — and presented the results separately for households that reported being affected by the 2024 drought and those that did not.

This is a cross-sectional association, meaning the patterns reflect differences observed at one point in time (the 2025 survey) rather than causal effects of the programmes. The results should therefore be interpreted as indicative relationships, not definitive proof of impact.

To help reduce the risk of selection bias — where certain household characteristics might influence both programme participation and outcomes — we statistically adjusted for factors that could explain

⁹ KoboCollect is a mobile data collection app that is widely used in survey research, particularly in settings where access to the internet or electricity may be limited. It is part of the Kobo Toolbox, a free and open-source suite of tools designed for data collection, management, and analysis in challenging environments.

why households received payments but were unlikely to have been influenced by the drought itself. These included:

- Husband's education level
- Woman's work situation
- Mobile phone ownership and use for financial transactions
- Bank account ownership
- Presence of a child under two years old
- Marital status
- Household asset index
- Productive asset index
- Tropical Livestock Units (TLU)

By accounting for these characteristics, we aimed to make comparisons between groups more balanced and meaningful, while recognising that this approach cannot fully remove bias or establish causality.

Second step of the quantitative analysis: panel approach

The second step of the quantitative analysis used panel data, which followed the same households over multiple years. Unlike the cross-sectional results — which compared different households at one point in time — this method tracked changes within the same households, helping to reduce the risk of selection bias.

For this study, the panel dataset included information from the same households surveyed in 2022, 2023, and 2025. This allowed us to see how outcomes changed over time for households participating in the first cohort of the 1,000 Days SCT pilot, the second cohort, or the D-ECT programme, compared to households that were not part of any of these schemes. Because we observed changes within the same families, this approach provided a more reliable indication of the programmes' causal impacts on key outcomes such as dietary diversity, food security, child health, and WASH.

We applied panel regression analysis, a statistical method that accounted for repeated observations from the same household. This controlled for unchanging household characteristics — such as location— that might otherwise have biased the results.

In addition, we included interaction terms in the model to capture how the effects of the 1,000 Days SCT pilot or the D-ECT programme differed depending on whether a household was affected by drought. This helped us assess whether programme participation offered particular benefits (or challenges) under drought conditions.

3.3 Qualitative methods

The qualitative research was conducted in two purposively selected CWACs per district (six in total) and included 27 key informant interviews (KIIs) and 32 in-depth interviews (IDI). The KIIs and IDIs

were guided by pilot-tested, semi-structured topic guides to ensure consistency and relevance across respondents; these guides are available in **Annex 2**.

3.3.1 Key Informant Interviews

Key informants were purposively selected (see Table 2) to:

- Explore the protective effects of the pilot during the drought for both current and previous beneficiaries.
- Understand mechanisms of protection.
- Assess whether and how pilot structures were adapted for rapid crisis response.
- Identify other complementary protections provided by partners.

3.3.2 In-Depth Interviews (IDIs)

Thirty-two IDIs were conducted with current and previous beneficiary households in purposively selected CWACs (two per district). These explored protective effects and mechanisms at household level during the drought.

Table 2: Overview of qualitative data collection

Method	Interviewees	Location	Key aims
Round 1 (October to December 2022)			
KIIs	27 KIIs	Purposeful selection of interviewees at CWAC, and District level	Mapping out available services; Exploring implementation pathways and challenges; Identifying potential barriers to high-quality service delivery and multi-sectorial coordination.
IDIs	32 IDIs in total , 8 in each pilot district Current beneficiary households (n=2 per CWAC; 4 per district) Previous beneficiary households (n=2 per CWAC; 4 per district)	Purposeful selection in selected CWACs (2 per district)	Experiences and challenges with pilot; Perceptions about beneficiary selection process, payment process, needs assessment, referral and up-take of services.

Notes: KIIs; Key Informant Interviews, IDIs; In-depth Interviews.

3.3.3 Qualitative data collection and data analysis

All qualitative interviews were audio-recorded (with consent) for interviewer reference only. Verbatim transcripts were not produced; instead, detailed summary notes were prepared from field notes and

recordings. Daily debriefs between the Zambian field team and the IDS team (via WhatsApp or other platforms) allowed for rapid reflection, identification of emerging themes, and adaptation of subsequent interviews. This approach, successfully used in other IDS evaluations (e.g. FCDO nutrition impact evaluation; GAIN Nourishing Dreams evaluation), significantly reduced analysis time while improving responsiveness.

Fieldwork supervision was provided by Dr Sambo, with daily in-person team meetings during data collection. The IDS team joined virtually when possible and provided real-time support via WhatsApp.

3.3.4 Qualitative data analysis

Qualitative data were managed and coded in NVivo. A directed content analysis approach was used, starting with open coding of several interview notes to develop an initial coding framework. The framework was applied flexibly to accommodate emerging themes. The IDS team led the analysis in close collaboration with the Zambian team, with interview notes written on the same day or shortly after collection to maintain quality.

3.3.5 Mixed methods integration

Quantitative survey data and qualitative findings from KIIs and IDIs were integrated through an iterative process, allowing insights from each stream to inform and refine the other throughout analysis. This pragmatic mixed-methods approach prioritised complementarity—using quantitative data to identify patterns and estimate effect sizes, and qualitative narratives to unpack underlying mechanisms, contextual factors, and differential impacts. Integration took place at multiple stages, including during preliminary analysis discussions, joint interpretation discussions, and synthesis for reporting, ensuring that findings were both statistically robust and grounded in participants lived experiences during the drought. Such iterative integration is increasingly recognised as best practice for understanding complex interventions in dynamic contexts (Johnson, Onwuegbuzie et al. 2007, Fetters and Freshwater 2015, Guetterman, Fetters et al. 2015).

3.3.6 Research team composition

The UNZA research team consisted of ten research assistants and a team leader, with additional support provided by the Country Manager and lead researcher, Dr. Sambo. Of the ten research assistants, six were women and four were men. The decision to have more female researchers was intentional, given the sensitive nature of the research topic, to ensure that female respondents felt more comfortable during interviews. Two members of the team were dedicated to conducting qualitative interviews, while the remaining members focused on the quantitative survey. Data collection was conducted in multiple languages, including English, Nyanja (and Chewa), Lunda, Bemba, Tonga, and Lozi, to ensure clear communication and comprehension among respondents across the different regions involved in the study.

3.4 Ethics

The research consortium is highly experienced in addressing ethical concerns in challenging contexts and adheres to a well-developed set of ethical principles, norms, and codes of practice, which were rigorously followed and monitored throughout the baseline data collection. The team has substantial experience conducting both quantitative and qualitative research with mothers, social protection beneficiaries, and children, both within Zambia and in other low- and middle-income

countries. In this study, the team strictly adhered to UNICEF's guidelines for conducting research involving children, ensuring the protection and well-being of all participants.

This study was thoroughly reviewed and received approval from the Institutional Ethical Review Board (IERB) at the Institute of Development Studies (IDS), University of Sussex. Additionally, the research team obtained ethical clearance from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of Zambia, ensuring full compliance with ethical standards in both institutions.

3.5 Limitations of the research study

Field teams encountered multiple operational challenges during the data collection:

- **Seasonal migration and farming commitments** during the rainy/planting season reduced participant availability.
- **Poor transport access** due to heavy rains and flooding, especially in Kalabo and Mwinilunga.
- **Outdated or inaccurate contact information**, particularly in Mpika and among non-beneficiaries.
- **High refusal rates** in certain CWACs (notably in Chipata's Mchenga and Chimwemwe).
- **CWAC coordination issues** following committee elections, especially in Kalabo and Chipata.

Mitigation measures included flexible scheduling, repeat visits, support from DSWOs and district coordinators, and targeted follow-up efforts. While some districts (e.g., Mpika) still recorded low numbers due to longstanding sampling issues from Phase 1, the final dataset maintained district representativeness.

4 Findings: Did the 1,000 Days in SCT Pilot protect maternal and child diets and food security during the drought?

This section presents evidence on whether the 1,000 Days in SCT pilot helped protect maternal and child diets, household food security, and other selected key outcome indicators during the recent drought. Drawing on quantitative survey data from 3,613 households and complementary qualitative interviews conducted between February and April 2025 in the four pilot districts, the analysis compares current beneficiaries, previous beneficiaries, and non-beneficiaries. It examines changes in dietary diversity, food security status, and related outcomes to determine the extent to which the pilot acted as a buffer against the adverse impacts of the crisis. The section starts by presenting quantitative and qualitative data on the impact of the drought on households in the pilot districts.

4.1 Impact of drought on households in pilot districts

Based on the qualitative and quantitative data the 2024 drought had far-reaching impacts on households, disrupting food production, access to water, and local livelihoods in all four districts. While the overall patterns of hardship were similar, each location revealed distinct experiences shaped by local environments and coping capacities.

The **quantitative survey** assessed drought exposure based on household respondents' self-reported answers to the question:

“How many times did [shock] occur in this household since the beginning of 2023?”

Drought-related shocks included:

- Major loss of crops due to drought
- Loss of livestock due to drought
- Loss of productive assets due to drought
- Loss or destruction of other consumption assets (personal) due to drought

Across all four districts, the proportion of households reporting these events was:

- 65.9% – major crop loss
- 1.4% – loss of livestock
- 0.5% – loss of productive assets
- 0.2% – loss of other personal assets

These results suggest that, from the perspective of households, drought primarily impacts crop production, while losses to livestock and other assets were less severe. For the remainder of the quantitative analysis, we define drought exposure as households reporting major crop loss due to drought in 2024.

The evaluation team explored different ways to assess the severity of drought experienced by each household in the quantitative sample (or, where household-level data were not available, by each CWAC). This included attempts to use of geocoded drought indices, including the Standardized Precipitation Index (SPI) and the Standardized Precipitation Evapotranspiration Index (SPEI), derived from the ERA5 dataset¹⁰. These indices measure how rainfall and evapotranspiration deviate from long-term averages across different timescales. In practice, however, the clustering of

¹⁰ The ERA5 dataset is the fifth-generation global climate reanalysis produced by the European Centre for Medium-Range Weather Forecasts (ECMWF) under the Copernicus Climate Change Service (C3S). Available here: <https://cds.climate.copernicus.eu/datasets/reanalysis-era5-land-timeseries?tab=overview>

households within CWACs meant there was very little variation in these measures across the sample. Accessing and linking external rainfall and GIS datasets also proved challenging. Moreover, because the entire sample was affected by rainfall and evapotranspiration deficits, it was not clear that analysing differences in the degree of deficit would have generated meaningful insights.

Finally, in some cases the results were inconsistent with households' own reports of drought exposure. This suggests that external datasets may not always capture localised or household-specific impacts accurately. To ensure reliability and consistency, we therefore based our final measure of drought exposure on self-reported information from the quantitative survey as also recommended in the literature (Hughes, Soh et al. 2022, Theron, Archer et al. 2022, Hou, Min et al. 2023). By this measure, 48% of the overall survey sample were affected.

The **qualitative data** strongly support the quantitative survey's findings that the 2024 drought primarily affected crop production, while also showing that its impacts extended beyond the fields into food security, income, water access, and children's well-being.

Across all 4 districts beneficiaries repeatedly described planting maize and other staples, only to see them dry out before harvest. As one respondent in Mwinilunga recalled,

*Last year we suffered, our maize dried due to the drought so there was hunger everywhere
(Beneficiary, Mwinilunga)*

The loss of crops directly reduced the amount of food available at home. Many households reported cutting back to one meal a day or sometimes going without food for days. One woman in Kalabo shared,

*At times we used to eat once a day, sometimes we used to sleep without eating... even three days
or four days (Beneficiary, Kalabo)*

To cope, many families turned to piecework, selling household items, or small-scale trading.

Water shortages compounded the hardship. In some areas, wells and boreholes dried up completely, and women in particular faced longer journeys to collect water or resorted to digging in stream beds. As one Kalabo resident described. As one Kalabo resident put it,

Wells dried everywhere... we had to dig deep to find streams (Beneficiary, Kalabo)

The qualitative data further suggests that children were especially vulnerable. Reduced food availability meant less diverse diets, and caregivers reported signs of undernutrition. A breastfeeding mother in Kalabo shared,

*Because of hunger, me as a breastfeeding mom I don't eat enough food, malnutrition in my baby
comes because of my lack of food. (Beneficiary, Kalabo)*

In Mpika, another mother explained,

*The children suffered the most... they had no food to eat... it even affected their health.
(Beneficiary, Mpika)*

In short, while the destruction of crops was the most visible impact of the drought, the qualitative evidence shows how it set off a chain reaction — eroding household food security, cutting income sources, intensifying water scarcity, and putting children's health and nutrition at serious risk.

4.1.1 District-level patterns of the impacts of the drought on households

Quantitative survey data show that in three of the four districts — Chipata, Mpika, and Mwinilunga — between 56% and 62% of households reported major crop loss due to the 2024 drought (Table 2). Kalabo was the exception, with fewer than 14% of households reporting major crop loss.

However, **qualitative evidence** suggests that these figures may underestimate the drought's true impact in Kalabo. Interviews revealed some of the most severe and prolonged experiences of hunger in any district, driven by extreme and sustained shortages of both food and water. One woman explained,

At times we used to eat only once a day, sometimes we used to sleep without eating... even three days or four days" (Beneficiary, Kalabo).

Due to severe water shortage crop failure for some households in Kalabo was near total:

Last year December 2023 to January 2024 I planted... but because of drought season everything dried because of lack of water. Nothing at all was left (Beneficiary, Kalabo)

Other district-specific differences in the experiences of the drought based on the qualitative data included:

- In **Mpika** narratives placed equal weight on food and water scarcity, with widespread mention of borehole drying.
- In **Mwinilunga** respondents highlighted slightly better access to alternative foods like cassava, though still in small quantities.
- In **Chipata** accounts placed more emphasis on the rising cost of food after the drought, rather than total absence of foods, suggesting market reliance despite crop losses.

Based on the quantitative data rural households are generally more likely to report drought than urban households—consistent with the fact that drought is measured here through crop failure:

Table 3: Self-reported drought exposure¹ by district and residence, based on survey in 2025 and including all households (n=3,507)

	Chipata (%)	Kalabo (%)	Mpika (%)	Mwinilunga (%)
HHs affected by drought in 2024	60.8	13.7	56.2	62.2
Rural HHs affected by drought in 2024	84.9	15.2	56.3	62.6
Urban HHs affected by drought in 2024	30.8	8.5	50.0	55.8

¹Based on major crop loss due to drought; HH: household.

4.2 Impact of the 1,000 days in SCT pilot on dietary diversity during the drought

4.2.1 Dietary diversity for women (MDD-W)

One of the key goals of the 1,000 Days in the SCT pilot was to improve both dietary diversity and the quality of food choices among beneficiaries. The evaluation used two related measures:

- **Minimum Dietary Diversity for Women (MDD-W):** A standard indicator for women aged 15–49, based on whether at least 5 out of 10 specific food groups were consumed in the previous 24 hours (see Box 1). This yes/no measure reflects the variety and micronutrient adequacy of the diet.
- **Women’s Dietary Diversity Score (WDDS):** A continuous measure counting the number of food groups consumed in the previous 24 hours, with higher scores indicating greater diversity.

Using both measures allowed the evaluation to capture not only whether minimum dietary diversity was achieved, but also the extent of diversity in women’s diets.

Dietary diversity can be negatively affected by droughts, which limit access to a range of nutrient-dense foods like fruits, vegetables, and animal products — either by reducing local production or driving up market prices (Gassara and Chen 2021, Mirzabaev, Kerr et al. 2023).

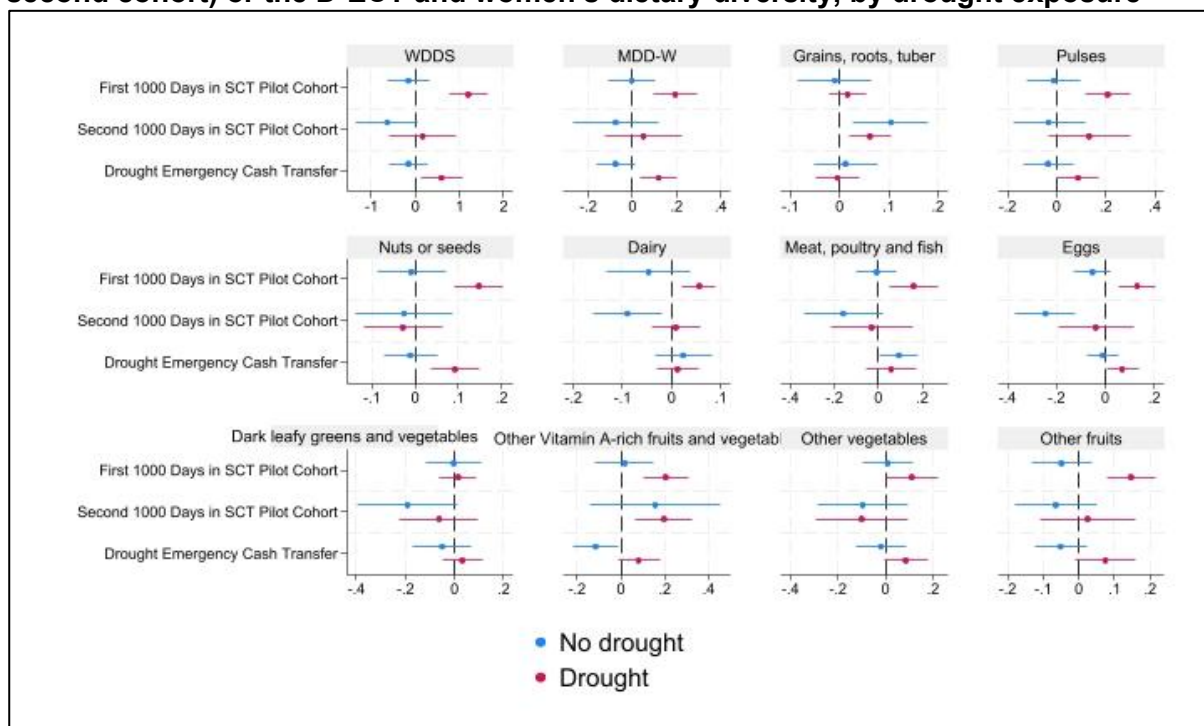
Box 1: Minimum Dietary Diversity for Women (MDD-W) Food Groups
1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas and lentils)
3. Nuts and seeds
4. Milk and milk products
5. Meat, poultry and fish
6. Eggs
7. Dark leafy green vegetables
8. Other vitamin A rich fruits and vegetables
9. Other vegetables
10. Other fruits

Figure 3 shows how participation in different programmes — the first cohort of the 1,000 Days in SCT pilot, the second cohort, or the D-ECT programme — is associated with women’s dietary diversity, compared to households not in these programmes. Results are shown separately for households that reported being affected by the 2024 drought (red line) and those that did not (blue line). These findings reflect associations observed during the quantitative survey in early 2025 and should not be interpreted as proving cause-and-effect. Detailed tables are provided in Annex 3.

In drought-affected households, being in the first cohort of the 1,000 Days in SCT pilot or receiving D-ECT was linked to significantly better diets for women. On average, women in first-cohort households consumed 0.8 more food groups than comparison households, and those receiving D-ECT consumed 0.5 more. This corresponds to a 13-percentage point (pp) and 5pp higher likelihood, respectively, of meeting the minimum threshold for a nutritious diet (MDD-W).

Women in the first cohort or receiving D-ECT were significantly more likely to consume pulses, nuts and seeds, eggs, fruits, and vegetables — including vitamin A-rich varieties. Additionally, women in the first cohort were also more likely to eat dairy and animal-source foods such as meat, poultry, or fish.

By contrast, being in the second cohort of the 1,000 Days in SCT pilot was not linked to improved dietary diversity in drought-affected households, and in non-drought-affected households it was associated with lower dietary diversity for women.

Figure 3 Associations between being a beneficiary of the 1,000 Days in SCT Pilot (First or second cohort) or the D-ECT and women's dietary diversity, by drought exposure

Note: Estimates drawn from regression, include household characteristics, district, standard errors clustered at CWAC level.

Table 4 shows the findings of the panel data analysis, which follows the same households over time. Unlike the cross-sectional results panel data reduces the risk of selection bias by tracking changes within the same households and thus can provide more robust evidence of potential casual impact of the 1,000 days in SCT pilot.

Table 4 Impact of the 1,000 days in SCT pilot (first or second cohort) or D-ECT on dietary diversity of women - Panel data analysis

	Women's Dietary Diversity Score (WDDS)	Minimum Dietary Diversity for Women (MDD-W)
1,000 days in SCT pilot		
First cohort	-0.11 (0.19)	-0.02 (0.04)
Second cohort	0.08 (0.31)	-0.02 (0.05)
Affected by the drought	-0.11 (0.31)	0.02 (0.06)
Interactions		
First cohort × Drought	0.47 (0.31)	0.08 (0.05)
Second cohort x Drought	-0.53 (0.47)	-0.07 (0.08)
D-ECT		
Received D-ECT	-0.58 (0.31)	-0.07 (0.04)
DECT x Drought	0.06 (0.40)	-0.04 (0.05)
Number of observations	1016	1016
Notes: Estimates are regression coefficients; robust standard errors in parentheses, clustered at CWAC level; all models control for baseline levels of the outcome and household characteristics. p < .01, * p < .05, **; FIES = Food Insecurity Experience Scale; FCS = Food Consumption Score. Interaction terms (×) capture whether programme effects differed for households affected by drought.		

The panel analysis found no statistically significant changes in women's dietary diversity or in the proportion of women meeting the minimum dietary diversity standard (MDD-W) across the 1,000 days in SCT pilot first cohort, second cohort, or D-ECT programmes.

However, for WDDS there were encouraging signs that women in the first 1,000 days in SCT pilot cohort may have maintained better dietary diversity during drought compared to drought-affected non-beneficiaries. While this difference was not statistically significant, it suggests the programme may have helped buffer against some negative drought impacts.

For MDD-W, results were more uniform, with no measurable changes detected across programme groups. This indicates that while the programmes may not have shifted the proportion of women meeting the minimum dietary diversity threshold during the drought, they likely helped sustain diets in a challenging period.

To sum up, although the effects were not statistically significant, **the patterns suggest that participation in the SCT pilot — particularly the first cohort — may have played a role in helping households protect women's diets during drought.**

4.2.2 Dietary diversity for children (aged 6-23 months)

Diverse diet is essential for children aged 6 to 23 months, as it provides the nutrients, they need for healthy growth and brain development. When children's diets lack variety, they are at higher risk of micronutrient deficiencies, which can impair both physical development and cognitive function during this critical stage of life.

To assess dietary diversity in this age group, the evaluation team used the **Minimum Dietary Diversity** (MDD) indicator for children. This standard measure is based on whether a child consumed foods from at least 5 out of 8 recommended food groups in the previous 24 hours. These groups include breast milk, grains, legumes, dairy, flesh foods, eggs, vitamin A-rich fruits and vegetables, and other fruits and vegetables. A score of 1 indicates adequate dietary diversity, while a score of 0 means the child did not meet the minimum threshold.

Droughts can reduce dietary diversity in young children by disrupting food production and availability, especially for perishable, nutrient-rich foods like vegetables, legumes, and animal-source products — limiting what caregivers can access or afford (Niles, Emery et al. 2021, Mekonnen, Choufani et al. 2022).

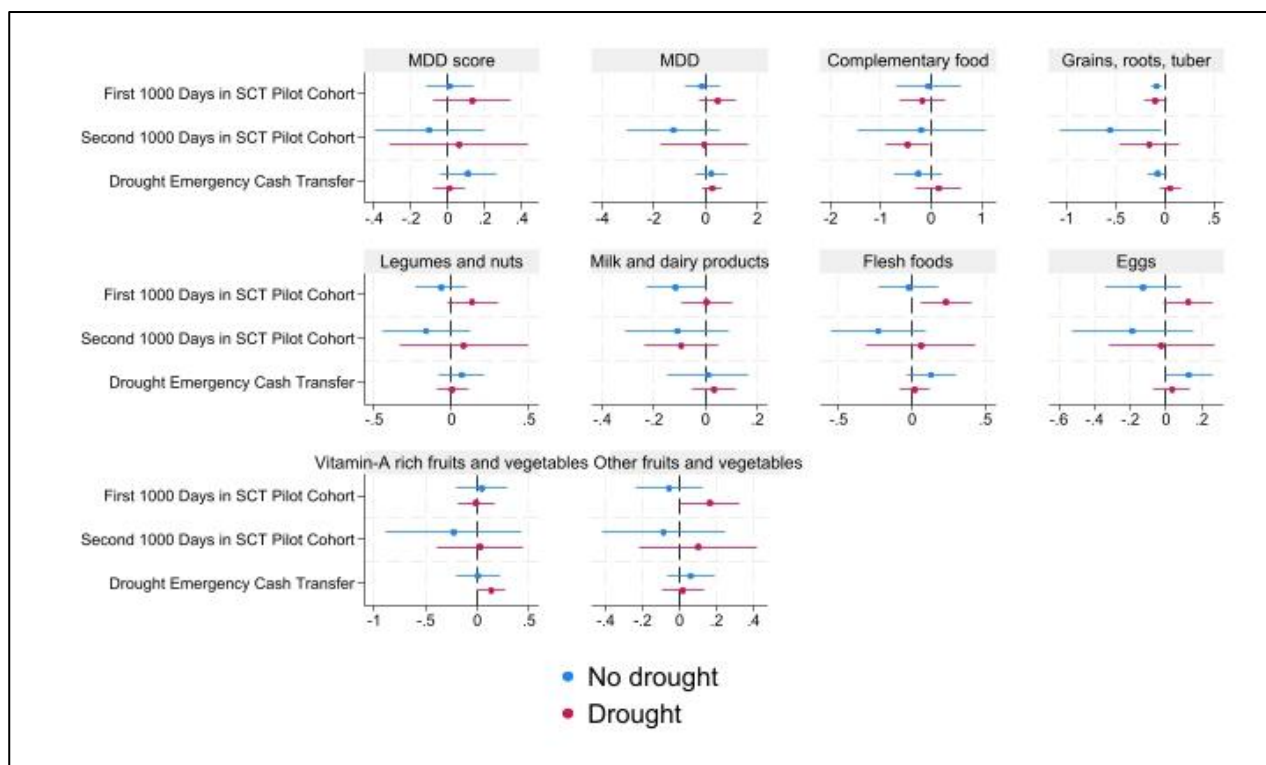
Figure 4 shows how being a beneficiary of the programmes was associated with dietary diversity among children aged 6–23 months, comparing beneficiary and non-beneficiary households by drought status. These results from the 2025 survey reflect associations, not causal impacts.

In drought-affected households, overall child dietary diversity (MDD) did not differ significantly between beneficiaries and non-beneficiaries. Still, children in households that were beneficiaries of the first 1,000 days in SCT pilot cohort were more likely to consume flesh foods (+21 percentage points), other fruits and vegetables (+16 points), and marginally more eggs, suggesting some protection of nutrient-rich diets during drought. By contrast, children in households that were beneficiaries of the second 1,000 days in SCT pilot cohort or DECT showed few improvements, except for DECT households, where children were more likely to consume vitamin A-rich fruits and vegetables (+16 points).

In non-drought households, patterns were mixed. Children in first 1,000 days in SCT pilot cohort beneficiary households consumed less milk, dairy, and eggs, while second cohort beneficiaries

tended to consume less legumes, nuts, grains, flesh foods, and eggs than comparison children, though not all effects were significant. DECT beneficiary households not affected by drought showed higher consumption of meat, poultry or fish, and eggs.

Figure 4 Associations between being a beneficiary of the 1,000 Days in SCT Pilot (First or second cohort) or the D-ECT and dietary diversity of children aged 6–23 months, by drought status



Note: Impact estimates drawn from regression, include household characteristics, district, standard errors clustered at CWAC level.

Because the number of children aged 6–23 months in the sample was very small, it was not possible to conduct a panel analysis of dietary diversity. Only around 100 households had a child in this age group at both baseline (2022) and the 2025 survey, which was insufficient for meaningful panel analysis.

To sum up, the **first cohort of the 1,000 Days in SCT pilot showed encouraging signs of protecting young children’s access to nutrient-rich foods during the drought, particularly animal-sources foods, fruits, and vegetables.** While overall child dietary diversity did not differ significantly, these patterns suggest that having been in the **pilot for a longer time helped safeguard diet quality under crisis conditions.** By contrast, impacts for the second cohort and D-ECT were weaker or mixed. These findings underline the importance of timing, duration, and complementary services to sustain gains in children’s diets.

4.3 Impact of the 1,000 days in SCT pilot on food security during the drought

In the quantitative surveys (2022; 2023 and 2025) we included two measures related to household food insecurity: the Food Insecurity Experience Scale (FIES) and the Food Consumption Score (FCS).

The FIES is an experience-based metric developed by the FAO which aims to measure the households' experiences of food insecurity.¹¹ It is based on 8 questions asking if the household experienced increasingly severe forms of food insecurity over the last 4 weeks (see Box 2).

Box 2: Eight questions for Food Insecurity Experience Scale (FIES)

1. You were worried you would not have enough food to eat?
2. You were unable to eat healthy and nutritious food?
3. You ate only a few kinds of foods?
4. You had to skip a meal?
5. You ate less than you thought you should?
6. Your household ran out of food?
7. You were hungry but did not eat?
8. You went without eating for a whole day?

Source : <https://www.fao.org/policy-support/tools-and-publications/resources-details/en/c/1236494/>

The **Food Consumption Score (FCS)** is an index developed by the World Food Programme a proxy for a household's caloric availability. Questions are asked about the frequency of consumption of food groups over the previous seven days. The FCS is obtained by multiplying the frequency of consumption of each food group with its corresponding weight. The food with weight in brackets are main staples (2), pulses (3), vegetables (1), fruit (1), meat/fish (4), milk (4), sugar (0.5) and oil (0.5).

Figure 5 shows how being a beneficiary of different programmes was associated with household food security, compared to non-beneficiaries, with results shown separately for drought-affected and non-affected households. These first step analysis findings show associations, not causal impacts.

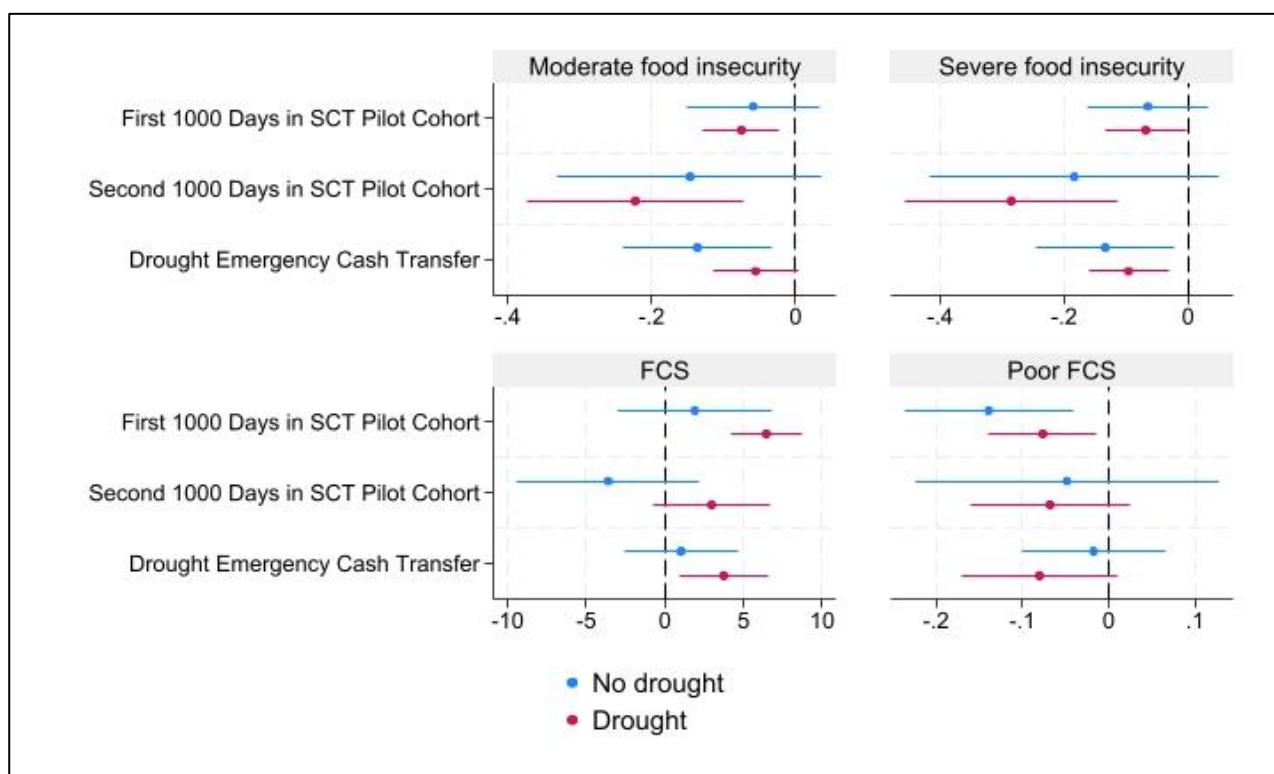
Overall, being a beneficiary of the 1,000 Days in SCT pilot or receiving D-ECT was linked to significantly lower levels of perceived food insecurity (measured by FIES). The largest reduction was observed among households in the second cohort of the SCT pilot (22 pp), followed by the first cohort (8pp) and D-ECT recipients (5.5pp).

Food consumption, measured by the Food Consumption Score (FCS), was also stronger among programme beneficiaries. First-cohort beneficiaries and D-ECT recipients had higher FCS than comparison households, while second-cohort beneficiaries also showed slightly higher scores, though not statistically significant. Importantly, these improvements in food consumption were only evident among drought-affected households, with the effect strongest for first cohort beneficiaries (6.4pp) and more modest for D-ECT recipients (3pp).

Taken together, these findings suggested that **being a beneficiary of the 1,000 Days in SCT pilot or of D-ECT both helped to protect food security during the drought**, though the strength of impact varied by cohort and by measure used.

¹¹ <http://www.fao.org/in-action/voices-of-the-hungry/fies/en/>

Figure 5 Associations between being a beneficiary of the 1,000 Days in SCT Pilot (First or second cohort) or the D-ECT and food security, by drought status



Note: Impact estimates drawn from regression, include household characteristics, district, standard errors clustered at CWAC level.

The panel data analysis (see Figure 6 and Table 5 below) provided evidence that the 1,000 Days in SCT pilot and D-ECT contributed to improving household food security during the drought, suggesting potential causal impacts. The findings showed that first cohort beneficiaries of the pilot had significantly better food consumption outcomes than comparison households, both in terms of their overall Food Consumption Score (FCS) and their lower likelihood of having a poor FCS. However, for other indicators of food security, no significant differences were observed for this group.

By contrast, second cohort beneficiaries showed stronger improvements in food insecurity as measured by the Food Insecurity Experience Scale (FIES), with lower levels of both moderate and severe food insecurity compared to the comparison group. D-ECT had a similar profile to the first cohort, improving households' FCS and reducing the probability of poor FCS.

Interestingly, whether households reported being affected by the drought or not was, by itself, not associated with lower household food security in 2025. However, the positive effects of the 1,000 Days in SCT pilot and D-ECT were weaker when combined with drought exposure. For example, while participation in the first cohort of the pilot reduced the likelihood of poor FCS overall, this effect was diminished among drought-affected households. A similar pattern was observed for D-ECT: it improved food consumption in households not affected by drought but had a weaker, and in some cases negative, association when combined with drought exposure.

Taken together, these findings suggested that **both the 1,000 days in SCT pilot and D-ECT supported households in improving food security, but that their protective effects were less pronounced under conditions of severe, prolonged drought.** This highlights the challenge of sustaining gains in food security when shocks are particularly widespread and intense.

The findings suggest that both the 1,000 Days in SCT pilot and the D-ECT helped households cope better with food insecurity, though in slightly different ways. The first cohort and D-ECT mainly improved **food consumption**, meaning that households were able to buy and eat more diverse and

nutritious foods. In contrast, being in the second cohort primarily reduced the **experience of food insecurity**, which refers to the stress, worry and uncertainty about having enough food, as captured through experiential indicators (such as the Household Food Insecurity Access Scale). Chapter 5 explores the underlying mechanisms that may explain these differences, including the role of transfer size, duration, and opportunities for households to invest in resilience-building.

Table 5 Impact of the 1,000 days in SCT pilot (first or second cohort) or D-ECT on household food security - Panel data analysis

	Moderate food insecurity (FIES)	Severe food insecurity (FIES)	Food Consumption Score (FCS)	Poor Food Consumption Score (FCS)
1,000 days in SCT pilot				
First cohort	-0.05 (0.04)	-0.09 (0.05)	6.33 (1.35)**	-0.19 (0.05)**
Second cohort	-0.19 (0.09)*	-0.21 (0.09)*	2.62 (2.31)	-0.16 (0.08)
Affected by the drought	0.04 (0.03)	-0.01 (0.04)	0.62 (1.69)	-0.06 (0.07)
Interactions				
First cohort × Drought	-0.02 (0.05)	0.04 (0.06)	-0.43 (1.94)	0.11 (0.06)
Second cohort × Drought	0.01 (0.13)	-0.00 (0.13)	-0.08 (2.87)	0.04 (0.10)
D-ECT				
Received D-ECT	-0.08 (0.07)	-0.03 (0.06)	6.36 (2.96)*	-0.13 (0.05)*
DECT × Drought	0.05 (0.07)	0.09 (0.08)	-6.16 (3.60)	0.28 (0.12)*
Number of observations	1006	1004	972	1016
Notes: Estimates are regression coefficients; robust standard errors in parentheses, clustered at CWAC level; all models control for baseline levels of the outcome and household characteristics. p < .01, * p < .05, **; FIES = Food Insecurity Experience Scale; FCS = Food Consumption Score. Interaction terms (×) capture whether programme effects differed for households affected by drought.				

4.4 Impact of the 1,000 days in SCT pilot on child health during the drought

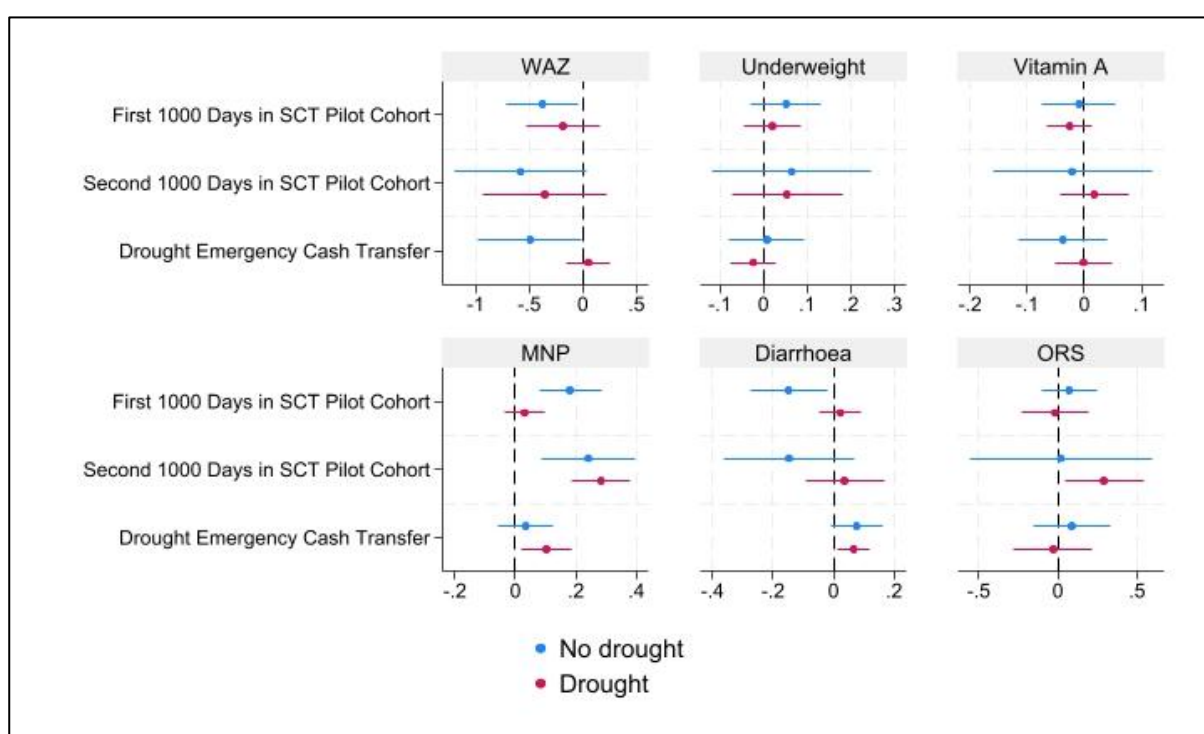
Figure 6 showed how being a beneficiary of the 1,000 Days in SCT pilot (first or second cohort) or the D-ECT programme was associated with child health outcomes, comparing beneficiary and non-beneficiary households by drought status. These results, based on the 2025 survey, reflected associations only and should not be interpreted as causal impacts.

In drought-affected areas, children from households in the second cohort of the pilot were significantly more likely to have received micronutrient supplementation and to have been treated with ORS or zinc when they had diarrhoea. However, no differences were found for weight-for-age z-scores, underweight, vitamin A supplementation, or diarrhoea prevalence. The weight-for-age z-score is an internationally used child nutrition indicator that reflects both acute and chronic undernutrition, with lower scores signalling a higher likelihood of a child being underweight for their age. For children in the first cohort, no significant improvements were observed on any indicator. Children in D-ECT households were more likely to have received micronutrient supplementation, although they were also slightly more likely to have experienced diarrhoea in the previous two weeks.

In non-drought areas, a surprising pattern emerged: children in both SCT pilot cohorts and in D-ECT households had lower weight-for-age z-scores compared to non-beneficiaries. The differences were meaningful: -0.38 standard deviations for the first cohort, -0.58 for the second cohort, and -0.49 for

D-ECT recipients. Several factors may help explain this. First, programme targeting likely prioritised poorer and more vulnerable households whose children already had worse nutritional status at baseline, limiting their potential for catch-up growth. Second, while transfers may have improved household food access, gains in diet diversity do not always translate quickly into measurable improvements in child weight, particularly among children who were already undernourished before the intervention. Third, cash may have been used to meet other pressing household needs—such as debt repayment. In non-drought areas there might have been less complementary nutrition or health support than drought-affected districts, where humanitarian partners were more active. Together, these factors suggest that the lower weight-for-age scores likely reflect structural and contextual differences rather than a negative programme effect. Taken together, the findings suggested that while the 1,000 days in SCT pilot and D-ECT were associated with some positive child health outcomes—particularly in drought-affected households—the results were uneven and, in some cases, unexpected.

Figure 6: Associations between being a beneficiary of the 1,000 Days in SCT Pilot (First or second cohort) or the D-ECT and child health outcomes, by drought status



The panel analysis found no consistent or significant improvements in children's nutritional status (measured by weight-for-age)¹² across programme groups (Table 6). Neither the first nor the second cohort of the 1,000 days in SCT pilot, nor D-ECT recipients, showed measurable gains in weight-for-age or reductions in underweight prevalence compared to comparison households. Similarly, there was no strong evidence of an impact on children's receipt of Vitamin A or micronutrient supplements, except for a small positive effect for children in the second cohort in drought-affected households, who were more likely to have received micronutrient supplements.

These findings broadly aligned with the cross-sectional analysis, which also suggested no or very limited effects on children's nutritional status outcomes, while pointing to some improvements in service uptake (e.g. micronutrient supplementation and treatment of diarrhoea) among certain

¹² Weight-for-age reflects both acute and chronic child undernutrition.

groups. Taken together, the evidence indicated that both **the 1,000 Days in SCT pilot and D-ECT did not consistently translate into measurable improvements in child health outcomes.**

Table 6 Impact of the 1,000 days in SCT pilot (first or second cohort) or D-ECT on selected child health outcomes - Panel data analysis

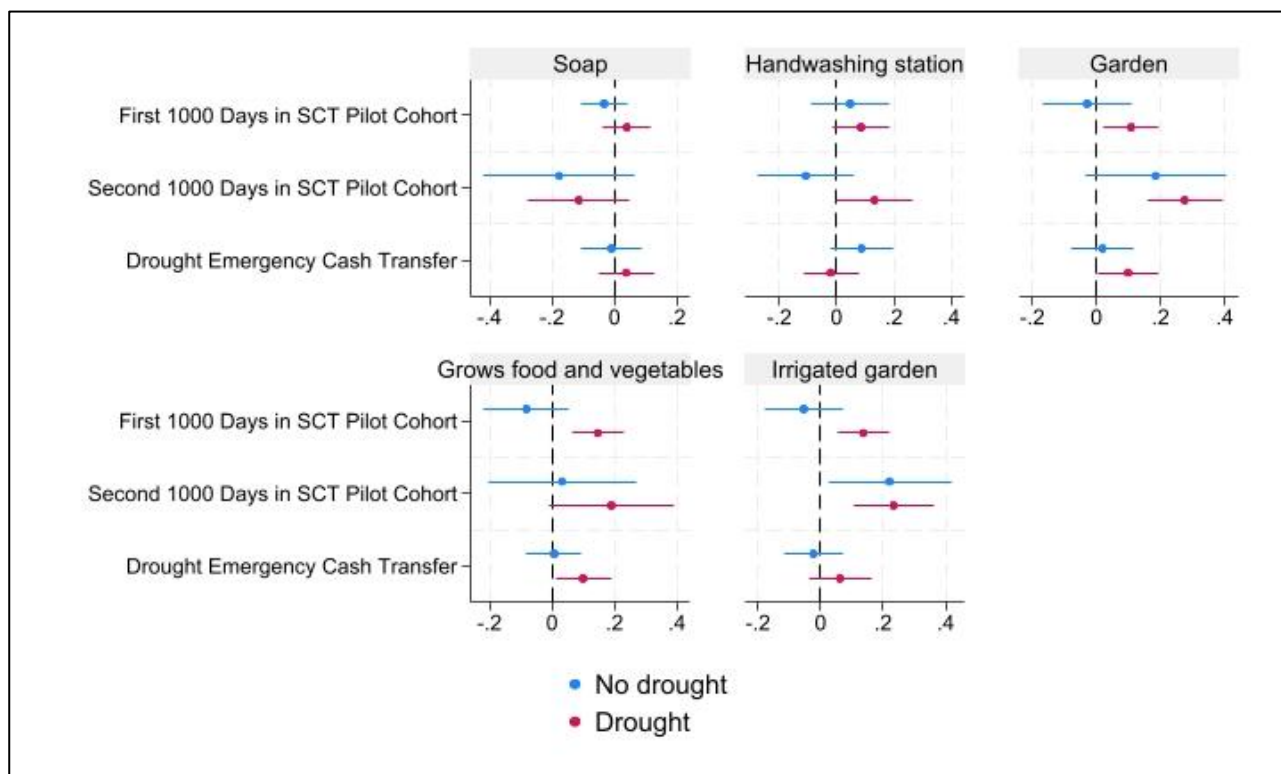
	Weight-for-age z-scores (WAZ)	Underweight (WAZ < -2SD)	Child received Vitamin A	Child received micronutrient supplements
1,000 days in SCT pilot				
First cohort	-0.22 (0.24)	0.08 (0.05)	-0.06 (0.05)	0.06 (0.06)
Second cohort	-0.42 (0.32)	-0.01 (0.08)	-0.05 (0.07)	0.05 (0.06)
Affected by the drought	-0.07 (0.25)	0.03 (0.05)	0.02 (0.06)	-0.00 (0.08)
Interactions				
First cohort × Drought	0.34 (0.31)	-0.07 (0.06)	0.03 (0.07)	-0.06 (0.09)
Second cohort × Drought	0.51 (0.39)	-0.03 (0.09)	0.02 (0.11)	0.19 (0.09) *
D-ECT				
Received D-ECT	-0.22 (0.25)	-0.00 (0.06)	-0.14 (0.09)	-0.11 (0.08)
DECT × Drought	0.66 (0.53)	-0.04 (0.08)	0.24 * (0.10)	0.05 (0.10)
Number of observations	751	1016	811	948
Notes: Estimates are regression coefficients; robust standard errors in parentheses, clustered at CWAC level; all models control for baseline levels of the outcome and household characteristics. p < .01, * p < .05, **; FIES = Food Insecurity Experience Scale; FCS = Food Consumption Score. Interaction terms (×) capture whether programme effects differed for households affected by drought.				

4.5 Impact of the 1,000 days in SCT pilot on WASH during the drought

According to UNICEF's framework on the determinants of malnutrition, poor water, sanitation and hygiene (WASH) is an important underlying factor contributing to child undernutrition. To address this, the 1,000 Days in SCT pilot aimed to connect beneficiaries with locally available WASH services. The quantitative survey concentrated mainly on handwashing practices. Figure 7 presented associations between being a beneficiary of the 1,000 days in SCT pilot or the D-ECT and selected WASH indicators, comparing beneficiary and non-beneficiary households by drought status. These results from the 2025 survey reflect associations only and should not be interpreted as causal impacts.

The analysis showed no significant association between participation in the first cohort of the 1,000 Days in SCT pilot and WASH outcomes, either in drought or non-drought households. In contrast, households in the second cohort of the pilot in drought-affected areas were less likely to report using soap when washing hands but more likely to have a handwashing station at home. Outside of drought contexts, however, the associations for the second cohort were negative for both indicators. For D-ECT, the only observable effect was that recipients were slightly more likely to have a handwashing station at home in non-drought areas. Taken together, these findings suggested that the 1,000 Days in SCT pilot and D-ECT were not strongly associated with improved WASH practices.

Figure 7 Associations between being a beneficiary of the 1,000 Days in SCT Pilot (First or second cohort) or the D-ECT and handwashing and homestead food production (HFP), by drought status



Note: Impact estimates drawn from regression, include household characteristics, district, standard errors clustered at CWAC level.

The panel analysis reinforced these findings. It confirmed that the first cohort of the pilot did not show any meaningful improvements in WASH outcomes. For the second cohort, panel data also suggested inconsistent results: in drought-affected areas, beneficiaries were somewhat more likely to have a handwashing station, but at the same time less likely to report handwashing with soap. For D-ECT, there was no consistent evidence of an impact, with only a small positive association observed for having a handwashing facility in certain contexts.

Overall, both the cross-sectional and panel analyses indicated that the **1,000 days in SCT pilot was not linked to significant or sustained improvements in WASH practices**. The findings suggest that additional factors—such as access to water, behavioural change support, or competing household priorities during drought—are likely to be critical in improving WASH outcomes.

Table 7: Impact of the 1,000 days in SCT pilot (first or second cohort) or D-ECT on selected WASH outcomes- Panel data analysis

	Handwashing with soap	Designated handwashing facility at the household
1,000 days in SCT pilot		
First cohort	0.03 (0.07)	0.03 (0.07)
Second cohort	-0.13 (0.07)	0.04 (0.08)
Affected by the drought	0.14 (0.07)	-0.00 (0.07)
Interactions		
First cohort × Drought	-0.01 (0.08)	0.07 (0.09)
Second cohort × Drought	-0.05 (0.12)	0.14 (0.11)

D-ECT		
Received D-ECT	0.13 (0.09)	0.08 (0.09)
DECT x Drought	0.02 (0.14)	-0.09 (0.11)
Number of observations	903	956
Notes: Estimates are regression coefficients; robust standard errors in parentheses, clustered at CWAC level; all models control for baseline levels of the outcome and household characteristics. p < .01, * p < .05, **; FIES = Food Insecurity Experience Scale; FCS = Food Consumption Score. Interaction terms (×) capture whether programme effects differed for households affected by drought.		

4.6 Impact of the 1,000 days in SCT pilot on Homestead food production (HFP) during the drought

The 1,000 Days in SCT pilot aimed to strengthen maternal and child nutrition outcomes by linking beneficiaries with opportunities to engage in homestead food production (such as vegetable gardens, small-scale poultry, or small livestock). Homestead food production is widely recognised as a nutrition-sensitive intervention that can enhance households' access to diverse foods, reduce vulnerability to food insecurity, and contribute to better nutrition outcomes for women and children (Carstens, Hay et al. 2021, Hansen, Sorgho et al. 2022).

Based on the cross-sectional analysis (see Figure 7) beneficiaries of the 1,000 Days in SCT pilot were significantly more likely to have access to a garden than non-beneficiaries, but only in drought-affected areas. The effect was sizeable: +11 percentage points for the first cohort and +27 percentage points for the second cohort. A similar though smaller effect was observed for D-ECT (+10pp). The same pattern held for households growing fruits and vegetables in their garden and for irrigating their gardens. These results suggested that both the pilot and D-ECT payments encouraged homestead food production, with stronger effects seen among drought-affected households and particularly for second-cohort beneficiaries.

The panel analysis in Table 8 painted a more cautious picture of the causal relationship. **It showed no systematic differences across most groups of households in access to a garden or in engagement in homestead food production, except for second cohort 1,000 days in SCT pilot beneficiaries, who were significantly more likely to report garden access (+31pp). For other groups, including the first cohort and D-ECT recipients, the results were small and not statistically significant.**

In conclusion, these findings suggested that the 1,000 days in SCT pilot may have supported households in starting or maintaining existing small-scale food production, particularly in drought-affected areas. However, the panel results indicated that these effects may not have been sustained or widespread across all programme groups.

Table 8 Impact of the 1,000 days in SCT pilot (first or second cohort) or D-ECT on homestead food production (HFP) - Panel data analysis

	Has access to land for a garden	Engages in homestead food production (HFP)
1,000 days in SCT pilot		
First cohort	0.01 (0.06)	0.02 (0.05)
Second cohort	0.31 (0.06)**	0.13 (0.09)

Affected by the drought	0.07 (0.08)	0.06 (0.08)
Interactions		
First cohort × Drought	0.11 (0.08)	0.06 (0.08)
Second cohort × Drought	0.07 (0.09)	0.07 (0.11)
D-ECT		
Received D-ECT	0.05 (0.08)	0.01 (0.08)
DECT × Drought	-0.08 (0.11)	-0.05 (0.12)
Number of observations	990	1016
Notes: Estimates are regression coefficients; robust standard errors in parentheses, clustered at CWAC level; all models control for baseline levels of the outcome and household characteristics. p < .01, * p < .05, **; FIES = Food Insecurity Experience Scale; FCS = Food Consumption Score. Interaction terms (×) capture whether programme effects differed for households affected by drought.		

4.7 Summary of findings and recommendations

The evidence suggested that the 1,000 Days in SCT pilot provided some protection for women's and children's diets and household food security during the 2024 drought, though the effects were uneven and not always sustained.

For women, participation in the pilot—especially among the first cohort—appeared to help protect dietary diversity, even if the effects were not statistically significant. For children, overall dietary diversity did not improve, but first cohort households showed signs of better access to nutrient-rich foods such as flesh foods and fruits and vegetables. In contrast, outcomes for the second cohort were weaker, highlighting the importance of both timing and the duration of support.

In terms of food security, the first cohort appeared to benefit most and maintain food consumption even after exiting the pilot nearly a year earlier. D-ECT, although shorter in duration, provided larger transfers that supported immediate improvements in food consumption, while being a beneficiary of the second cohort of the 1,000 days in SCT pilot reduced household food insecurity but was less able to improve diets and food consumption.

At the same time, the 1,000 days in SCT pilot did not yet translate consistently into improvements in child health outcomes, WASH practices, or sustained homestead food production.

In sum, the 1,000 days in SCT pilot showed real potential to protect vulnerable households during climate shocks, but its protective effects were limited under severe, prolonged drought conditions. To sustain and scale these gains, the pilot's referral systems need to be strengthened so that beneficiaries are consistently connected to complementary nutrition services—from behaviour change counselling and WASH improvements to support for household investments in resilience. The next chapter explores the mechanisms through which the 1,000 Days in SCT pilot provided this protection.

5 Findings: Through what mechanisms did the 1,000 Days in SCT Pilot protect children's nutrition during the drought?

Chapter 4 provided empirical evidence that the **1,000 Days in SCT pilot helped to protect women's and children's diets and household food security during the 2024 drought**, with particularly encouraging signals from the first cohort. Although protective effects weakened under severe and prolonged drought, these findings highlight the value of sustained, nutrition-sensitive cash transfers in cushioning families during crises.

This section presents the findings on the mechanisms through which the 1,000 Days in SCT pilot provided protection to vulnerable households during the drought. The analysis focuses on three mechanisms: the impact of cash transfers earmarked for child nutrition; the added value of the non-monetary components of the 1,000 Days in SCT pilot; and the programme's role in reducing negative coping strategies, such as the distress sale of productive assets. Evidence is drawn from both quantitative and qualitative data collected between February and April 2025, highlighting how these mechanisms worked in practice across the four pilot districts.

5.1 Mechanism: Role of cash transfers earmarked for nutrition

Based on the qualitative interviewees from both first and second cohort beneficiary as well as other community members in the communities there was a clear and explicit awareness that the 1,000 Days in SCT pilot cash was intended for the young child's nutrition, not general household purchases. For instance,

"when the programme started, they called us and told us that this money... the reason why we are giving you this money is so that you should be buying them food so that they should not have malnutrition ... do not do your own things with the money buy food so that the children can be eating." (Second cohort beneficiary, Chipata)

There seems to be a difference between the lengths and amount of cash received and the protective effects on nutrition outcomes (as also shown in the quantitative outcome analysis in chapter 4).

The first cohort (longer exposure, bimonthly K550) shows the clearest "protective" pattern for maternal and children's diets under the drought. This was often because families had converted transfers into buffers (small livestock, seeds/gardens, petty trading) that could be drawn down when shocks hit.

The second cohort (shorter exposure, bimonthly K550) more often described immediate consumption with only modest asset-building.

The D-ECT (shorter exposure but larger transfers of K800) appears mainly to have protected short-term household consumption; where only one or a few payments were received, protection was usually thinner.

"Each payment was K800... We bought food and now we used to eat as a family." (D-ECT beneficiary, Kalabo)

5.1.1 Pathways through which beneficiaries used 1,000 days in SCT pilot cash transfers to improve and maintain child nutrition

Based on the qualitative interviews three pathways emerged through which beneficiaries used the cash transfer to improve child nutrition and maintained it during the drought, often on explicit encouragement and with support from CWACs.

1. Purchase of nutrient-rich foods (immediate consumption)

Many beneficiaries used the cash directly to buy food, especially fish, meat, vegetables, eggs, cooking oil, and mealie meal, emphasising children's diets.

"When I received the money, I bought food like beans, fish, vegetables so that the child could eat properly." (First cohort beneficiaries, Mwinilunga)

"...we were encouraged to use the money on children, so I made sure I bought eggs and small fish for them." (First cohort beneficiaries, Mpika)

2. Starting or maintaining homestead food production (gardens, poultry, small livestock)

Some beneficiaries explained that they had invested part of the transfer into seeds, fertiliser, chickens or goats, allowing them to supplement their households' diets with food even after the pilot had finished.

"I was able to buy maize seed and some vegetables so that I can plant in my garden and have food for my child." (First cohort beneficiary, Mwinilunga)

"...from that money, I managed to buy some seed for rape [vegetable] and started planting. That helped me because even when I didn't have money, I could get vegetables from the garden to cook for the child." (First cohort beneficiary, Chipata)

"I bought chickens... when they lay eggs, I keep some for the children and sell some to buy relish." (Second cohort beneficiary, Kalabo)

3. Starting small-scale businesses (indirect support to diets)

Others invested in small income-generating activities (selling snack foods, second-hand clothes, groceries, or charcoal). The income was then used to buy diverse and nutritious foods for children.

"...I used part of the transfer to start selling fritters. With the money I got, I was able to buy eggs and kapenta for the children." (First cohort beneficiary, Mpika).

The 1,000 days in SCT pilot supported child nutrition not only through direct food purchases, but also by enabling households to invest in sustainable sources of food (gardens, poultry, goats) and start/grow small-scale businesses that generated income for diverse diets.

5.1.2 Differences in how first and second cohort of 1,000 days in SCT pilot used cash transfers to improve nutrition

A key difference emerged in the qualitative data on how far beneficiaries in the first and second cohort were able to invest beyond immediate food needs. These differences may help explain why the first cohort showed a more pronounced impact on diet quality and food consumption during the drought (see Chapter 4).

First cohort beneficiaries, who joined the pilot in October 2022 before the drought, had received several transfers, often alongside other pilot support (see Section 5.2). Many explained that they were able to use at least part of the cash more strategically for longer-term investments such as small businesses, gardens, or livestock. For example:

“We managed to start a small business of selling tomatoes and onions from the money we were getting.” (First cohort beneficiary, Mpika)

“The money helped us to start raising chickens and also growing vegetables at home, so that we always had some food and also could buy relish.” (First cohort beneficiary, Chipata)

“When the programme started, we had no drought yet, so we used part of the money to begin small businesses.” (First cohort beneficiary, Kalabo)

The longer duration of support and the absence of drought allowed the first cohort to diversify into income-generating activities and homestead food production, which in turn supported improvements in diet quality and food security, including during the drought.

However, livestock losses—caused by disease (with limited means to access veterinary care) and by predation—were common and constrained households’ ability to build and maintain buffers.

In contrast, **second cohort beneficiaries**, who joined in 2024 after the drought had already begun and had received transfers for less than 12 months, were far more likely to describe spending the money on immediate food needs, with little scope for investment. As one woman from Chipata explained:

“When we started getting this money that is when there was a lot of hunger everything was bad there was no maize we had nothing. So, when I got the money, I just thought of mealie meal I couldn’t even think of the small things that the child needed. I just knew that I had to buy mealie meal and relish and some cooking oil.” (Second cohort beneficiary, Chipata)

CWACs encouraged second cohort beneficiaries—just as they had the first cohort—to invest part of their cash transfers in small businesses or homestead food production to strengthen household nutrition in the long term. However, for households facing severe food shortages during the drought, such investments proved impossible, as all available resources had to be directed towards meeting immediate food needs.

“They [CWACs] told us that this money is for helping the children and also we can think of starting businesses or gardens, but the time we started receiving there was too much hunger, so I was only buying mealie meal.” (Second cohort beneficiary, Chipata)

The CWAC said we should use some money for chickens or vegetables, but because of drought we were just buying food, there was nothing left.” (Second cohort beneficiary, Mwinilunga)

Others explained:

*“If it was not for hunger, we could have started a business, but all the money finishes on food.”
(Second cohort beneficiary, Kalabo)*

Taken together, the evidence suggested that first cohort beneficiaries were more likely to invest in homestead food production and small-scale businesses, which helped protect their families’ dietary diversity and food security in the longer term, including (to some extent) during the drought. By contrast, second cohort households faced stronger pressure to prioritise consumption amidst drought, water scarcity, and rising food prices, which constrained them to use the transfer mainly for survival. Timing of enrolment and exposure to drought thus shaped whether cash could be used productively to protect child nutrition. The D-ECT, while larger in value per transfer, was short-lived and functioned primarily to support immediate consumption.

5.1.3 Supporting children with disabilities through child-earmarked cash transfers

Across all data sources, there were only a few cases involving children with disabilities. Nevertheless, these accounts offer valuable insights into how the child-earmarked cash transfer supported children with special needs. Caregivers described the daily difficulties of caring for their disabled children, noting that feeding was often a major challenge. In one interview, a mother caring for a physically disabled child explained that

“without the SCT money, I honestly don’t know how I would have managed to take care of her” (First cohort beneficiary, Chipata)

and that whenever she received the transfer, she bought special foods such as milk, eggs, peanut butter and soya porridge for her child while the rest of the family relied on mealie meal. For such households, the cash was effectively the only way to afford nutrient-dense, soft and palatable foods essential for their child’s nutrition and health. This evidence indicates that the nutrition-earmarked transfer not only improved dietary adequacy for most children but also enabled caregivers of children with disabilities to meet more complex nutritional and care requirements. Although such cases were rare, they underscore the need to maintain flexible and predictable transfers, and to ensure that counselling and monitoring systems are responsive to disability-related care needs.

5.2 Mechanism: Non-monetary components of the 1,000 days in SCT pilot

The 1,000 Days in SCT pilot in Zambia was designed not merely as a cash transfer programme, but as a comprehensive, integrated nutrition-and gender sensitive “cash-plus” intervention. In addition to providing bi-monthly cash top-ups to vulnerable families, it aimed to actively linked them with essential health, nutrition, and WASH services, as well as individualised needs assessments and structured referrals to further support robust child development outcomes.

In this sub-section, we examine whether and how needs assessments and referrals to essential services contributed to the protective benefits of the 1,000 Days in SCT pilot, drawing on both quantitative survey data and qualitative interviews.

The previous evaluation of the 1,000 days in SCT pilot found that capacity constraints, insufficient CWAC training, geographical challenges, and resource limitations (e.g., time, transport, and financial incentives) hampered the large-scale roll-out of systematic need assessments and referrals. For example, in late 2023 only 43% of the first cohort beneficiary included in the evaluation had received a needs assessment. Based on the quantitative survey the evaluation team conducted in 2025, 30%

of 1,000 days in SCT pilot beneficiaries reported to have received a needs assessment in the last 12 months (which includes first cohort beneficiary many of whom were still part of the pilot and had received an assessment).

It is important to note that this report does not aim to evaluate the overall implementation of needs assessments and referrals—that was the focus of the previous evaluation. Instead, our purpose here is to explore whether these assessments and referrals may have provided additional protective benefits for young children and mothers during the severe 2024 drought.¹³

To test this, we used the **2025 quantitative survey** data to examine whether bundling access to services with cash transfers produced stronger protective results than cash alone. This was done by introducing an interaction term in the regression analysis between households' pilot status and whether they had been assessed. The results are presented graphically, showing the marginal effect of being assessed for control households, first cohort households, and second cohort households—specifically under drought conditions.

Dietary Diversity

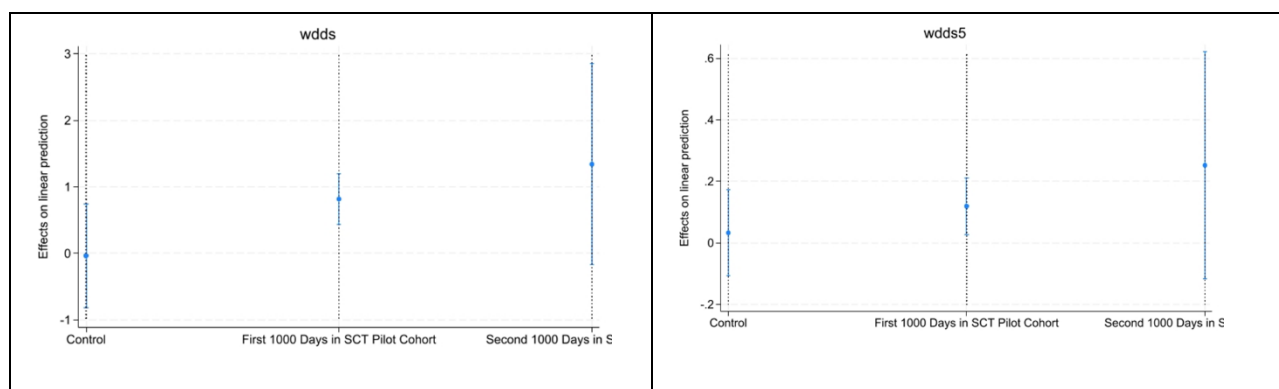
Figure 8 presents evidence on whether receiving a needs assessment (and following this a potential referral to nutrition or related services) provided additional benefits for maintaining dietary diversity in the context of the 2024/25 drought.

- **For women's diets:** Needs assessments were associated with significantly higher dietary diversity. Among first cohort households, women reported consuming on average 0.8 more food groups compared to those without an assessment ($p < 0.01$). For second cohort households, the association was even larger (+1.3 food groups), although the estimate was less precise ($p < 0.1$). This translates into a 12 percentage point higher likelihood of women in the first cohort achieving a “nutritious diet” score when they had received a needs assessment ($p < 0.05$).
- **For children's diets:** No clear association was found. However, the number of children in the sample was very small, which limits the reliability of these findings.

These findings suggest that, during drought conditions, **needs assessments (and the potential linked referrals) may have provided some additional protective benefits for women's dietary diversity, over and above cash alone.** The evidence is less conclusive for second cohort households, and no evidence was found for children's diets (which may also be explained by the small sample size).

¹³ Nevertheless, an examination of the fidelity of the implementation of the needs assessment and referral as part of the 1,000 days in SCT pilot can be found in **Annex 4**

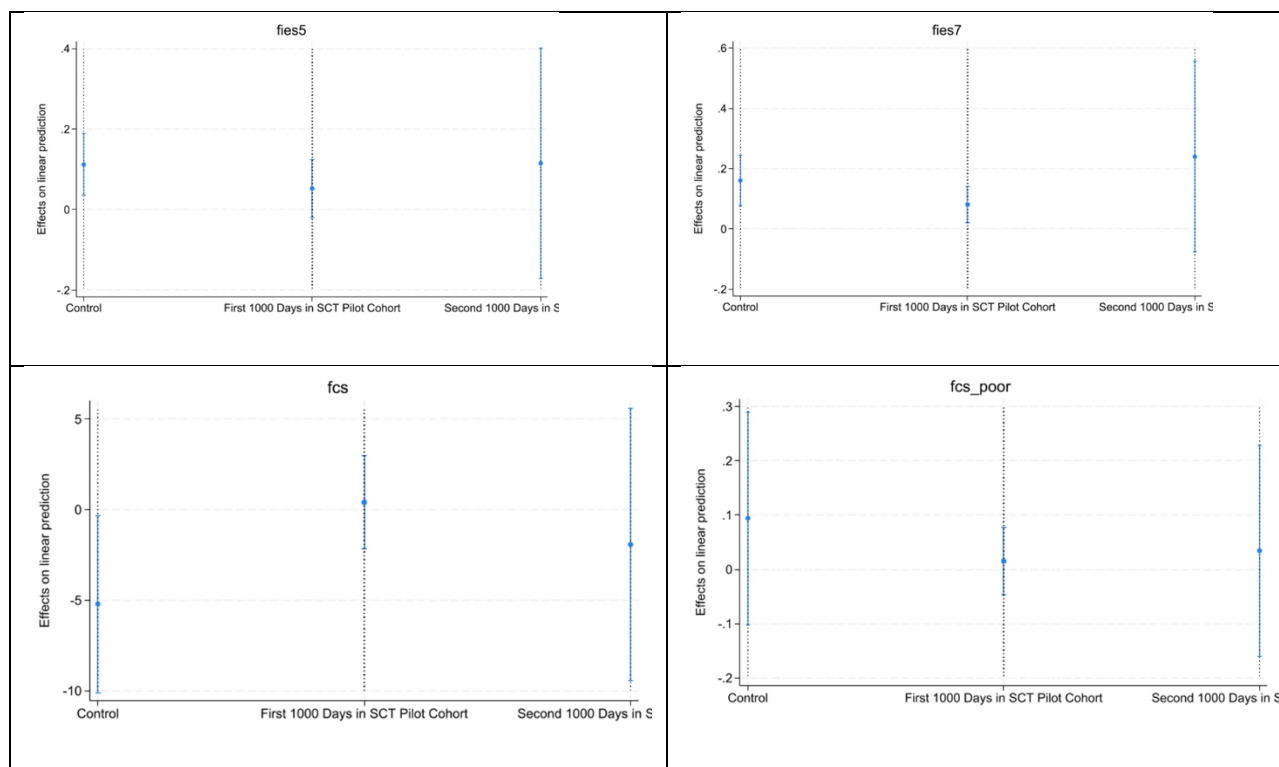
Figure 8 Additional effect of receiving a needs assessment on household food security outcomes, for households affected by drought (first and second cohort and control)



Household Food Security

Figure 9 shows that the quantitative analysis found no evidence that needs assessments improved household food security outcomes, irrespective of whether households were in the first or second cohort of the 1,000 Days SCT pilot or in the control group. Across all indicators—moderate and severe food insecurity (FIES5 and FIES7) and food consumption (FCS and poor FCS)—the effects of being assessed were close to zero and not statistically significant. This means that, based on the 2025 survey data, receiving a needs assessment did not provide any additional protective benefit for household food security during the drought.

Figure 9 Additional effect of receiving a needs assessment on household food security outcomes, for households affected by drought (first and second cohort and control)



Mixed findings on additional protective effects on other outcomes

The evidence on the additional protective effects of needs assessments during the drought was mixed. There were some encouraging signs: households that received an assessment were less likely to report diarrhoea symptoms in children (–12pp, $p<0.05$), and households in the first cohort were more likely to have a handwashing station (+14pp) while those in the second cohort were somewhat more likely to have access to a garden (+14pp, $p<0.1$). There was also a tendency for assessments to be linked to lower prevalence of underweight among children in both control (–5pp, $p<0.1$) and second cohort households (–12pp, though not statistically significant). However, there were also some surprising negative associations, including lower reported levels of micronutrient supplementation in both the control (–40pp, $p<0.01$) and first cohort (–14pp, $p<0.01$) groups, with no significant effects in the second cohort.

Overall, **while the evidence suggests that needs assessments and referrals may have supported protective behaviours related to hygiene, nutrition, and food production during the drought, the effects were not consistent across outcomes.** All graphs illustrating these associations are provided in Annex 5.

In the **qualitative interviews**, respondents described several ways the non-monetary components of the 1,000 Days in SCT pilot protected households from the impacts of the drought. The two cohorts benefited differently: first-cohort households had more time to build longer-term resilience and protection, whereas second-cohort households, enrolled closer to/ during the crisis, often had to prioritise immediate needs.

1. Nutrition advice that prioritises children

Beneficiaries reported that they had received nutrition advice/counselling under the 1,000 Days in SCT pilot which ensured that they always kept children's diets at the centre of spending, including during the drought.

First cohort accounts emphasised dietary diversity

“They told us not to waste the money on things like clothes, but to use it for food—especially for buying the three food groups: proteins, carbohydrates, and protective foods. These lessons have stayed with us and are still helping us now.” (First cohort beneficiary, Chipata)

By contrast, second cohort testimonies and CWAC interviews stressed malnutrition prevention and immediate spending discipline

“we tell them that this money is for buying food for the children so that they don't get sick of malnutrition.” (CWAC, KII)

and

“this money... so that you should be buying them food so that they should not have malnutrition... they taught us those things and for me that was very helpful.” (Second cohort beneficiary, Mpika)

The advice appeared to help households maintain children's dietary needs during the drought, with **first cohort guidance focusing on balanced, diverse diets, and second-cohort guidance focusing on preventing malnutrition and enforcing disciplined, child-centred spending under acute scarcity.**

2. Converting transfers into assets (livestock) that buffered shocks

Qualitative interviews showed that beneficiaries—especially in the first cohort—used part of the cash transfer to buy small livestock that acted as liquid buffers during the drought. First cohort beneficiaries described how assets were built and then drawn down when needed:

“With that money, I bought domestic animals to prepare for hard times. When the drought came, we sold those animals to buy food. So, the SCT support saved us, and it is still helping us even today.” (First cohort beneficiary Mpika)

“We also still have the animals we bought during the pilot. Whenever we have a financial challenge—like school fees or food—we sell one.” (First cohort beneficiary, Kalabo)

CWAC guidance and advice actively and repeatedly reinforced this strategy:

“The CWACs taught us to use the money wisely: to buy seeds, domestic animals, and not waste it on unnecessary things.” (First cohort beneficiary, Mwinilunga)

Among Second cohort beneficiary, advice to invest also featured, but pressing needs during the drought often had to take precedence:

“The CWAC leaders really supported us too. They gave us guidance on how to use the money wisely—like buying fertilizer, investing in small animals, and improving our households, but often this was impossible.” (Second cohort beneficiary, Kalabo)

Investing the 1,000 Days in SCT pilot cash in small livestock and other assets created saleable buffers that households could draw on during the drought. These reserves helped cover food costs and reduced the need to sell core assets (such as tools or household goods) in distress. **First cohort households had more time to accumulate and then liquidate assets, while second-cohort households, entering closer to the crisis, more often prioritised immediate consumption and healthcare despite receiving similar investment guidance.**

3. Savings groups established during the pilot as protection

Savings groups set up alongside the 1,000 Days in SCT pilot were described as practical buffers during the drought. Community leaders noted that:

“some were in groups for the 1,000 days in SCT pilot where they were saving money... They would put money together and later share the money, especially when it go hard during the drought” (CWAC Chair, KII)

Another chair explained that beneficiaries

“have been trying save some money through village banking and chicken layering so that in case things get hard they can easily borrow or sale to improve their businesses” (CWAC Chair, KII)

First cohort beneficiaries offered direct testimony of benefit of the groups

“They also taught us about joining saving groups so we could keep that money, and that really helped me.” (First cohort beneficiary, Mpika).

These accounts indicated that **savings groups provided quick, flexible liquidity that helped households manage drought-time shortfalls without resorting to more harmful coping.** While leaders reported saving activity across 1,000 days in SCT pilot beneficiaries, direct beneficiary evidence of protection came especially from first cohort households—suggesting newer households had less time to realise the same protective gains during the active drought.

4. Homestead food production as protection

Both cohorts had been encouraged to engage in homestead food production (HFP), but the depth of practice differed. First cohort households often described established gardens and produce sales that helped them through the drought:

“We... used the last two payments to buy seeds for the garden. We are still using those seeds today. The vegetables we grow are sold in the market, and with that money, we buy what we need for the household.” (First cohort beneficiary, Chipata).

By comparison, Second cohort beneficiary recalled guidance and input-oriented advice (from CWACs or other community volunteers) rather than mature production:

“The CWAC leaders really supported us too. They gave us guidance on how to use the money wisely—like buying fertilizer, investing in small animals, and improving our households. That advice has stayed with me, but I still must put everything in practice really.” (Second cohort beneficiary, Chipata)

Homestead production appeared to have protected first cohort households by maintaining dietary diversity and generating small cash flows during the drought, whereas second cohort households, enrolled closer to the crisis, reported advice and inputs but had less time to translate these into sustained garden output.

To sum up, quantitatively, the non-monetary components of the 1,000 days in SCT pilot appeared to have had some protective benefits against the effects of the droughts, but patterns were less clear and consistent across measures. Qualitatively, beneficiaries described multiple, intersecting mechanisms through which the pilot protected households during the drought. Many of these mechanisms were especially well established in the first cohort.

5.3 Mechanism: Prevention of negative coping strategies

Table 11 shows the comparison of coping strategies employed by households during the time of severe drought based on the **quantitative survey data from 2025**. As can be seen, second cohort households were least likely to report no coping and were more likely to have reduced the quantity and quality of food, indicating greater reliance on negative consumption-smoothing strategies than controls. First cohort households also reported eating less more often than controls, though the pattern was less pronounced than for the second cohort, consistent with earlier findings that this cohort was more likely to have built buffers (using the cash transfer and advice).

Households that received DECT were more likely than non-recipients to report eating less and lower-quality foods, and were less likely to report no coping, suggesting that short-term support mainly addressed immediate needs among more severely affected households. Differences in loans and labour reallocation were small and statistically insignificant. These patterns pointed to **the importance of longer, predictable support to reduce harmful food-related coping**, while recognising that observed differences may also have reflected programme targeting and timing.

Table 9 Coping strategies reported by households during the drought, by 1,000 days in SCT pilot cohort and receipt of DECT (%)

Coping strategies	Control (%)	First cohort (%)	Second cohort (%)	p-value (Control vs Cohorts)	DECT (%)	No DECT (%)	p-value (DECT vs No DECT)
None	45.0	35.7	7.6	0.000***	35.3	40.5	0.02**

Took loan from non-institutional sources	9.1	8.3	8.9	0.84	9.0	7.6	0.29
Ate less food	43.7	50.7	59.5	0.004***	51.4	45.0	0.005***
Ate lower quality food	40.0	46.3	45.6	0.04**	46.5	40.8	0.013**
Sent non-working members of HH to work	9.4	10.1	11.4	0.83	9.8	10.4	0.67
Sent household members to safer location	18.3	22.2	31.7	0.015**	21.9	21.2	0.69

*Notes: Percentages represent households reporting each coping strategy. Statistical significance: ***p<0.01; **p<0.05; p<0.1.

The qualitative data suggest that the 1,000 Days in SCT pilot offered some protection against negative coping during the drought, with stronger protection among first-cohort households (longer exposure) than among the second cohort (shorter exposure).

First cohort beneficiaries often described how they liquidated assets they had built with the transfer (e.g., small livestock) and harvested their gardens rather than selling core household items, and several reported avoiding meal reduction and school withdrawals—a sign of buffer use rather than asset depletion.

In contrast, second cohort households—entering closer to, or during, the drought—had less time to build buffers and were more likely to describe distress sales of household goods or small livestock, or reliance on piecework. In Chipata, a second cohort beneficiary reported selling household furniture (chairs) to cope and also described eviction due to arrears—clear signs of distress coping.

“oh, we had some nice chairs... we sat down with my husband and decided to sell the chairs so that we could solve the problems that we had when the drought was bad...” (second cohort beneficiary, Chipata)

Similarly, while the D-ECT helped households to address immediate consumption needs, it did not allow them to accumulate buffers. Where payments were partial or only one off, the protective effect was even weaker, and households reverted to low-return coping.

5.4 Summary of findings and recommendations

The 1,000 Days in SCT pilot provided important protection for child nutrition during the drought, but the extent of this protection depended heavily on the length of exposure and timing of enrolment. First cohort households, who received transfers for longer, were able to build buffers such as livestock, gardens and small businesses, which they drew on to maintain diets. These reserves helped cover food costs and reduced the need to sell core assets (such as tools or household goods) in distress. In contrast, second cohort households, who enrolled during the drought, had less time to invest and were more likely to cut food consumption or sell household assets. The D-ECT, though larger in value, was short-lived and mainly helped meet immediate needs, with little scope for building resilience.

The non-monetary components of the pilot also played a role, with nutrition counselling, CWAC follow-up, savings groups and small-scale food production helping to steer spending towards children and create sustainable sources of food and income. These protective mechanisms were more visible in the first cohort, while second cohort households often focused on urgent consumption.

Overall, the findings suggest that the pilot helped reduce harmful coping and supported child diets, but protection was uneven and weaker for late entrants. Strengthening the sustainability of the pilot will require a focus on longer, predictable support, better integration of short-term crisis top-ups with ongoing transfers, and faster ways to help new entrants build buffers through starter inputs and links to savings groups. Clearer communication, timely and complete payments, and stronger coordination with humanitarian aid are also needed to ensure that beneficiaries are not excluded from other relief and that support works as a layered system rather than a substitute.

6 Findings: Adaptation of the 1,000 Days in SCT Pilot to respond rapidly to vulnerable households during the drought

This section examines how the 1,000 Days in SCT pilot's implementation were adapted to enable a rapid response to the needs of the most vulnerable households with young children during the drought. The analysis considers four main areas of adaptation: leveraging existing infrastructure to deliver additional emergency cash transfers (vertical expansion); rapidly registering new beneficiaries (horizontal expansion); facilitating links to food assistance and direct nutrition supplementation for children; and conducting rapid needs assessments using community-based structures, such as the collaboration between CWACs and NSGs established through the pilot.

6.1 Leveraging the 1,000 days in SCT pilot to deliver additional emergency drought support

The evidence from the quantitative survey suggested that emergency support was only partially layered onto the 1,000 Days in SCT pilot during the drought (Table 1). Among first cohort households, only 11.3% reported receiving D-ECT, while more than a quarter (26.8%) were unsure whether they had received it. This uncertainty points to confusion in communication and programme labelling. The second cohort, who joined closer to or during the drought, showed very low coverage (5.7%) and no uncertainty, suggesting that few received D-ECT top-ups.

For the control group, confirmed D-ECT receipt was minimal (0.9%), but uncertainty was very high (35.4%), again highlighting widespread confusion over which scheme households were on. Across all groups, reported receipt of other drought support (mostly cash-for-work) was low, at around 10–12%, showing limited complementary assistance linked to pilot participation.

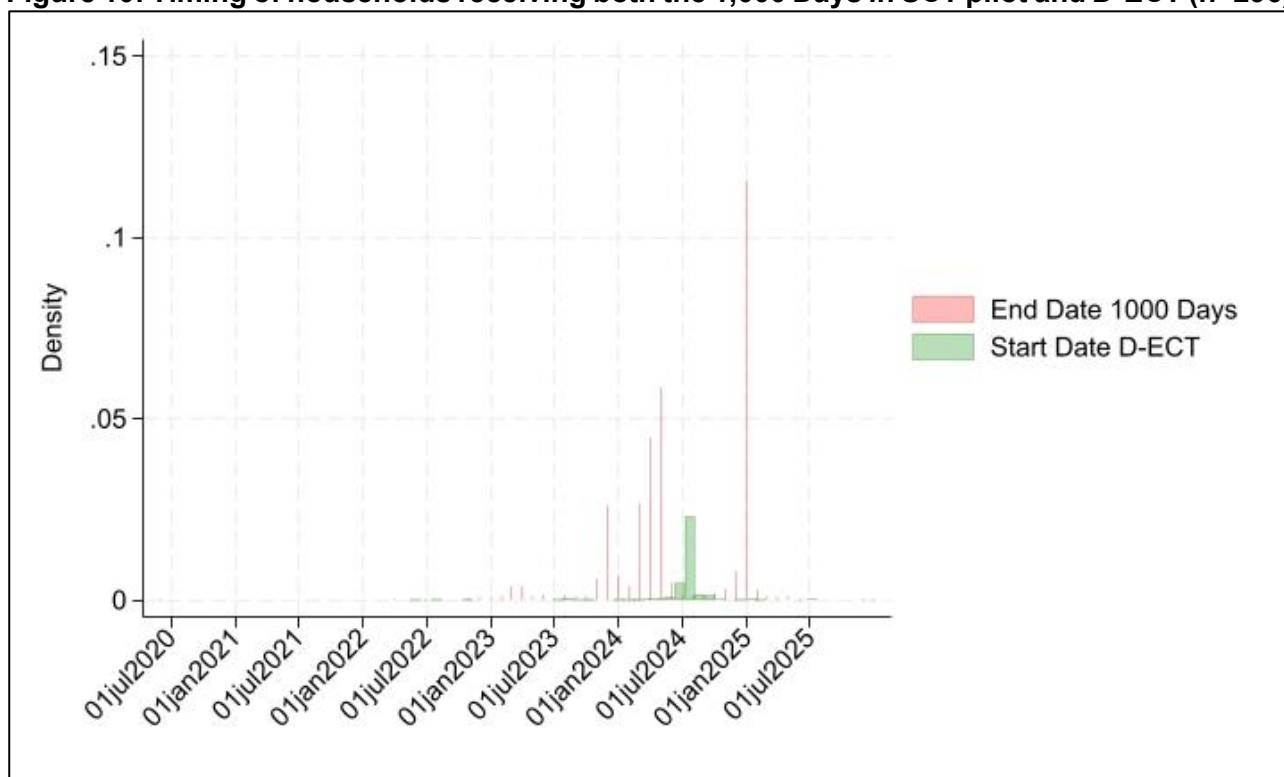
Table 1: Sample for quantitative analysis (N = 3,507), grouped by whether households were part of the 1,000 Days in SCT pilot and whether they also received D-ECT support/other drought support

Pilot participation	Number of households n (%)	Received D-ECT n (%)	Did not receive D-ECT n (%)	Unsure if D-ECT was received n (%)	Received other support n (%)
First 1,000 days in SCT pilot cohort ¹	2535 (72.3)	287 (11.3)	1569 (61.9)	679 (26.8)	258 (10.7)
Second 1,000 days in SCT pilot cohort ²	158 (4.5)	9 (5.7)	149 (94.3)	0 (0.0)	15 (9.6)
Control group (never received 1,000 days in SCT pilot cash transfer)	814 (23.2)	7 (0.9)	519 (63.8)	288 (35.4)	97 (12.4)

Figure 10 illustrates the timeline for households in the pilot who also received D-ECT (n=296). For most of these households, D-ECT began before their 1,000 Days transfer ended, suggesting that there might have been an intentional overlap designed to prevent support gaps at the height of the drought. However, the staggered spikes in start and end dates also indicated a locally phased roll-

out, with delays and variation across districts. While this overlap likely helped to smooth household consumption, it also helps explain the confusion in self-reports and qualitative interviews about whether households were on the SCT pilot or D-ECT—underlining the need for clearer messaging and communication during programme transitions.

Figure 10: Timing of households receiving both the 1,000 Days in SCT pilot and D-ECT (n=296)



Overall, the pattern is consistent with uneven and constrained adaptation: in some areas, pilot participation may have neither guaranteed rapid top-ups nor systematic linkage to other drought relief support, and high “unsure” rates—especially among first cohort and control households—underscore information gaps during rollout. Given these are self-reported measures, some misclassification is likely, but the direction of evidence points to partial, inconsistent layering rather than a comprehensive rapid-response approach.

6.2 Some evidence for modest local adaptations of the 1,000 days in SCT pilot

The **qualitative data** suggested that adaptations to the 1,000 Days in SCT pilot during the drought were modest and locally driven, rather than part of a coordinated, pilot-wide rapid-response redesign.

In some sites, CWACs and district teams reported using existing beneficiary lists to shape emergency targeting, specifically excluding households still receiving the K550 1,000 days in SCT pilot transfer so that emergency cash reached others considered more vulnerable:

“Yes, the list was used to exclude those who were already receiving the K550... they were not included on the emergency fund because they already benefited.” (KII, Kalabo)

On the front line, there was some evidence of intensified engagement with beneficiaries. One CWAC explained that they had increased door-to-door visits and pre-payment meetings to reinforce child-focused use of the transfers during the drought:

“We increased door to door visitations... [and] called for meetings before they receive their money to remind them of the objectives, even more than before the drought.” (KII, Chipata)

However, such efforts were not consistent across sites. In several cases, CWACs described payment challenges that directly undermined the pilot’s ability to respond quickly during the crisis. These included delays, missing names from payment lists, and no reimbursement for “*missed months*” once funds had been returned to the bank. Such problems forced households to borrow or sell items while waiting for cash transfers at the peak of the drought.

There were also isolated linkages to other support (such as SUN II chickens, World Vision mealie meal, or agricultural inputs), but these were not systematically integrated into the pilot. As one CWAC explained, their involvement in the emergency relief was often minimal:

“...this drought programme started in August and October, that is all I know.” (KII, Kalabo)

Taken together, these findings show that **adaptation of the 1,000 Days in SCT pilot during the drought was inconsistent, limited in scope, and reliant on local CWAC initiatives**. While the use of beneficiary lists for targeting and the reinforcement of spending advice helped in some communities, problems with payment timeliness, weak linkages to complementary support, and uneven implementation reduced the pilot’s ability to function as a rapid-response mechanism. For future scale-up, closer integration with emergency top-ups and external relief, combined with stronger safeguards on payment timeliness, list management, and grievance resolution, would be essential to protect vulnerable households more effectively during crises.

6.3 1,000 days in SCT pilot beneficiaries were excluded from drought relief efforts

In the qualitative interviews, several beneficiaries explained that they had been excluded from receiving other forms of drought relief, such as food distributions, because they were identified as recipients of the 1,000 Days in SCT pilot.

“There was a time when relief food was distributed in our area, but we weren’t told about it. The reason given was that we were already part of the SCT Pilot and were receiving money, so the food was only for those who were not beneficiaries. That didn’t feel fair.” (First cohort beneficiary, Chipata)

“There was one time when people in our area were given maize—one tin per household—but we were told we didn’t qualify because we were already SCT beneficiaries.” (Second cohort beneficiary, Mpika)

These accounts suggest that participation in the 1,000 Days pilot sometimes acted as a barrier to accessing other forms of humanitarian support, particularly food aid. While this approach may have been intended to spread limited resources across more households, it created gaps in protection for children and mothers during the drought. Beneficiaries receiving modest 1,000 days in SCT pilot payments (calculated for non-emergency contexts) were excluded from complementary food support, leaving them potentially worse off than non-beneficiaries in their communities.

This highlights the importance of **better coordination between social protection programmes and humanitarian assistance**. Cash transfers should not automatically disqualify households from receiving emergency relief, especially in contexts of a widespread crisis. Instead, joint planning and harmonised targeting could ensure that **support is layered rather than substituted**, reducing inequities and closing vulnerability gaps during crises.

6.4 Summary of findings and recommendations

The evidence suggests that during the drought, emergency support was only partially layered onto the 1,000 Days in SCT pilot. First cohort households reported low D-ECT coverage and high uncertainty about receipt, while second cohort coverage was also low, indicating weak surge layering. Where both schemes were received, D-ECT typically began before the pilot ended, which likely smoothed consumption, but staggered roll-out and variable timings contributed to confusion.

Qualitative evidence pointed to modest, uneven local adaptations (e.g., CWAC follow-up), alongside payment delays and occasional exclusion from food distributions for 1,000 days in SCT pilot beneficiaries. Overall, adaptation was uneven and constrained, with communication gaps and limited coordination reducing the pilot's effectiveness as a rapid-response platform.

The 1,000 Days in SCT pilot could be strengthened by designing it to allow layered support, with crisis top-ups (e.g., D-ECT) overlapping by default with the 1,000 Days transfer during shocks. Improving delivery systems—such as ensuring timely and complete payments to the primary caregiver, keeping beneficiary lists accurate, and reimbursing missed months quickly—would help maintain trust and impact. Better coordination is also needed so that participation in the pilot does not automatically exclude households from humanitarian food assistance. For new entrants during crises, a short, front-loaded package (for example, two to three faster payments combined with brief counselling) could help bridge immediate needs while longer-term buffers are built.

7 Conclusions and recommendations

This study shows that the **1,000 Days in SCT pilot offered meaningful but uneven protection for women's and children's diets and household food security during the 2024 drought**. Protection was **strongest among first cohort households** who had longer exposure to the transfers, enabling them to build and draw on buffers such as livestock, gardens and petty trading. These households were better able to maintain food consumption and dietary diversity, even after exiting the pilot. In contrast, second cohort households—enrolled closer to or during the drought—had less time to invest and were more likely to reduce meals, sell assets or rely on short-term coping. The D-ECT provided larger transfers that improved immediate food consumption, but its short duration limited resilience-building. Overall, the pilot did not consistently translate into improvements in child health or WASH practices, showing the need for stronger links to complementary services.

The **mechanisms of protection were both financial and non-financial**. Cash earmarked for young children's nutrition was often used to buy nutrient-rich foods, support homestead production and, in the first cohort, establish small income-generating activities. Non-monetary elements such as nutrition counselling, CWAC follow-up, savings groups and small livestock rearing and homestead food production reinforced child-focused spending and resilience, though their effects were more visible among longer-term beneficiaries.

Adaptation during the drought was partial and inconsistent. Emergency top-ups like D-ECT were not systematically layered onto the pilot, with low coverage and high confusion about receipt. Local CWAC initiatives, such as increased home visits and beneficiary follow-up, offered modest support but were undermined by payment delays, unclear communication and exclusion from other relief support such as food distributions. These weaknesses limited the pilot's effectiveness as a rapid-response platform.

Looking forward, the pilot's protective potential could be enhanced by ensuring longer, predictable child-focused transfers that allow households to build resilience before shocks; systematically layering crisis top-ups like D-ECT with ongoing support; and fast-tracking buffers for new entrants through starter inputs, savings linkages and front-loaded payments. Delivery systems need strengthening to guarantee timely and complete payments, accurate beneficiary lists, and quick reimbursement of missed months. Finally, coordination with humanitarian actors is essential so that participation in the SCT does not exclude households from food aid, and communication with beneficiaries must be clearer and more consistent to reduce uncertainty.

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Annexes

Annex 1 : Quantitative household survey

Annex 2 : Qualitative topic guide



Qualitative topic
guide drought data c

Annex 3 : Cross-sectional association assessments



Additional protective
effects of needs asses

Annex 4 : Drought assessments



Determinants of
drought exposure.doc

Annex 5 : Need assessments



Implementation of
the needs assessment