

**SCHOOL OF POSTGRADUATE STUDIES**

**ASSESSING THE EFFECTIVENESS OF SOCIAL CASH TRANSFER AMONG VULNERABLE GROUPS IN KAZIMULE WARD OF CHIPATA DISTRICT.**

**A proposal submitted to the University of Lusaka in partial fulfillment of the Requirement for the Master in Development Studies**

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## Abbreviations

CT – Cash Transfer

CCT-Conditional Cash Transfer

UCT- Unconditional Cash Transfer

GoZ – Government of Zambia

HCT - Human capital theory

SCT – Social Cash Transfer

MCDSW – Ministry of Community Development and Social Welfare

## Definitions of Key Concepts

**Social Cash Transfer:**

In this study, it is the money given to vulnerable and disabled people.

**Rural:**

It is a place far from town which lacks social amenities.

**Livelihood:**

In this study, it will be defined according to the Cambridge dictionary, Livelihood is the way someone earns.

**Vulnerable groups:** Households in need of basic social protection which are headed by the elderly, widows, children, or individuals who are disabled or chronically sick.

## CHAPTER ONE

**INTRODUCTION AND BACKGROUD**

## Introduction of the study

Africa faces many daunting challenges which demand strong responses. Poverty and poor human capital indicators still characterize most countries on the continent (Garcia & Moore, 2012). Increasing environmental degradation, poor agricultural production and food security, climate change, natural and human made disasters, volatile prices and terms of trade, high unemployment and population growth, HIV/AIDS and many other problems have crippled the continent, making it vulnerable and unable to offer safe nets for its people (ibid). In the case of Zambia, a lower-middle-income nation in Southern Africa, with a population estimated at 15.5 million people in 2015, an astounding 54.4 % of the country is living below the poverty line, with 13.6 % living below the extreme poverty line (CSO, 2015).

In 2010, the headcount rates for overall and extreme poverty remained high at 60.5% and 42%, similar to 2006 levels, whilst the absolute number of people living below the poverty line was increasing with population growth (from 6 million in 1991 to 7.9 million in 2010) (ibid). Over the past decade, Zambia achieved macroeconomic stability and recorded a growth rate of over 6% per year (MCDSW, 2016). Yet, there has only been a marginal decline in high rates of poverty and malnutrition. These issues, along with recent economic crises and downturns, have increasingly led governments and donors in Africa to examine whether social protection in general can address some of the continent`s challenges particularly relating to poverty reduction for those most vulnerable groups.

The Government of the Republic of Zambia (GoZ) considers Social Protection as a key strategy to support inclusive economic growth, to achieve poverty and vulnerability reduction, and promote equity and fulfilment of human rights (ibid). In 2014, GoZ approved the National Social Protection Policy with an accompanying Implementation Plan for the 2014-2018 period (MCDSW, 2014). The policy defines social protection as “*Policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or are vulnerable to risks and shocks*” (ibid). These policies and programs are targeted poverty reduction interventions designed to improve and protect all citizens while recognizing that women, children, elderly and the disabled should be the principal beneficiaries’ due to their increased vulnerability. The government’s recognition of their responsibility to provide social support to these specific groups have been reflected in increased social protection response

The flagship of the National Social Protection Policy in Zambia has been the Social Cash Transfer (SCT) - a non-contributory program providing bi-monthly cash transfers to qualified beneficiaries to reduce the risk of extreme poverty among vulnerable individuals. SCT programs are designed to supplement household incomes and increase school attendance, food security and asset ownership. SCT programs also help in enhancing economic growth, food security, investing in education, health care, nutrition and other projects (Arruda & Dubois, 2018). The term "cash transfer" comprises a range of instruments such as social pensions, child grants or public works programs (Arnold et al, 2011). Napolitano, (2014) points out that Social cash transfer programs are conditional and the aim is to reduce poverty by improving food security, health care, nutritional and educational status. In meeting the social objectives, the cash transfer programs are likely to influence the productive activities of beneficiary households.

## Background

Social cash transfer helps protect living standards (by alleviating destitution) and promote wealth creation through supporting transition to more sustainable livelihoods (Arnold et al 2011). The money transferred can assist people to escape chronic inter-generational poverty; in part by leveraging gains in non-income, human development outcomes; for instance, it helps beneficiaries to by-pass cost barriers to education and healthcare assistance (Bhatasara, 2014).

Cash transfer programs throughout the world were designed within a Social Protection framework to alleviate poverty in the short term and to interrupt the long-term intergenerational cycle of poverty (Candace et al, 2010). This has attributed to Cash transfers to form an important and growing part of social protection programming in many developing countries. Many governments have turned to conditional cash transfer programs as a means of improving the health and schooling of children born into poor families. However, in Africa, cash transfers have not become conditional, partly due to the limited human and financial capacity to monitor them (Candace et al,). In the case of Zambia social cash transfer is unconditional because it is targeted at ensuring that targeted groups do not fall into severe deprivation.

In Zambia the SCT was initiated in 2003 as a pilot project and has since undergone several changes in terms of the program’s target, benefit structure and governance (MCDSW, 2016). Since its creation, the program has had three very different formats. Initially, between 2003 and 2010, it comprised five pilots with limited connections among them (ibid). The design followed the ultra-poor approach (also known as the 10 per cent Inclusive Model or IM), since it aimed to cover the poorest 10 per cent of the population of the districts served. Subsequently, between 2010 and 2014, the program had two different streams, each with different characteristics (ibid). One of them, called the Child Grant (CG), specifically aimed to benefit households with children under five years old whereas the Multiple Category Transfer Grant (MCTG) targeted other forms of vulnerability. Finally, since 2014 the program has been operating in a third format, known as harmonized targeting because it has established a single selection criterion (households with high dependency ratios) with the aim of reaching out to different sorts of vulnerable households (MCDSW, 2016). Currently, the program is being implemented in 109 Districts as of 2017 and stands at K90.00 per household and is paid bi-monthly at K180.00 (MCDSW, 2014). Households of members with disabilities receive a double amount of K180.00 per month, which is K360.00 bi-monthly, done through pay point managers who are from government departments mostly from Education and Health Ministries (ibid).

This study seeks to investigate the effectiveness of social cash transfer among the vulnerable groups of society because despite the program being implemented in Kazimule ward for example, the majority of citizens that are considered vulnerable are still in conditions of extreme poverty particularly when it relates to health services and adequate nutrition. This study therefore will focus on looking at the extent to which intended beneficiaries in the category of vulnerability (either through a disability, elderly or child headed households) have access through the SCTs to adequate nutrition and health care deemed sufficient to reduce their deprivation. Further, this study aims to interrogate the extent to which child headed households and children of those considered vulnerable beneficiaries use the SCTs to access education and the limitations regarding furthering education for such children if any.

## Statement of the Problem

Social cash transfer has been identified as one of the interventions in addressing poverty and deprivation within the livelihood of different people. The growing call for SCT is attributed to its potential to have significant impact on household food consumption, child nutrition and education. However, as much as indications of the social and economic benefits of SCT has been documented in a number of SCT studies, there has still been some perceived lack of improvement in the health care, nutritional levels as well as education benefits of vulnerable groups particularly in Kazimule ward in Chipata of Eastern Province. This study seeks to interrogate the extent to which SCT interventions have affected the livelihood options specifically relating to nutrition, health access and educational attainment of vulnerable groups in Kazimule ward.

## General objectives

To assess the extent to which SCT has enhanced the livelihoods needs regarding nutrition, health care and education of the vulnerable groups of Kazimule Ward in Chipata District of the Eastern Province.

## Specific Objectives

To interrogate the extent to which SCTs received by vulnerable groups reduce the burden of meeting their nutritional, health and educational needs

To assess how the social cash transfers resources are used for by order of importance relating nutrition, health care and education.

To examine the gaps that underline the disbursement of social cash transfer and their eventual effect on the livelihood needs for the vulnerable groups.

## Research Questions

1. To what extent do SCTs help to reduce the nutritional, healthcare and educational burdens that vulnerable groups in Kazimule are faced with?

* Nutritional benefits
* Healthcare benefits
* Education benefits

1. How do the vulnerable groups use their SCTs based on the three key needs
2. What gaps underline the disbursement of SCT and
3. What ultimate effect has SCT have on the recipient’s livelihoods?

## Data Analysis

### Summary Tables

1. Response Rates
   1. By Gender

|  |  |  |
| --- | --- | --- |
| **Gender** | **Responses** | **Ratio** |
| female | 62 | 77% |
| male | 19 | 23% |

* 1. By Age Range

|  |  |  |
| --- | --- | --- |
| **Age Range** | **Responses** | **Ratio** |
| 20\_30\_years | 7 | 9% |
| 31\_35\_years | 4 | 5% |
| 36\_40\_years | 1 | 1% |
| 41\_45\_years | 9 | 11% |
| 46\_50\_years | 6 | 7% |
| 51\_55\_years | 11 | 14% |
| 56\_64\_years | 5 | 6% |
| 65\_and\_above | 38 | 47% |

* 1. By Target Group

|  |  |  |
| --- | --- | --- |
| **Target Group** | **Responses** | **Ratio** |
| disabled | 29 | 36% |
| elderly | 26 | 32% |
| Widowedfemale\_headed | 26 | 32% |

1. Summary By Target Group
   1. Total Dependents By Target Group
   2. Main Economic Activity By Target Group
   3. SCT Money Per Disbursement By Target Group
   4. SCT Impact By Target Group
   5. SCT Nutrition Status Impact By Target Group
   6. SCT Health Benefits by Target Group
   7. SCT Enhanced Education By Target Group
   8. How SCT Funds Spend By Target Group
2. Summary By Gender
   1. Total Dependents By Gender
   2. Main Economic Activity By Gender
   3. SCT Money Per Disbursement By Gender
   4. SCT Impact By Gender
   5. SCT Nutrition Status Impact By Gender
   6. SCT Health Benefits by Gender
   7. SCT Enhanced Education By Gender
   8. How SCT Funds Spend By Gender
3. Summary By Age Range
   1. Total Dependents By Age Range
   2. Main Economic Activity By Age Range
   3. SCT Money Per Disbursement By Age Range
   4. SCT Impact By Age Range
   5. SCT Nutrition Status Impact By Age Range
   6. SCT Health Benefits by Age Range
   7. SCT Enhanced Education By Age Range
   8. How SCT Funds Spend By Age Range

## Scope of the Study

This study assess the extent of the vulnerability of residents in Kazimule by looking at their capability to access health care and nutrition and education needs of this community. It will assess this based on the different composition of households such as female headed households, child headed if any, elderly headed and disabled people. These issues will be investigated within the context of Kazimule ward.

This study will be limited to understanding the extent of SCT on how vulnerable groups’ access quality health care, how beneficiaries provide nutritious foods for their families. Education aspect will focus on how these beneficiaries are able to take their children to school as well as the priorities of child headed households regarding educational attainment.

## Limitations of the Study

This study will be based in Kazimule ward in Chipata District. The results of this research may not be generalizable to other districts but will be a good basis for which other researchers can have an understanding of the extent to which intervention such as the SCT can enhance the livelihood of rural communities with a focus on the vulnerable groups.

This research paper will comprise five (5) chapters, chapter one will be an introduction of the study, chapter two will be a review of literature, chapter three will be methodology, chapter four will be results and discussions and chapter five will be conclusion and recommendations of the study.

## CHAPTER TWO

**LITERATURE REVIEW**

## 2.0 Introduction

This chapter covers a literature review related to this study. The chapter focuses on the Social cash transfer to determine its effectiveness on the health care, nutrition and education of vulnerable groups. It will also cover theoretical framework and the conceptual framework of this study will also be presented in this chapter.

**2.2 The impact of Social cash transfer on vulnerable groups**

The impact of social cash transfer helps to combat and break the escalation of poverty among vulnerable families through provision of good health care, nutrition and education. The provision of Social Cash transfers act as an alternative to in-kind assistance done by the government and is increasingly being used as a social protection method in situations of acute poverty, hunger and vulnerability. Slater and Farrington (2009) state that Cash transfer programme has a positive impact on the welfare of the beneficiaries. Social Cash Transfer encourages vulnerable groups to access good health care, nutrition and education.

**2.2.1 Access to health care**

Access to good health is very vital to human life. More than 95% of the 20 million low birthweight infants born globally per year come from low‐income populations ([UNICEF & WHO 2004](https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-3156.2008.02157.x#b64)). Julia (2016), reports that increased access to health care services and expenditure on health care, together with improved nutrition and increased cleanliness can improve household members' health status, especially children and mothers'. This may be shown in many diverse ways, including a reduction in maternal and child mortality and morbidity, and a reduction in the prevalence of underweight children and stunting. If cash transfers are also linked to complementary awareness and training services, such effects can be further enhanced. However, this is just but an assumption and it needs to be proven. Situations may differ depending on the kind of people involved.

Cash transfers can impact on health in several ways: by covering costs directly associated with accessing health care (including transportation, medical fees and the opportunity costs of time) by increasing quantity and quality of food consumed, and by incentivizing participation in preventative health care and health education when cash is conditioned (Adato & Basset, 2009).

There is evidence to show that receiving a cash transfer improves access to healthcare. In Zambia, for example, incidence of illnesses reduced from 42.8% to 35%; and incidence of partial sightedness reduced from 7.2% to 3.3%, potentially due to the fact that beneficiary households could afford minor eye surgery (MCDSS/GTZ, 2007).

Bailey and Hedlund (2016), state that when households have more money, it is easier to take their children to health facilities for better treatment, spend time with their children and also invest in other productive activities. The cash transfer is likely to increase household expenditure on healthcare, as well as on soap and hygiene products. This could, in turn, reduce the incidence, duration or severity of the disease, and cash could be used directly to pay for health treatments. Improved health leads to higher productivity, which in turn affects other immediate determinants of malnutrition.

**2.2.1 Access to nutrition**

At the level of the household, there is plentiful evidence to show that cash transfers improve food security and nutrition. Typically a large proportion of a cash transfer is spent on food: the evaluation of Malawi’s Food And Cash Transfers (FACT) showed that 75.5% of the transfer was typically spent on groceries (Devereux et al, 2006).

Bassett (2008) considers ways of improving CCT effectiveness as far as nutritional outcomes. She notes that good nutrition is achieved through a combination of assuring micronutrient intake (including iron, vitamin A, and iodine), exclusive breastfeeding for 6 months followed by appropriate complementary feeding up to the 24th month of age, and appropriate nutritional care of sick and malnourished children. Assuring good nutrition can be achieved through education, provision of supplements, and a reduction of the disease burden, and CCTs are in a good position to provide these services.

Cash transfer contributes to increased household expenditure and it is believed to contribute to household food intake through increased expenditure on food, as well as stopping negative responses to food insecurity, for example missing meals. This could include improved quality and/or quantity of food and more frequent nutritious meals. The cash received may be spent on seeds to grow more food, or a goat to provide milk which can be consumed or sold for additional income (ibid).

Social cash transfer plays an important role in increasing the volume of food available, cash transfers lead to an increase in the variety of foods consumed within the household: in Zambia 12% more households consumed proteins every day and 35% consumed oil every day if they received a transfer, compared with those households that didn’t (MCDSS/GTZ, 2007).

**2.2.3 Access to education**

Education is accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by cost. The main mechanism through which cash transfers are thought to increase access to education in the short term is by removing the financial barriers to education (Julia , et al., 2016). This helps families to have additional funds available for the household, increase its overall household income to cover the direct (fees, uniforms, school materials, etc.) and indirect (travel costs.) costs associated with school participation. The introduction of additional cash may also reduce the burden on children to contribute to household income (child labor) thus reducing drop-out and increasing enrolment (ibid). Therefore, reducing child labor is a goal of cash transfer programs because work may be physically or mentally harmful, may interfere with schooling, and can undermine educational attainment and future earnings (Fiszbein et al. 2009). Therefore Provision of cash increases enrollment rates: Zambia’s Social Cash Transfer increased school enrollment rates by 3% to 79.2%, and 50% of youth who were not in school at the time of the baseline study were enrolled by the time of the evaluation (MCDSS/GTZ, 2007).

Adato & Basset (2009), noted that cash transfers plays an important role in ensuring that children have access to education and are well nourished rather than children being involved in child labor. However despite different authors praising the cash transfers as being helpful in children’s education, many children from vulnerable groups are left unrecognized in accessing the social cash transfers.

**Utilization of SCT**

Social cash transfer promote self-esteem, status and empowerment amongst vulnerable people, enabling them to be active members of their households and communities, rather than burdens. The recipients of such transfers are typically vulnerable groups of the population who are dependent, in various ways, on their children to provide for them.

Since 2014, the selection process has been changed. Pedro and Laura(2018) have reviewed that a household poverty level is no longer decided by the community workers or the social assistants. Presently families have been ranked according to poverty scores based on the data which they collect on their social-demographic characteristics and living conditions.

The payments

## 2.4 Related studies on SCT

Social cash transfer programs aims at providing basic social protection to those sections of the population who, for reasons beyond their control, are not able to provide for themselves

(Schubert, 2005). People are in need of social protection. Many elderly, widows, children, disabled or chronically ill headed households are labor constrained due to their limited

Self-help capacity, these households cannot access any of the labour-based poverty reduction

Programs offered by governments.

Studies done in three different countries of the world has different findings. No transfer –cash, vouchers or in-kind aid –is universally more efficient than another. In Ethiopia, cash is cheaper to deliver than in-kind aid; in Lebanon, e-vouchers are less expensive than cash to deliver but their efficiency gains are offset by transaction costs paid by retailers and higher prices paid by beneficiaries; in the Philippines, there is insufficient data to make a conclusion on the efficiency of cash compared to in-kind transfers ( Courtenary et al,2015). However in the case of Africa a study done in Maradi region ,Niger by Fenn et al (2014) in their study showed that the living standards of ‘poor’ and ‘very poor’ households improved, as indicated by a reduction in poverty-related indicators and an improvement in household food security. Lesotho has also benefited from the social protection through pensions. In Lesotho the number of old age pensioners reporting that they never went hungry increased from 19% before the pension to 48% after it was introduced (Croome and Nyanguru, 2007) .

The study which was done in the Kalomo Social Cash Transfer Scheme in Zambia recorded that 29% of transferred income was invested, either in purchases of livestock, farming inputs, or informal enterprise (ibid). The study also targeted households and not individuals while the targeting was influenced by donors. The study further showed that asset ownership among recipients developed positively from 4.2 assets at baseline to 5.2 at evaluation. The increase of ownership of small livestock was particularly noteworthy: seven times as many households owned goats, and the ownership of chickens increased by 15 percentage points. 71% of all households indicated that they had invested part of the cash, and 52% of them indicated that they had generated extra income (MCDSS/GTZ, 2007). Asset ownership may differ as people prioritize different things. This study intends to incorporate individual targeting, destitute and incapacitated/labour-constrained households as well as poor elderly people with the aim of yielding a more comprehensive overview of the community of Kazimule.

Zambia's Social Cash Transfer increased school enrollment rates by 3% to 79.2%, and 50% of youth who were not in school at the time of the baseline study were enrolled by the time of the evaluation (ibid). Social Cash Transfer may play an important role in increasing children enrollment in schools but is this the case with all the districts? The results may differ from place to place and this study seeks to find out if beneficiaries have been able to enroll their children in school because of the cash transfer.

Zambian cash transfer recipients consumed more protein, fats, fruits and vegetables, and fewer “inferior” foods associated with coping strategies used during food shortages (MCDSS/GTZ, [2006](https://www.tandfonline.com/doi/full/10.1080/09540120903112351))

David et al, (2014) describes the Child Grant Program under the Government of Zambia has the largest social protection programs. The program provides a monthly cash payment of 60 kwacha (US$12) to very poor households with children under five years old. In 2010 the government of Zambia started to roll out the Child Grant Program which started in three districts (Kaputa, Shang’ombo and Kalabo targeting households with children under five years to reduce extreme poverty and the intergenerational transfer of poverty (ibid).

## 2.5 THEORETICAL FRAMEWORK

This study will use the Social protection concept and human capital theory to underscore the nuances of how SCTs within poverty reduction and livelihood interventions.

**2.5.1 Social Protection:**

Social protection is a vague concept that is often overlooked due to its broad nature and relatively undefined boundaries. At its foundation, social protection consists of interventions designed to provide support and assistance to prevent vulnerability in certain populations. Vulnerability, in this context, refers to how likely one is to be poor in the future (Barrientos, et al., 2005). However, vulnerability in the context of social protection is multidimensional, engendered by factors of income, consumption, assets, susceptibility to risk and circumstance (Sebates-Wheeler & Devereux, 2007). Conventional ideas about social protection concern protective interventions to alleviate economic risks associated with vulnerability. Limiting social protection to a mere transfer to needy and vulnerable individuals provides a precise picture of the scope of benefits (Kumitze, 2013).

However, providing supplemental income does not address social and structural causes of poverty contributing to limited long-term poverty impact. Sebates-Wheeler & Devereux, (2007) highlights the need to recognize the social dimensions of poverty beyond economic risk. Their transformative approach defines social protection as “all initiatives that transfer income or assets to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalized”. These initiatives are designed with the overarching objective of inclusive economic growth to mitigate economic and social vulnerability. Their inclusion of both economic and social dimensions of poverty promote pro-poor growth designed to integrate the poor into productive society.

This multidimensional approach to poverty reduction works to address the root causes of intergenerational transfer of poverty by reducing vulnerability while empowering individuals through building human capital. In UNICEF’s strategic plan (2014-2017), social protection falls under the social inclusion outcome area (UNICEF, 2015). Cash transfers are but one component of more complex and globally recognized social protection systems. Cash transfers are one form of social transfer, i.e. predictable direct transfers to individuals or households to protect them from the impacts of shocks and support the accumulation of human, productive and financial assets. With the cash, the recipients can potentially mitigate one or several vulnerabilities. A number of variables will indicate the state of vulnerability in a particular individual or households.

**2.5.2 Human capital theory:**

In this theory, the methodology emphasizes the development process and applies the major unit for evaluation. Human capital theory (HCT) is an approach to analyze a wide spectrum of human affairs in light of a particular mindset and propose policies accordingly. The economic prosperity and function of a nation depends on investing in the people to enhance their economic productivity. I this aspect, this theory is important in this study because cash transfer promote human capital development improve education, health and nutrition. Education is placed at the center and considered the source of economic development (Tan, 2014). Cash transfer is regarded as instrumental in promoting economic growth and are motivated by both equity and efficacy (Braun, et al., 2009). There is no consensus on what made social cash transfer be established. However, there is a general belief that social cash transfer emerged as a counter alternative to food aid and handouts, the assumption being that, giving people food continues to perpetuate the cycle of poverty by creating dependency (Hanlon, et al., 2010). The straightforward theoretical underpinning of cash transfer is rooted in the assumption that individuals can be trusted and empowered to make effective use of resources available to them to improve their living standards (Arnold, et al., 2011). This is why there is a need for beneficiaries and dispersing organization of cash to come up with the best way of avoiding the delay in payments of the funds.

## 2.6 Conceptual Framework

To address a specific research objectives for this study, the conceptual framework of the study is based on the social cash transfer received and its effectiveness among the vulnerable groups. The framework expresses how the independent variable influence the dependent variables. Health care, nutrition and education are dependent because the level of access depends of the extent to which the independent variable being SCTs meets these needs in meeting the wellbeing of the vulnerable groups in question of Kazimule ward because access to them determines the wellbeing of an individual and enhancement of livelihoods.

Access to Nutrition

Access to health care

Access to education

Management and Utilization of SCT

SCTs utilization by vulnerable groups

Dependent Variables

Intervening Variables

Independent Variables

The above framework shows the interconnections between study variables that are basic to the effectiveness of the cash transfer program. The independent variable is the use and effectiveness of the cash transfer program which is affected by the dependent variables regarding the quality of nutrition, health care and education as shown above. It is important to note that social cash transfer programs have been the central part of child protection and taking care of the vulnerable groups.

The utilization of the social cash transfer has a great influence on the efficiency of the program. Management of the social cash transfer programs is very important in improving its effectiveness. When there is poor management of the program and the resources, the program cannot be sustainable hence affecting the beneficiaries.

**CHAPTER THREE**

**METHODOLOGY**

## 3.0 Introduction

This chapter discusses the methods and techniques the study will use in sample selection, data collection, data analysis and presentation. The chapter will describe the study area and also indicates the study design, target population, sample size and sampling procedure, and data collection tools and techniques.

## Study Design

The premise of this study is based on a qualitative research inquiry because it is intended to draw out the extent to which the SCTs enhance the livelihood options regarding nutrition, health and educational needs of the vulnerable groups. Hence, this study will use the qualitative research design and more specifically draw on individual in-depth interviews and focus group discussions in order to understand underlying reasons for the study and inform the study objectives set out.

## Study Setting

The study site for this research will be in Kazimule Ward of Chipata District in Eastern Province. Chipata is one of the towns and district in Eastern Province. It has one of the fastest population growth rate and today accounts for more than 450, 000 population (CSO, 2010). Chipata dominates the province’s urban system and accounts for most of the total province urban population. Kazimule ward in Chipata is characterized by a lack of social services making the residents in the area vulnerable.

## Study Population

The target population for this study will be selected from social cash transfer beneficiaries who are considered vulnerable in Kazimule ward. A number of households will be selected for the study. Random sampling will be employed to select households; this is because random sampling gives each household an equal chance to be selected.

The target population for this research will be 80 (elderly 20, widows 20, Child headed 20 disabled 20) and 3 focus group discussions (1 for the Females, 1 for Males and 1 for both male and females). There will be and interview for the person in charge of the social cash transfer from the department of social welfare will be engaged to learn about the disbursement of funds to establish the challenges and gaps in disbursing SCTs and what they assume is the way funds are used.

## Data Validity

Validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participants, or the readers of an account (Creswell & Miller, 2000). To ensure data validity in this study, there will be triangulation of different data sources in order to ensure validity and credibility of the data in terms of how cash on one hand is disbursed from the key institutions as well as from the SCT beneficiaries point of view.

## Data Collection Technique

The data collection will incorporate both primary and secondary data for a thorough investigation to obtain more realistic and wider data. The data will be collected by use of a semi-structured interviews and focus group discussions (FGD) from the beneficiaries. Primary data will be collected from the vulnerable participants from households of the elderly, female headed, child headed if any and those considered to have disabilities. The secondary data will be obtained from journals, books, newspapers, approved dissertations and internet website

## Data Analysis Method

The data will be analyzed using a thematic analysis. Thematic analysis analyses qualitative data and it requires more involvement and interpretation from the researcher. It focuses on identifying and describing implicit and explicit ideas within the data (Guest G ). This method will help to have a deeper understanding of the work being researched on and appreciate the situation presented by the different categories of participants. The data will be collected, coded, validated and consolidated

## Ethical Considerations

There are numerous ethical considerations that will be observed during the study. There will be obtaining the respondents’ consent before carrying out the study. Respondents will be explained as to why the study will be done. The respondents will be assured that the information to be provided would to be treated with extreme confidentiality.

**Protection of participants**

The American Educational Research Association, (2002) notes that, it is of importance that all researchers respect the rights, privacy, dignity, and sensitivities of their research populations and also the integrity of the institutions within which the research occurs. This research study will entail working with a sensitive target group i.e. vulnerable population whose rights and dignity should be protected.

**Consent**

Dresser (1998), in his study explains that this is the procedure by which research subjects choose whether or not they wish to participate in a research study. The consent of participants in research, whatever their age or competence, should always be sought, by means appropriate to their age and competence level. For children under 16 years of age and for other persons where capacity to consent may be impaired the additional consent of parents or those with legal responsibility for the individual should normally also be sought.

In this study, it will rely heavily on collecting data through interviews, focus group discussions, and available written materials. While in the field, the researcher will negotiate access to participants to collect data.

## References

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## INTERVIEW GUIDE FOR SOCIAL WELFARE PERSONNEL

**Dear Respondent,**

My name is **Nsama Mutale** a post graduate student at the University of Lusaka carrying out a research with topic: **assessing the effectiveness of social cash transfer among the vulnerable groups in Kazimule ward of Chipata district.**

You have been selected to participate in this research because of the position you hold as assistant program officer. Please note that the information you will provide is purely for academic purposes and will be treated with the highest degree of confidentiality. You are therefore required to be objective in your responses.

**Instructions**

* Give your answers either by writing in the blank spaces provided or by ticking where appropriate.
* Please try as much as possible to make your answers specific. Your truthful and specific answers will immensely be appreciated.
* Do not provide details of your identity.

**SECTION A: DEMOGRAPHICS**

1. What is your gender?

Male [ ] Female [ ]

1. What is your age range?

20-30 years [ ] 31-35 years [ ] 36-40 years [ ] 41-45 years [ ] 46-50 years [ ] 51-55 years [ ]

**SECTION B: THE ROLE OF SOCIAL WELFARE IN THE MANAGEMENT OF SOCIAL CASH TRANSFER PROGRAM.**

1. How are the social cash transfer beneficiaries identified?.........................................................................................................................................................................................................................................................................
2. What is the role of the social welfare department in the administration of the social cash transfer program?

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1. What is the intended purpose of the social cash transfer to the vulnerable groups?

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1. How often are the funds disbursed to the vulnerable groups?

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1. How are the beneficiaries monitored?

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**SECTION C: THE CHALLENGES FACED BY SOCIAL WELFARE DEPERTMENT IN MANAGING THE SOCIAL CASH TRANSFER PROGRAM**

1. What are some of the challenges faced in managing the social cash transfer program?

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1. How have you been able to solve these challenges?

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**SECTION D: RECOMMENDATIONS ON HOW TO IMPROVE THE SOCIAL CASH TRANSFER PROGRAM**

1. What are some of the issues overlooked in the social cash transfer program which have made it difficult in managing it?

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1. What are some of the recommendations you can give in order to improve the management of the program?

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**Thank you for your Participation!**



## INTERVIEW GUIDE FOR BENEFICIRIES

**Dear Respondent,**

My name is **Nsama Mutale**, I am a post graduate student at the University of Lusaka carrying out a research with topic: **assessing the effectiveness of social cash transfer among the vulnerable groups in Kazimule ward of Chipata district.**

You have been selected to participate in this research because of the position you hold as School Guidance and Counselling Teacher. Please note that the information you will provide is purely for academic purposes and will be treated with the highest degree of confidentiality. You are therefore required to be objective in your responses.

**Instructions**

* Give your answers either by writing in the blank spaces provided or by ticking where appropriate.
* Please try as much as possible to make your answers specific. Your truthful and specific answers will immensely be appreciated.
* Do not provide details of your identity.

**SECTION A: DEMOGRAPHICS**

1. What is your gender?

Male [ ] Female [ ]

2. What is your age range?

21-30 years [ ] 31-35 years [ ] 36-40 years [ ] 41-45 years [ ] 46-50 years [ ] 51-55 years [ ]

1. Target Group
2. Elderly [ ]
3. Disabled [ ] [ ]
4. Widowed/Female headed [ ]

Give the number of dependents in your

family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: IDENTIFICATION PROCESS OF VULNERABLE GROUPS AND EFFECTIVENESS OF THE SOCIAL CASH TRANSFER**

1. What is your main economic activity?

[ ] Agriculture [ ] Livestock rearing [ ] Gardening [ ]

Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. (a) Are you aware of any cash transfer program funds in your county?

[ ] Yes [ ] No

(b)If yes, how did you get the information?

[ ] Through a friend [ ] Chiefs [ ] Through the Radio/Television [ ] Others

(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: IMPLEMENTAION OF THE CASH TRANSFER PROGRAM AND THE EFFECTIVENESS**

7. Have you ever benefitted from cash transfer program? Yes [ ] No [ ]

If yes, How many times in a year?

a) Less than two times

b) 3 – 5 times

c) 6 – 8 times

d) More than 9 times

8. How much money do you get per disbursement?

a) K90 [ ]

b) K180 [ ]

c) K360 [ ]

d) Other(indicate amount)…………….

9. How has social cash transfer impacted on the lives of the vulnerable groups?...........................................................................................................................................................................................................................................................................................................10. How has social cash transfer impacted on the nutrition status of the vulnerable groups?...........................................................................................................................................................................................................................................................................................................

11.What has been the health benefits of social cash transfer on the vulnerable groups?...........................................................................................................................................................................................................................................................................................................

12. How has social cash transfer enhanced the education among the vulnerable children?.........................................................................................................................................................................................................................................................................................................

13. List mainly how you spend the cash transfer funds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your Participation!**

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## FOCUS GROUP DISCUSSION GUIDE FOR SOCIAL CASH TRANSFER BENEFICIARIES

## Dear Respondent,

My name is **Nsama Mutale**, I am a post graduate student at the University of Lusaka carrying out a research with topic: **assessing the effectiveness of social cash transfer among the vulnerable groups in Kazimule ward of Chipata district.**

You have been selected to participate in this research because of the position you hold as School Manager. Please note that the information you will provide is purely for academic purposes and will be treated with the highest degree of confidentiality. You are therefore required to be objective in your responses.

**Instructions**

* Give your answers either by writing in the blank spaces provided or by ticking where appropriate.
* Please try as much as possible to make your answers specific. Your truthful and specific answers will immensely be appreciated.
* Do not provide details of your identity.

**SECTION A: DEMOGRAPHICS**

1. What is your gender?

Males [ ] Females [ ] Males and Females [ ]

1. Age range?
2. Less than 19 years[ ] 20-30 years [ ] 31-35 years [ ] 36-40 years [ ] 41-45 years [ ] 46-50 years [ ] 51-55 years [ ]
3. Marital Status
4. Single [ ]
5. Married [ ]
6. Divorced [ ]
7. Separated [ ]
8. Widowed [ ]

**SECTION B: UTILIZATION OF SOCIAL CASH TRANSFER**

1. How has social cash transfer benefited the vulnerable groups in your community……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
2. How do you utilize the social cash transfer?

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**SECTION C: RECOMMENDATIONS OF SOCIAL CASH TRANSFER**

1. What are some of the challenges you face in accessing the social cash transfer?…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......
2. What recommendations can you give to help improve the disbursement of social cash transfer program?...........................................................................................................................................................................................................................................................................................................................................................................................................................

**Thank you for your Participation!**



## INTERVIEW GUIDE FOR CHILD HEADED BENEFICIRIES

**Dear Respondent,**

My name is Nsama Mutale, I am a post graduate student at the University of Lusaka carrying out a research with topic: assessing the effectiveness of social cash transfer among the vulnerable groups in Kazimule ward of Chipata district.

You have been selected to participate in this research because of the position you hold as School Guidance and Counselling Teacher. Please note that the information you will provide is purely for academic purposes and will be treated with the highest degree of confidentiality. You are therefore required to be objective in your responses.

**Instructions**

* Give your answers either by writing in the blank spaces provided or by ticking where appropriate.
* Please try as much as possible to make your answers specific. Your truthful and specific answers will immensely be appreciated.
* Do not provide details of your identity.

**SECTION A: DEMOGRAPHICS**

1.What is your gender?

Male [ ] Female [ ]

1. What is your age range?

15-20 years [ ]

1. Grade……………………………..

Give the number of dependents under your care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: IDETIFICATION PROCESS OF VULNERABLE GROUPS AND EFFECTIVENESS OF THE SOCIAL CASH TRANSFER**

1. What is your main economic activity?

[ ] Agriculture [ ] Livestock rearing [ ]

Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. (a) Are you aware of about social cash transfer program in your county?

[ ] Yes [ ] No

If yes, how did you get the information?

[ ] Through a friend [ ] Chiefs [ ] Through the Radio/Television [ ] Others

(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: IMPLEMENTAION OF THE CASH TRANSFER PROGRAM AND THE EFFECTIVENESS**

6.Have you ever benefitted from cash transfer program? Yes [ ] No [ ]

If yes, How many times in a year?

a) Less than two times

b) 3 – 5 times

c) 6 – 8 times

d) More than 9 times

7. How much money do you get per disbursement?

a) K90 [ ]

b) K180 [ ]

c) K360 [ ]

d)Other(Indicate amount)………………

8. How has social cash transfer impacted on the lives of the vulnerable groups?...........................................................................................................................................................................................................................................................................................................9. How has social cash transfer impacted on the nutrition status of the vulnerable groups?...........................................................................................................................................................................................................................................................................................................

10. What has been the health benefits of social cash transfer on the vulnerable groups?...........................................................................................................................................................................................................................................................................................................

11. How has social cash transfer enhanced the education among the vulnerable children?.........................................................................................................................................................................................................................................................................................................

12. How do you spend the social cash transfer funds?...........................................................................................................................................................................................................................................................................................................

**SECTION D: RECOMMENDATIONS ON SOCIAL CASH TRANSFER PROGRAM**

13. Being the head of the house how do you support yourself and your siblings who are in school?.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................

14. What challenges do you face regarding furthering your education?..................................................................................................................................................................................................................................................................................................................................................................................................................................................................

15. What recommendations can you give to help vulnerable children access proper education?..................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Thank you for your participation**