Social Assistance for the Furthest Behind

What Works and How Across SDGs 1–5

Final Report

Viviana Urueña, Atika Pasha,
Johanna Kern, Zahra Kamal,
Marina Rinke,
Cristina Pozneanscaia

Social Assistance for the Furthest Behind
What Works and How Across SDGs 1–5
Synthesis report of evaluative evidence related to the People Pillar of the Sustainable Development Goals.

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Synthesis Team (Center for Evaluation and Development, Germany): Atika Pasha (Team Leader), Viviana Urueña (Synthesis Expert), Zahra Kamal (Data Expert), Johanna Kern (Subject Matter Specialist), Cristina Pozneanscaia (EPPI Expert), Sarah Young (Search Expert), the group of qualitative and quantitative reviewers (Hossam Abdellatif, Justine Abenaitwe, Marshal Negussie, Santiago Portocarreño, Marina Rinke, Sintayehu Tilaye, Carmen Valette), and the Africa Centre for Systematic Reviews and Knowledge Translation.

Management Group Co-Leads

- UNICEF Evaluation Office: Kerry Albright (Deputy Director/Principal Adviser - Evaluation), Thomas Rossmueller (Evaluation Specialist)
- UNDP Independent Evaluation Office: Shivit Bakrania (Senior Evaluation Specialist), Taeyoung Kim (SDG Synthesis Analyst and Partners Engagement), Daniel Alcazar Timon (Coalition Secretariat & Operations Analyst)
- WFP Office of Evaluation: Judith Friedman (Senior Evaluation Officer, Head of Global Evaluation and Synthesis Unit), Sergio Lenci (Senior Evaluation Officer, Head of Global Evaluations Unit)
- UNESCO Evaluation Office: Claudia Ibarguen (Head), Martina Rathner (Principal Evaluation Specialist), Maxwell Mutukwa (Evaluation Consultant)
- UN Women Independent Evaluation Service: Inga Sniukaite (Chief), Ross Tanner (Evaluation Specialist)

Management Group Members

- UNODC Independent Evaluation Section: Emanuel Lohninger (Evaluation Officer), Moritz Schuberth (Evaluation Officer)
- UNFPA Independent Evaluation Office: Deborah McWhinney (Former Evaluation Advisor), Camilla Buch von Schroeder (Humanitarian Evaluation Specialist)
- WHO Evaluation Office: Lisa Askie (Scientist, Methods Lead, Quality Norms, and Standards), Tanja Kuchenmüller (Unit Head, Evidence to Policy and Impact)
- PAHO Office of Independent Evaluation: Roberto La Rovere (Former Head)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria: John Grove (Chief Evaluation and Learning Officer), Jutta Hornig (Team Coordinator)

Technical Advisory Panel Members

Becky Francis (CEO, Education Endowment Foundation), Patrick Okwen (Team Lead, EBase Africa), Edoardo Aromataris (Director of Synthesis Science, JBI), Francesca Bastagli (Lead of Research, Fondazione Agnelli), Flavio Comim (Associate Professor, Ramon Llull University), John Puvimanasinghe (Senior Evaluation Specialist, The Global Fund to Fight AIDS, Tuberculosis and Malaria), Lindiwe Sibanda (Chair, CGIAR Board), Martin Benavides (Director, UNESCO IIEP), Milena Buchs (Professor, University of Leeds), Naila Kabeer (Professor, London School of Economics), Stephen Deveraux (Development Economist, Institute of Development Studies), Vivian Welch (Editor in Chief, Campbell Collaboration), Zulfiqar Bhutta (Founding Director, Institute for Global Health and Development, Aga Khan University)

Publication and Communications

UNDP Independent Evaluation Office: Daniel Alcazar Timon (Coalition Secretariat & Operations Analyst)

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Complementary products and resources

This synthesis report forms the first of a suite of knowledge products developed under the People Pillar Management Group of the Global SDG Synthesis Coalition. Together, these products examine what works in reducing poverty, inequality, and exclusion, particularly across SDGs 1–5 by offering a comprehensive evidence base and multiple entry points for different audiences.

Readers are encouraged to consult the following complementary products, which accompany and enrich the findings presented in this full report. These are accessible from: https://www.sdgsynthesiscoalition.org/pillar/people-pillar

- Plain Language Brief – A concise and accessible summary highlighting the key takeaways, implications, and actionable insights emerging from this synthesis.
- Evidence Gap Map – An interactive visual tool that provides an overview of the evidence base underpinning this synthesis:
  - Evidence gap map of quantitative impact evidence and qualitative performance and process evaluations.
- Brief on the Evidence Base and Gaps – An interim publication produced during the synthesis process and summarising the nature, scope, and characteristics of the compiled evidence. It is best read alongside the evidence gap map.
- Annexes – Supplementary materials providing additional methodological detail, supporting tables, evidence profiles, and other background documentation referenced in the full report.

Acronyms

ANC	Antenatal Care
BCC	Behaviour Change Communication
BMI	Body Mass Index
C4ED	Center for Evaluation and Development
CBR	Community-Based Rehabilitation
CFIR	Consolidated Framework for Implementation Research
CRNIP	China Rural Nutrition Improvement Programme
DRC	Democratic Republic of the Congo
EGM	Evidence Gap Map
FCDO	Foreign, Commonwealth & Development Office
GFD	General Food Distribution
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IPV	Intimate Partner Violence
IT	Information Technology
ITN	Insecticide-Treated Bednets
LAC	Latin America and Caribbean
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and others
LMIC	Low- and Middle-Income Country
MENA	Middle East and North Africa
PLA	Participatory Learning and Action
PM2A	Preventing Malnutrition in Children Under 2 Approach
PNC	Post-Natal Care
RCT	Randomised Controlled Trial
SBC	Social and Behaviour Change
SDGs	Sustainable Development Goals
SDR	Sustainable Development Report
SNIP	School Nutrition Improvement Programme
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, Research

SR	Systematic Review
SRH	Sexual and Reproductive Health
TMRI	Transfer Modality Research Initiative
TVET	Technical and Vocational Education and Training
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WGSS	Women and Girls Safe Spaces
WFP	World Food Programme

Abstract

This synthesis of implementation and effectiveness of social assistance interventions to reach the furthest behind was commissioned by the People Pillar (SDGs 1–5) Management Group of the Global SDG Synthesis Coalition.

Background
Despite global Sustainable Development Goal (SDG) commitments, progress in reducing poverty, inequality, and exclusion across SDGs 1–5 has been disrupted by intersecting crises, including the COVID-19 pandemic, conflict, and climate change. While substantial evidence exists on social protection, particularly cash transfers, less is known about alternative modalities such as vouchers and in-kind transfers, especially regarding their effectiveness for gender-, age-, and disability-vulnerable populations. Commissioned under the Global SDG Synthesis Coalition's People Pillar and co-led by UNICEF, UNDP, UN Women, UNFPA, WFP, and UNESCO, this synthesis addresses these evidence gaps by examining how non-cash transfers contribute to inclusive social protection outcomes.

Objectives
This synthesis examines the effectiveness, design, and implementation of gender-, age-, and disability-responsive voucher and in-kind transfer programmes in low- and middle-income countries (LMICs). Using a mixed-methods approach, it consolidates high-quality evidence on how these interventions support poverty reduction, improved well-being, and progress across SDGs 1–5 while identifying key design, contextual, and institutional factors influencing programme performance and sustainability. Evidence is drawn from peer-reviewed impact evaluations, evidence syntheses, and UN agency programme and project evaluations.

Overarching questions

1. What voucher and in-kind transfer programmes improve outcomes across SDGs 1-5 for those left behind?
2. What designs, implementations, and contextual factors influence the performance of voucher and in-kind transfers?
3. How do these programmes strengthen (or struggle to strengthen) the wider social protection system, namely its policies, services, and institutions?
4. What evidence gaps remain in what works and in how programmes are designed?

Interventions and outcomes covered
This synthesis focuses exclusively on in-kind transfers such as food, healthcare, housing, and training and vouchers redeemable for cash or specified goods and services. Outcomes are examined across:

- SDG 1 (No Poverty): poverty reduction, livelihoods, and access to basic services
- SDG 2 (Zero Hunger): food security, nutrition, and agricultural production
- SDG 3 (Good Health and Well-being): maternal, child, and mental health, and access to healthcare
- SDG 4 (Quality Education): enrolment, attendance, and learning
- SDG 5 (Gender Equality): gender equality, empowerment, and violence reduction

In addition, the synthesis considers system-level changes in laws, policies, and institutional capacities supporting social protection.

Methods

A mixed-methods approach was used, combining quantitative impact evaluations with UN-led process and performance evaluations to assess both programme outcomes and implementation dynamics. Using a five-step screening protocol (title and abstract screening, UN evaluation pre-screening, full-text review, data extraction, and quality appraisal), 4,202 records were reviewed. A total of 154 studies (106 impact evaluations and 48 evidence syntheses) and 94 UN-led evaluations were included, covering publications between 2015 and 2024. Systematic searches, machine-learning-assisted screening, and theory-driven coding were applied to synthesize evidence across geographic, institutional, and thematic contexts. An Evidence Gap Map accompanies the synthesis to illustrate coverage and remaining evidence gaps in effectiveness and implementation.

Key findings

Voucher and in-kind transfer programmes consistently improve outcomes under SDGs 1 and 2, particularly for poverty reduction, food security, and nutrition. Gender-responsive interventions, especially those targeting women and female caregivers, tend to strengthen household welfare and generate positive spillover effects on child health, education, and nutrition. Age-responsive programming shows strong impacts on children's health and nutrition, while evidence of sustained benefits for adolescents, adults, and older persons remains limited. Voucher-based transfers generally perform better than in-kind transfers in improving access to healthcare and reproductive health services by reducing financial and mobility barriers. Integrated programmes that combine transfers with training, productive inputs, or behavioural and psychosocial support achieve stronger employment and education outcomes than stand-alone transfers. At the system level, programmes can support improvements in policy frameworks and service delivery, though long-term institutional impacts and causal pathways are less frequently documented. Programme effectiveness and sustainability are often constrained by crises, political instability, and resource limitations, highlighting the need for adaptive, adequately financed, and conflict-sensitive programme design.

Implications

The synthesis identifies promising programme approaches while highlighting key evidence and implementation gaps. Disability- and elderly-responsive programming remains under-researched in LMICs, and long-term and system-level impacts are rarely measured. Future interventions should embed vouchers and in-kind transfers within broader national social protection systems, strengthen cross-sectoral coordination, and ensure programme continuity during crises. Sustained institutional capacity building and systematic monitoring of system-level outcomes are necessary to support durable change. Expanding evaluation in fragile and under-represented contexts and examining the intersection of gender, age, and disability will be critical to advancing inclusive and resilient progress across the People Pillar SDGs.

01 Introduction

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 made by UN member states in achieving the 17 SDGs. However, the latest SDR (2025) highlights a troubling finding: despite widespread global commitment to the 2030 Agenda, none of the SDGs is currently on track, with SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being) lagging furthest behind.[1] Compounding factors such as economic shocks, entrenched social and economic inequalities, climate crises, and protracted conflicts in recent years have particularly affected low- and middle-income countries (LMICs), undermining SDG progress.[1,2] In particular, the COVID-19 pandemic reversed gains in education due to school closures and deepened gender disparities in employment and unpaid care work.[3] For example, during this period, 28 percent of men and 35 percent of women reported job losses, with women disproportionately affected due to increased demand for care work, particularly for children.[4] Accelerated action guided by evidence and inclusive policy approaches is essential to ensure that no one is left behind. To advance progress towards the SDG goals, this synthesis examines the effectiveness of social protection interventions relating to the five SDGs that are part of the People Pillar.

The scope of this synthesis was shaped by an initial scoping exercise commissioned by the UNDP Independent Evaluation Office in 2022 and 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 conducted by C4ED in 2025 in consultation with the UNICEF Evaluation Office and the People Pillar Co-Chairs resulted in the selection of **gender-, age-, and disability-responsive vouchers and in-kind transfers in LMICs** as the focus of the synthesis.

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.[5,6,7] 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 what conditions. This synthesis seeks to address this gap, with the aim of guiding programming and research that will help accelerate progress across SDGs 1-5.

02 Synthesis questions and scope

1. Synthesis questions and scope

2.1 Synthesis questions

This synthesis aims to answer the following questions related to social protection interventions:

1. What voucher and in-kind transfer programmes improve outcomes across SDGs 1-5 for those left behind?
2. What designs, implementations, and contextual factors influence the performance of voucher and in-kind transfers?
3. How do these programmes strengthen (or struggle to strengthen) the wider social protection system, namely its policies, services, and institutions?
4. What evidence gaps remain in what works and in how programmes are designed?

To answer these questions, the analysis and synthesis of impact evaluations and systematic reviews followed the general framework for narrative synthesis developed by Popay et al., which is widely used for bringing together evidence on both the effects of interventions and the factors influencing their implementation.[8]

Appendix A provides details on the methodological approach used in this mixed-methods evidence synthesis and presents its limitations. Appendix E summarises the characteristics of the 248 included studies, including 154 causal impact studies and 94 UN-led process and performance evaluations published between 2015 and 2024. Together, these studies provide evidence on both the effects of vouchers and in-kind transfers and the implementing factors that shape system-level change.

2.2 Key definitions and thematic scope

The interventions included within this synthesis are vouchers and in-kind interventions. All other modalities of social assistance programming are excluded.

Vouchers are instruments issued by an organisation 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 for a given value or quantity at pre-defined private or public outlets.[9]

In-kind transfers are direct, regular, predictable provisions of goods or services to 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 such as school meal programmes.[10]

Included studies: Only studies of gender-, age-, and disability-responsive programmes were included in the synthesis. **Programme responsiveness** is defined as ***"Close alignment with the needs of individuals, groups, and societal trends to make adjustments for improvement"***.[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 such groups. While cash 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 realised.[12] Synthesising evidence on vulnerability-responsive programming can therefore provide valuable guidance for policymakers and implementers in designing more inclusive and effective vouchers and in-kind transfers.

Specific types of programme responsiveness included the following:

Gender-responsive interventions are defined as approaches that intentionally integrate gendered needs, rights, preferences, and power relations across the programme cycle—from design and delivery to monitoring and evaluation—rather than assuming gender-neutrality.[13] In line with this conceptual framing, gender-responsive interventions explicitly embed gender considerations within targeting, implementation, and outcome measurement.[14] In this synthesis, this includes vouchers and in-kind transfers that deliberately address gender-specific barriers, target women or girls (where relevant), or assess and aim to reduce gender-differentiated outcomes in access, decision-making, well-being, and resource allocation within households and communities.

Age-responsive interventions are defined as approaches that are adapted to age-related needs, capacities, and preferences across the life course rather than applying a "one-size-fits-all" model by recognising that infants, children, adolescents, adults, and older persons face distinct barriers and developmental priorities.[15] In this synthesis, age-responsive interventions refer specifically to vouchers and in-kind transfers tailored to the distinct needs of particular age groups and designed to improve outcomes appropriate to each stage of life, including nutrition, education, health, and well-being.

Disability-responsive interventions are defined as approaches that recognise and address ableism, acknowledge the diverse experiences of persons with disabilities, and move beyond awareness by actively embedding disability-specific considerations throughout the programme or system cycle from design and delivery to monitoring and evaluation.[16,17] Such approaches emphasise belonging, social engagement, and supportive environments adapted to disability-related needs. In this synthesis, disability-responsive interventions refer to vouchers and in-kind transfers that target persons with disabilities or explicitly address disability-related barriers by adapting transfer design, delivery mechanisms, or complementary services and by incorporating accessibility measures or tailored support to improve access to services and participation in social and economic life.

Multiple (or intersecting) vulnerability-responsive interventions are defined as approaches that recognise overlapping and compounding forms of disadvantage based on the understanding that vulnerabilities such as gender, age, disability, displacement, or poverty do not operate in isolation but interact to intensify exclusion and discrimination, thus aggravating the barriers and inequities experienced.[18,19] In this synthesis, multiple-vulnerability–responsive vouchers or in-kind transfers refer specifically to programmes that target populations facing intersecting disadvantages, such as children with disabilities, women or girls in displaced, conflict, or refugee settings, ultra-poor households, households in conflict-affected areas, or smallholder farming households confronting multiple structural constraints.

Table 1 outlines the types of voucher and in-kind transfers included in the synthesis across SDGs 1–5. To ensure that their effects could be clearly attributed, only impact evaluation studies that isolate the specific impact of vouchers or in-kind transfers independently of other modalities were included to track and synthesize progress achieved towards the SDGs.

Table 1.

Interventions included in the synthesis

Voucher-based interventions	Redeemed by the recipient to purchase specific good or services a) Monetary vouchers b) E-vouchers c) Commodity vouchers (redeem for food, goods or services)
In-kind transfers	Direct, regular and predictable provision of goods or services without monetary exchange a) Food transfers b) School feeding programmes c) Trainings

Source: Synthesis team elaboration

Implementation science: In this synthesis, special emphasis is placed on **implementation science, which explores how contextual factors, including delivery processes, system structures, and key actors as well as broader economic, social, and political contexts affect programme outcomes** related to SDGs 1-5 as well as broader system-level changes.

By incorporating often under-utilised UN-led process and performance evaluations, this synthesis aims to generate actionable insights. It seeks to address thematic knowledge gaps on social protection interventions and to inform equitable policymaking. Table 2 lists the six outcome categories (and subcategories) considered relevant to this synthesis.

Table 2.

Outcome categories included by SDG and system-level change

SDG	Specific Outcomes
SDG 1: 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 jobs; Employment; Self-employment; Maternal labour force participation)
SDG 2: 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-rearing practices)
SDG 3: 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; Psychosocial support) • 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)
SDG 4: Quality Education	• Access to education (e.g., Enrolment; School attainment; Absenteeism) • Learning outcomes and achievement (e.g., Test scores; Cognitive Performance)
SDG 5: Gender Equality and Empowerment	• Reduction of gender gaps (e.g., Employment and economic benefits; Political participation; Gender norms) • 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, including social assistance and address needs of most vulnerable) • Law/Policy enforcement, iIncluding Service delivery mechanisms (e.g., School meals; Take-home rations; Maternity care; Development and roll-out of operational guidelines; standards and SOPs; 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

Exclusion criteria: The temporal scope of this synthesis is limited to studies published between 2015 and 2024. Studies were further excluded if they did not target or report on gender-, age-, or disability-related groups or focused on outcomes outside SDGs 1–5. Research from high-income countries was also excluded. For impact evaluations, additional exclusions applied to clinical or biomedical trials, small-scale programmatic or supplement-based interventions outside the scope of social protection, and studies that did not assess health, education, or standard-of-living outcomes for marginalised groups. Additional details on the conceptual framework guiding the thematic scope can be found in the Method section below as well as within the synthesis protocol available here.

Inclusion criteria: The SPIDER framework guided methodological decisions and provided the overarching structure for the development and application of the eligibility criteria, search strategy, screening and data extraction protocols, and the synthesis of findings.[20] Table 3 outlines the final inclusion criteria applied in the synthesis. Further methodological details are reported in the synthesis protocol.

Table 3.

Inclusion criteria based on the SPIDER framework

Domain	Inclusion Criteria
Sample	Focuses on women, girls, children, adolescents, youth, or persons with disabilities in LMICs according to 2025 World Bank classification.
Phenomenon of Interest	Focuses on experiences with vouchers and in-kind transfer programmes with a gender, age, or disability element in targeting and assesses the disaggregated impacts or process and performance by gender, age, or disability status. To capture the effectiveness of vouchers and in-kind transfers alone, the inclusion of impact evaluation studies was conditional on the existence of one or more of the following comparisons: i) vouchers vs. no intervention; ii) in-kind transfers vs. no intervention; iii) vouchers vs. other modalities (with or without a "no-intervention" group); iv) in-kind transfers vs. other modalities (with or without a "no-intervention" group).
Design	Impact evaluations with at least 1,000 individuals or more than 20 clusters (e.g., schools, villages, districts) were included. Studies with 8 to 20 clusters were included only if the total sample size exceeded 1,000 individuals across clusters, UN-led process and performance evaluations (i.e., UN-led country programme and project-level evaluations) meeting a Satisfactory or Highly satisfactory internal rating, mixed-methods studies, meta-analyses, and SRs.
Evaluation	For impact evaluations and systematic evidence syntheses (systematic reviews and meta-analyses): Outcomes related to SDGs 1-5 in health, education, living standards and consumption, gender equality and empowerment, and implementation aspects of vouchers and in-kind transfer programmes. For UN-led process and performance evaluations: outcomes related to system-level changes, design, processes, and contributing factors for change.*
Research Type	Peer reviewed or grey literature or thesis (Bachelors, or Masters, or Doctoral) with impact evaluations (experimental or quasi-experimental), mixed-method studies, syntheses. UN-led process and performance evaluations.

Source: Synthesis team elaboration

***Note:** Although UN entities and international organizations use different labels for evaluations with similar objectives, the term "process and performance evaluation" is used here to refer to (centralised or decentralised) evaluations conducted at corporate, thematic, strategic, regional, or country programme and project levels.

2.3 Theory of change

Figure 1 presents a simplified Theory of Change showing how gender-, age-, and disability-responsive vouchers and in-kind transfers, often supported by social and behavioural change communication, address the interconnected barriers faced by vulnerable groups and contribute to positive outcomes across SDGs 1–5.

Figure 1.

Theory of change (simplified illustration)

Initial conditions

- Limited access to resources and household income **(SDG1)**
- Food insecurity and limited access to nutritious food **(SDG2)**
- Limited access to clean water, sanitation, and hygiene facilities (WASH), limited access to basic and quality healthcare **(SDG3)**
- Limited access to high-quality inclusive education **(SDG4)**
- Social and institutional barriers and inequality of access to support systems **(SDG5)**

→

Activities

Gender/age/disability responsive vouchers and in-kind transfers targeted at vulnerable populations, including:
- Women (e.g., maternal and child nutrition programs, menstrual health support, safe shelters)
- Children (e.g., school feeding programs, early childhood development kits, vaccination and healthcare programs, cash-for-food vouchers)
- Elderly (e.g., elderly vouchers)
- PwD (persons with disabilities) (e.g., accessible public transport, specialized healthcare and rehabilitation services, educational support)

Social and Behavioral Communication and Sensitization sessions targeted at the left-behind populations

→

Intermediate Outcomes

- Increased access to household resources through vouchers and income-generating
- Improved nutrition and dietary diversity through food transfers and food stamps
- Enhanced access to basic healthcare (antenatal, postnatal, immunization, health check-ups) through health service vouchers
- Increased school attendance and performance through reduced cost of education
- Empowerment through enhanced access to resources and decision-making power

→

Long-term Outcomes (Impacts)

- Sustained financial improvement for vulnerable populations
- Enhanced knowledge of healthy diet, and increased consumption of nutritious food
- Reduced health risks for vulnerable populations (fewer home-based deliveries, lower child mortality rates, etc.) and improved mental health
- Increased school completion rates, enhanced educational outcomes
- Shift in social norms and elimination of barriers to equality
- System-level changes (aspects of environment, policies, laws and legislation, etc.)

Source: Synthesis team elaboration

Note: The pathways illustrated in this Theory of Change operate under specific enabling conditions such as functioning service delivery systems, accessible infrastructure, community trust, and supportive social norms. However, these mechanisms may be weakened or obstructed by restrictive gender norms, insecurity, limited institutional capacity, or resource constraints.

Beginning from initial conditions underlying poverty, food insecurity, limited access to services, and systemic inequalities, these interventions aim to enhance access to nutrition, healthcare, education, and essential resources. By reducing financial and structural barriers, they generate intermediate improvements in household resources, dietary diversity, healthcare use, and school attendance, which in turn strengthen empowerment and self-sufficiency. However, the extent to which these pathways materialise depends heavily on enabling or obstructing context factors such as service availability, institutional capacity, and supportive (or restrictive) community norms. Over time, these pathways lead to greater economic stability, improved health and learning outcomes, and broader shifts in norms and policies that support inclusion. While the framework is simplified, many interventions produce cross-cutting effects. For example, school feeding can simultaneously advance education, nutrition, and overall well-being, even though the magnitude of these effects can differ substantially depending on the enabling or constraining conditions within a given context.

03 What voucher and in-kind transfer programmes improve outcomes for those left behind?

This section answers the synthesis question: **What voucher and in-kind transfer programmes improve outcomes for people often left behind?** Drawing on 154 impact studies, it summarises the effectiveness of these interventions across SDGs 1–5 and highlights where results are strongest. The analysis is disaggregated by gender, age, disability, and multiple and intersecting vulnerabilities to understand who benefits most and for which outcomes. This section focuses on what works, identifying patterns of positive impact as well as areas where evidence remains limited or mixed.

BOX 1

KEY FINDINGS ON THE EFFECTIVENESS OF VOUCHERS AND IN-KIND TRANSFERS

Across SDGs 1–5, vouchers and in-kind transfers generally improved outcomes for people who are often left behind, with the strongest, with the most consistent results observed under **SDG 1 (No Poverty)** and **SDG 2 (Zero Hunger)**. Evidence shows that both modalities helped reduce poverty, enhanced food security, and improved nutrition, particularly when interventions were well-targeted and linked to complementary services.

3.1 Overall findings across SDGs

Vouchers and in-kind transfers worked across most SDGs, with the strongest gains seen in poverty and hunger reduction. However, evidence remains uneven, especially for people facing multiple and intersecting vulnerabilities.

Across the SDGs, the results indicate that vouchers and in-kind assistance make consistently positive contributions toward SDG 1 (No Poverty) and SDG 2 (Zero Hunger), with particularly strong contributions for several vulnerability groups. Under SDG 2 (Zero Hunger), improvements in nutrition and food security were observed across all four groups, indicating that these modalities reliably support dietary intake and nutritional well-being (where evaluated). For SDG 1 (No Poverty), gender- and disability-responsive interventions demonstrate especially strong contributions toward poverty reduction, while contributions for age-responsive and multiple-vulnerability groups remained positive but comparatively less pronounced.

For other SDGs, the findings were more varied. Under SDG 3 (Health and Well-being), programmes generally improved outcomes for gender-, age-, and disability-responsive groups, but results for those experiencing multiple and intersecting vulnerabilities (humanitarian context-related, ultra-poor households, etc.) are inconclusive. SDG 4 (Quality Education) showed positive contributions overall, especially through school feeding and other education-linked in-kind transfers. However, disability-responsive programming remained a clear gap both in terms of evaluation and programming, with no available evidence assessing effectiveness. Finally, SDG 5 (Gender Equality) presented the weakest pattern of results, with evidence mixed or only modestly positive across all vulnerability groups, reflecting both limited coverage and variation in programme design.

Further details on effectiveness for each vulnerability group, including the characteristics of underlying studies, is provided in the following sections and in Appendix F.

Table 4.

Effectiveness of vouchers and in-kind transfers, by responsiveness type

Evidence SDGs 1-5	1 NO POVERTY	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY
Gender-responsive	▲ (dark green)	▲ (dark green)	▲ (light green)	▲ (light green)	▲ (light green)
Age-responsive	▲ (light green)	▲ (dark green)	▲ (light green)	▲ (dark green)	▲ (yellow)
Disability-responsive	▲ (dark green)	▲ (dark green)	▲ (dark green)	● (evidence not available)	▲ (light green)
Multiple vulnerability	▲ (light green)	▲ (dark green)	▲ (yellow)	▲ (light green)	▲ (yellow)

Favourable & strong — Unfavourable & strong

● Evidence not available

Source: Synthesis team illustration

3.2 Gender-responsive interventions

Gender-responsive interventions showed substantial reductions in poverty and hunger and reliably improved women's and children's well-being. These effects were strongest where transfers were combined with measures that address household-level constraints, such as childcare, information gaps, or barriers to service use.

Gender-responsive vouchers and in-kind transfers refer to interventions that deliberately address gender-specific barriers, target women or girls (where relevant), and aim to reduce gender-differentiated inequalities in access, decision-making, well-being, and resource allocation within households and communities.

Gender-responsive vouchers and in-kind transfers worked across SDGs 1–5, especially for reducing poverty and hunger. However, evidence was found to be limited for livestock and agricultural productivity (SDG 2), mental health and service access (SDG 3), early childhood and secondary school-related outcomes (SDG 4), and women's empowerment (SDG 5) as well as for long-term and non-rural impacts.

Under **SDG 1**, evidence confirms that gender-targeted in-kind transfers have the potential to effectively support economic resilience and poverty reduction among women. While five studies targeted women and featured in-kind transfers linked to vocational, business training, or school feeding, there was no evidence for voucher-based programmes under SDG 1. These studies showed significantly improved income, employment (and decent work), and consumption outcomes.[21,22] The evidence also points to improvements in broader resilience outcomes. For instance, two studies on the Transfer Modality Research Initiative (TMRI) in Bangladesh[23,24] reported that when combined with behaviour change communication (BCC), food transfers significantly improved hygiene-related practices (e.g., latrine use, waste management, child bathing with soap and water), another type of outcome under SDG 1 related to water access, sanitation, and hygiene.

For **SDG 2**, which covers **food security and nutrition**, all six gender-responsive studies reported significant, positive impacts on food security, dietary diversity, and calorie intake. Programmes combining in-kind (mostly food) transfers with education or communication components in Bangladesh[23,24], Mali[25], and DRC[26] were especially effective in improving consumption outcomes for female caregivers and their children. By contrast, single-modality interventions such as food vouchers, nutrition counselling, and income-generation activities alone generally produced weak or no impacts, as synthesised in one systematic review (Visser, 2020). A similar result was found in a study conducted in Malawi, where mothers of young infants were provided with information on child nutrition without supplying any voucher or in-kind transfer[27]. The study found positive effects on child health (affecting SDG 3 outcomes) but weak effects in improving household's food consumption.

Under **SDG 3**, evidence from 43 studies suggests that voucher-based interventions addressing sexual and reproductive health (SRH) as well as maternal health (where effects are strong and consistent) positively impact health and well-being outcomes. Key examples of social assistance tools that emerged are transport and health-service vouchers, often implemented in Uganda and Pakistan, which significantly increased family planning, antenatal visits, and institutional deliveries. For example, in rural Uganda, an intervention giving vouchers that could be redeemed for health services (delivery services at health facilities) as well as for transportation (round-trip transportation) shows a 9.4 percentage point increase in deliveries at health facilities.[28] Similar findings derived from the Healthy Baby maternal health voucher in Uganda, which subsidises health services to economically disadvantaged pregnant women.[29] The study found significant reductions in home deliveries when substituted by health facilities deliveries. However, no effects on antenatal or postnatal care were observed.

Overall, evidence under SDG 3 suggests that voucher interventions perform particularly well in improving SRH outcomes, especially when they reduce access barriers such as service fees or transport costs. For example, the systematic review by Mehboob[30] found that among low-income populations, vouchers help ease financial constraints, which supports increased utilisation of reproductive, maternal, newborn, and child health services.

A recent quasi-experimental evaluation conducted in Uganda similarly reports increased service use and a measurable improvement in newborn survival associated with voucher provision.[31] Another study also conducted in Uganda further showed that transport vouchers outperform in-kind baby kits in promoting repeated ANC, delivery, and postnatal care visits by removing critical geographic and cost barriers.[32] Consistent with these findings, a study conducted in Pakistan found that when combined with community mobilisation, reproductive health vouchers substantially increased uptake of long-acting contraception in underserved areas compared to in-kind support in the form of training from a community midwife.[33] Nevertheless, in-kind transfers in the form of provision of nutritional supplements or training, health visits, behavioural change communication (communication campaigns), and nutrition awareness were found to improve child health and nutrition outcomes.[27,34,35]

Other outcomes within SDG 3 such as mental health, service access, and child labour are less studied and also show weaker or mixed effects regardless of vouchers or in-kind modalities. The estimated impacts from these studies are distributed across the various SDG 3 outcome categories and summarized in Appendix F.

Under **SDG 4**, six gender-responsive in-kind transfer studies found largely positive effects on **school participation and attainment**. Interventions such as school feeding and education material support programmes significantly increased enrolment, attendance, and test scores, particularly among girls.[36,37,38] Many in-kind interventions also included household food transfers, either conditional or unconditional. These programmes provided staples such as rice, cereals, pulses, and vegetable oil, with specific caloric targets per person per day. For cognitive outcomes, food transfers or caregiver (parent or teacher) training and targeting was also found to lead to improved early learning outcomes.[38,39,40,41,42]

Finally, for **SDG 5** outcomes, seven studies showed that gender-responsive interventions may lead to reduced **intimate partner violence (IPV)** and potentially enhance **women's empowerment**. While IPV incidence declined significantly through a combination of cash transfers with BCC such as community or peer-mobilization activities, the larger impact was observed through reduction in economic insecurity as well as empowerment and agency gains are also reported in three studies.[43,44,45] Technical and vocational education and training (TVET) programmes targeted at women led to women's economic empowerment in one systematic review[21], though another meta-analysis found limited impact.[46] In Nepal, the role of Participatory Learning and Action (PLA) women's groups was limited in improving women's agency or overall economic empowerment.[47] Health subsidies (in addition to health information) were found to reduce gender gaps in health (for eye-glasses uptake), while in-kind education interventions that reduced financial barriers (lack of adequate food) and provided access to school materials, uniforms, or improved infrastructure relevant for girls (toilets) reduced gender disparities in school participation.[48] However, across the various outcomes, results were mixed in contexts where social norms remain restrictive and are not addressed as part of the programme.[46,49]

3.3 Age-responsive interventions

Age-responsive interventions delivered strong nutritional and health gains for infants and school-age children, especially through school feeding, fortified snacks, and integrated nutrition programmes. However, evidence for adolescents, adults, and the elderly was generally weaker or limited.

Age-responsive vouchers and in-kind transfers

Age-responsive vouchers and in-kind transfers refer to interventions tailored to the distinct needs of specific age groups and designed to improve key outcomes such as nutrition, education, health, and well-being, as appropriate to a given stage of life.

Age-responsive vouchers and in-kind transfers improved outcomes across SDGs 1–5, with the strongest and most consistent effects on food security and nutrition (SDG 2) and multiple health domains (SDG 3) and more moderate gains for poverty (SDG 1), education (SDG 4), and well-being (SDGs 3/5). Effectiveness varied by age group and design, and major gaps remained, particularly for adolescents, adults, and older persons.

For **SDG 1**, seven studies, all assessing in-kind interventions, demonstrated positive but weak effects on employment, income, and non-food consumption. In-kind transfers, including deworming programmes for primary school children and skills training for young people, improved household income and reduced poverty[50,51], though employment gains were smaller and often not statistically significant. Though the evidence suggests short- to medium-term improvements in household resilience, sustainability of outcomes as target groups age or generalizability across all ages remained uncertain.

Across 14 studies addressing **SDG 2** and largely focused on infants and school-age children, the evidence suggests strong and significant improvements in food consumption and expenditure as well as dietary quality. Positive, statistically significant results were found regardless of the type of in-kind intervention (integrated approaches combining behavioural change communication with transfers, school feeding programmes, or food transfers targeted to the most food-insecure populations).[25,26,52,53,54] Findings confirmed that age-responsive in-kind transfers are among the most consistently effective interventions for improving nutrition outcomes in early and middle childhood. The primary age groups targeted are infants and young children (0–5 years) and school-age children (6/8–12/13 years). However, there remains a clear evidence gap for adolescents, adults, and older persons. Additionally, only three studies provided estimates on food security outcomes, and only one on livestock production or agricultural production.

SDG 3 outcomes representing the largest evidence base on age-responsive vouchers and in-kind transfers (108 studies) showed broadly positive, yet strongly design-dependent effects across health domains. Child health and nutrition showed positive improvements, with more than 40 percent of effects statistically significant. However, their effectiveness remained highly dependent on intervention design and context. For example, school-based and educational approaches consistently improved children's dietary practices and healthy food choices[55,56,57], even though a similar intervention in Nepal produced no behavioural change when implemented without adequate complementary household support.[58] Context, however, plays a critical role: food assistance programmes in conflict-affected settings in Mali produced positive impact on children's height and nutrition status only in areas not in the immediate vicinity of conflict[25], while in the humanitarian context of Somalia, nutrition counselling alone yielded no measurable gain on children's growth[59], while SRH and maternal health outcomes were strongly and positively affected by in-kind transfers and vouchers. Use of vouchers was particularly effective in improving SRH and maternal health outcomes,

as shown by several studies in countries such as Pakistan[60,61] and India[62], a finding also evidenced in a systematic review in LMIC contexts.[63] Mental health and psychosocial well-being interventions demonstrated moderate effectiveness, with several studies providing evidence of meaningful improvements in children's and adolescents' mental health in China[39,64], Mexico[65], and Lebanon.[53] Significant positive effects on adults' mental health were also evidenced by a systematic review in the DRC.[66] However, a number of studies found non-significant or inconsistent effects, as evidenced by a systematic review in humanitarian contexts in LMICs[67] and a randomised controlled trial (RCT) in rural China.[68]

For child labour outcomes, although the small number of studies limits the strength of conclusions, the available evidence showed generally modest and mixed effects, with most impacts statistically insignificant and context- and design-dependent. Reductions in child labour were mainly observed in school-based food interventions in Mali[36], while in-kind transfers showed limited effects on child labour outcomes in Indonesia[69] and Mexico.[70] In conflict-affected areas in Mali, a school feeding programme consistently reduced girls' labour participation, while comparable household food transfers increased boys' work involvement.[25]

Across the limited studies on access and use of health services, voucher-based provision and free access to essential vision care services resulted in significantly improved uptake in China[71,72] A systematic review of in-kind transfers aimed at preventing a context-specific health threat such as Malaria also found a strong significant effect on ownership and appropriate use of insecticide-treated bednets (ITNs) in Africa.[73] Evidence on other health outcomes is limited and highly fragmented across various outcome indicators. Effects were mixed across the studies examining similar outcomes such as substance use, with one systematic review reporting a significant decrease in alcohol consumption and smoking and tobacco use[74] and three reporting decreasing effects on substance use in India.[75,76,77]

Appendix F shows how studies assessing age-responsive in-kind and voucher interventions are distributed across SDG 3 outcome categories, highlighting substantial variation in both the volume of evidence and the proportion of outcomes demonstrating effectiveness.

From the 33 studies that assessed **SDG 4**, the evidence shows that school-linked in-kind interventions, especially school feeding, were consistently effective in improving enrolment, attendance, and learning, especially at primary school level. Many programmes combined transfers with education or training components (e.g., nutrition education, life-skills, or technical training with stipends, teacher training, or technology support), reflecting holistic approaches that address multiple dimensions of child well-being.[71,78,79,80] Food and household transfers aimed at reducing schooling costs showed variable but generally positive effects.[41,81] Conditional take-home rations improved participation, particularly for younger students, whereas untied household transfers yield weaker impacts. Among older children and adolescents, competing economic and domestic responsibilities often limited the effectiveness of food-based incentives, hence the positive effect of conditionalities. Interventions in preschool and primary school combining school feeding with health or hygiene components demonstrated particularly strong results by reducing multiple barriers simultaneously.[53,82,83] Access gains were most pronounced in primary schooling, while improvements in learning and cognition depended on sustained and well-timed exposure.[25,36,38,39,82] Voucher evidence was limited to one systematic review.[84] Early-childhood and adolescent learning outcomes remain significantly understudied, highlighting a key gap in life-course evidence.

For **SDG 5**, there was no consistent link between age-responsive in-kind or voucher interventions and reduced gender barriers or gender gaps within the six relevant studies. While in-kind education support (e.g., school materials, uniforms) reduced unequal access[48], effects on gender-based violence and agency were modest or faded over time.[74,85,86] Voucher interventions (for prescription eyeglasses in rural China) enhanced access to health services[87] but did not systematically reduce gender inequality (unless combined with subsidies in healthcare). Overall, age-responsive interventions appeared effective in improving welfare for both sexes but were less effective in advancing gender equity.

3.4 Disability-responsive interventions

Disability-responsive evidence, though extremely limited, indicates that well-designed multi-component transfers reduce poverty and improve access to health and nutrition services.

Disability-responsive vouchers and in-kind transfers

Disability-responsive vouchers and in-kind transfers refer to interventions that target persons with disabilities or explicitly address disability-related barriers through adapted design, accessible delivery mechanisms, or tailored support to enhance service access and social and economic participation.

Disability-responsive vouchers and in-kind transfers show generally positive but limited evidence across SDGs 1–5. Available studies indicate improvements in poverty (SDG 1), food security (SDG 2), and health access (SDG 3). However, no evidence was identified for education outcomes (SDG 4) and findings on gender equality (SDG 5) remained scarce, highlighting substantial gaps in both inclusive programme design and disability-responsive evidence.

For **SDG 1**, systematic reviews drawing on eligible studies from China and India found that multi-component in-kind interventions such as combining training with accessibility improvements, employer engagement, and psychosocial support are effective in improving employment outcomes and household welfare among adults with disabilities.[88,89]

For **SDG 2**, only one study, conducted in Botswana, provided evidence of the link between disability-responsive interventions and in-kind food transfers. The study found significantly reduced subjective food insecurity, particularly among households experiencing severe hunger and multiple vulnerabilities, including disability.[54]

Related to **SDG 3,** evidence from two studies shows that both voucher and in-kind transfer programmes can effectively reduce access barriers to essential health services. For example, a health voucher scheme in rural China increased eyeglasses uptake and use among children with myopia[71], while Botswana's food-transfer programme showed a modest but positive association with the body mass index (BMI) among chronically ill participants (Wellington, 2021). Together, they demonstrate that both voucher and in-kind modalities can reduce access barriers to essential health services.

No studies were identified as disability-responsive under **SDG 4**. The absence of inclusive education or gender data represents a critical evidence gap, particularly given SDG 4's explicit commitment to equitable access including for learners with disabilities.

For SDG 5, only one study[71] found overall positive effects through the use of health vouchers. However, no significant gender differences were observed, suggesting that girls were no more likely than boys to obtain and use the eyeglasses provided despite this being one of the intended objectives of the intervention.

3.5 Interventions addressing multiple and intersecting vulnerabilities

Among populations facing multiple, intersecting vulnerabilities such as displacement, extreme poverty, or humanitarian crises, both vouchers and in-kind transfers can be effective, but results depend heavily on modality. Voucher programmes often enable greater welfare gains by increasing household choice, whereas in-kind transfers meet immediate needs but sometimes generate smaller or shorter-lived improvements.

Multiple- or intersecting vulnerability–responsive vouchers and in-kind transfers

Multiple- or intersecting vulnerability–responsive vouchers and in-kind transfers refer to interventions designed to reach populations experiencing overlapping and compounding disadvantages such as disability, gender, age, displacement, poverty, or conflict-related vulnerabilities.

Multiple (or intersecting) vulnerability responsive vouchers and in-kind transfers generally showed positive but modality- and context-dependent effects across SDGs 1–5. Evidence indicates improvements in poverty and household welfare (SDG 1) and strong gains in food security and dietary outcomes (SDG 2), particularly in crisis and displacement settings. Evidence on health (SDG 3) and gender equality (SDG 5) was mixed, while education outcomes (SDG 4) were limited but generally positive.

For **SDG 1** outcomes, five studies showed that both in-kind and voucher interventions improved household welfare, though effects differ by modality.[25,40,70,86,90] In-kind transfers provided essential safety nets but smaller welfare gains, while voucher programmes (e.g., agricultural e-vouchers in Nigeria) yielded larger and statistically significant improvements in consumption, non-food spending, and poverty reduction by enhancing household choice and market participation. For instance, in Mexico, while the food basket included common staples in the local diet (e.g., rice and beans), this was not enough to improve food consumption. In contrast, improvements were found among households receiving cash or vouchers transfers.[70]

Overall, food and voucher transfers enhanced **SDG 2** outcomes, particularly by increasing access to diverse diets and reducing hunger, with the strongest effects seen during crises and displacement. Six studies found consistently positive impacts on food security and consumption among highly vulnerable groups.[25,40,54,66,90] Examples of programmes delivered in humanitarian and displacement settings such as paper or e-voucher schemes that can be redeemed for cash in the DRC or targeted food distributions in Botswana and Mali significantly improved food access and reduced hunger.[25,54,66] However, a study conducted in Mexico reported weaker effects of in-kind transfers on the number of meals consumed by ultra-poor households compared to cash, suggesting that flexibility through cash may be key to effectiveness in humanitarian settings.[70] In other vulnerable settings, agricultural e-vouchers (mobile phone-based input subsidies) and targeted food assistance increased dietary diversity and reduced severe food insecurity for rural households in Nigeria.[90]

Most studies under **SDG 3** examined food-based in-kind transfers, with only two assessing voucher programmes. Across the evidence, health-related outcomes vary widely, from child nutrition and labour to adult mental health and maternal care. Overall, the evidence was mixed on the effects of vouchers and in-kind transfers. A consistent pattern was that transfer modality matters. Cash transfers (often with BCC) tended to outperform in-kind support, which showed limited and mostly mixed effects.[70,91] Only a small share of in-kind outcomes was positive, with modest gains observed in specific contexts such as improved household nutrition in Mali.[25] or small reductions in child labour for girls only (and therefore more schooling) in Indonesia.[92]

Vouchers performed somewhat better, even though the evidence is relatively limited, with a higher proportion of positive outcomes, particularly for adult health and well-being. Voucher programmes showed improvements in areas such as adult mental health and maternal postnatal care, though effects on child health remained limited.[66,93] Overall, the pattern suggested that while cash and vouchers can yield important health-related benefits, impacts depended heavily on context and programme design, and in-kind interventions showed weaker and less consistent results, especially for children.

Evidence on **SDG 4** education-related outcomes for multiple-vulnerability groups was drawn from three studies, and, though limited, was generally positive.[40,53,92] These studies showed that school feeding in-kind transfers improved attendance, retention, and engagement, especially for girls and children in refugee or conflict-affected settings. The evidence indicates a generally positive contribution toward the relevant SDG, although effects are context-dependent, with stronger results observed where transfers are directly linked to school participation.

Two systematic reviews provided mixed or low-impact evidence on **SDG 5** outcomes in humanitarian contexts.[40,46] While community-driven programmes did seem to improve women's political representation, overall gender-equitable attitudes, and support for women's rights, others, TVET and stand-alone in-kind programmes in particular showed no significant effect on outcomes such as employment, mobility, and decision-making power. For example, reductions in gender-based violence among Colombian refugees (as well as poor Ecuadorian women) have been observed through all types of modalities (cash, vouchers, and food transfers).[94]

04 What designs, implementations, and contextual factors influence the performance of vouchers and in-kind transfers?

This section presents ***factors that accelerated progress towards SDGs 1-5 by exploring barriers and drivers of change at programme level.*** The synthesis identified evidence on the design features, implementation practices, and contextual conditions that underlie voucher-based and in-kind interventions.

This section synthesises evidence from the 248 studies, focusing on the programmatic nuances and enabling mechanisms that improve beneficiary outcomes.

By examining common patterns across diverse programmes and population groups, the synthesis highlights both **cross-cutting and targeting-specific drivers of effectiveness as well as the barriers that can limit progress**.

The box below summarises key lessons regarding barriers to and drivers of progress. A comprehensive synthesis of barriers and drivers identified by process and performance evaluations can be found in Appendix G.

Box 2

Drivers and barriers for design, implementation, and context

- Integrated social assistance programmes are more effective than stand-alone interventions.
- Employment and income opportunities for vulnerable groups can be expanded through a combination of skills formation, capital, and complementary support.
- Integrating health, hygiene, and school-based feeding strengthen the impact of education interventions.
- Targeting women as recipients amplifies household welfare effects, particularly for children.
- In-kind transfers yield positive effects, but certain programme designs may limit household choice, yielding smaller welfare gains.
- Structural, economic, and individual barriers can be mitigated through vouchers and in-kind transfers.
- Crises, political transitions, and insecurity represent challenges to progress.
- Limitations in the availability of resources – first and foremost funding – restrict the effectiveness and sustainability of interventions.
- Individual preferences, capacities, and motivation matter to both project staff and intended beneficiaries.

4.1 Programme design: combining inputs to address multiple constraints

The evidence across SDGs 1-5 demonstrates that integrated social assistance programmes addressing multiple vulnerabilities simultaneously are more likely to produce meaningful and sustained improvements compared to stand-alone, narrowly-focused interventions. Programmes that combine transfers with complementary inputs such as skills, health, nutrition, or behaviour change components consistently outperform stand-alone interventions across the SDGs.

The Transfer Modality Research Initiative (TMRI) in Bangladesh, which combined cash or food transfers with behaviour change communication (BCC) on nutrition, health and, sanitation, showed large impacts on consumption, asset accumulation, housing quality, and sanitation and hygiene behaviours as well as large gains in dietary diversity and child nutrition.[23,24] Similarly, in DRC, multi-component programmes including nutrition, BCC, homestead gardens, and group participation for women's empowerment or within farmer field schools, improved food security and child dietary outcomes for the target population.[26] Another systematic review found that multi-component interventions that combined cash, food transfers, and primary healthcare services showed the strongest effects for children under five, particularly in reducing poverty headcounts.[80]

These integrated programmes worked because they address multiple (economic, informational, and behavioural) constraints simultaneously, allowing households to convert resources into improved outcomes most effectively. Building knowledge was found to be particularly critical, as demonstrated in the TRMI programme in Bangladesh, where food transfers alone did not improve child nutrition outcomes. This is likely because food transfers alone did not lead to increased awareness of foods most important for children's growth. When combined with BCC, mothers changed their behaviours, which then magnified programme effects.

Similar lessons emerged from the school-feeding programmes in Nepal and China, which provided integrated programming. In China, a comprehensive school-wide approach integrating nutrition education (and physical activity) proved more effective in improving food consumption behaviours in children compared to isolated interventions delivering either nutrition education or physical activity.[95] In Nepal, when paired with a complementary home-garden component for caregivers (focused on improving knowledge and behaviours), a school garden programme led to higher vegetable consumption among children.[57]

Evidence of the positive contribution of educational support when combined with food or cash transfers was found in several interventions in Ethiopia, Vietnam, Burkina Faso, Bangladesh, El Salvador, and Colombia. Across these programmes, transfers were paired with education or training components, including nutrition education sessions for children, parents, or other caregivers such as teachers, or life skills or technical or business training for adolescents accompanied by small stipends or technology-based support within schools. These bundled approaches reflect a holistic strategy, addressing multiple aspects of child well-being alongside nutrition and education.[78,80,96]

However, while BCC components seemed to be widely effective in changing behaviours, evidence suggests that stand-alone BCC or public information campaigns have had limited or no impact unless combined with transfers that tackle both economic and behavioural constraints.[97] Particularly for adolescents, interventions that paired food or educational support with psychosocial or life or vocational skills components were found to enhance non-cognitive skills and social outcomes alongside learning gains among adolescents and youth.[79,86] In Ethiopia, a school-based nutrition education programme targeting adolescent girls aged 10–14 in conflict-affected regions improved girls' socio-emotional and behavioural outcomes such as emotion regulation, prosocial behaviour, and academic engagement and enhanced dietary diversity and meal frequency. However, without complementary changes in the food environment, reductions in unhealthy food consumption were limited.[79]

4.2 Skills, capital, and linkages: what drives employment and income gains

Overall, the evidence demonstrates that training alone is rarely sufficient to create sustainable employment or income growth. Rather, programmes are most effective when they combine learning, technical training to build skills, financial inputs to enable productive investment, and mentoring or employer connections to secure opportunities. Complementary psychosocial or life-skills support further strengthen these effects by building confidence and self-efficacy, particularly among women and youth in fragile settings.

For SDG 1, vocational and technical training emerged from relevant studies as the most consistently effective mechanism for raising earnings and improving employment outcomes among vulnerable groups. Programmes that equip participants with market-relevant skills contribute to their enhanced employability and improve the quality and stability of work obtained. In the systematic review by Balarin et al.[21], vocational training increased women's earnings by an average of 5–7 percent. When combined with business or life-skills components, the same review found even greater benefits—self-employment rose by 73 percent and profits by 7 percent. Technical training not only facilitated labour market entry but also improved productivity and business performance. By improving hard (technical) and soft (behavioural) skills, these programmes helped beneficiaries transition into better-quality jobs and navigate labour markets more effectively.

Some programmes included a complementary mechanism involving numeric literacy and entrepreneurship training, which enhanced participants' ability to manage incomes, plan investments, and sustain self-employment and small businesses. In addition to the multi-country example from Balarin et al.[21], a comprehensive skills intervention implemented in Sierra Leone during the Ebola crisis combined technical and on-the-job training, a small capital transfer, and business-skills coaching for urban youth.[51] The results were substantial: overall earnings rose by 32 percent, and women's earnings increased by nearly 64 percent. The programme also improved business viability as profits remained stable, even in lean months, without higher borrowing, indicating greater financial resilience among participants. Furthermore, the intervention led to large increases in consumption across all categories: food (46 percent), non-food (52 percent), and household expenditures (47 percent), as well as modest asset accumulation, particularly among female participants.

Across all studies, the enabling role of financial capital, whether through cash transfers, start-up grants, or access to microfinance, was clear. Grants or even small cash influxes served as powerful enablers of entrepreneurship and employment creation.[21] In contrast, training without capital tended to leave participants with skills but no means to act on them. In Tanzania, adolescents aged 14–19 from social assistance households received a 12-session livelihood and life-skills course, nine months of mentoring, productive grants, and strengthened access to health services, which led to significant increases in adolescent self-employment and engagement in livestock-keeping activities.[98] Beneficiaries used the financial inputs to invest in small businesses, which generated income streams. Thus, combining financial and business training with liquidity support strengthened both the capacity and the means to act. Financial literacy enhanced the participants' ability to invest productively, while cash inputs or credit access reduced liquidity constraints, allowing them to apply their learned skills directly.

For adolescents and young adults in particular, mentoring, internships, and direct linkages to employers amplified the effects of vocational training.[51] These components provided real-world experience, expanded social networks, and increased the likelihood of stable employment. Such linkages addressed the school-to-work transition gap by reducing information asymmetries and helping participants build trust and reputation in the labour market. They also allowed employers to assess potential hires, making employment pathways more durable. Finally, life-skills or personal training combined with psychosocial support also led to enhanced outcomes through increased confidence and trust in oneself and mitigated stress and improved confidence, which were critical for sustaining self-employment among vulnerable youth.[21,98] Moreover, the dual emphasis on knowledge and practice increased confidence, job readiness, and access to formal or self-employment.

Two more systematic reviews assessed interventions designed to improve the livelihoods of people with disabilities–a population that is often excluded from employment, social protection, and access to financial services.[88,89] Both reviews highlighted the need for approaches that enhance different forms of capital: financial (such as grants or social protection), human (health and training), social (community support), and physical (accessible infrastructure). However, the systematic review by Hunt[89] pointed out that evidence on effective strategies in low- and middle-income countries remains limited despite two studies from India indicating positive impacts on employment rates, improved social skills, greater willingness to work, and more time spent working, which translated to income increases. These findings highlight that enabling environments through accessible infrastructure, supportive employers, and inclusive design are as critical as skills or cash alone. Removing attitudinal and physical barriers was found to allow human capital investments to translate into real labour market participation.

However, even across these findings, contextual factors influence effectiveness. In Sierra Leone, while employment and entrepreneurship increased, effects varied across groups, with higher-ability youth translating skills into measurable labour market gains and lower-ability youth tending to allocate part of the transfer toward immediate consumption rather than productive investment.[51] This underscores the need for differentiated targeting, where programmes seeking to improve employment should prioritise skilled (not necessarily very poor, unskilled) individuals, while those aiming to reduce poverty among the poorest youth should include a consumption-smoothing transfer alongside productive capital to prevent basic needs from crowding out investment. Similarly, in Tanzania, an intervention led to increases in small business ownership, livestock-keeping, and reductions in depressive symptoms, thus demonstrating the reinforcing role of psychosocial support in fostering agency and economic participation.[98] However, the study also found a decline in school attendance among participants, reflecting trade-offs when vulnerable adolescents face competing demands between education and income generation. This suggests that when education systems remain weak or inaccessible, youth may prioritise work over schooling, even in well-designed livelihood programmes.

4.3 Recipient targeting and intra-household allocation: how transfers are used

Programmes that delivered vouchers or in-kind transfers to women are often associated with stronger household-level outcomes, particularly for children's education, nutrition, and well-being, compared to programmes that do not explicitly target female recipients, suggesting that recipient targeting can meaningfully influence how resources are allocated within households, even though effects vary by context and programme design.

A large share of voucher and in-kind programmes identified women, most commonly mothers or female caregivers, as the primary recipients. The evidence illustrates how this recipient choice is reflected in patterns of intra-household allocation. Studies from Mexico and India show that when women received transfers, a higher share of resources was directed towards children's education, clothing, and related schooling expenses.[70,99] Similarly, a rice subsidy in-kind transfer to households in Indonesia led to improved schooling outcomes for girls, driven by changes in intra-household allocation when transfers were channelled to women.[69] Evidence from Sierra Leone indicated increases in women's income were associated with higher food and non-food consumption and greater overall household expenditure, with effects significantly larger in households where women were the beneficiaries.[51] Thus, targeting women as programme recipients amplified benefits beyond the individual and improved outcomes at household level.

Evidence from Bangladesh and Sierra Leone also shows improvements in hygiene and sanitation outcomes, further demonstrating how women's economic gains translate into broader household benefits.[23,51] These findings demonstrate that increasing women's participation in the labour market has benefits that extend beyond individual earnings to household level.

UN-led process and performance evaluations strongly support these findings through practice as 94.7 percent of programmes target women, girls, mothers, or caregivers as primary recipients. This near-universal targeting reflects the assumption confirmed by impact evaluations: supporting women drives better outcomes. Furthermore, 62.8 percent of programmes linked women's support to child education and 33 percent to child nutrition, showing that many interventions are explicitly designed around the women–children connection highlighted by counterfactual evidence.

4.4 Education-health integration: how nutrition programmes shape learning outcomes

Across the SDG 4 evidence base, the most consistent and compelling finding was that educational improvements are strongest when interventions integrate school feeding with health and nutrition inputs such as deworming, micronutrient supplementation, fortified foods, hygiene components, and parental engagement. These bundled approaches addressed both physiological barriers to learning and household-level opportunity costs, thereby strengthening enrolment, attendance, and cognitive performance. However, programme design features (linkage of food transfer to school attendance, duration of programme, or age of child) significantly moderate these effects.

Integrating nutrition with health inputs such as deworming or micronutrient supplementation in Kenya[50] or school feeding with fortified foods, specialised supplements, or nutrition education in Lebanon and India[53,100] tended to produce stronger and more consistent improvements in educational achievement. Improved physical well-being enhanced concentration, attendance, and learning capacity, while the joint delivery of services reduced opportunity costs for both children and caregivers. This mechanism was found to operate through two interlocking pathways: reducing physiological barriers to learning (malnutrition, illness), and lowering household economic and time burdens associated with schooling. Bundling school feeding with other health and nutrition services offered natural cost-effectiveness as it generated benefits across multiple SDGs. For example, a programme in Cambodia that combined school feeding with deworming improved school enrolment among young people.[101]

These modality-specific differences highlight how the design of food assistance shapes educational impact. School feeding interventions consistently outperformed general food distribution (GFD) in improving educational outcomes. School-linked feeding increased enrolment and grade attainment and reduced girls' participation in child labour. However, household-level GFD often produced smaller or even adverse schooling effects, particularly for boys[25,36] (Gelli, 2018). The underlying mechanism lay in the direct linkage between benefit and attendance such as school feeding tied the transfer to the act of attending school, thus lowering the opportunity cost of schooling. In contrast, GFD relaxed household constraints without creating an attendance incentive, potentially resulting in the reallocation of children's labour toward domestic or income-generating tasks. In fragile and conflict-affected contexts, this dynamic can be particularly pronounced as households facing acute livelihood stress may divert resources or labour away from schooling when transfers are not school-linked. Empirically, Aurino[36] reported that school feeding in Mali led to a roughly 10 percentage-point increase in enrolment and half a year more schooling, with marginal effects for girls and none for boys. However, GFD raised absenteeism among boys (with limited effects for girls' education outcomes).

Moreover, the positive effects of school-linked programmes were not found to be uniform across age groups. Evidence was strongest for primary school-aged children, where opportunity costs of schooling are relatively low. Among adolescents, who face greater economic pressures, early labour market entry, or caregiving responsibilities, school feeding and similar interventions showed weaker or more variable effects unless they were paired with additional support. Programmes that combined education incentives with livelihood components, psychosocial support, or flexible learning options proved more effective in sustaining engagement.[84,98,101] In these cases, addressing the interplay between education and work aspirations became essential as linking schooling with pathways to training or employment helped adolescents perceive direct returns to continued education.

Beyond schooling access, several studies documented measurable learning and cognitive gains from integrated health and nutrition interventions. School-linked in-kind transfers such as fortified meals or nutritious snacks improved reading, mathematics, and cognitive test scores when implemented over sustained periods. For example, in India, five years of midday-meal exposure increased reading and math performance.[34] In China, early exposure to a school nutrition improvement programme generated lasting cognitive benefits[39], and in Egypt, continuous school feeding enhanced children's cognitive capacity.[102] This highlights duration and timing of exposure as key mechanisms: interventions reaching children early or maintained across several years of schooling yielded stronger, cumulative learning benefits. Programmes initiated early in a child's educational trajectory or sustained across critical learning periods were more likely to yield measurable and lasting benefits.[34,39,99] By contrast, late-entry or short-term interventions tended to produce short-lived gains that fade over time.[43]

4.5 Transfer modality and household choice: flexibility, incentives, and unintended trade-offs

Overall, transfer modality critically shaped both economic and social outcomes. Cash and voucher programmes offered higher flexibility and tended to yield larger welfare and empowerment gains by expanding household choice and women's decision-making space. Though valuable in meeting immediate consumption or nutrition needs, in-kind transfers delivered smaller welfare improvements and occasionally created unintended trade-offs, particularly as regards child labour and reinforcement of gendered household roles. However, designing in-kind transfers closely tied to specific behavioural outcomes such as school attendance mitigated these risks and strengthened effectiveness.

Evidence shows that in addition to complementary activities and targeting, the modality of the transfer itself plays a decisive role in shaping both household welfare outcomes and intra-household dynamics. In Mexico, cash transfer recipients were 10 percent more likely to attend school than in-kind transfer recipients.[70] Cash-recipient households also spent substantially more on children's education and clothing, reflecting a stronger alignment with household welfare priorities. By contrast, though valuable for improving nutrition, food (in-kind) transfers targeted to women were less effective in shifting intra-household decision-making or resource control. As in-kind transfers did not alter the share of cash income controlled by women that could have been used to finance school- or health-related expenses, welfare improvements were limited. In-kind transfers, particularly food-based, can affect perceptions about household roles. By providing a visible, gender-typed resource (e.g., food or child's education), programmes may unintentionally reinforce traditional caregiving roles, thereby limiting women's empowerment potential even as household welfare improves. Conversely, vouchers, especially those redeemable in markets, can enhance women's decision-making and market participation, increasing their agency over household spending.

A related comparison can be drawn between monetary vouchers and food transfers in education-focused programmes. Vouchers covering approximately half of secondary school tuition led to a significant reduction in the number of hours children worked per week, effectively reducing child labour.[13] In contrast, GFD interventions in Mali showed mixed results: while school feeding tied to attendance improved enrolment and attainment, general household food transfers were sometimes associated with increased absenteeism, particularly among boys.[25,36]

The evidence also indicates that programme intent and targeting shaped outcomes. Though poverty-alleviation programmes often aimed to reduce reliance on child labour by easing household vulnerability, the results depend on the type of constraint addressed. Systematic evidence[70,78] shows that programmes that reduce household exposure to shocks, such as health insurance or consumption support, successfully lower child labour rates by reducing the need for children's economic contribution. Conversely, interventions designed to increase adult labour participation or entrepreneurship can inadvertently increase demand for adolescent labour as family enterprises expand and require additional support. These patterns suggest that the mechanism of impact depends on whether the intervention reduces or redistributes household labour demands. Cash or flexible voucher programmes ease liquidity constraints and expand household choice, while rigid or narrowly targeted in-kind transfers tend to redirect time and labour within the family rather than reducing overall deprivation.

4.6 Overcoming structural and economic barriers to improving reach and access

Evidence across SDG 1 and SDG 5 highlights persistent structural barriers that shape and limit programme effectiveness for women, adolescents, and persons with disabilities. Structural constraints, including limited mobility, weak infrastructure, social norms, and time poverty, often restrict the participation of these groups in trainings, schooling, or health services. Vouchers and in-kind transfers mitigate these barriers through multiple pathways: they reduce financial and time-related costs, alleviate mobility constraints, socially legitimise women's participation in public life, and ease domestic care burdens. When coupled with gender-sensitive programme design such as flexible timing, stipends, and childcare support, they enhance participation and equitable outcomes.

Mobility, Infrastructure, and Transport The first set of barriers to economic and social participation relates to mobility and infrastructure. Women's limited mobility, whether due to safety concerns, lack of transport, or restrictive social norms, often constrains participation in employment or health programmes. Moreover, transport costs were frequently reported as prohibitive, implying direct economic loss, where long travel times impose opportunity costs in terms of lost income or unpaid care work. The absence of reliable infrastructure further compounds these constraints. For example, several in-kind training programmes reported reduced participation among married women, reflecting mobility-related constraints that reinforce gender gaps in labour force participation.[21] Similarly, inadequate roads and the absence of accessible service points exacerbate exclusion for women and persons with disabilities, while providing vouchers for transportation increase participation of women in such trainings. For example, studies in Uganda demonstrated that transport and service vouchers effectively relax transportation and access constraints. Providing transport vouchers to women along with vouchers for health service uptake led to improvements in sexual and reproductive health outcomes.[29,32,103] Similarly, Watt[93] examined Kenya's Safe Motherhood voucher programme and found modest improvements in maternal-focused postnatal care. The economic and opportunity costs of transportation were thus offset through the use of vouchers in such settings. Beyond reducing financial barriers, these vouchers also signal social legitimacy for women's mobility, normalising their presence in public and health-related spaces and thereby reducing stigma or resistance from households and communities.

Gender Norms and Care Responsibilities Another barrier comes from the gender norms and associated time constraints arising from women's disproportionate unpaid care and domestic work, including the unavailability and cost of childcare services. For example, four programmes in Malawi, India, Colombia, and Peru reported that family obligations were one of the main causes for no participation or dropping out of employment training. However, some interventions indirectly reduced these structural barriers by easing care responsibilities. For example, the China Rural Nutrition Improvement Programme (CRNIP), which provided free lunches to students during their compulsory education, significantly enhanced maternal labour force participation by an estimated 4.25 percentage points, while no effects were observed for fathers. The provision of school lunches reduced the time mothers spent on childcare, primarily benefiting less-educated mothers, who opted for informal, off-farm work in their local area.[22] This also had a beneficial reverse effect, with evidence from the DRC showing that providing women with tools and knowledge to generate income in a time-saving manner increased the time and resources available for childcare and led to better dietary practices or feeding habits for children.[26]

Economic and Labor Conditions: Beyond individual-level barriers, broader economic and labour market conditions determine the extent to which training translates into employment gains. Balari et al.[21] noted that vocational training programmes showed strong short-term impacts on employment but weaker long-term effects, suggesting that skills acquisition alone did not guarantee sustainable employment without sufficient labour demand or employer engagement. Programmes linking participants to employers or apprenticeships (as in Rosas[51]) helped bridge this demand-side gap by converting training into tangible job opportunities. Particularly for adolescents, structural barriers manifest differently. For example, Prencipe[98] found that youth facing competing demands between education and paid work often prioritised income generation over schooling when structural conditions (such as limited access to quality secondary education) restricted their ability to pursue both. Integrating flexible education pathways or linking livelihood support with continued schooling could mitigate these trade-offs, ensuring that economic support does not inadvertently pull young people out of education.

Financial and Logistical Barriers: Wellington[54] and Wang[22] further demonstrated that food and health vouchers in Botswana and rural China, respectively, improved access to essential health and nutrition services for vulnerable and disabled groups through the above mechanisms. These modalities not only reduced direct financial and logistical barriers but also simplified decision-making in low-information environments. Evidence on adolescent sexual and reproductive health was also positive, with vouchers for modern contraceptive method use (combined with education and peer-facilitated approaches) demonstrating significant improvements in knowledge, attitudes, and behaviours related to sexual health and risk reduction in multiple rural settings.[74,104] In education, the review by Psaki[48] identified in-kind transfers such as school materials, uniforms, and sanitation facilities as effective mechanisms for reducing barriers for girls' schooling. Similarly, Polec[73] found that the free distribution of insecticide-treated bednets (ITNs), alongside educational and information campaigns significantly increased both household ownership and consistent use of ITNs, again showing how financial and information constraints may be overcome through vouchers and in-kind transfers.

4.7 Operating in fragile environments: how crises and insecurity shape implementation and results

The effectiveness and sustainability of programmes is significantly shaped by the broader contexts in which they operate, with instability emerging as a barrier across the large majority of studies. Crises, political transitions, and security conditions disrupt implementation, limit results, and undermine sustainability. Evidence from evaluations suggests that in the most volatile settings, even well-designed programmes may struggle to achieve intended outcomes. These findings underscore that instability is not infrequent in UN programme contexts.

Instability and shocks: The effectiveness and sustainability of interventions is affected by the broader context in which they are embedded, with instability emerging as a barrier across most studies. Analysis of UN-led process and performance evaluations revealed that crises such as violent conflict (53 percent), the COVID-19 pandemic (50 percent), political instability (25 percent), and climate shocks (17 percent) affected the large majority of programmes (82 percent). The COVID-19 pandemic and associated restrictions on public life required project adjustments and led to significant delays in implementation and affected results.[05,106,107] Elections or coups d'état disrupted project implementation or undermined the sustainability of results by triggering institutional restructuring, shifting national priorities, or prompting donors to temporarily suspend collaboration with governments, as in the case of Sudan.[108,109,110,111]

Security and violence: Security was also a critical contextual factor. Outbreaks of violent conflict or gang-related violence hindered implementing organisations' ability to carry out activities and jeopardised the durability of achieved results. Insecurity also restricted target groups' access to project locations, in some cases disproportionately affecting women, as, for instance, in the school feeding programme in Rwanda, and led to increasing human mobility.[109,111,112] These findings also show that UN programmes typically operate in environments where instability is the norm rather than the exception.

Similar evidence was found in relation to impact evaluations, where effectiveness of transfer programmes depended – among others - on how well they aligned with the local context. In Somalia, a study assessing nutrition counselling both as a stand-alone and in combination with an unconditional cash transfer found no effects on children's growth or households' food security, a finding partially attributed to the humanitarian emergency conditions.[113] Similarly, food assistance programmes in conflict-affected settings in Mali made no contribution to child's health and nutrition in areas in the immediate vicinity of conflict, and, in some cases, even proved detrimental for adolescent boys' education outcomes.[25,36]

4.8 Financing and material resources: how these affect scale, continuity, and sustainability of programmes

Resource availability, particularly funding, emerged as one of the most significant determinants of programme performance. Financial shortfalls restricted scale, reduced beneficiary coverage, and undermined long-term sustainability, especially in conflict-affected settings, where funding volatility was more pronounced. Procurement delays, inadequate infrastructure, and shortages of quality inputs further constrained results. While appropriate technological or material investments could facilitate inclusion and efficiency, evaluations overwhelmingly reported resources as barriers rather than enablers. This underscores the centrality of predictable and sufficient financing for sustained impact.

Nearly half (44 of 94, or 47 percent) of evaluations identified the availability of resources in adequate quantity and quality as a significant factor affecting project performance. Funding constraints emerged in 40 evaluations (42.6 percent), making it the most frequently reported resource barrier, being mainly reported as constraining both programme effectiveness and sustainability. On the one hand, funding shortfalls limited what programmes could achieve. Twenty-six evaluations (27.7 percent) documented how insufficient financial means restricted both the scale of results and beneficiary reach. For example, an evaluation of a school-feeding programme in Senegal noted that,

> The poor funding mix has weakened the programmes, limited the results and undoubtedly limited the impact. The programme has been restricted to its core business, and some actions have not been initiated. The scope of assistance has been reduced, impacting economic impact and beneficiary satisfaction.[114]

On the other hand, funding gaps also undermine long-term continuation. Seventeen evaluations (18.1 percent) identified funding shortfalls as constraining prospects for programme continuation beyond project completion, with multiple evaluations documenting governments lacking financial capacity to sustain programmes after donor support ends.[115,116,117] In some studies[118] on a social assistance intervention in Mozambique, funding shortfalls were further identified as barriers to inclusivity, in this case by preventing the integration of gender-transformative approaches.

Funding challenges were also significantly more common in conflict-affected contexts. Among the 45 evaluations in countries affected by violent conflict, 23 (51.1 percent) identified funding as a barrier compared to only 17.2 percent (11 of 64) in more stable contexts and 12.0 percent (3 of 25) in countries with high institutional fragility. This pattern aligns with challenges documented in conflict settings: unpredictable humanitarian funding, difficulty maintaining services during crises, and donor funding volatility in unstable contexts.

Beyond funding constraints, 15 evaluations (16.0 percent) noted challenges regarding the procurement and the (timely) provision of high-quality items. Agricultural input delivered before farmers were ready to plant, ingredients for school-meals arriving in less quantity, or the unavailability of replacement parts for distributed machinery negatively affected achievements.[119,120,121] Though less frequent, physical infrastructure constraints also mattered. For example, WFP[121] documents how school feeding effectiveness in Liberia was undermined by storerooms being "far from the school or too small for the food stocks."

Conversely, appropriate resource choices were at times reported to have facilitated success. UNICEF[122] identified blockchain technology as an inclusive tool regardless of having a bank account or not, indicating that resource quality, not just quantity, drives outcomes. However, such facilitating examples were rare: resources emerged as barriers in 98 percent of mentions of funding and 93 percent of mentions of materials or equipment, confirming that these factors predominantly constrained rather than enabled programme performance.

4.9 Evidence use and stakeholder engagement: alignment, adaptation, and limited linkages with learning

Evidence-informed design and stakeholder engagement were widely cited as mechanisms enhancing programme relevance and alignment with national priorities. While research, stakeholder participation, monitoring, evaluation, and learning were standard features of UN programming evaluations, they rarely traced how evidence generation translated into measurable improvements in programme implementation or effectiveness. This points to a persistent evidence gap, not only in understanding whether evidence-informed approaches improve programme effectiveness but also in clarifying what types of evidence and engagement strategies work in order to ensure the inclusion of those most marginalized.

The reviewed studies primarily identified evidence-informed programme designs as a key mechanism for ensuring alignment with national priorities and the needs of target groups. Evaluations predominantly connected evidence to programme relevance (41 studies), showing how programmes responded (or failed to respond) to (un)identified needs. As one example from Bolivia demonstrated,

> Targeting adjusted throughout implementation based on identified needs of vulnerable groups including elderly and transsexuals [...] derived from learning based on thematic studies, previous interventions and evaluations, as well as fluid dialogue with stakeholders that made it possible to identify national priorities.[123]

Studies also reported involvement of target communities during programme implementation, as, for example, in the identification of beneficiaries, as a factor enhancing the ability of programmes designed to respond and adapt to local priorities and conditions.[108,125,126]

Overall, it was noticeable that while evaluations predominantly focused on describing what evidence was generated or analysed (e.g., analysis of existing studies and prior evaluation, stakeholder consultations, needs assessments, monitoring data, feedback mechanisms, etc.) during the different programme phases, they often did not fully trace how findings informed specific programme inputs, contributed to outputs, or led to adaptations.

Less than half of the evaluations (41 out of 94, or 43.6 percent) linked evidence generation (or lack thereof) to improved (or inadequate) programme relevance. Even fewer (8) studies connected evidence generation to improvements in programme effectiveness. When they did so, they often did not provide sufficient evidence to confirm their assumptions. For example, one evaluation claimed that greater impact in terms of peacebuilding could have been achieved if a timely diagnosis had been made to identify the factors that generate conflicts in the territory.[127] Yet, the report fell short of evidence that such a diagnosis would actually have improved outcomes.

4.10 The human factor: capacities and incentives that drive implementation and uptake

Although less frequently assessed, individual capacities and motivations significantly influenced programme success. The expertise, continuity, and commitment of staff shaped implementation quality, while staffing gaps and turnover undermined results. At the beneficiary level, uptake and outcomes depended on motivation, preferences, and practical capacities. These findings highlight the importance of human factors alongside structural and institutional conditions in determining programme performance.

Although only a subset of UN-led process and performance evaluations (15 out of 94, or 16 percent) explicitly examined how individual actors influence progress, those that did underlined their importance for success. Studies highlighted the commitment, capacities, and preferences of individuals as factors promoting (or hindering) the achievements of results. Among UN agencies and implementing partners, the expertise and dedication of project staff directly affected the quality of interventions. For example, staff proactively compensated for gaps by developing creative solutions or taking initiative to promote coherence of interventions either across the portfolio within their own organisation or in collaboration with other agencies.[125,128,129] However, challenges related to staffing—commonly observed across organizations—can undermine achievements.

Conversely, performance is often determined by resource capacity, including staff numbers, skills, and experience, with turnover, recruitment gaps, and HR management practices affecting personnel availability, team capacity and morale, and ultimately results.[120,130]

Among beneficiaries and community-level actors, individual capacities and preferences influenced both the uptake and the effects of interventions. For instance, the motivation of teachers to apply newly acquired skills, the ability of parents to contribute to school meal programmes, whether beneficiary perceive distributed items as palatable, or the capacity of small businesses to mobilise the capital required to benefit from project support determined whether intended outcomes could be realised on the ground.[112,131,132]

4.11 Inclusion gaps: understanding differentiated needs and effects across vulnerable groups

While social assistance programmes frequently aimed to be inclusive and demonstrated commitment to leaving no one behind, important population groups remained underrepresented in both programme designs and evaluations. Few studies systematically analysed differentiated effects or examined barriers and drivers specific to vulnerable groups. This reveals a persistent evidence gap, not only regarding who benefits from programmes but also concerning what promotes or hinders meaningful inclusion of the most marginalized in practice.

Important population groups remain underrepresented across the evidence base. Under SDG 2, adolescents, adults, and older people were largely absent from the studies reviewed, despite pervasive risks of food insecurity. Under SDG 4, none of the examined interventions were identified as disability-responsive, revealing a significant gap in addressing disability-related vulnerabilities and underscoring the need for more inclusive education programming.

While UN programmes demonstrated strong commitment to leaving no one behind (with 87 percent programs considered age-responsive, 56 percent gender-responsive, and 25 percent disability-responsive in their targeting), evaluations revealed critical implementation and evidence gaps. Among 94 evaluations, only 7 (7.6 percent) identified barriers or drivers specific to vulnerable groups—three for women and five for children, including girls.[112,133,134,135,136,137,138] Barriers that have been well established through other literature remained mostly absent: only two studies examined intra-household dynamics affecting women's access, with one noting that intra-household distribution of food is not equitable due to weak women's decision-making power.[133], the other identifying that "understanding of how women access and engage with interventions, and how this relates to intra-household and social roles, is lacking".[134] Only one study documented gender-based employment barriers, finding that women face "the attitude of many men that women are not strong enough" and safety concerns where "the need for cooks to walk to school before sunrise… is not safe for women".[112] No evaluation explored prominent barriers for persons with disabilities or the elderly, such as, for example, access constraints.

Similarly, few evaluations differentiated between vulnerable groups when assessing the quality of evidence generated or utilised by the programmes. More specifically, among 30 evaluations examining feedback mechanisms, only four (13 percent) mentioned women or gender and none assessed accessibility for persons with disabilities, the elderly, or children. Even the few studies mentioning women primarily noted gaps in gender consideration rather than analysing actual accessibility or usage patterns. These patterns suggest that both evaluations and programme staff may lack sufficient knowledge to identify vulnerable group-specific barriers.

05 How and why system strengthening works

Drawing from the findings of the 94 UN-led process and performance evaluations, this section considers what social protection system-level changes programmes achieved and how. It also examines barriers and drivers that promote (or undermine) system-level change.

The box below summarises the key lessons regarding system level outcomes and programme contributions. A comprehensive synthesis of evidence can be found in Appendix H.

Box 3

Evaluating system-level outcomes and programme contributions

- Achievements in system strengthening are multi-layered but frequently overlook issues of long-term sustainability.
- Though system-level change is achievable in both fragile and stable contexts, factors required for achieving these outcomes differ in important ways.

5.1 System strengthening: how it works and its challenge

Overall, UN-led evaluations frequently reported contributions to system-level changes in social protection policies, legislation, and service delivery mechanisms. However, only a small minority assessed whether these changes were likely to be sustained beyond programme timelines. This indicates a significant gap in understanding the sustainability of system-level results and whether institutional strengthening efforts translate into lasting change.

Findings from the UN-led process and performance evaluations show that the majority of evaluations (84 out of 94) reported effects on system-level changes. Among those, a majority of evaluations (58 percent) reported on changes in social protection related policies, plans, or strategies, and a third (33 percent) on legislation. Improvements in the implementation of laws and policies through strengthened service delivery was also a prominent achievement (with 54 of evaluations reporting on system level changes). Improved service delivery often featured strengthened institutional standards, structures, mechanisms, and operating procedures for social assistance, including beneficiary targeting and social registries.[106,109,122] For instance, in Equatorial Guinea, the United Nations Country Team (UNCT) supported public social assistance mechanisms by designing the Single Social Registry digital application to collect data on vulnerable individuals and families.[139]

However, only 6 percent of evaluations explicitly examined whether these changes might endure beyond programme timelines.[131,136,140,141] This gap is especially problematic where UN programme outputs sustained government systems, for example when programme-generated evidence fed into social registries and beneficiary targeting systems[122,141,143,144] or when high staff turnover required repeated capacity-building investments, creating ongoing dependency on programme support.[133]

5.2 Context and institutional capacity: pathways to system-level change

Programmes in fragile and stable contexts achieve similar rates of legislative, policy, and service delivery changes. However, fragile contexts face greater challenges related to government ownership, capacity, and local conditions, which hinder institutionalization and sustainability. This highlights the need to tailor system-strengthening approaches to context-specific constraints to ensure lasting impact.

Findings from both fragile and stable contexts show that programmes achieved nearly identical rates of legislative changes (18.8 vs. 17.9 percent) and service delivery improvements (68.8 vs. 71.4 percent) as well as comparable policy and strategy development (75.0 vs. 60.7 percent). However, the influencing factors for achieving these outcomes differed in important ways. Evaluations from fragile contexts were nearly twice as likely to identify government ownership and commitment as critical factors for system-level change (32.5 vs. 17.5 percent), citing challenges such as high staff turnover undermining institutionalization, weak absorption capacity for capacity-building efforts, and the need to actively foster ownership through participatory approaches given governance instability.[109,132,138,145,146] As one programme evaluation in Nepal remarks,

> The full institutionalization of that system has not yet materialised owing to continued challenges related to the awareness, commitment and capacity of subnational authorities with regard to absorbing the system, putting in question the national food security monitoring system's sustainability.[147]

Additionally, local context challenges, including issues of accessibility, local conditions, and decentralization[112,138,148,149], were nearly four times more commonly cited as barriers in fragile settings (27.5 vs. 7.5 percent), reflecting the compounded difficulty of system strengthening amid ongoing crises.

06 Key takeaways and implications

The findings from this synthesis point to several opportunities to enhance the design and implementation of vouchers and in-kind transfer programmes, thereby strengthening progress across SDGs 1–5. The evidence highlights how programme effectiveness can be improved through integrated approaches, context-responsive design, and modalities that expand choice, reduce structural barriers, and promote equitable outcomes. Together, these implications offer practical guidance for policymakers and practitioners seeking to advance poverty reduction, food security, health, education, and gender equality through more adaptive and inclusive social assistance systems.

Key Takeaways	Implications
What works	
Gender-responsive vouchers and in-kind transfers worked across SDGs 1–5, especially for reducing poverty and hunger. • In *China*, the provision of school lunches reduced the time mothers spent on childcare, primarily benefiting less-educated mothers, who opted for informal, off-farm work in their area. • In *Mali* and *Bangladesh*, combining in-kind (mostly food) transfers with education components were effective in improving consumption outcomes for female caregivers and their children.	**Gender-targeted transfers generate improvements in food security, health, poverty reduction and overall resilience.** Gender-targeted vouchers and in-kind transfers strengthen economic and social well-being among female caregivers and their children. Sustained and expanded gender-responsive social protection programmes facilitate structural changes, including increased female labour force participation, improved maternal health, addressing food insecurity and boosting household consumption.
Age-responsive vouchers and in-kind transfers improved outcomes across SDGs 1–5, with the strongest effects on food security and nutrition (SDG 2) and health (SDG 3). • In *Nigeria*, behavioural interventions engaging 8–10-year-old students through songs and aspirational role models increased acceptance and consumption of unfamiliar, nutrient-rich foods such as orange-fleshed sweet potato (rich in pro-vitamin A). • In *Pakistan*, a low-cost multipurpose voucher model increased contraceptive use and improved child immunization status.	**Age-responsive interventions are effective when embedded within well-designed delivery systems and complementary support mechanisms.** Evidence suggests that age-responsive programming enables consistent improvements in child nutrition, education, and health outcomes, particularly in early and middle childhood. Effectiveness is contingent on programme design and context, with particular relevance in fragile or conflict-affected settings and with designs considering constraints that older children and adolescents face.

Key Takeaways	Implications
Disability-responsive vouchers and in-kind transfers showed positive evidence for poverty reduction (SDG 1), food security (SDG 2), and health access (SDG 3). Evidence gaps remain for education (SDG 4) and gender equality (SDG 5). • In *China and India,* multi-component in-kind interventions such as combining training with accessibility improvements, employer engagement, or psychosocial support improved employment outcomes and household welfare among adults with disabilities. • In rural *China*, a health voucher scheme increased eyeglasses uptake and use among children with myopia. • In *Botswana*, food vouchers were successful in improving food security and raising BMIs for chronically ill individuals.	**Disability-inclusive design requires intentional, multi-component approaches.** Disability-responsive vouchers and in-kind transfers contribute to poverty reduction and improved health access for persons with disabilities when designed with inclusive, multi-component approaches. Strengthening disability-inclusive designs and disability-disaggregated evaluations are essential to close evidence gaps across SDGs 1-5.
Multiple (or intersecting) vulnerability responsive vouchers and in-kind transfers showed positive but modality- and context-dependent effects across SDGs 1–5. Evidence indicated improvements in poverty and household welfare (SDG 1), strong gains in food security and dietary outcomes (SDG 2), particularly in crisis and displacement settings, mixed results on health (SDG 3) and gender equality (SDG 5) and limited but positive on education outcomes (SDG 4). • In *Nigeria*, agricultural e-vouchers improved consumption, non-food spending, and poverty reduction by enhancing rural households' choice and market participation. • In *Botswana* and *Mali*, targeted food distributions improved food access and reduced hunger for households in conflict settings or with sick family members.	**Programmes that specifically target ultra-poor households or populations affected by humanitarian crises ensure that support reaches the most vulnerable and often left behind.** Multiple (or intersecting) vulnerability responsive vouchers and in-kind transfers indicate a generally positive contribution toward the relevant SDGs.
What shapes performance	
Integrated social assistance programmes outperformed stand-alone interventions. Transfers are most effective when paired with behaviour change communication, skills training, school-based services, or psychosocial support, addressing behavioural, informational, and structural barriers. • In *Nepal*, combining school gardens with a complementary home-garden component for caregivers (knowledge and behaviour change) increased children's vegetable consumption compared to school gardens alone. • In *Ethiopia*, adolescent girls receiving psychosocial support within a school-based nutrition education programme saw improved health and nutrition outcomes as well as enhanced emotional regulation and psycho-social behaviour.	**Multi-component programme design amplifies impact across multiple deprivations.** Programmes designed as multi-component packages address multiple deprivations simultaneously, ensuring that complementary activities are context-appropriate and aligned with household capacities. Embedding transfers within broader, integrated strategies helps maximise their impact, aligns them to the needs of the target group, and supports longer-term gains in nutrition, education, health, and well-being.

Key Takeaways	Implications
Employment and income opportunities for vulnerable groups expanded through a combination of skills formation, capital, linkages to employment opportunities and complementary support. • In *Sierra Leone*, a comprehensive youth skills programme implemented during the Ebola crisis and combining technical and on-the-job training, a small capital transfer, and business coaching increased earnings, business viability, and consumption among urban youth. • In *Tanzania*, adolescents from social assistance households who received livelihood and life-skills training, mentoring, productive grants, and improved access to health services showed significant increases in self-employment and livestock-related activities.	**Integrated skills and livelihood packages generate sustained employment and income gains.** Coordinated packages that blend training with capital and practical work opportunities are more likely to deliver stronger results when they pair vocational training with entrepreneurship or financial literacy training, access to capital, and linkages to employers or mentors. These elements enable participants to apply skills and overcome liquidity constraints. Inclusive approaches such as accessible infrastructure for people with disabilities and targeted support for youth with differing capacities further strengthen results.
Targeting women as recipients ampli ied household welfare effects, particularly for children. • In *Mexico* and *India*, when transfers were directed to women, a greater share of household resources was allocated to children's education, clothing, and schooling-related expenses. • In *Indonesia*, a rice-subsidy in-kind transfer improved girls' schooling outcomes, driven by shifts in intra-household resource allocation when benefits were channelled to women.	**Strengthening women-focused programmes by ensuring access to services, labour opportunities, and decision-making power amplifies household-level gains**. Women's allocation of resources toward child and household well-being means that programmes channelling assistance through mothers or female caregivers achieve broader and more sustained benefits. Gender-responsive designs across SDGs 1–5 improve child outcomes, enhance sanitation and hygiene practices, and increase household consumption.
Integrating health, hygiene, and school-based feeding strengthens the impact of education interventions. Comparing school-based feeding programmes to general food distribution highlights the stronger role of the former in tackling education and health outcomes simultaneously. • In *Cambodia*, combining school feeding with deworming increased school enrolment among children and adolescents. • In *Kenya, Lebanon,* and *India*, integrating nutrition and health inputs such as deworming, micronutrient supplementation, fortified school meals, specialized supplements, or nutrition education produced stronger and more consistent improvements in educational achievement.	**Combining school meals with deworming, micronutrient supplementation, and parental engagement addresses health barriers and reduces schooling costs, strengthening both attendance and learning.** Early introduction and multi-year continuity deliver strong cognitive and educational gains, pointing to the value of predictable, long-term investments in school-based health and nutrition services. **School-linked transfers generate stronger educational outcomes compared to general food distribution.** School-linked transfers help prevent the diversion of children's time toward labour and improve attendance, particularly in fragile settings.

Key Takeaways	Implications
In-kind transfers yielded positive effects but limited household choice and welfare gains. • In *Mexico*, cash transfer recipients were more likely to attend school than in-kind recipients. • In *Colombia*, vouchers covering approximately half of secondary school tuition led to a significant reduction in the number of hours children worked per week, effectively reducing child labour.	**Household choice and aligned programme designs maximize welfare and minimize unintended effects where in-kind transfers allow the least freedom of choice.** Allowing beneficiaries to choose how resources are allocated aligns the support with their needs and reduces unintended effects on intra-household labour or decision-making. Where in-kind assistance is necessary, such as for nutrition or education objectives, linking transfers directly to service use mitigates risks of reinforcing gendered roles or increasing child labour. Vouchers designed to function within local markets expand women's decision space and agency.
Vouchers and in-kind transfers mitigate structural, economic, and individual barriers when designed to offset transport costs, reduce time burdens, or simplify access to health, education, and employment opportunities. These modalities address mobility constraints, restrictive norms, and information gaps, particularly for women, adolescents, and persons with disabilities. • In *Uganda*, transport and service vouchers effectively relaxed transportation and health service access constraints and led to improvements in sexual and reproductive health outcomes. • Food and health vouchers in *Botswana* and *rural China*, respectively, improved access to essential health and nutrition services for vulnerable and disabled groups through reduced direct financial and logistical barriers but also simplified decision-making in low-information environments.	**Context-specific voucher and in-kind transfer designs strengthen access and equity in social assistance.** Vouchers and in-kind transfers reduce structural, economic, and individual barriers that limit participation and access in essential services and programmes. Aligning voucher and in-kind designs with context-specific barriers such as transport costs, mobility constraints, and caregiving demands enhances the effectiveness and inclusiveness of broader social assistance and human development efforts. Such programmes strengthen equity and reach by incorporating transport or service vouchers, tailoring delivery to local realities, and integrating enabling features such as flexible scheduling or childcare.
Limited resources, including funding gaps, procurement challenges, and infrastructure deficits consistently weakened programme effectiveness and sustainability, with the greatest challenges seen in conflict-affected settings. • In *Senegal*, a school feeding programme found that limited and poorly structured funding reduced its scale and impact, with some planned activities never starting and fewer beneficiaries reached. • In *Mozambique*, funding shortfalls did more than limit scale: they blocked the integration of gender-transformative approaches, making resource gaps a barrier to both inclusion and effectiveness. • In *Liberia*, school feeding results were weakened not only by funding constraints, but by infrastructure problems such as storerooms being too far from schools or too small to store food properly.	**Predictable, sufficient, and well-timed resources are a precondition for effective and sustainable programming.** Beyond securing adequate financing, attention to the timely availability of quality inputs and fit-for-purpose infrastructure make a meaningful difference to results. Building flexibility into resource planning helps programmes to absorb shocks and maintain continuity, particularly in fragile and conflict-affected settings, where volatility is greatest. If monitoring systems are designed to detect resource bottlenecks early, implementers will be better positioned to make timely adjustments during implementation.

Key Takeaways	Implications
Who is reached and who is left out	
UN programmes frequently drew on evidence and stakeholder engagement to strengthen alignment with national priorities and local needs but also showed gaps in linking evidence to decision-making and improved programme effectiveness. • In *Bolivia*, programme targeting was continuously adjusted based on thematic studies, prior evaluations, and stakeholder dialogue, enabling the identification of vulnerable groups including the elderly and transsexual populations. • In *Ecuador*, WFP maintained relevance through continuous dialogue with the Government, ensuring that its actions complemented existing national structures.	**The link between the use of evidence and stakeholder engagement and results is under-researched.** While evidence creation and stakeholder engagement is a common feature of UN programmes, their effects for programming are not fully understood or least documented. Strengthening monitoring, evaluation, and learning systems to track not only whether evidence was produced but also how it shaped decisions, programme changes, and outcomes will help programmes better understand what works, what does not, and why.
Individuals' capacities, skills, and preferences not only affected the quality of interventions but also their resonance among target groups. • In *Haiti*, programme performance was constrained by staff turnover, unfilled positions, and insufficient attention to human resources management, leaving existing staff underprepared and overworked. On the beneficiary side, outcomes depended on factors such as teachers' motivation to apply newly acquired skills, parents' ability to contribute to school meal programmes, and whether beneficiaries found distributed food items palatable.	**Programme success is shaped not only by structural and institutional conditions but also by the people involved at every level.** Attending to staff expertise, continuity, and well-being helps protect implementation quality. On the beneficiary side, taking individual capacities, preferences, and motivations into account during design and implementation improves uptake and strengthens results.
Although social assistance programmes aimed to be inclusive, research was missing on differentiated programme effects and on what promotes and hinders inclusion. • Only two UN process and performance evaluations examined intra-household dynamics affecting women's access to programmes, with one finding that intra-household food distribution was inequitable due to women's limited decision-making. • Among evaluations examining feedback mechanisms, none assessed their accessibility for persons with disabilities, the elderly, or children.	**Despite strong stated commitments to inclusion, the evidence base on who benefits and who is left behind remains thin.** Investing more systematically in vulnerable group-specific needs assessments, targeted indicators, and accessible feedback mechanisms helps programmes identify barriers and track differentiated outcomes more effectively. Actively involving marginalized groups and their representative organisations in programme design and implementation helps translate inclusion commitments into practice. Strengthening staff capacities to recognise and respond to group-specific needs and barriers further supports this.

Key Takeaways	Implications
What changes at system level	
System strengthening is a prominent feature of UN social assistance projects and country programmes, with multi-layered, tangible achievements. However, programmes and evaluations frequently overlook issues of long-term sustainability. • In *Equatorial Guinea*, the UN Country Team supported the design of a Single Social Registry digital application to collect data on vulnerable individuals and families.	**System-level sustainability represents a blind spot in how both programmes and evaluations currently approach system strengthening.** Claims of systemic change without examining post-programme outcomes risks overestimating durability. Building sustainability assessments into evaluation frameworks and addressing risks such as staff turnover or dependency on programme-generated data increases the likelihood that system-level gains will endure beyond the programme cycle.
Effective programme implementation and system-level change is possible but highly dependent on political stability and governmental capacity. • In *Nepal*, the full institutionalisation of a national food security monitoring system was put in question by insufficient awareness and commitment at the subnational level. • In *Sudan*, elections and coups d'état prompted donors to temporarily suspend collaboration with the government, disrupting implementation and undermining the sustainability of results. • In *Rwanda*, insecurity around a school feeding programme restricted women's access to project locations disproportionately. • More broadly, the COVID-19 pandemic required significant project adjustments and caused implementation delays across programmes in multiple country contexts.	**System strengthening in fragile settings requires intentional government ownership, context-tailored strategies, and adaptive management.** Context fragility constrains prospects for system-level change. Programmes may still achieve tangible results if they invest additional effort in strengthening sustainable government ownership and successfully navigate complex local contexts. Building and sustaining government ownership. for example through participatory approaches and sustained capacity development, helps overcome governance instability and absorption constraints that commonly hinder institutionalisation in these settings. Tailoring system-strengthening strategies to context-specific barriers rather than applying a one-size-fits-all approach improves the prospects for lasting change. In addition, designing interventions requires assessing broader contextual factors, political dynamics, security conditions, and their differentiated effects on population groups. Continuous monitoring of both the programme and the wider context enables timely adjustments to remain aligned with beneficiaries' needs. Accessible and inclusive monitoring, feedback, and reporting mechanisms help identify early whether certain groups are disproportionately affected and ensure responsiveness to the most vulnerable.

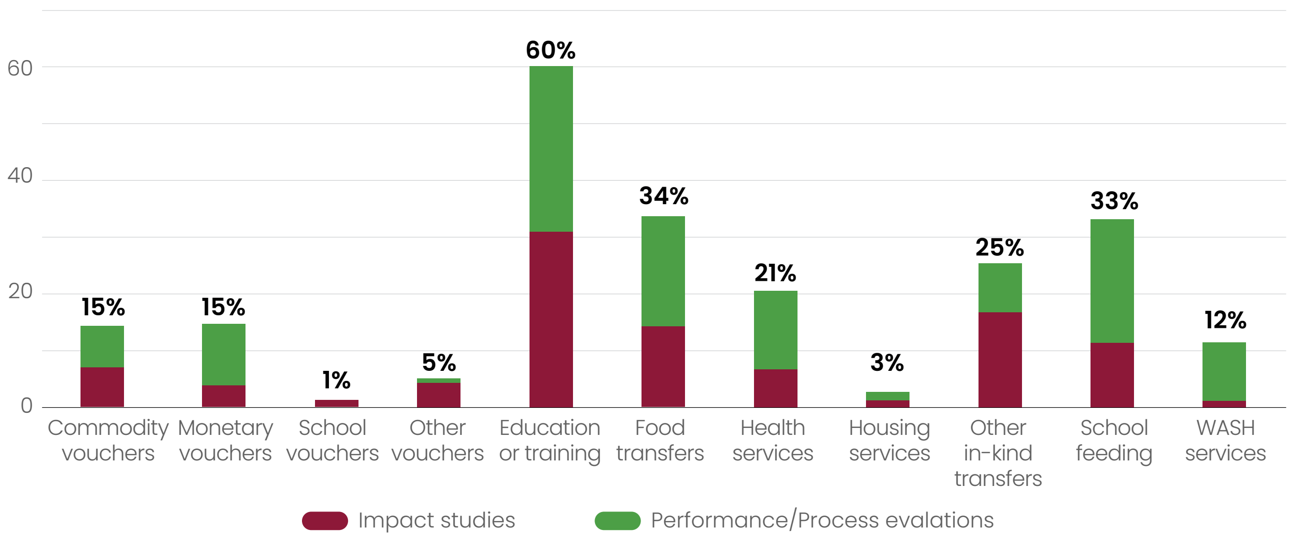
07 Areas for future research, evaluation, and syntheses

The EGM developed as part of this synthesis incorporates 154 impact studies and 94 UN-led process and performance 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. The EGM can be consulted at: https://www.sdgsynthesiscoalition.org/sites/default/files/2025-10/People-Pillar-EGM-Social-Assistance.html

Despite the relatively large evidence base, several gaps emerge:

1. **Voucher-based social assistance is underrepresented relative to in-kind transfers, particularly under SDGs 1, 2, and 4**. Fewer studies (n=77) assessed the effects of voucher-based social assistance compared to in-kind transfers (n=228) across SDGs 1–5 (Figure 2). Voucher interventions were particularly scarce in programmes addressing poverty, nutrition, and education outcomes (SDGs 1, 2, and 4). Instead, voucher evidence was concentrated under SDG 3 (Health and Well-being), where such modalities were primarily used to improve child health, nutrition, and sexual and reproductive health outcomes.

Figure 2.
Evidence by intervention type (n=248 studies)

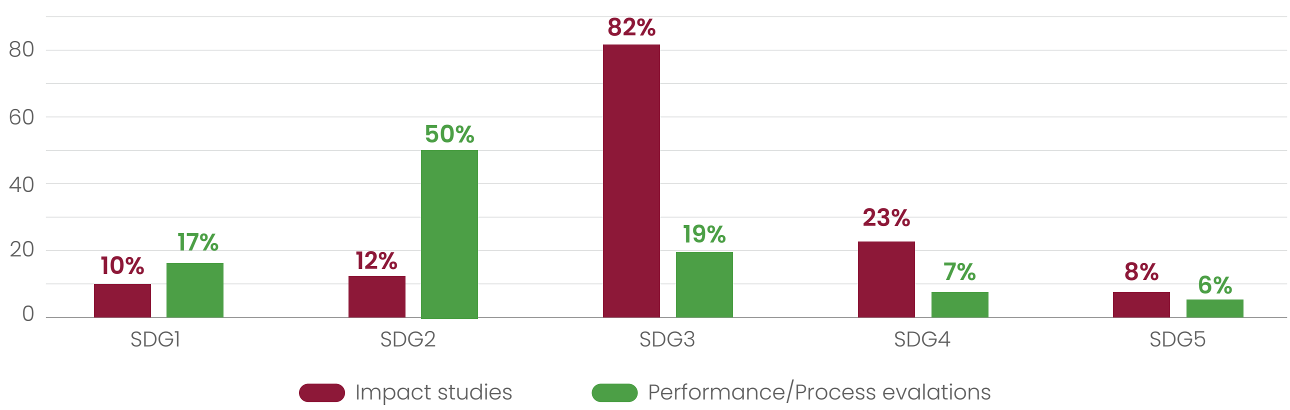


Source: Synthesis team illustration. Note that the majority of studies included multiple intervention types. This justifies our decision to present overlapping categories and explains why percentages do not add up to 100%.

2. **Evidence remains particularly sparse for SDG 1 and SDG 5.** Compared to other SDGs, these two areas showed notably sparse evidence (16 and 13 impact studies, respectively).

Figure 3.

Evidence by outcome type (n=248)

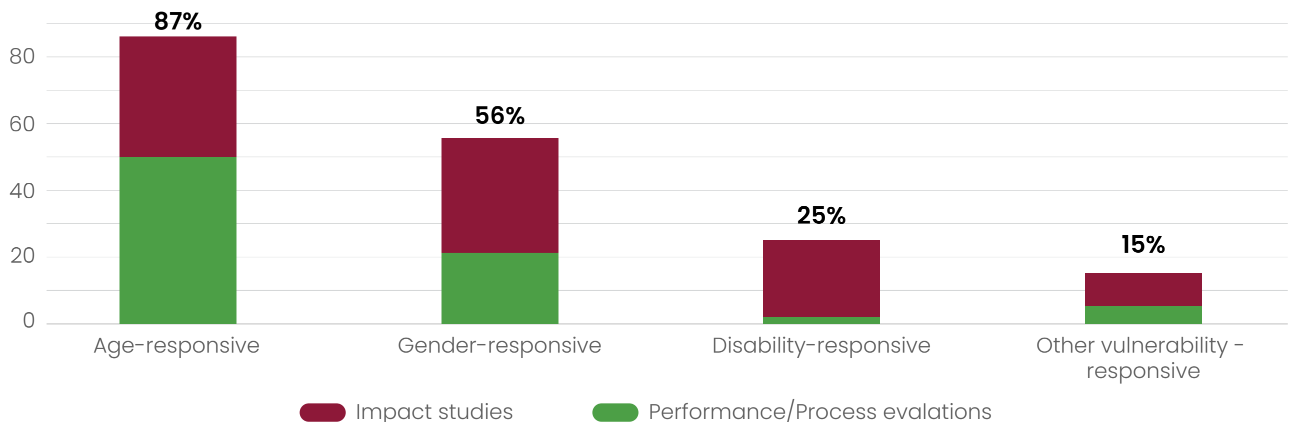


Source: Synthesis team illustration Many studies examine multiple outcomes, which explains why percentages add up to > 100%

3. **Evidence on elderly populations and related outcomes is notably scarce.**
   Most interventions were classified as age-responsive (87 percent), primarily targeting children (0–13 years), followed by adolescents (14–17 years). As a result, most studies focused on younger cohorts, leaving significant gaps in understanding the effects of social assistance on the elderly and across the life course. Outcomes related to chronic diseases, functional decline, and disability in older age were particularly underrepresented, limiting insights into how transfers influence well-being and resilience among ageing populations.

Figure 4.

Evidence by eligibility criteria (n=248 studies)

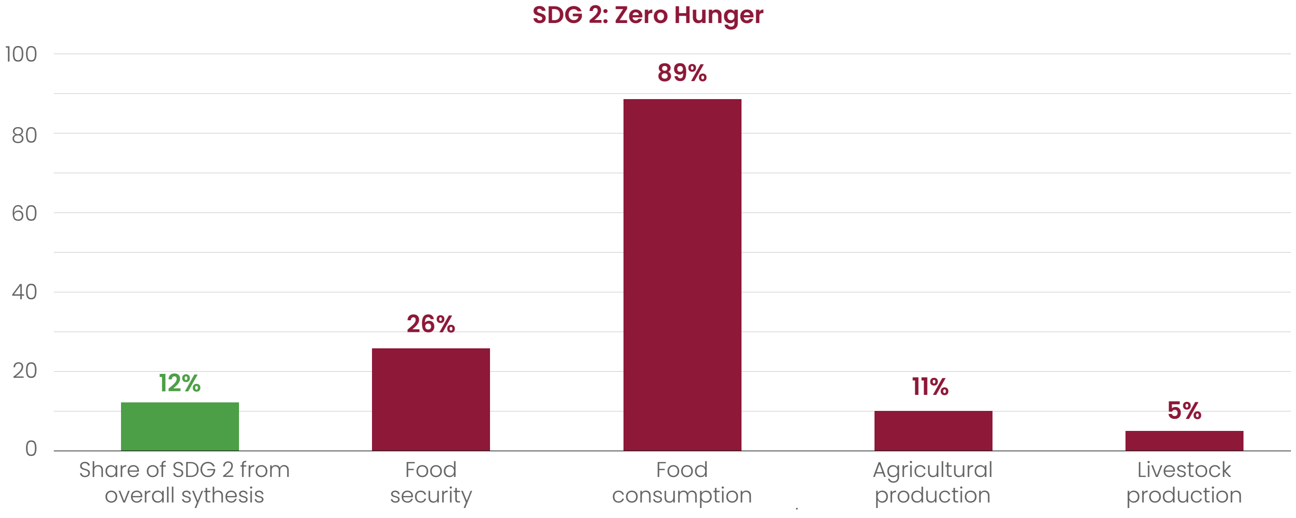


Source: Synthesis team illustration. Note that 49% of studies applied multiple eligibility criteria. This justifies the decision to present overlapping categories and explains why percentages do not add up to 100%.

4. **The evidence base assessed reveals a gap in disability-responsive social assistance interventions.** While many social assistance programmes incorporated gender and age dimensions, there was a striking gap in evidence on how vouchers and in-kind transfers addressed the needs of persons with disabilities (Figure 4). Disability-responsive targeting remained the most significant omission as none of the SDG 4 studies and very few across SDGs 1–5 explicitly adopted a disability-inclusive framework. Where disability was considered, analyses rarely disaggregated by type or severity, and most existing studies focused narrowly on employment or earnings outcomes, leaving the broader effectiveness of transfers for learners and individuals with disabilities largely unknown. Moreover, little evidence was found on how disability intersects with gender, age, poverty, or geography in shaping programme outcomes, further limiting understanding of how transfer interventions can equitably support persons with disabilities across diverse contexts.

5. **Under SDG 2, evidence on productive outcomes and non-child populations was extremely limited.** Evidence was heavily concentrated on food security and consumption, especially for children, with far fewer studies examining agricultural or livestock production outcomes and only one study addressing each. This gap was particularly pronounced for adolescents, adults, the elderly, and persons with disabilities despite their well-documented vulnerability to food insecurity and dependence on agriculture-based livelihoods. As a result, the current evidence base provided limited insights into how social assistance interventions influence productive capacity, resilience, and food security across the life course and among diverse vulnerable groups.

Evidence by outcome type (SDG 2)

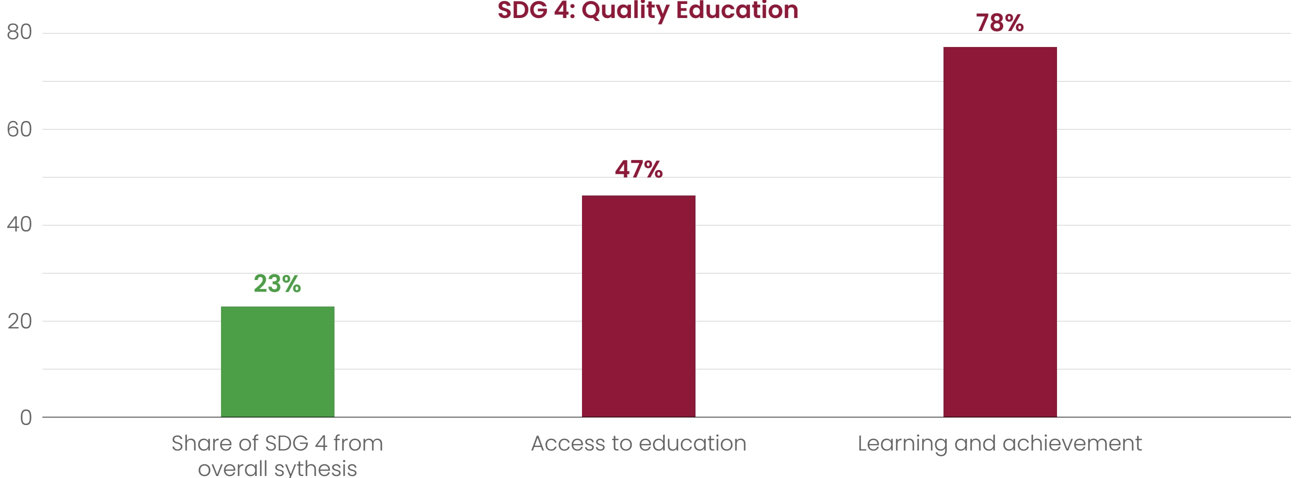


Source: Synthesis team illustration

6. **SDG 4 evidence prioritised learning outcomes over access (enrolment) and inclusion.** Although the goal of SDG 4 centres (among others) on *inclusive* and *equitable access* as a prerequisite for quality learning (reflected in outcomes such as enrolment, promotion, repetition, and absenteeism rates), most impact studies focused instead on cognitive or test-score outcomes (grade attainment, reading, cognitive, and academic scores). This imbalance is somewhat paradoxical and highlights an urgent need to systematically integrate accessibility and disability inclusion within education-focused social assistance programming and research frameworks.

Figure 6.

Evidence by outcome type (SDG 4)

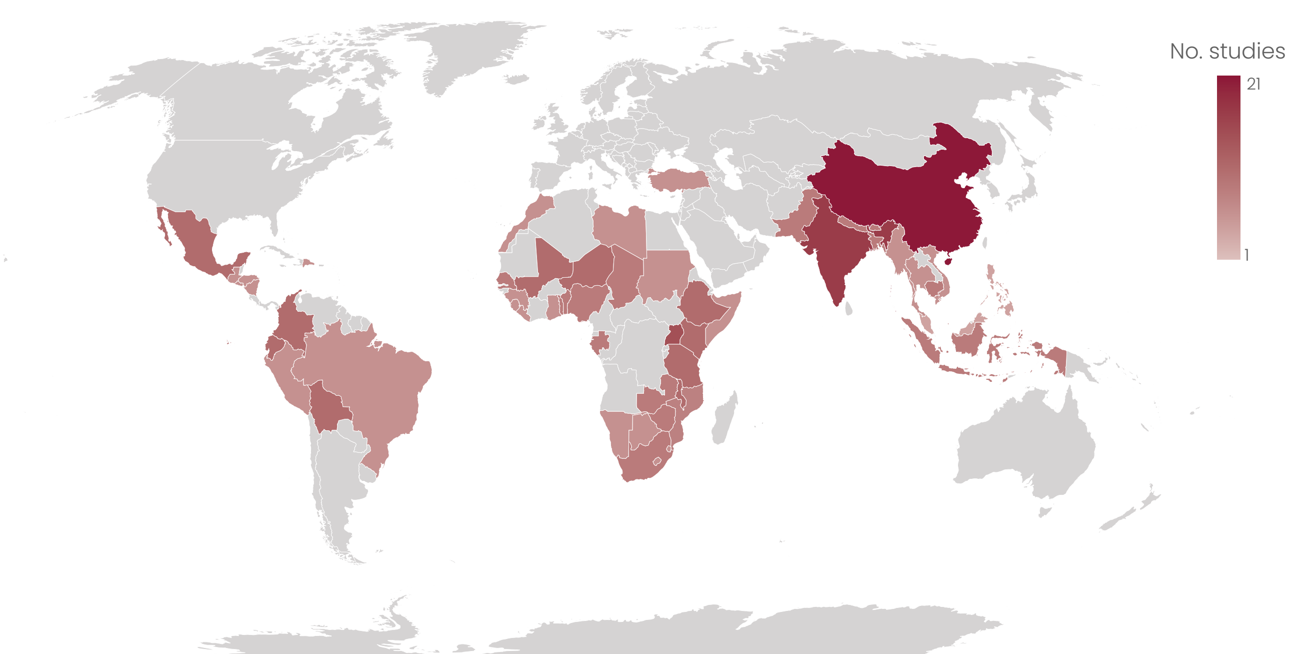


Source: Synthesis team illustration

7. **The geographic and contextual distribution of evidence was highly uneven.** Across the impact evaluations and systematic reviews, most studies focused on rural Sub-Saharan Africa and South Asia, with limited evidence from the Middle East and North Africa or urban and peri-urban contexts. Humanitarian and fragile settings are also under-studied.

Figure 7.

Geographic distribution of evidence (n=200)



Source: Synthesis team illustration. Map does not include SRs as these usually include studies from multiple countries.

8. **Evidence on social protection system-level change and sustainability remains weak.** Evidence gaps related to social protection system changes and programme contributions included a) rigorously and systematically establishing cause-and-effect linkages between programme outputs and system-level outcomes; b) interlinking system-level outcomes and equity & inclusion outcomes; c) (systematically) considering contributions for change beyond programme outputs; and d) ascertaining the sustainability of achieved system changes.

Further evidence gaps were also found in UN-led performance and process evaluations:

a. There was a persistent evidence gap not only in understanding whether evidence-informed approaches improved programme effectiveness but also in clarifying what types of evidence and engagement strategies actually work to ensure the inclusion of those most marginalized.

b. Evaluations are mostly focused on structural or system-level factors, leaving little room for evidence on the important role of individuals in achieving or undermining change.

c. Strong, systematic evidence was also missing on how programmes contribute to changes in social protection systems and whether these changes last once programmes end.

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The Global SDG Synthesis Coalition brings together evaluation offices from the United Nations, multilateral development banks, and international financial institutions to generate and share evidence on what works, how, and why to advance the Sustainable Development Goals (SDGs). Co-chaired by the *Independent Evaluation Office of UNDP* and the *Independent Evaluation Department of the Asian Development Bank*, the Coalition promotes joint learning and actionable syntheses that inform policy and practice toward achieving the 2030 Agenda.

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