The Global SDG Synthesis Coalition

Center for Evaluation and Development

What do we know about the evidence base on social assistance interventions to reach the furthest behind?

BACKGROUND, SCOPE, EVIDENCE BASE AND GAPS

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Table of Contents

Overview 3

Background 4

Thematic scope 5

Evaluative evidence 7

Characteristics of the evidence base 8

Evidence gaps 13

Further implications for evaluation, research, and synthesis 14

Next steps 14

List of Tables

Table 1: Outcome categories included by SDG and system-level change 6

List of Figures

Figure 1. Evidence base by type and publication year (N=249) 8

Figure 2. Geographic distribution of evidence (N=200) 9

Figure 3. Evidence by eligibility criteria (N=249 studies) 10

Figure 4. Evidence by intervention type (N=249 studies) 11

Figure 5. Evidence by outcome type (N=155) 12

Figure 6. Evidence by system-level change outcomes (N=94) 12

Overview

This brief presents an update from the "Synthesis of implementation and effectiveness of social assistance interventions to reach the furthest behind" commissioned by the People Pillar (SDGs 1-5) group of the Global SDG Synthesis Coalition.[1] This synthesis focuses on specific social assistance programming in Low- and Middle-Income Countries (LMICs) with an emphasis on gender-, age-, and disability-responsive interventions designed to meet the needs of vulnerable and marginalized populations. More specifically, it examines vouchers and in-kind transfers, while excluding cash transfer programmes, as the latter are already relatively well documented elsewhere.[2]

Providing an early view of what the final synthesis report will present, this brief outlines the size and key features of the evidence base, including programme regions and countries, types of interventions, targeted outcomes, and population groups reached. It draws on data extracted from 155 "impact studies" and 94 "process and performance evaluations" conducted by relevant UN agencies.[3] These studies were identified from a broad body of evidence on vouchers and in-kind transfers published between 2015 to 2024 on the basis of the eligibility criteria presented in the synthesis protocol. An Evidence Gap Map (EGM) supplements this brief by providing a visual overview of existing evidence and gaps across implementation and effectiveness dimensions.

The final synthesis report, to be released by November 2025, will provide a more detailed analysis in response to the synthesis questions below:

- **SQ1**: What gender/age/disability- responsive vouchers and in-kind transfer interventions work for the furthest left behind among different gender, age and disability groups?
- **SQ2**: How and why do gender/age/disability- responsive vouchers and in-kind transfer interventions work for reaching the furthest behind among different gender, age and disability groups?
- **SQ3**: What factors contribute to progress towards SDGs 1-5?
- **SQ4**: What evidence gaps on the impact of gender/age/disability- responsive vouchers and in-kind transfers on those left furthest behind currently exist?

SQs 1 and 2 will be drawn primarily from impact studies, while SQ3 will rely mainly on performance and process evaluations. SQ4 will be addressed using the EGM. The findings will be relevant for policymakers, implementers, evaluators, and donors who seek to enhance the equity and impact of social protection systems in pursuit of the 2030 Agenda.

Background

The Sustainable Development Goals (SDGs), adopted by all 193 UN member states in 2015, provide a universal blueprint for achieving a better and more sustainable future by 2030. They encompass 17 interconnected goals addressing global challenges such as poverty, inequality, health, education, and climate change. Since 2016, the Sustainable Development Report (SDR) has monitored and ranked the annual progress of UN member states in achieving these 17 SDGs. However, the latest edition (2025) highlights a troubling finding: despite widespread global commitment to the 2030 Agenda, none of the SDGs are currently on track, with SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being) lagging most behind (Sachs et al., 2025). [4] Compounding factors such as economic shocks, entrenched social and economic inequalities, climate crises, and protracted conflicts in recent years have particularly affected LMICs, undermining the SDG progress (see e.g., Sachs et al., 2025 and Landin Basterra et al., 2022).[5] The COVID-19 pandemic especially reversed gains in education due to school closures and deepened gender disparities in employment and unpaid care work (Alfers et al., 2021)[6]. For instance, during this period, 28% of men and 35% of women reported job loss, with women disproportionately affected due to increased demand for care work, particularly for children (Kugler et al., 2025)[7]. Accelerated action, guided by evidence and inclusive policy approaches, is essential to ensure no one is left behind.

The scope of the assignment was shaped through an initial scoping exercise commissioned by the UNDP Independent Evaluation Office in 2022, followed by consultations and prioritization processes led by the People Pillar Co-Chairs in 2023 and early 2024. Building on these foundations, a final rapid scoping exercise by C4ED, in consultation with the UNICEF Evaluation Office and the People Pillar Co-Chairs, served as the conclusive step, **resulting in the selection of gender-, age-, and disability-responsive vouchers and in-kind transfers in LMICs as the focus of the synthesis.** [8]

While there is a large and growing body of evidence on social protection interventions addressing SDGs 1–5, much of the synthesis and systematic review work to date has concentrated on cash transfers. In contrast, evidence on vouchers and in-kind transfers has not been systematically consolidated, leaving important gaps in understanding what works, for whom, and under which conditions. This synthesis seeks to address that gap by bringing together the available evidence on voucher and in-kind transfer interventions and examining their contributions to progress across the five SDGs.

Thematic scope

Besides examining the existing evidence base on responsive vouchers and in-kind, special emphasis is placed on the implementation science—exploring how contextual factors, including delivery processes, system structures, and key actors affect programme outcomes related to SDG1-5 and broader system-level changes. Table 1 lists the six outcome categories and 25 subcategories included in the synthesis. All studies lie within the 2015-2024 publication date range.

In-kind transfers are direct, regular and predictable provision of goods or services to the recipients without monetary exchange. These transfers include tangible goods or services such as food, healthcare, or housing for individuals in need given to beneficiaries through unconditional public distribution programmes or conditional initiatives like school meal programmes (Alderman et al., 2017).[9] On the other hand, **vouchers are instruments issued by an organization or government that can be redeemed by the recipient to purchase specific food or services for a given value or quantity** at pre-defined private or public outlets (Valkama et al., 2010; Alderman et al., 2017).[10]

Programme responsiveness is defined as *"close alignment with the needs of individuals, groups, and societal trends to make adjustments for improvement"* (Boutelier & Anderson, 2022).[11] Under this definition, a programme is responsive when it both addresses the specific needs of diverse vulnerable populations and adapts to the changing circumstances faced by marginalized groups. The importance of programme responsiveness emerged clearly during the scoping exercise. While social transfers are well established as a poverty reduction tool in many contexts, their potential to meet the particular needs of vulnerable groups is not always realized (UNICEF & FCDO, 2022).[12] Synthesizing evidence on vulnerabilities-responsive programming can therefore provide valuable guidance for policymakers and implementers in designing more inclusive interventions.

Table 1: Outcome categories included by SDG and system-level change

SDG	Specific outcomes
SDG1: No Poverty	• Housing, electricity and WASH infrastructure (e.g., Handwashing and sanitation use; Waste management; Housing index). • Household income (e.g., Multidimensional poverty; Income; Savings). • Non-food consumption and non-productive household assets (e.g., Expenditure on education; Expenditure on child clothing; Assets). • Employment and entrepreneurial skills (e.g., Hours worked; Access to paid job; Employment; Self-employment; Maternal labour force participation).
SDG2: Zero Hunger	• Food security (e.g., Food deprivation; Food access constraints; Food security). • Food consumption (e.g., Food expenditure; Food consumption quality). • Agricultural production (e.g., Yield; Income from production). • Livestock production (e.g., Poultry practices).
SDG3: Health and Well-Being	• Child health (e.g., BMI score; Stunting; Overweightness). • SRH and maternal health (e.g., Maternal care visits; Contraception; Pregnancy). • Mental health and well-being (e.g., Illness; Anxiety; Depression; Physical activity). • Access and use of health services (e.g., Health centre visits; Prevention tools usage). • Nutrition and dietary diversity (e.g., Dietary habits; Junk food; Nutritional knowledge). • Child labour (e.g., Hours worked; Participation in any work; Child labour reduction). • Other health outcomes (e.g., Quality of home environment; Mortality rate).
SDG4: Quality Education	• Access to education (e.g., Enrolment; School attainment; Absenteeism). • Learning and achievement (e.g., Test scores; Cognitive Performance).
SDG5: Gender Equality and Empowerment	• Reduction of gender-gaps (e.g., Norms supporting women sexuality; Seats held by women). • Production decisions (e.g., participation in production decision making). • Control over household resources and income (e.g., Economic autonomy; participation in household decision making). • Intimate Partner Violence (IPV) (e.g., Emotional and physical violence; Sexual abuse; Gender-based violence).
System-level Changes	• Law (Development or reform of social protection) (e.g., social safety nets, civil status, child marriage prevention, school feeding laws, Right to Food laws). • Policy (development and strategy formulation e.g., co-development of national social protection strategies, multi-sectoral strategies and inclusive emergency response plans which incorporate social assistance and address needs of most vulnerable). • Law/Policy enforcement (including service delivery mechanisms - e.g. school meals, take-home rations, maternity care; development and roll-out of operational guidelines, SOPs, and standards; dedicated budget lines established in national plans). • Other (e.g., institutional strengthening and capacity building including strengthening coordination, capacity, and resources through platforms, training, technical assistance, and provision of tools and systems.).

Source: Synthesis team elaboration. Examples are illustrative, not exhaustive.

Evaluative evidence

The synthesis presents findings drawn from an evidence base of 249 studies, comprising 155 "impact studies" (70 experimental, 36 quasi-experimental and 49 synthesis reviews) and 94 "performance and process evaluations", primarily UN-led country programme or project-level evaluations, published between 2015 and 2024.[13] The former focus on establishing the causal effects on the SDG outcomes stated in Table 1, whereas the latter focus on programme implementation aspects and how these factors can contribute to system-level changes. The impact evaluation studies included are relatively large in scale—covering at least 1,000 individuals or 20 or more clusters such as schools, villages, or districts— and the process and performance evaluations are restricted to those quality rated as "satisfactory" or "highly satisfactory". This approach ensures that the findings are grounded in high-quality evidence within the social protection domain, providing valuable insights to policymakers, practitioners, and other stakeholders in large-scale social-protection programming. Moreover, by incorporating often underutilized performance and process (UN-led) evaluations, the synthesis generates actionable insights, a feature often overlooked in reviews that rely solely on academic, peer-reviewed literature. In doing so, it seeks to address thematic knowledge gaps in social protection and to inform more equitable policymaking.

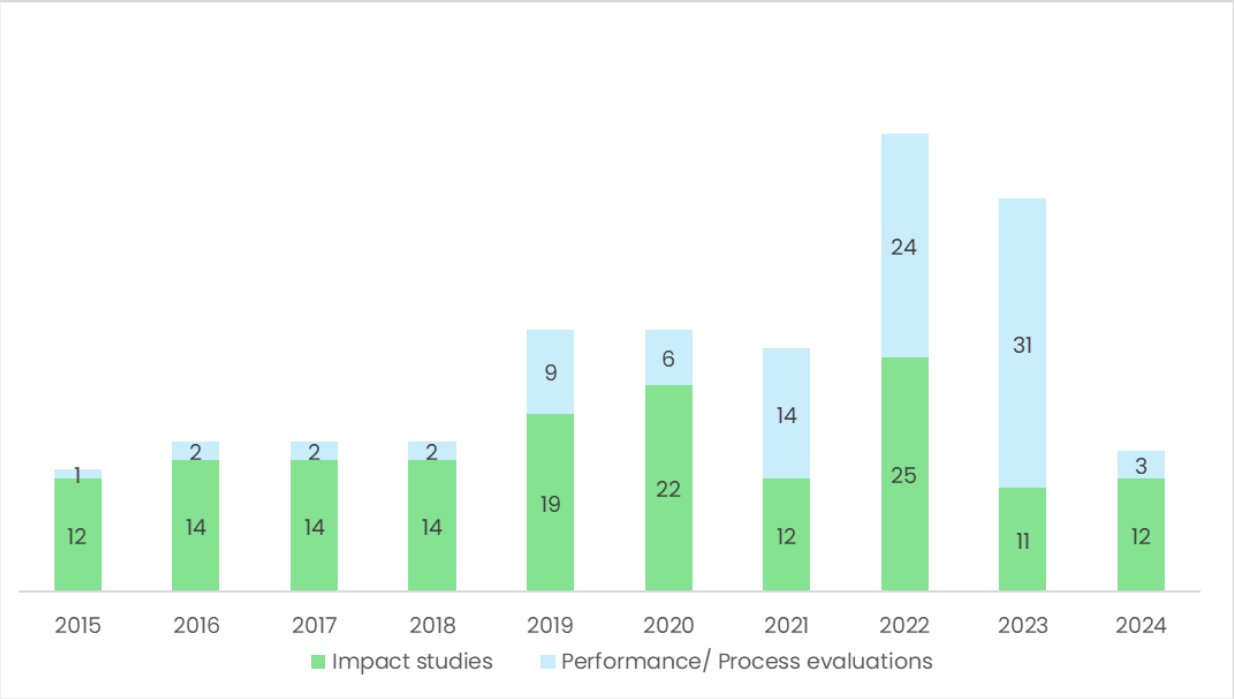
Figure 1 shows the distribution of the evidence base used in this synthesis across the years 2015-2024, disaggregated by study type. Accordingly, the body of evidence on gender-, age-, and disability-responsive voucher and in-kind transfer interventions appears to have grown steadily over the past decade, with a sharp increase in 2022 followed by a notable decline in 2024.[14] Notably, the number of UN-led evaluations in this area increased significantly—from only one in 2015 to a peak of 31 in 2023.

To contextualize the distribution of process and performance evaluations included in the synthesis across agencies, it is important to highlight that half of the evaluations are from WFP and 13% from UNICEF. The synthesis also includes evaluations from UNFPA and FAO (5 each), UNDP (4), IFAD (3), ILO (2), with the remaining constituting a mix of other UN agency evaluations. Only three studies were commissioned by more than one UN body. The diversity of agencies reflects the broad engagement of UN entities in implementing and assessing voucher and in-kind transfer programmes.

UN-led process and performance evaluations typically take a holistic approach, with most studies included in the synthesis addressing mostly four of the six OECD DAC evaluation criteria. More specifically, 100% cover effectiveness, 95% address relevance and sustainability, and 87% examine coherence. The largest body of evidence relates to the conditions (barriers and drivers) influencing effectiveness, suggesting that donors

and implementers place the greatest emphasis on measuring and understanding outcomes related to this particular dimension, above others.

Figure 1. Evidence base by type and publication year (N=249)



Source: Synthesis team illustration.

Characteristics of the evidence base

Geographic Distribution

Similar to the findings from other syntheses efforts on social protection interventions (see e.g., Pasha, et al., 2023), most evidence is concentrated in Sub- Saharan Africa (119 out of 249). This is followed by South Asia (69), Latin America and the Caribbean (58), East Asia and the Pacific (56), Middle East and North Africa (19) and Europe and Central Asia (11).[15] In Sub-Saharan Africa, evidence is relatively evenly distributed across three countries– Uganda (23), Kenya (18), and Burkina Faso (16). In South Asia, India stands out as the primary contributor with 30 evaluations each, followed by 15 in Nepal. In Latin America and the Caribbean, Mexico has the largest number of evaluations (18), followed by Colombia (13) and Ecuador (9). In East Asia and the Pacific, China (30) dominates.

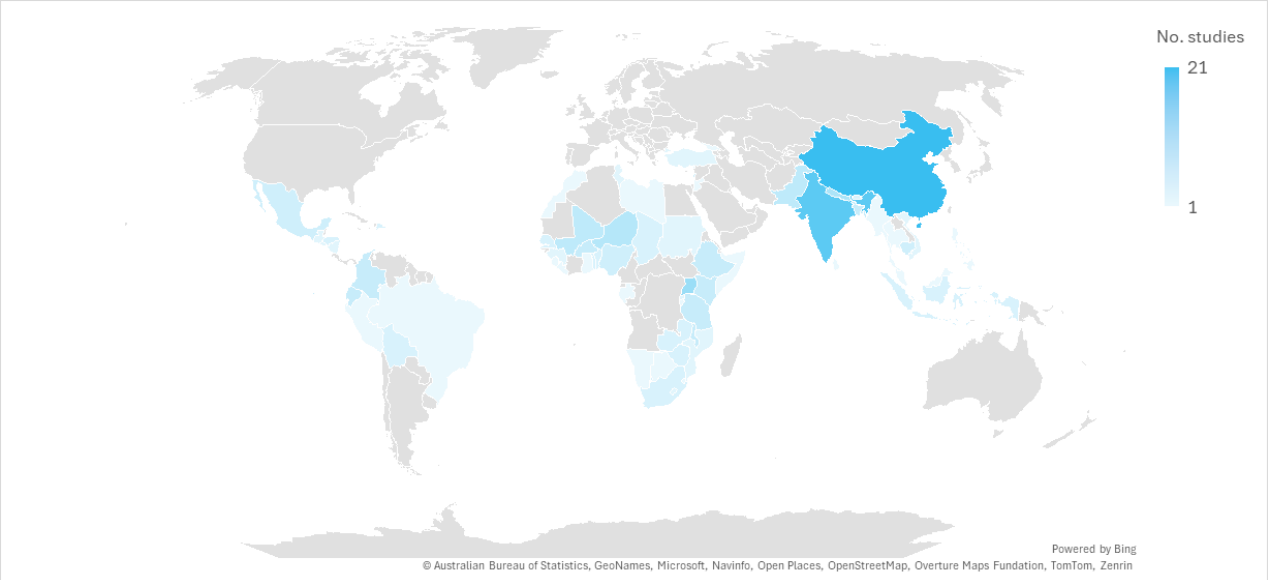
Notably, impact studies are predominantly concentrated in China and India and, in contrast, performance and process evaluations are more geographically dispersed, with comparatively less emphasis on these two countries.

The majority of the evidence (39% of all studies) is concentrated in lower-middle-income countries. Following this, low-income and upper-middle-income countries each have similar shares of total studies (23%), but the former have a slightly higher proportion of UN-led evaluations, while the latter have a slightly higher proportion of impact studies. The remaining 15% cover a mix of income categories.

The lower share of rigorous evidence from low-income countries (23%)—despite their heightened vulnerability and greater need for effective social protection—points to a programming and/or research gap. This limited coverage may be partly attributable to the fragility of many low-income settings, where conflict and weak institutional capacity often hinder data collection and evaluation efforts or the establishment of a social assistance system that delivers vouchers or in-kind transfers. For instance, 64% of the studies included in the synthesis focus exclusively on countries without institutional fragility or conflict, 23% examine countries affected by violent conflict, 3% focus on those experiencing high levels of institutional fragility, and 9% address contexts characterized by both.

Regarding the location within countries, most evidence is collected from rural areas (41%), 34% of studies cover both rural and urban contexts, and 6% are predominantly urban. For 16% of the studies, this information is not reported.

Figure 2. Geographic distribution of evidence (N=200)



Source: Synthesis team illustration. The map does not include the syntheses as they usually include studies from more than one country/region.

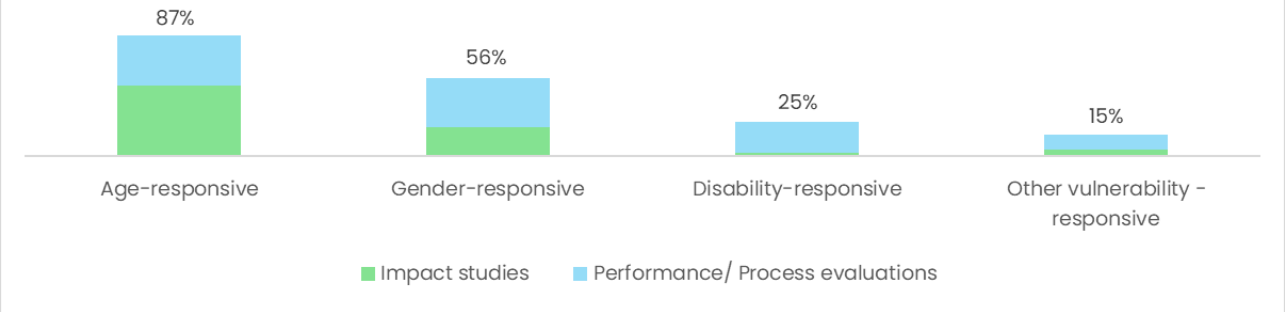
Target groups

The majority of interventions can be classified as age-responsive (87%), with children (0–13 years) identified as the primary age group among targeted beneficiaries,

followed by adolescents (14–17 years). Figure 3 shows that over half of the interventions are identified as gender-responsive (56%), with a particular focus on benefiting women, including mothers and caregivers. In contrast, disability-responsive interventions are less prevalent, representing only 25% of the evidence base. An additional 15% of interventions target other vulnerable sub-populations, such as those living in extreme poverty or those affected by humanitarian crises (including refugees and internally displaced persons), rural and remote populations, or individuals identified as sex workers. These findings highlight the prioritization of children and adolescents in social protection programming, reflecting an alignment with SDGs. However, there is a relative underrepresentation of interventions specifically designed for elderly (65+) and persons with disabilities—two groups often facing heightened vulnerability.

Compared to impact studies, performance and process evaluations (and likely UN programming) are more likely to target highly vulnerable populations, including disability-responsive programmes and those designed for other marginalized or at-risk groups. However, emerging findings from the qualitative analysis of these evaluations suggest that responsiveness of interventions towards vulnerable groups was often stated as a goal or objective but not reported at implementation and outcome level. This points to a high commitment to the principle of "leaving no one behind" within UN programming, but also highlights persistent evidence gaps on effective implementation and disaggregated outcome reporting.

Figure 3. Evidence by eligibility criteria (N=249 studies)



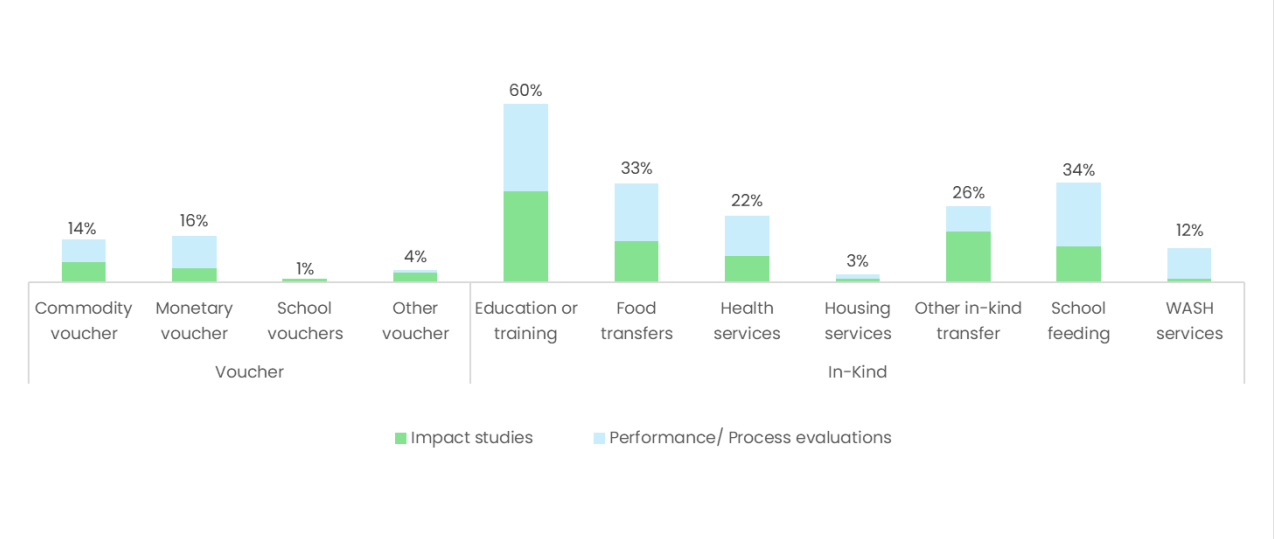
Source: Synthesis team illustration. It is important to note that 49% of the studies applied multiple eligibility criteria. This justifies the decision to present overlapping categories and explains why the percentages do not add up to 100%.

Interventions and outcomes

In-kind transfer interventions appear more frequently in the evidence base (234 studies) compared to voucher interventions (76), with education and training making up the largest share (60%) (Figure 4Figure 5). For voucher interventions, the evidence shows no difference in the proportion of interventions studying monetary or commodity vouchers (39 and 36 studies, respectively). Compared to the impact studies, water, sanitation and hygiene (WASH), health services, and monetary voucher interventions appeared more frequently in the performance and process evaluations.

The majority of impact studies (68%) evaluate the effects of vouchers or in-kind transfers by comparing them to a non-beneficiary group. A smaller share (14%) compares the effects of these interventions against other modalities, such as cash transfers, while the remaining 18% use a mix of comparison groups.

Figure 4. Evidence by intervention type (N=249 studies)



Source: Own illustration. Note that the majority of studies included multiple intervention types. This justifies our decision to present overlapping categories and explains why the percentages do not add up to 100%.

The distribution of key implementing actors shows a diverse and multi-stakeholder ecosystem. Governmental bodies (local or national) are identified as key actors in 53% of total studies, with the largest share involving collaborations with non-governmental partners (33% of total studies). Such collaborations are found particularly prevalent in performance and process evaluations. This finding reflects the central role of public systems, often in partnership with UN agencies, in delivering social assistance programmes. Standalone government-led programmes are present in 12% of the evidence base and are more often found in the impact studies (19%) than in process and performance evaluations included in this synthesis (2%). Researchers are identified as key implementing actors in 17% of total studies (27% of the impact studies, particularly in those with experimental designs). A multi-stakeholder model with all three actors is less prevalent but present in 7% of the studies.

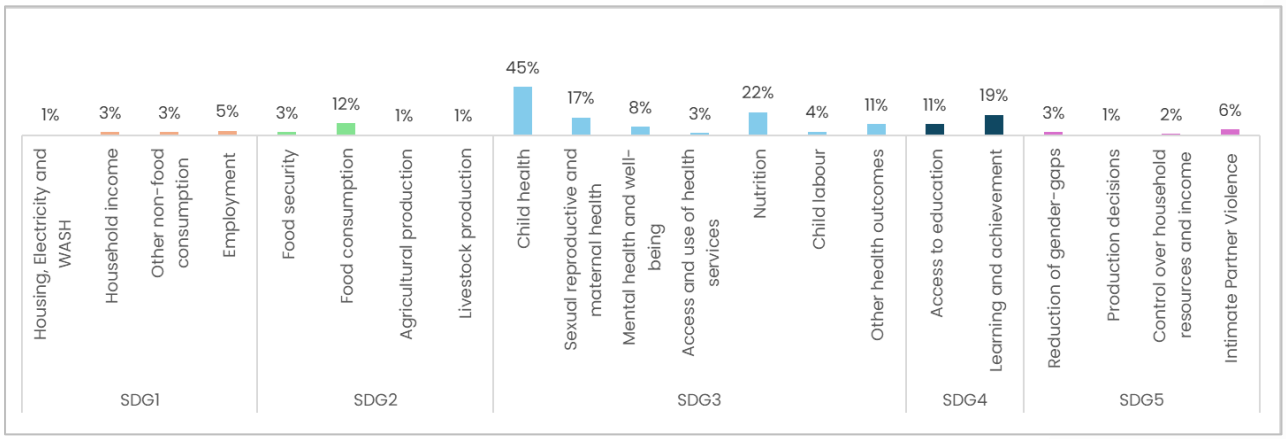
Overall, governments, NGOs, and researchers each play a critical role in advancing the SDGs, underscoring the importance of multi-stakeholder collaboration in scaling and evaluating inclusive interventions that are age-, gender-, and disability-responsive, aiming that no one is left behind.

In terms of outcome categories, evidence is strongly concentrated around the effectiveness of health, nutrition, and learning and achievement related outcomes (see Figure 5). The evidence is concentrated around SDG 3 with related outcomes found

in 79% of the impact studies. Within SDG 3, child health subcategory is the most frequently found, followed by nutrition and sexual and reproductive health. SDG 4 follows, and is found in 25% of the impact studies, with most studies focusing on learning outcomes and achievement—particularly through standardized test scores. In contrast, SDG 5 is found in 9% of the impact studies. Evaluations under this category primarily examine outcomes related to intimate partner violence. These findings align with other social assistance syntheses (see e.g., Pasha et al., 2023 for an EGM on cash transfers), where the health category is the most extensively examined and women's empowerment among the least.

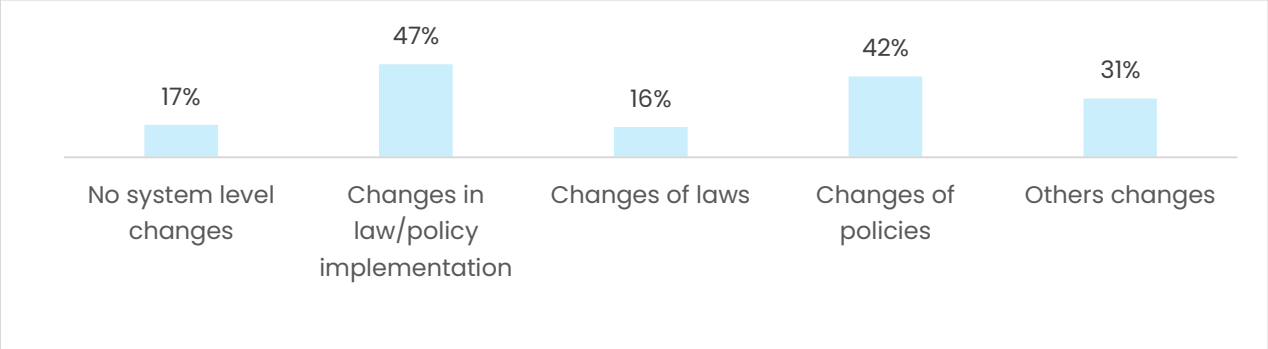
The majority of UN-led evaluations (83%), assess effects on (social protection) system-level changes. [16] Most intervention efforts and their evaluations (47%) concentrate on improving the implementation of existing laws and policies (including service delivery and budgeting), closely followed by efforts to develop new policies (42%). Efforts to establish or change laws are relatively less prominent (16%). About one third (31%) of programmes and their evaluations target more than one level of system change.

Figure 5. Evidence by outcome type (N=155)



Source: Own illustration. Many studies examine multiple outcomes categories which explains why the percentages do not add up to 100%.

Figure 6. Evidence by system-level change outcomes (N=94)



Source: Own illustration. Many studies examine multiple outcomes categories which explains why the percentages do not add up to 100%.

Evidence gaps

The EGM developed as part of this synthesis incorporates 155 impact studies and 94 performance and process evaluations in an interactive overview of social protection interventions and outcomes aligned with SDGs 1–5 and broader system-level changes. In addition to mapping the existing evidence, the EGM identifies areas where evidence is scarce or absent—thereby highlighting key priorities for future programming and evaluation efforts.[17]

Despite the relatively large evidence base, several gaps emerge:

1. **Fewer studies (76) examine the effect of vouchers on SDGs 1-5 compared to in-kind transfers (234).** Moreover, vouchers (or evidence thereof) are found less often in programmes targeting poverty or nutrition outcomes (SDGs 1 and 2) and are mostly found in health-related outcomes (SDG 3), especially for improving child health and sexual and reproductive health outcomes.
2. **Limited evidence is found for SDG 1 and SDG 5.** Compared to other SDGs, these two areas show notably sparse evidence (13 and 14 impact studies, respectively).
3. **Agricultural and livestock production outcomes remain under-researched under SDG 2.** While interventions commonly aim to improve food security and consumption, there is a clear gap in studies focusing on agricultural and livestock production—with only one study addressing each.
4. **Evidence examining SDG 4 is more abundant on learning outcomes than on access to education.** Although SDG 4 is relatively well-covered, the majority of the included impact studies investigate whether vouchers and in-kind transfers improve learning outcomes, with fewer examining impacts on education access.
5. **Disability-responsive interventions are especially limited.** While many social assistance programmes consider gender and age dimensions, there is a noticeable gap in evidence on how vouchers and in-kind transfers address the needs of persons with disabilities. Under SDG 5 in particular, very few evaluations explicitly focus on disability inclusion or assess differential impacts on people with disabilities. This gap underscores the need for more inclusive programming and evaluations that capture the experiences and outcomes of individuals with disabilities, ensuring that social protection systems leave no one behind.

Evidence gaps are also found in process and performance evaluations:

6. **Research on the development of new laws or adjustment of existing laws is less prevalent.** Most research focusses on the enforcement of laws and implementation of policies, closely followed by the development of new policies and strategies.

7. **Limited evidence on joint initiatives.** Evidence suggests that most UN-led evaluations included in the synthesis focus on programmes or projects funded by one donor. This indicates that despite growing commitments towards stronger collaboration and coordination among actors, evaluations of social assistance programme (for the most vulnerable) and their implementation continues to remain rather siloed. Evidence gaps remain for measuring convergent effects as well as processes and performance of joint or interlinked interventions in this field.

Further implications for evaluation, research, and synthesis

1. **SDG 1 (No Poverty) and SDG 5 (Gender Equality) are under-researched for vouchers and in-kind transfers.** Evidence remains relatively limited for outcomes pertaining to these two SDGs, highlighting a need for more studies that assess how voucher and in-kind transfer programmes impact poverty reduction, gender equality, and empowerment outcomes.
2. **Low evidence in low-income countries and fragile settings.** To enhance the equity and global relevance of policy guidance, future research should prioritize the evaluation of existing gender-, age-, and disability-responsive programmes in low-income countries and/or countries with high fragility due to violent conflict or high levels of institutional fragility.
3. **Prioritization of children and adolescents in social protection programming, reflect an alignment with SDGs but other vulnerable groups seem to be left behind.** Going forward, programme design and evaluation efforts should place greater emphasis on inclusivity of other groups such as people with disabilities or elderly in LMICs, ensuring that social protection systems adequately respond to the needs of all demographic groups, particularly those at risk of being left behind.

Next steps

With data extraction from all included studies complete, the team is advancing to a narrative synthesis to assess the effects of age-, gender-, and disability-responsive programmes—particularly vouchers and in-kind transfers—on outcomes related to SDGs 1 through 5. This synthesis aims to generate actionable insights into how such interventions contribute to poverty reduction (SDG 1), food security (SDG 2), improved health (SDG 3), inclusive education (SDG 4), gender equality (SDG 5), and system level changes, where adequate evidence exists.

The quantitative synthesis will focus on effectiveness, organizing evidence thematically and disaggregating outcomes by gender, age, and disability where possible. The

qualitative synthesis, guided by *Popay's framework and Implementation Research Logic Models*, will examine how contextual and programmatic factors affect outcomes, with particular attention to vulnerable groups. Deductive and inductive coding will support thematic analysis of programme implementation, focused on the drivers and barriers, with emphasis on intersectionality and adaptation across diverse contexts.

The final report—expected by November 2025—will be shared in formats accessible to policymakers, practitioners, and civil society actors, helping to inform future programming and research.

End notes

[1] The People Pillar group of the Global SDG Synthesis Coalition (hereafter 'the Coalition') is led by the Management Group, co-chaired by UNICEF, UNDP, UN Women, WFP and UNESCO alongside several other UN agencies, partners and Member States.
[2] For reference see: Pasha, et al., (2023), Cash Transfers and Cash Plus Programs in Low-and Middle-Income Countries: Evidence Gap Map, Center for Evaluation and Development (C4ED) and German Institute for Development Evaluation (DEval), Bonn. Available at www.deval.org/fileadmin/Redaktion/PDF/05-Publikationen/Externe_Publikationen/2024_RIE/2024_EGM_Report.pdf; Mirsha, A. & Battistin, F., (2018), Child Outcomes of Cash Transfer Programming: A synthesis of the evidence around survival, education, and protection in humanitarian and non-humanitarian contexts, Save the Children UK / Save the Children Spain. Available at https://resourcecentre.savethechildren.net/pdf/research_brief_pr6_singles.pdf; and Bastagli et al., (2016), Cash Transfers: What does the evidence say? A rigorous review of programme impact and of the role of design and implementation features, Overseas Development Institute, London. Available at https://thedocs.worldbank.org/en/doc/111531529868058319-0160022017/original/Day39am10749.pdf.
[3] "Impact studies" include both impact evaluations and systematic evidence syntheses (systematic reviews and meta-analyses). Process and performance evaluations essentially consist of country-programme or project-level evaluations conducted by the relevant UN agencies. A shortlist of relevant evaluations was provided by representatives of the UN agencies in the Coalition, which was then reviewed and further refined based on the eligibility criteria. All of these studies are publicly accessible through the agencies' websites, with links provided in a footnote under the 'Evaluative Evidence' section. Among the selected UN-led evaluations, three studies also include impact" evaluations (i.e. causal assessments), but these parts of the evaluation were excluded due to the pre-defined synthesis scope.
[4] Sachs et al. (2025). Financing Sustainable Development to 2030 and Mid-Century. Sustainable Development Report 2025. Available in the following link: https://s3.amazonaws.com/sustainabledevelopment.report/2025/sustainable-development-report-2025.pdf
[5] Landin Basterra E., Naidoo M., Calvacanti D., et al. Social protection in global crises: a gap between evidence and action. BMJ Glob Health 2023;8:e013980. https://doi.org/10.1136/bmjgh-2023-013980.
[6] Alfers, L., Holmes, R., McCrum, C., Quarterman, L. 2021. Gender and social protection in the COVID-19 economic recovery: Opportunities and challenges. Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd.
[7] Kugler, M., Viollaz, M., Duque, D.; Gaddis, I., Newhouse, D., Palacios-Lopez, A., Weber, M. (2021). How Did the COVID-19 Crisis Affect Different Types of Workers in the Developing World?. World Bank, Washington, DC. © World Bank. https://hdl.handle.net/10986/35823.License: CC BY 3.0 IGO.
[8] More specifically, it includes studies specific social protection programmes in countries classified as low-income, lower-middle-income, and upper-middle-income countries according to the WB classification (2025). The list of these countries is provided in the World Bank webpage accessible through: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.
[9] Alderman, H., Gentilini, U., & Yemtsov, R. (2017). The 1.5 billion people question: food, vouchers, or cash transfers? The World Bank. https://doi.org/10.1596/978-1-4648-1087-9.
[10] Valkama, P., Bailey, S. J., & Elliott, I. (2010). Vouchers as Innovative Funding of Public Services (pp. 228–252). Palgrave. https://doi.org/10.1057/9780230282063_11.
[11] Boutelier, S., & Anderson, M. (2022). Program Responsiveness: Increasing Professional Dispositions With Vulnerability in Graduate Teacher Education, Dispositional Development and Assessment in Teacher Preparation Programs. https://doi.org/10.4018/978-1-6684-4089-6.ch001.
[12] UNICEF & FCDO. (2022). Gender-Responsive Cash Plus Programming: Lessons from Practice in LMICs, Rapid Review of Selected Case Studies from Tanzania, Nepal, Turkey, and Ethiopia.
[13] All included "impact studies" are accessible in academic repositories such as Cochrane Database of Systematic Reviews, EconLit, 3ie, Scopus, Web of Science, and World Bank. The selected UN-led evaluations are accessible through the UN agencies' evaluation databases and the UN SDG SWEO Evaluation Evidence Maps and database via the links below: https://ecosoc.un.org/en/what-we-do/oas-qcpr/qcpr-status-reporting; www.sdgsynthesiscoalition.org/sites/default/files/2024-10/UNSWE_Interactive%20Evaluation%20Evidence%20Map_QCPR_coverage_v1.0.html.
[14] The decline observed in 2024 does not necessarily reflect a reduction in programme implementation or evaluation efforts; rather, it may be due to incomplete database coverage of studies published in 2024, particularly as the searches were conducted in early 2025.
[15] The regional totals do not add up to 249 as the evidence base contains systematic reviews covering multiple regions and multi-country studies that span more than one region.
[16] The synthesis does not examine beneficiary-level outcomes categorized along SDG 1-5 of UN-led evaluations, as the added value and thereby focus of the qualitative analysis of UN-led evaluations was on assessing implementation science as well as system-level changes.
[17] The EGM can be accessed here: www.sdgsynthesiscoalition.org/sites/default/files/2025-10/People-Pillar-EGM-Social-Assistance.html.