

**An Evaluation on The Effectiveness of Social Cash.  
Transfer on People with Disabilities in Zambia:  
A Case Study of Chongwe  
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**ABSTRACT**-Poverty in Zambia has been one of the major issues affecting the Zambian community. It is for this reason that programs such as social cash transfers are being implemented in different communities nationwide. The aim of the program is to bring poverty reduction and improve the livelihood of the vulnerable groups in societies as well as the disabled. Social cash transfer is not only in Zambia but it is in many other countries in Africa and outside Africa. People with disabilities are among the main beneficiaries of the social cash transfer program. Hence, this paper deals the effectiveness of social cash transfers on people with disabilities in Zambia, a case study of Chongwe.

The specific objectives of the research were to examine how people with disabilities have benefited from the social cash transfer, it also aimed at finding out how social cash transfers are used to sustain the livelihood of people with disabilities. The research also identified the challenges that people with disabilities who are on the social cash transfer are facing and lastly it investigates if there has been transparency in the way the social cash transfer program is being implemented in Chongwe.

The research was a study of the descriptive design and has a target of 50 respondents. The sampling procedure used in this research is simple random sampling. Further the research instruments used in this research are the questionnaires, interview guide and a focus group discussion. This helped to get in-depth data that helped with the research findings. Data analysis was done using Microsoft excel and thematic analysis method.

The findings of the study revealed that social cash transfers benefit people with disabilities and they are an effective way of poverty reduction among the disabled and many other vulnerable groups. Though being very beneficial and sustaining, there are some challenges that people with disabilities face regarding the program. The challenges that most respondents identified were that the program is political, because some beneficiaries who are put on it are not necessarily vulnerable or disabled but they are sometimes chosen because of their political preference. The findings also revealed that the money k390 that is given to them is not enough to sustain their livelihood, because there are so many things that disabled people need for their survival. The findings further reveal that the levels of transparency in this program are not efficient because there are delays when giving the beneficiaries the cash, even after they have not been paid bi-monthly for many months, the money is not given to them in arrears. This makes some beneficiaries to question the transparency of the program.

Despite the challenges with the program, the social cash transfer has proved to be one of the best poverty reduction programs in Zambia because even though the cash that beneficiaries are given is not enough, it makes a difference in their lives and to sustain their livelihood. having such programs in a country is important because they are effective poverty reduction programs.

**Keywords**—Evaluate, effectiveness, Social Cash Transfer, Disability, People

## CHAPTER ONE: INTRODUCTION

### 1.0 Overview

This research report had chapter one which consists of the background, the statement of the problem, the general objective, the specific objective, research questions, significance of the study and the definition of key terms.

### 1.1 Background of the study

Zambia is among one of the world's poorest countries. The poverty headcount declined from 62.8 per cent in 2006 to 60.5 percent in 2010 with almost no change in proportion of people living in extreme poverty, (Zambia Country Analysis, p.13 2015). An analysis of the priorities in Zambia reveals that, beyond income individuals value a broad range of things. They require adequate food and nutrition, safe and accessible water supply, better medical services, good quality education, at all levels, affordable transport services, adequate shelter, secure livelihood and productive and satisfying jobs (Republic of Zambia, 2002, UNDP, 1996). In order to tackle issues to do with poverty in Zambia, it is important to introduce programs that help to effectively reduce poverty. Social cash transfers are one of the programs that can effectively reduce poverty among the old aged, the vulnerable children and the disabled people in Zambia.

Social Cash Transfer can be defined as regular non-contributory payments of money provided by government or non-governmental organizations to individuals, households, with the objective of decreasing chronic or shock induced poverty, addressing social risk and reducing economic vulnerability, (Samson, 2009 p. 43). Social cash transfer was implemented by the Ministry of community Development and it provides cash to incapacitated and destitute households on a monthly basis. Beneficiary households are entitled to k90 per

household and are paid bi-monthly at k180. People with disabilities are also entitled to benefit from the social cash transfer and households with people with disabilities in Zambia receive double of what the other households get, they get k180 and are paid bi-monthly at k360. The main objective of the social cash transfer program is to reduce extreme poverty and to prevent its transmission across generations. To address food insecurity while improving school enrolment and attendance, and the health and nutrition status of beneficiaries. The Social Cash Transfer Programme started as a pilot in Kalomo District, through support from the German Government and has been scaled up to other districts in a phased manner.

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines disability as a disability which is attributed to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a

combination of those impairments, which is permanent or likely to be permanent, which may or may not be of a chronic or episodic nature, which results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

People with disabilities constitute one of the most marginalized and poorest groups in any accounts for about 2.4 per cent of the population in Zambia. According to the WHO, 2 million women and men in Zambia, or 15 per cent of the population have a disability. According to the preliminary findings of the Zambia National disability survey the disability prevalence rate in Zambia is at 7%. Most of the disabled are found among the poorest deciles of the population. The linkage between poverty, vulnerability, and economic rights is well documented. Increasingly poverty is being tied to

the lack of access to equal opportunities. There is inequitable distribution of resources, the marginalization and dis-empowerment of certain groups. Therefore, failing to include specific groups such as people with disabilities in social protection programmes is not only problematic from a human protection rights of view, economically counterproductive.

The social cash transfer program is very beneficial to the vulnerable groups in different societies. People with disabilities benefit much from the social cash transfer because it is one of the social protections programmes that help them to be empowered. Even though social cash transfers are aimed at reducing poverty most especially among vulnerable groups in society, it is important to evaluate its effectiveness mostly among the people with disabilities in Zambia.

## 1.2 Statement of the problem

Zambia in particular has been frequently critiqued for the lack of government commitment to social protection and, especially, social cash transfers, (Schüring & McDowall, 2011). Cash transfers have of late been heavily marketed and widely recommended as a curative measure for poverty struck communities, but little has been documented and published about the effectiveness of this strategy particularly from the perspective of the affected communities in which cash transfer programs are implemented. The money that is supposed to be given to beneficiaries is delayed even up to six months. Even after six months, beneficiaries are not given the money in arrears, but they are only given for the two months, hence this makes beneficiaries to question the accountability and transparency of the programme. Some beneficiaries think the programme is political because there are some people who are put on the program not because they are the most vulnerable

in the community but because of their political preference. According to the Social Policy Specialist at UNICEF, transfers are not substantial enough to lift the poor out of poverty by income alone the cash is not enough to sustain their livelihood. Mostly for the disabled people, the levels and types of disabilities differ, to most of them the money might not be enough for their sustenance. Cash transfer programming require attention if ever the beneficiaries are not to fall back in terms of vulnerability. Although the social cash transfer programme has assisted thousands of people, programme outcomes have not been systematically assessed and scientifically evaluated (World Bank, 2006). It is, therefore, important to evaluate the effectiveness of this program, most especially to the people with disabilities, hence the aim of this research.

## 1.3 OBJECTIVES OF THE STUDY

### 1.3.1 General objective

The general objective of this research is to evaluate the effectiveness of Social Cash Transfer on people with Disabilities in Zambia.

### 1.3.2 Specific objectives

1. To investigate if there has been accountability in the way the Social Cash Transfer Program has been implemented in Chongwe.
2. To examine how people with disabilities have benefited from the social Cash Transfer.
3. To find out the effectiveness on poverty reduction of social cash transfers on people with disabilities.
4. To identify if the challenges that people with disabilities are facing in relation to the social cash transfer.

### 1.3.3 Research questions

1. Has there been accountability in the way the Social Cash Transfer Program has been implemented in Chongwe?
2. Are the people with disabilities in Chongwe benefiting from the social cash transfer?
3. Are social cash transfers effective in reducing poverty among people with disabilities?
4. What are the challenges that people with disabilities who are on the social cash transfer program facing?

### 1.4 Theoretical framework

Models assist understanding by allowing one to examine and think about something that is not the real thing, but that may be like the real thing. People use a variety of models to obtain a clearer understanding of a problem or the world around them (The National Academics Press, pg. 62, 1997). In this chapter the researcher focused on theories about how a cash transfer works to change behaviour and bring effectiveness.

Four theories about how a cash transfer works to change behaviour and bring effectiveness CTs work by reducing poverty and increasing income. As income increases, individuals spend less money on some goods and more on normal or luxury goods; without question, how we spend our income changes as family income increases. Even Maslow recognized that: "It is quite true that man lives by bread alone when there is no bread. But what happens to man's desires when there is plenty of bread and when his belly is chronically filled?" If families choose not to meet the condition, either because the incentive is not large enough or because their resources are so constrained that they cannot comply, they will be withdrawn from the study.

This has obvious ethical implications, but it also affects costs and cost-effectiveness.

CTs work by reducing risk, a CT is a form of social insurance that increases the planning horizon and allows one to take calculated risks;

Everyone lives with some economic uncertainty and the further down the income scale you are; the more uncertainty characterizes your life. Many economic decisions affect the future. A decision to send a child to school may involve a commitment of several months. A decision to take a loan to buy a house or a car may involve a commitment of several years. Before the transaction is complete, a job may be lost, or health compromised. CTs reduce economic uncertainty. The insurance effect is designed to encourage long-term planning which is the basis of any investment decision, whether in human, social, cultural or physical capital. In the case of human capital formation, it is designed to influence future generations. It will reduce uncertainty for everyone by setting a minimum beneath which a family income cannot fall. This will have the effect of lengthening the time horizon and allowing a family to undertake some risk even if, in the event, they do not qualify for support. This is helpful for the people with disabilities because even when they are in a situation where their guardians or the people looking after them cannot manage to provide for their daily needs, at least they can be able to depend on the cash transfer money which comes in every two months to help take care of them.

CTs work by reducing income inequality, envy and competition; an income-tested CT reduces income inequality and will have a differential effect across the income spectrum. Some poor social outcomes addictions, crime, poor educational outcomes and chronic health conditions are distributed across a community, even though they may afflict the poorest most heavily. Income inequality is a social



measure Every-one benefits and the poorest, who suffer disproportionately, benefit most. Therefore, both increase investment in human, social, cultural and physical capital, whether the behaviour is required as a condition for payment. Any effects of a CT will be magnified by social interaction. The more the decisions of one person affect another, the more effective such a scheme will be.

CTs work by changing social values and building communities through social interaction. Social inclusion is facilitated. Spill over effects occur when the decisions made by one person or a family affects others. Obvious examples include vaccinations: unvaccinated people benefit from those who choose to vaccinate their children because herd immunity means they are less likely to be infected; education: children attend school when their cousins and neighbours attend school, whether they live in Canada or Malawi. STIs and crime are other examples; both require intimate social interaction. CTs can affect the outcomes and behaviours of people who never collect and, under any reasonable forecast, are never likely to collect a stipend either because they have been assigned to a control group or because the stipend is means-tested. They are nonetheless affected, not because of the "contamination" that most of the CT studies acknowledge, but because human interaction changes social attitudes and behavioural norms, (Forget, 2013).

## 1.5 Significance of the study

The study findings and recommendations helped to identify the ways in which social cash transfer can benefit people with disabilities. It also helped to identify if there were any challenges that people with disabilities were facing in relation to social cash transfer. The study also helped to focus on investigating whether most of the disabled people in Zambia were benefiting from the social cash

transfer. The study also focused on showing how cash transfers improved access to health care for the disabled because they were able to at least buy medications from the little they are given. The study also highlighted how social cash transfers had promoted self-esteem, personal status and empowerment, as well as improving food security and nutritional status, improved access to social services and investment in livelihood and productive activities. It also helped to access whether there is accountability in the social cash transfer programme. The findings of this research helped to evaluate the effectiveness of the social cash transfer on people with disabilities.

## 1.6 Operational Terms

**Social Cash Transfer** – be defined as regular non-contributory payments of money provided by government or non-governmental organizations to individuals, households, with the objective of decreasing chronic or shock induced poverty,

addressing social risk and reducing economic vulnerability, (Micheal Samson, EPRI).

**Evaluate** – evaluation is the collection of analysis and interpretation of information about any aspect of a programme of education or trainings part of a recognised process of judging its effectiveness, its efficiency and any other outcomes it may have, (Philip Crompton, Evaluation: A Practical guide).

**People** – members of a nation, community, or ethnic group.

**Disability-** A physical or mental condition that limits a person's movements, senses or activities which may be cognitive, developmental, intellectual, mental, physical, sensory or some combination of these.

**Ethics** - Ethics are defined as rules or standards for governing the relations between people to benefit

all concerned with mutual respect for the needs and wants of all parties involved.

**Research-** this is an investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws.

**Effectiveness-** this is the measure of the match between stated goals and their achievements, (Fraser, M, (1994), p.101).

## CHAPTER TWO: LITERATURE REVIEW

### 2.0 OVERVIEW

This chapter consists of the literature review which looks at the literature that is available on social cash transfer on people with disabilities. The goal of this chapter is to provide scholarly literature and to position the current research within the existing body of knowledge.

#### 2.2 Have social cash transfers been effective in reducing poverty levels in Zambia.

This literature review was done by the Department for International Development Policy Division 2011. It was written by Catherine Arnold with Tim Conway and Matthew Greenslade, in London United Kingdom. According to this literature review, they believe that Social Cash Transfer does reduce poverty and bring about economic security.

This paper focused specifically on cash transfers as a form of social assistance that have the potential to empower the poor to use small sums of money in productive and life-improving ways. Cash transfers are direct, regular and predictable non-contributory payments that raise and smooth incomes with the objective of reducing poverty and vulnerability. The field of cash transfers encompasses a diversity

of transfer types (e.g. conditional and unconditional cash transfers); development objectives; design and implementation choices; and financing options. Appropriate design will depend critically on context, including political economy constraints. Transfers are often targeted at the poorest households and at sections of the population that are regarded as vulnerable (e.g. older people, persons with disabilities and children). Cash transfer programmes can be designed to promote a wide range of benefits. These include immediate poverty alleviation; improved health, nutrition and education outcomes; economic productivity and growth; empowerment (particularly for women) and social cohesion. However, the primary function of most cash transfer programmes is the direct and immediate alleviation of poverty and reduction of vulnerability (in both development and humanitarian relief situations).

There is extensive and potentially generalised evidence that cash transfers have reduced the cross-country studies consistently demonstrate the positive impacts of cash transfers for increasing per capita consumption and reducing the poverty gap. Analysis of household data finds that the marginal effect of non-contributory pension receipt within the household is to reduce the probability of poverty by 18 percent in Brazil and 12.5 percent in South Africa<sup>22</sup>. Micro simulation modelling using recent household survey data estimates that the *Progreso/Oportunidades* programme in Mexico has reduced the poverty gap by approximately 20 percent (from 8.5 to 6.8)<sup>23</sup>. The Child Support Grant in South Africa has reduced the poverty gap by 47 percent.

Evidence suggests that cash transfers constitute the most direct possible approach to addressing extreme poverty. By directly providing income or consumption goods and services to the poor, cash transfers can raise living standards, reduce the severity of poverty and shift the distribution of income, so closing the gap between rich and poor.

The available evidence suggests that where cash transfer programmes are implemented in isolation from other complementary interventions to promote livelihoods, graduation is unlikely<sup>29</sup>. In Bangladesh, the Challenging the Frontiers of Poverty Reduction: Specially targeted Ultra Poor Programme of the Bangladesh Rural Advancement Committee (BRAC) offered skills training in combination with access to productive assets. By the end of the programme, 90 percent of benefiting households were found to have ‘improved earnings from a skill-based, productive source’. Incomes for benefiting households grew by between 40 percent and 56 percent from 2002 and 2005.

A 2008 literature review and 2009 OECD policy note both assessed the evidence to identify the links or transmission mechanisms between social protection (particularly cash transfers) and the growth in incomes of the poor, beyond the immediate benefit of the transfer. Most of these operate by increasing overall economic efficiency. The main mechanisms through which cash transfers can increase the economic activity and incomes of the poor include enabling greater household investment in human capital; helping households to accumulate productive assets (and avoid losing such assets in the face of short-term shocks); enabling the poor to obtain access to finance on better terms; and encouraging the operation of labour markets by helping low-income households meet the costs of connecting to job opportunities.

A World Bank study has analyzed Brazilian national household survey data and found that receipt of the transfer has increased urban entrepreneurship (owning a business as an employer or self-employed worker) and increased the diversity of household income sources. The study concludes that Bolsa Família has helped stimulate entrepreneurship by relaxing the constraints of lack of start-up capital and insurance (and thus risk aversion) for very poor households<sup>95</sup>.

In Malawi, Opportunity International Bank of Malawi (OIBM) reports that 45 percent of recipients enrolled in the Dowa Emergency Cash Transfer (DECT) scheme, which ended in 2007, are still using their bank account more than two years later.

Cash transfer programmes can, in theory, contribute to building social cohesion and strengthening the legitimacy and effectiveness of states in several ways. The OECD (2009) and the Chronic Poverty Research Programme (CPRC) both highlight that social protection can contribute to social cohesion in a manner that: strengthens the ‘contract’ between citizens and the state; promotes social inclusion, integration and greater accountability. The UN Independent expert on Extreme Poverty recognizes that cash transfers are a policy option that can assist States in fulfilling their human rights obligations. Transfers have the potential to impact positively on the exercise of a number of economic, social, cultural, civil and political rights. However, none of these assertions are based on strong evidence.

Research into the multidimensional aspects of poverty and vulnerability has made an important contribution to the development of cash transfers. Poor and near-poor households in low- and middle-income countries face a wide range of risks (such as crop failure, natural disaster, illness, accident, employment failure) which make it harder, and often impossible, to improve and sustain their standard of living over the long term. There is an established body of evidence to show that the poor are rarely able to insure themselves against such shocks. As a result, they cope with shocks by selling productive assets, taking children out of school, and reducing nutritional intake. This vulnerability affects both the non-poor, who are vulnerable to falling below the poverty line, as well as those already in poverty, who are vulnerable to falling into ever deeper destitution and chronic poverty. Cash transfers are not the only way of addressing

vulnerability. In some contexts, other interventions such as insurance provision and increasing access to finance offer better value for money. In many contexts, however, cash transfers work better than these alternatives, particularly for the poorest households.

Cash Transfers Promote Empowerment and Gender Equality. Cash can empower poor individuals and households to make their own decisions for improving their lives. As discussed earlier, cash transfers can support girls' education and promote better access and utilisation of healthcare and other basic social services. However only a few programmes have explicitly targeted the potential for transforming gender relations at the household and community in both economic (e.g. opportunities for work) and social (e.g. voice and agency) spheres. Gender has been a major factor in cash transfer design for the past 10–15 years, as exemplified by the payment of CCTs in Latin America to women with young children. By addressing gender imbalances in access to education and putting cash directly in the hands of women, cash transfers can increase their bargaining power within the home and improve intrahousehold allocation of resources for human development. Cash transfers provided to women can also lessen the risk of households resorting to negative coping mechanisms. In Mexico, the Progresa/Oportunidades programme, in giving cash only to women, increased their decision-making role in household expenditure, financial security, self-esteem and social status.

A gender audit of Brazil's Bolsa Família found that women's domestic status increased because the income they received was regular, while the wages of other household members was uncertain<sup>113</sup>. The impact of Bolsa Família on women's labour market participation is also very strong – with the participation rate of beneficiary women 16 percent greater than for women in similar non-participating

households<sup>114</sup>. In Malawi, the Social Cash Transfer Scheme has reduced the likelihood of female and child-headed households resorting to 'risky behaviour' such as transactional sex, in order to survive. The effects of cash transfers on power relations at the micro level are not entirely without problems. There is an argument that CCTs (requiring that children are taken to school and health check-ups) reinforce gender stereotypes of women as responsible for social reproduction at the household level, while men maintain a role as income earners. Whilst there have been fears of more conflicts over household resources, to date policies of directing transfers to women do not appear to have resulted in more domestic violence in either Latin America or southern Africa. Cash transfers can also promote self-esteem, status and empowerment amongst vulnerable people more generally, enabling them to be active members of their households and communities, rather than perceived as 'burdens'. In particular, there is evidence that cash transfers can address age-based social exclusion. Based on qualitative research by NGOs, social pensions in Namibia and Lesotho have improved the status of older people without relatives, who might otherwise have been isolated and excluded from community life.

In sum, cash transfer programmes have the potential to deliver a range of benefits, not only reducing extreme poverty, but also providing effective support for broader human development objectives, including better nutrition, health and education outputs and outcomes. The extent to which programmes deliver these different impacts will depend critically on the availability of complementary services, the local context, and the specifics of programme design, including the transfer value. There is some, more limited, evidence that well-designed cash transfer programmes can contribute to women's empowerment, local economic activity, to strengthening the 'contract' between citizens and



the state and supporting climate change adaptation. This is principally a result of needing to focus more in these areas in programme monitoring and evaluation, rather than a failure to find results in these areas in existing evaluations.

## **2.1 What challenges have people with disabilities been facing regarding social Cash Transfer**

Literature review conducted by Ola Abu Al Ghaib, in March 2017. Are Cash Transfers a Means to Promote “Meaningful” Independent Living for Persons with Disabilities?

Despite progress made around disability and social policy in low- and middle-income countries (LMICs), there are still concerns that cash transfers in developing contexts may reinforce perceptions that persons with disabilities are dependent and incapable of work, rather than being a mechanism for meeting their needs and facilitating their empowerment. Independent living as part of policy design is about supporting persons with disabilities (PWDs) to have choice and control over their lives and enjoy personal dignity and substantive opportunities to participate fully in work, family life, education, public, community and cultural life. Social protection systems should shift toward promoting the right to live independently and be included in the community. Until recently, social protection for persons with disabilities was viewed only within a medical and charity framework rather viewing them as rights holders with States as duty bearers. Thus, governments treated PWDs as patients in need of constant care rather than as productive members of society.

International development projects mirrored these models, defining persons with disabilities by their medical and rehabilitative needs (the medical model) or as individuals needing social and economic support (the charity model). These models have been challenged over the past three

decades by the human rights-based approach, which provides a clearer understanding of the constraints faced by persons with disabilities due to social, cultural and economic barriers, rather than being an inherent part of living with a disability. This view was strengthened by the adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2006, which currently 160 member States of signed and 168 have ratified. The CRPD is the first international legal instrument that views persons with disabilities as equal rights holders. Its core message is that persons with disabilities “should not be considered ‘objects’ to be managed, but ‘subjects’ deserving of equal respect and enjoyment of human rights”. The CRPD does not offer a clear-cut definition of what constitutes disability but clarifies that persons with disabilities include “those who have long-term physical, mental, intellectual and sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society with others”. This definition finally required policy makers to consider persons with disabilities as equal citizens with full rights, leading to the design of programmes with more appropriate goals such as achieving independent living (as stipulated in Article 19).

High-Income Countries and the Philosophy of Independent Living. Autonomy, self-determination and inclusion are at the heart of the CPRD’s goals, providing a framework for evaluating the situation of persons with disabilities and measuring their progress toward independent living on an equal basis with others. Yet, prior to the CRPD’s adoption, some European countries had taken several policy measures to this end, including de-institutionalization and direct payment schemes, which were promising developments toward persons with disabilities’ empowerment to choose and manage their own care.

The philosophy of independent living is that all individuals have the right to self-determination. This includes, among other things, the right to arrange their own care and other services, to choose the type of support they receive and how they receive it, and the right to manage their personal lives and participate in a community. This involves access not only to personal support services, but also to appropriate housing, transport, education, employment and training. Morris' definition of independent living contains three main principles:

- the affirmation that persons with disabilities should have the same choices and control as non-disabled people;
- that the concept of independence does not rule out receiving assistance; and
- that the required assistance should be identified and controlled by persons with disabilities themselves.

Independent living emerged as a concept in the United States, the United Kingdom and the Nordic countries from the 1960s onwards due to the formation of self-help networks of persons with severe disabilities. In the late 1980s, persons with disabilities in the UK began campaigning for their right to live independently and demanded cash payments to cover their own needs, illustrating the importance of economic independence in realizing this right. In 1987, the British government approved the Independent Living Fund, a scheme that aimed to provide financial support for persons with disabilities to this end.

A second landmark in the development of the concept in UK was the introduction of the Disability Living Allowance in 1992, which offered a new form of benefits to address persons with disabilities' care and/or mobility. The 1996 Community Care Act (Direct Payment) expanded on persons with disabilities' right to self-determination. Since then, direct payments and

more recently, personal budgets have been promoted to provide choice and control for persons with disabilities. Although such direct payments have different implications due to the diversity of persons with disabilities; it is still a key achievement and a significant step toward the realization of full citizenship.

While progress has been made and documented in high-income countries, evidence on how the right to independent living has been implemented in LMICs is still lacking. Further research is needed on whether LMICs have yet foreseen direct payments as an empowering legislation that can enhance how persons with disabilities choose and control where, how, when and by whom their support is provided. In the absence of adequate government policies and financing to support the independent living model, many families have no choice but to provide such services themselves, which often results in an unhealthy dependency on family members, weakening opportunities for personal growth and independence.

Social protection as a policy framework has the potential to promote independent living rights for persons with disabilities in LMICs for two main reasons: its effectiveness in addressing vulnerability and social exclusion, and its relevance to human rights. National social protection initiatives have typically targeted the impoverished and marginalized groups of societies but have failed to equally address PWDs. Social protection is an important mechanism for realizing the rights of persons with disabilities and guaranteeing non-discrimination in access to basic services such as health care, education and nutrition. It is being increasingly perceived as fundamental in achieving social inclusion and social justice rights in addition to tackling risk and vulnerability. Scholars along with UN agencies, donors and civil society recognize that social protection needs to look beyond income deficits and consider structural

vulnerabilities and power hierarchies at all levels of society in order to effectively reduce social exclusion and marginalization.

In many LMICs, social cash transfers are the primary mechanism for tackling poverty and vulnerability. Such transfers can be unconditional or conditional, and/or targeted or universal. Although research on cash transfers in LMICs has received additional attention in recent years, little is known about the impact of cash transfers on persons with disabilities, despite the greater attention and allocation of resources to these programmes in many middle-income countries.

The disproportionate rates of poverty among persons with disabilities have resulted that countries are less responsive to disability when providing social protection to poor individuals. The international legal framework makes explicit reference to the right to social protection of persons with disabilities: this right is recognized in the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966), while the CRPD goes into further detail. Article 28 provides clear obligations for States parties to realize their right to social protection without discrimination due to disability, providing equal access to appropriate and affordable services and devices and other assistance with disability-related needs; social protection and poverty reduction programmes; assistance with disability-related expenses; public housing programs; and retirement benefits and programmes. State parties are legally obligated design social protection for persons with disabilities rather than simply a “policy option“. Standards adopted by the International Labour Organization, such as the Social Protection Floors Recommendation, 2012 (No. 202), complement these instruments and set basic minimum and higher standards of income protection, which should also be guaranteed to persons with disabilities.

More recent research has also begun to consider the intersectionality of barriers faced by persons with disabilities, such as gender inequality and discrimination based on ethnicity or refugee status. A conceptual shift in the way social protection is understood means that “transformative” social protection needs to consider equity, empowerment and social justice as well as material needs.

A strong argument can be made for using cash transfer programmes to meet persons with disabilities’ basic needs and secure their rights to self-determination and to live independently. In LMICs where there are limited provisions made to help realize the right to live independently such as support to personal assistant or any sort of disability allowance covering additional costs related to disability, alternative policy interventions should be identified. It is also crucial to recognize the importance of adopting transformative social protection frameworks when addressing disability to ensure equal access based on a rights-based approach. Policy makers in LMICS should keep in mind four principles when designing cash transfer programmes for persons with disabilities:

- The adoption of a human rights framework
- Inclusiveness in terms of coverage, effective access and outreach
- Integration into larger mainstream social protection programmes; and
- The consideration of persons with disabilities’ additional daily costs (in comparison to non-disabled persons).

Despite the global expansion of social protection programmes, only a few LMICs implement inclusive practices about PWDs. The design of social protection schemes for persons with disabilities needs to respond to the heterogeneity (in terms of types of disabilities, location, age, gender and more) of this group and the resultant diversity of their needs. Social protection for persons with

disabilities needs to extend beyond poverty alleviation or reduction: additional support through disability-specific schemes is required in order to effectively address additional disability-related costs and promote greater participation, autonomy, and choice of persons with disabilities. The design of social protection strategies for persons with disabilities needs to consider environmental factors and challenges (such as the availability of services). I between social protection strategies and schemes and other relevant services, including rehabilitation and assistive devices, to promote access. More evidence is needed to examine and discuss considerations for the appropriateness and feasibility of different types of cash transfers to persons with disabilities to provide equal access to social services and to enable them to choose their independent living needs and desire.

### **2.3 Are people with disabilities benefiting from the social cash transfer?**

This literature review was conducted under the Southern African Institute for Policy and Research by Libby Cha and Mira Ramesh in the year 2017. The review was aimed at answering the following questions:

1. What is the current situation of national social protection policies and program implementation within Zambia?
2. How to these policies and practices compare to those of Namibia and what insights can we learn from different experiences in a similar country?
3. What opportunities exist to improve social protection policies and practices in Zambia?

The Child Grant Program (CGP) is also designed to be a universal categorical cash transfer. The two-part targeting procedure involves pairing geographical targeting, meaning selecting districts with high poverty and high child mortality rates, with criteria-based selection of households with

children under the age of 4. The applicant must be the mother or primary caregiver of a child 36-months of age or younger. This application requirement ensures that beneficiaries spend a minimum of 2 years on the program. Additionally, households with a physically disabled child are eligible to receive the transfer up until the age of 14. Impact evaluations indicate similar findings to the MCTG in which the value of the impacts is more appreciable than the value of the transfer itself. Recipient households experienced increased food security, improved living conditions, increased asset ownership (specifically livestock), decreased debt and increased investment in productive activities through increased resiliency and diversified income generating activities. The 48-month report found a 50 percent net benefit, increasing household consumption by 36 percent. As a result of the program, severe poverty headcount was decreased by 10 percent with a corresponding 9 percent reduction in the poverty gap, both which persisted over long term evaluations (American Institutes for Research, 2015). These impact evaluations show that non-contributory cash transfers are successful instruments in reducing vulnerability and risk of extreme poverty and allow improvements in standards of livings for individuals receiving the grant.

These cash transfers allow people to make their own decisions through smoothing income-consumption patterns and stimulating development in the local economy (DFID, 2011). The principal limitation to the SCT programs is in targeting. By design, it is difficult to apply a ceiling of the poorest 10 percent in a context where poverty levels exceed 76 percent in some areas. While under the SNDP, a total of 242,000 households received the SCT, gap coherence analysis surveys indicated programmatic flaws in fragmentation, scope and inadequate benefit levels (Republic of Zambia, 2017). The Social Policy Specialist at UNICEF contended that



despite increases in the value of the transfer from 70 to 90 Kwacha, this is the benefit for the entire household and often acts as the principal source of income. When put into perspective where the poverty line is greater than 1000 Kwacha and this transfer value is a nominal proportion of the poverty line.<sup>5</sup> According to the Social Policy Specialist at UNICEF, transfers are not substantial enough to lift the poor out of poverty by income alone. They have demonstrated some success at reducing the poverty gap, such that adding 90 kwachas to their income represents a large improvement for their quality of life. Nonetheless, these transfers do not necessarily bring them out of poverty and the government is aware that the transfer value is insufficient. Additionally, there is the consideration of coverage.

The government is increasing the value of the transfer for beneficiaries, however as of 2015, the SCT programs only covered 22 percent of the population (Beazley & Cararro, 2013). Social Policy Specialist UNICEF highlighted the issue that for the extremely poor, 90 Kwacha provides a significant impact but once beneficiaries are not as poor, the value of the transfer depreciates. SCT programs have been found to be successful in achieving their specific objectives of supplementing income, increasing school attendance and improving food security, however, they are not sufficient in achieving their overall objective of reducing extreme poverty and the intergenerational transfer of poverty.

It was concluded in this literature review that in Zambia, the building blocks are in place for a comprehensive social protection system; however, the current system needs to be revisited to truly reach those who are least likely to exercise their access to opportunity. The GRZ needs to work to create a system with a wide range of programs that meet the needs of different people. What is clear is that there is no magic bullet approach to poverty eradication. Taking lessons from elsewhere is easy

in theory; however, what is difficult is making it work and being able to integrate it within policy priorities and already stretched resource envelopes. For the Zambia portion of this study, one limitation we encountered was that we were unable to talk to anyone in the MoF about budget allocations for social protection, which made it challenging to find what percent of the national budget is allocated towards social protection programs as well as an explanation for the reasoning behind the budget allocations for each social protection program.

## **2.4 Accountability in the social cash transfer program**

This literature review was carried out by Margherita Scarlato and Giorgio d'Agostino, in May 2016 in the country of Rome. The title for the review is the political economy of cash transfers  
A comparative analysis of Latin American and sub-Saharan African experiences.

Despite the efforts to reform social policy and the rise in social expenditure in LA, the guiding principles of CCT programmes have attracted increasing criticism, mainly due to the predominance of narrowly targeted, means-tested interventions and the failure to tackle poverty and inequalities in the long term (Barrientos, 2004; Bastagli, 2009; Valencia Lomeli, 2008). In more detail, evidence on the impact of the “first generation” CCT programmes and more recent consolidated experiences show mixed results. Good outcomes with respect to, for instance, food consumption, school enrolment, school attendance and medical clinic attendances were found (Fiszbein & Schady, 2009), but the empirical results were often disappointing in their qualitative variables (e.g. learning outcomes, health outcomes) (Fiszbein & Schady, 2009). In addition, evidence shows controversial results on the effectiveness of targeting selections compared with universal programmes (Cecchini & Madariaga, 2011), and confirms that the effect of conditions depends

crucially on the supply of accessible, good-quality health and education services (Maluccio, Murphy, & Regalia, 2010; Silva, 2011).

From the abundant empirical literature on CCTs, we also know that these programmes face several institutional problems as they evolve, for example those related to transparency and accountability. Centralized programmes have been criticized for limiting the involvement of local government and civil society, and it has been stressed that, when administrative capacity is a constraint, greater reliance on communities to increase targeting and monitoring efficiency is needed (Handa & Davis, 2006). However, targeting and control mechanisms have also revealed flaws when decentralised at the sub-national level, leading in some cases to political patronage, corruption and leakage of benefits (de Britto, 2005; Ansell & Mitchell, 2011). Electoral pressure regarding the extension of CCTs and subsequent implications for financial sustainability are other political economy concerns raised in several analyses (e.g. Barrientos & Villa, 2015).

New challenges to – and criticisms of – CCTs have recently arisen. First, a number of studies highlight the exclusion of poor or indigent families that also need help, for example families without dependent children, or foreign immigrants living in poverty (Cecchini & Madariaga, 2011). This point suggests that the theoretical approach that supports this category of social grants is far from being able to guarantee the population a social safety net as a basic right (de Britto, 2005).

Second, CCTs are presumed to be playing a key role in fostering women's empowerment within families and communities, as well as promoting gender equality (Cecchini & Madariaga, 2011; Martinez Franzoni & Voorend, 2012). Women are normally the direct recipients of CCTs because they are recognized as being the most responsible recipients who invest most in family and child well-being.

However, several studies indicate that CCTs may reinforce asymmetrical gender roles at the household level, as inequalities in gender relations are widespread in developing and emerging countries (Jenson, 2009; Molyneux, 2008; Tabbush, 2010). In more detail, CCTs emphasize women's status as mothers and the principal caretakers of children, with several duties required by the responsibility arrangement. This argument is also supported by the weakness – or absence of – social policies reconciling the waged and domestic labour of women in LA (Gonzales, 2015). The positive effects of CCTs on women's overall well-being may therefore be questioned and contingent on specific features of the programme design.

Third, fiscal sustainability is another definite challenge for CCT policies. In many Latin American countries, the new social responsibility of the state was affordable because, in the meantime, the export bonanzas and sustained economic growth allowed LA to finance more expansive public spending (Grugel & Riggiozzi, 2012). However, in the new global economic context, budgetary constraints are more stringent and government commitment to welfare increasingly requires a change in the taxation system towards direct taxes based on income and property and more actions to address tax evasion (Grugel & Riggiozzi, 2012). As a consequence, Latin American countries in the near future must go beyond CCTs and build more comprehensive social protection systems towards tackling structural problems with broader policies and more radical public-sector reforms (Cecchini & Madariaga, 2011).

Although the regional context is quite heterogeneous, the recent trends in policy orientation suggest that Latin American countries are gradually addressing the shortcomings of their social protection systems implemented in the 1990s and in the first decade of the 2000s, which were mainly based on CCT policies. As Cecchini (2015)

points out, the 2008–2009 economic crisis represented a turning point, as many Latin American countries did not follow austerity policies but instead used social spending to minimise the socio-economic consequences of the recession, thus confirming efforts towards the adoption of solidarity-based social protection policies.

As Niño-Zarazúa et al. (2012) stress, the extension of social protection in SSA is highly diversified and, specifically, grant-based policies aimed at poverty reduction vary markedly from country to country. To examine this issue, Garcia and Moore (2012) and Niño-Zarazúa et al. (2012) distinguish between CTs implemented in middle-income versus low-income countries, according to the World Bank classification of 2011. The CTs of middle-income countries often take the form of long-term programmes, which are usually managed by government institutions and domestically funded. They are stable in nature and address vulnerable groups, for example the elderly and children, according to various types of targeting mechanisms. These programmes have also gradually emerged through clear political support and are embedded in legislation (Niño-Zarazúa et al., 2012).

Conversely, low-income countries are unable to collect taxes properly and so have limited room for extended redistributive policies. They implement small CTs, which are often inconsistent collections of fragmented projects aimed at combating food insecurity and extreme poverty or providing emergency responses to natural disasters and conflicts (del Ninno & Mills, 2015). These interventions are typically non-government programmes partially or fully funded by donors with weak national political commitment and precarious long-term sustainability (Garcia & Moore, 2012; Niño-Zarazúa et al., 2012). Lastly, the effects of these programmes are often hampered by difficulties in defining the target groups, as most

households are poor. In practical terms, safety nets generally cover only the poorest 10 to 20 per cent of the population, according to simple targeting methods, which often miss the most disadvantaged households (del Ninno & Mills, 2015).

In the next sub-section, we provide an overview of CT programme types in a selection of middle- and low-income sub-Saharan African countries, briefly describing the main socio-institutional and political factors that characterize and constrain their evolution. We clarify that the last World Bank classification (World Bank, 2015b) reports updated estimates for income grouping, which are partially different from the ones reported in the classification used by Garcia and Moore (2012) and Niño-Zarazúa et al. (2012). To keep consistency with their arguments in our discussion, we first consider the peculiar case of South Africa, which is an upper-middle-income country, and then we take in account some interesting cases within the two broad categories of lower-middle-income and low-income countries.

Upper-middle-income countries in SSA (such as South Africa and Namibia) have followed a model of social protection based on non-contributory pension schemes and child support grants (Niño-Zarazúa et al., 2012). The rationale for adopting these targets is providing support to poor households that have lost members of working age as a consequence of internal migration, family disruption and the spread of HIV/AIDS. The most clear-cut case is found in South Africa, which extensively relies on UCTs because it follows a rights-based social assistance model that is interpreted as not being compatible with CCTs (Barrientos & Hulme, 2009; Garcia & Moore, 2012). This model is a mix of welfare instruments inherited from the colonial era (e.g. pensions) and new measures (such as CTs) that have been introduced since 1994 and the end of apartheid. In this phase, the political process was directed

towards improving equity and racial integration, in view of the high level of social inequality produced by the previous system (Niño-Zarazúa et al., 2012).

The social grants policy was shaped along the lines of entitlements and citizenship, rooted in the concept of rights-based social protection, and gradually increased the spending, coverage and eligibility for the programmes. At the core of this strategy lay several non-contributory CT initiatives, mainly devoted to poor households with older persons (Old Age Pension) and children (Child Support Grant), which reached 16.5 million people by March 2015. The amount of public spending in social assistance was remarkable: it amounted to 3.5 per cent of GDP, more than twice the average spending across developing economies (Niño-Zarazúa et al., 2012; Woolard, Harttgen, & Klasen, 2011; Woolard & Leibbrandt, 2013). This evolution reveals that social grants in South Africa were conceived as an instrument to provide a basic income to most of the population. A related reason for the marked increase in social assistance was that it had served as a palliative to compensate poor people for the social costs of the neoliberal policies that had been adopted after the end of apartheid, leaving a huge number of South African households outside the labour market (Devereux, 2013; Woolard et al., 2011).

The expansion of spending on social grants in the 2000s contributed to a highly redistributive fiscal stance and improved education, health and food security (Woolard & Leibbrandt, 2013). Despite contributions to poverty-stricken households, the overall design of social protection in South Africa does not represent an example to be replicated in other sub-Saharan African countries – for several reasons. First, the system of social grants has produced mixed results in terms of labour market outcomes often creating “grant dependency” and disincentives to labour market participation – and has not been effective in addressing structural forms

of poverty and inequality (Leibbrandt & Levinsohn, 2011; Woolard & Leibbrandt, 2013). Secondly, South Africa’s experience shows that an important precondition for building an effective social-transfer system is a sustainable tax base, which allows for significant redistribution of resources. The very unequal distribution of income in South Africa represents the political factor to justify the broad expansion of social grants and the economic premise to increase social spending. These conditions are not, of course, met in most of the other sub-Saharan African countries. Lastly, this example highlights that domestic coalitions of support for CTs gathered around a single vision of a country can ensure political sustainability for social policy in the highly fractionalized African countries. However, it also shows that political factors are problematic in the long term because CTs have strong path-dependence, and it is difficult to reform or replace them with better alternatives when considering both efficacy and financial sustainability once they reach a broad section of the population (Barrientos & Hulme, 2009).

Overall, the case of South Africa confirms the fact that increasing the budget devoted to social protection is not enough to address the structural causes of poverty effectively. In South Africa – as in other middle-income countries in SSA this goal requires moving resources away from large, badly targeted, distortive subsidies and implementing more comprehensive measures of social protection, including social services and graduation strategies based on human capital improvement (Fiszbein et al., 2014).

This is the case of Zambia, where five pilot social-transfer schemes funded by donors have been introduced, starting in 2004, with a focus on households headed by the elderly and those caring for orphans and vulnerable children. In Zambia, these pilot projects have very precarious institutional and financial arrangements and reflect



the interests of donors, rather than being a strategy of the national government (Barrientos & Hulme, 2008; NiñoZarazúa et al., 2012). However, as recent evaluations show that the programmes have had a positive influence on both poverty reduction and productive activity (Daidone, Pellerano, Handa, & Davis, 2015b; Handa et al., 2015), in the near future donors and international organizations may be successful in catalyzing the efforts of the national government and local élites on social protection.

Our review highlights the profound differences among the more consolidated CCT programmes implemented in LA, large-scale CTs in South Africa and emerging CTs in low-income sub-Saharan African countries. The main features of these programmes are shaped by both political and institutional factors as well as socio-economic conditions, and thus are context specific. Although Latin American countries where CTs arose out of domestic political debates – have been making significant efforts towards solidarity-based social policies, they are far from reaching a comprehensive social protection system. South Africa an upper-middle-income country that represents a peculiar case in the sub-Saharan African context adopted large-scale CTs that do not effectively address chronic poverty, despite the rhetoric of the rights-based approach. Lower-middle-income and low-income countries in SSA must still face several challenges if they are to build a national policy agenda backed by strong political commitments and gather adequate funding for reliable, nationwide social protection programmes.

In both LA and SSA, critical problems such as financial sustainability, administrative capacity and social services provision must all be addressed. Attention to empowering poor people also through social transfers relating to public works, ancillary services and training and specific measures to improve employment and gender equality in the labour market are also of paramount importance.

These measures could foster the trend towards social protection programmes inspired by a long-term vision of poverty reduction that emphasizes improvement in human capital.

Lastly, international agencies and donors in low-income sub-Saharan African countries often support the proliferation of small-scale pilot CT projects, which look fashionable but, in many cases, are fragmented and/or both politically and financially unsustainable in the long term. A better strategy would be to catalyze domestic interests towards a pro-poor agenda embedded in a broader debate on public policies. Sponsoring the production and diffusion of reliable data and impact evaluation studies to assess the effectiveness of social protection measures, in terms of both poverty reduction and development outcomes, could be critical not only for their technocratic rationale but also to help trigger a political process aimed at building nationally owned social protection systems.

HelpAge International conducted a review of GRMs for cash transfer programmes, which concluded that GRMs make limited contributions to effectiveness and efficiency of programmes (Barrett, 2008). The authors attribute this to design flaws in the mechanisms. Community-based mechanisms have too few resources, and are liable to elite capture and bias, failing to counteract discrimination and low-level corruption and political manipulation (Barrett, 2008). Formal mechanisms are often robust but divorced from the grassroots (Barrett, 2008). Barrett (2008) suggests that GRMs lack a focus on entitlements and rights, which would enhance empowerment and social cohesion. This broader approach to accountability is not usually part of GRMs, which tend to focus on internal programme accountability.

The literature on GRMs sometimes provides information on how many complaints have been resolved. For example, the World Bank's Pakistan

Flood Emergency cash transfer programme resolved 49 per cent of eligibility appeals and 85 per cent of complaints, with 139,841 of these resolved appeals resulting in acceptance for inclusion and issuance of cash transfer debit cards (Rao, 2014b). The Philippines' PPP has a resolution rate of 100 per cent, with an average time of 32 days in 2013 (World Bank, 2014). Most of the resolved complaints are to do with exclusion errors, while other forms of complaints may need to be referred and are thus not resolved from the complainant's perspective (World Bank, 2014). The PPP GRM system is generally considered to work well and run smoothly (World Bank, 2014). In the Occupied Palestinian Territories, it was quite common for respondents to say that their complaints were never followed up and nothing changed as a result (Samuels & Jones, 2013). There was a strong feeling of being disempowered and lack of voice in the programme. Complaints are registered either in complaints boxes or verbally to programme officers who register the complaint with the Complaints Unit. The research suggests that the un-computerized system hampers the ability of staff to respond, and technological support would help improve the system.

Many beneficiaries' main interaction with the social assistance programme is in the form of informal conversations on payment days and home visits by programme staff (Samuels & Jones, 2013). Both these occasions provide opportunities for beneficiaries to raise concerns about the programme or comment on efficiency. In the SAGE programme in Uganda, staff informally interview around 20 beneficiaries at the bank on payment day to get their feedback (Samuels & Jones, 2013). It is unclear to what degree these conversations have impact on programme implementation, or whether feedback is carried higher up the chain of command (Samuels & Jones, 2013).

## 2.5 EMPLOYMENT FOR PEOPLE WITH DISABILITIES

In Zambia, many employers do not hire people with disabilities because they don't think it will be economically profitable for their companies. (ILO, 2013). Negative attitudes and perceptions from employers create discrimination and barriers for people with disabilities. Employers tend to concentrate on one's outlook than the skill and diligence that people with disabilities have (Chanda, 2011). Contrary to popular belief, hiring people with disabilities is beneficial for both employers as well as people with disabilities. Businesses who employ three or more people with disabilities get a tax rebate incentive making it economically favourable (Mwale, 2003). For people with disabilities their attitudes improve when working in a welcoming environment where they don't face discrimination or stigma. There should be participation in social, cultural and religious activities in the community, with the goal being to overcome stigma that excludes People with disabilities. Parents and their families should be included as well in order to help show the community positive images of People with disabilities. There are many people who are benefiting from the Social cash transfer, it was introduced in 2017 and over 4000 beneficiaries were planned to benefit from the social cash transfer. About 2,382 were enrolled in the first round, these make up 60% of the target group. The aim of introducing this program in Chongwe was to increase food security, improved child wellbeing, improved living conditions and increased productivity. It was also aimed at reducing extreme poverty and preventing its transmission across generations. The social cash transfer is in line with the Seventh National Development Plan which seeks to reduce the gap between the rich and the poor and also uplift people from the levels of poverty. When it was introduced 30 pay point managers were successfully trained who would help in the exercise. Teachers were the key people who

were used in this project because they are close to the people and can easily be traced in case of malpractice.

## CHAPTER THREE:

### RESEARCH METHODOLOGY

#### 3.1 Overview

This section of the study explained the design of the study in detail, the sample size, the variables and control that were employed, the sources of data, the tools, the methods of data collection, reliability and validity of instruments that were selected and used in the analysis are carefully described together with limitations that the researcher encountered in Chongwe.

#### 3.1 Research design

Leedy and Omrod (2010:182) view descriptive research as examining a situation as it is. This implies that the researcher avoids changing or modifying the investigated phenomenon establishing cause-and-effect relationships. The study used descriptive survey design. The approach was appropriate for this study because it involves fact finding and enquiries from the households. Qualitative data was also collected which was used in the analysis process of data.

#### 3.2 Target population

The target population of 50 respondents was drawn from within Chongwe, this was made up of the homes in Chongwe that have disabled people and who are on Social Cash Transfer and those that are not on social cash transfer, random residents of Chongwe and the key people in Chongwe who were the teachers, pastors, health personnel's, and some village headmen or women and a worker in the social welfare department.

#### 3.3 Sample size

The researcher sampled 50 respondents, 30 where from the households within the township, 5 were teachers from Chongwe primary school and five 5

were pastors, 5 were nurses from the Chongwe Hospital and 2 were from the Chongwe council, 2

were from the social welfare office in Chongwe and 1 was the village headwoman.

#### 3.4 Sampling procedure

The sampling procedure that was used in this study was simple random sampling method. This enabled each respondent to have the same probability of being selected, thus reducing biasness on the part of the researcher. Purposive sampling was used to select health personnel, teachers, nurses, social welfare workers, workers from the Chongwe council and the village headwoman. This procedure was chosen because these were the key people with information relating to the study.

#### 3.5 Research instruments

Firstly, primary data collection was sourced through well administered semi-structured questionnaires. These acted as guides for collection of data from respondents. The semi-structured questionnaires allowed the respondents to express themselves freely through the open-ended and closed-ended questions. The questionnaire targeted households in Chongwe that were on the social cash transfer program, people with disabilities who were beneficiaries of the program, pastors, churches, social welfare department and random residents of Chongwe.

Further an interview guide was used to collect data specifically from key informants that is the village woman of Kakubo village, the Deputy Head teacher of Chongwe Primary school, a pastor, and a social welfare officer. This therefore allowed the collection of in-depth information because the guide contained a list of specific questions which allowed follow up questions, these data collection instruments helped in collection of detailed and comprehensive data from both the key informants and respondents. A focus group discussion was also

done with the teachers, parents to disabled beneficiaries who are on the program and a disabled person who is on the program. The total number of people who took part in the focus group discussion was 5 people.

On the other hand, secondary was collected from various sources which included journals and the internet. Further secondary data was collected from data sources that were already collected, analyzed and presented and information by various scholars and researchers in textbooks, newspapers and other publications.

### 3.6 Data analysis

Data analysis was done using two methods; this is because the nature of the research is both qualitative and quantitative. The Micro soft Excel was used for coding, interpretation, and analysis of categorized and quantitative data. The reason the researcher selected this package is that it facilitates easy analysis, interpretation, and mathematical manipulation that could easily be dealt with through its inbuilt functions, percentages, graphs, tables and charts. Qualitative data was analyzed using thematic (content) analysis method.

### 3.7 Ethical Consideration

Ethics are defined as rules or standards for governing the relations between people to benefit all concerned with mutual respect for the needs and wants of all parties involved. The essence of ethical behaviour is to conduct all relations between parties in friendliness, honesty and good faith. It is also to confine any critical comment to a reasoned and temperate discussion of actions and practices. In this section the researcher will explain the ethical considerations that will be followed in this research. This will include the values and principles that the researchers are expected to follow when conducting the research. The researcher will have to get informed consent from the research participants. The researcher will have to inform the participants

of their rights to say no if they are not interested in the research and to withdraw at any given time during research. Also, the participants will be given information on the research and the benefits of the research to the participants as well as society. Issues of privacy and confidentiality will be observed when conducting the research. Personal information of the participants will only be used for academic purposes in line with the research. In addition, the research will be conducted in a way that the researcher does not infringe on the participant's privacy and the participants will be made to feel as comfortable as possible during the research, personal names such as names will be held as confidential as possible and can only be revealed when permission has been sort from the participants. Ethics will be observed when analysing and reporting the data. The researchers will analyse the data in an honest way and report on what was obtained from the research. There will be no manipulation of the data to suit any of the researches preconceived ideas or feelings. There will be objectivity when conducting the research, analysing data and reporting. The researcher will ensure that is no doctoring of data, but the research will be carried out in honesty and sincerity. The data and information that will be used will be from reliable sources.

### 3.8 Limitations of the Study

Chongwe is a highly populated area with majority of its residents being illiterate. The urban poor populace is a complex group and paused complications when answering the questionnaire and expecting to receive an allowance after answering it. However, the researcher remained firm and explained that the purpose of the research was for study purposes and their participation would be strictly voluntary and would ensure representation of their perception of the programme in future programming and policy formulation. Some respondents from public institutions believe that the program is political, hence they refused to



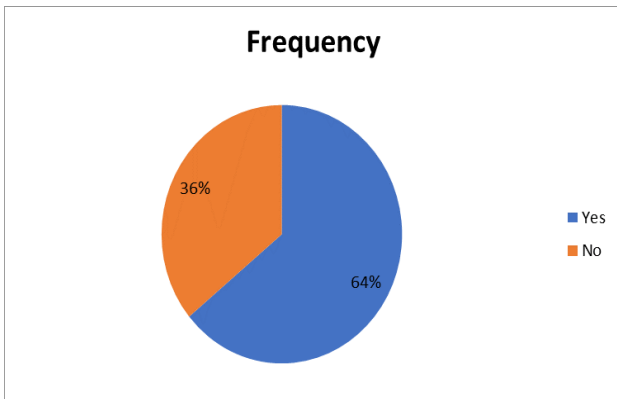
answer any questionnaire or give any information they know about the social cash transfer program because they were afraid of being answerable to anyone.

## CHAPTER FOUR: PRESENTATIONS OF THE FINDINGS

### 4.1 Overview

The study sought to evaluate the effectiveness of social cash transfers on people with disabilities in Zambia: a case study of Chongwe. This chapter is about the presentations of the data that was collected through questionnaires and interview guides of key people who play a role in the social cash transfer program in Chongwe. It presents the findings of the study, analysis of the findings, interpretations and conclusions drawn from the findings as well as recommendations on the social cash transfer program and for further study. The purpose of the study was to assess the effectiveness of social cash transfers on people with disabilities in Zambia. Data was collected from a random sample of fifty-seven (50) respondents benefitting from Social Cash Transfer programmes.

### Chart 2: Awareness of the social cash transfer

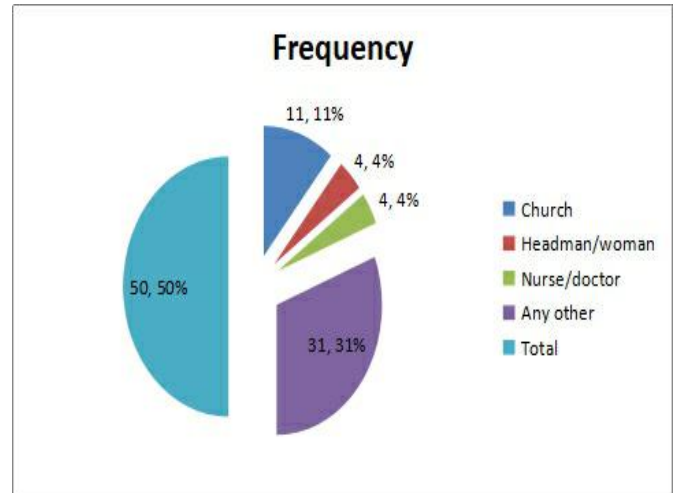


Source: Author (2019)

From the above analysis, it can be seen 36% of the respondents know or at least are aware that there is a program called social cash transfer in Chongwe. 64 % of the people do not know anything about such a program. This shows that even if others know

about it, there is still a percentage of people who are completely ignorant about the social cash transfer program.

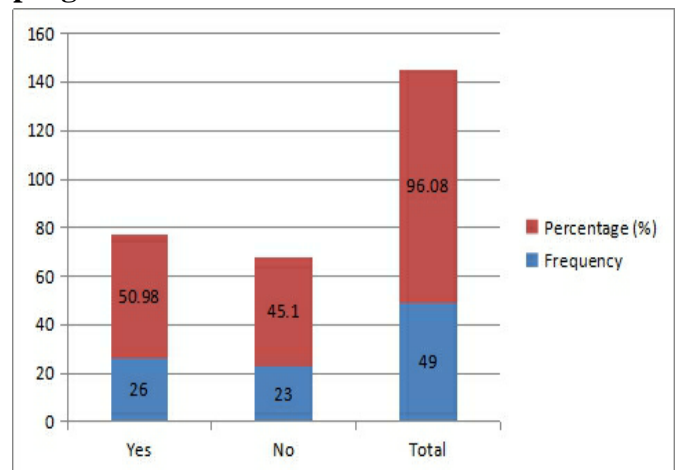
### Chart 1: How people get to know about the social cash transfer



Source: Author (2019)

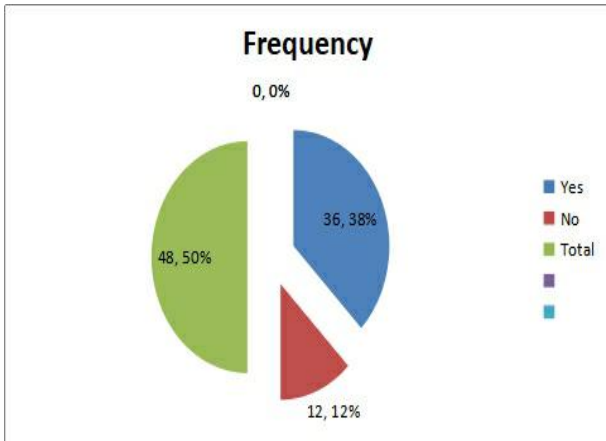
The information above shows that the people of church plays 11% role in making people aware of the social cash transfer, while 4% got the information from the village headman/ woman. The other 4% got to know about the program from the nurses/doctors. 31% of the respondents got to know about the social cash transfer from other sources other than the church, school, hospital and village men/ women.

### Chart 3: Benefits of the social cash transfer program



Source: Author (2019)

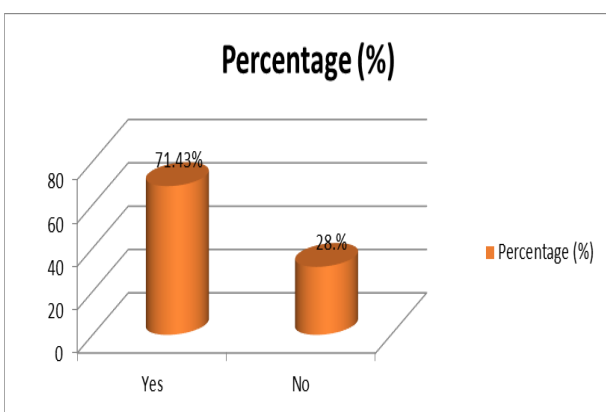
**Chart 4: Challenges of social cash transfer**



Source: Author (2019)

The above graph shows that 36% of the people of Chongwe agree that there are challenges that people with disabilities are facing in relation to the social cash transfer program in Chongwe. Most of the challenges that they highlighted were that there is delayment in regard to the payments that they are given, also that there is not much sensitization that is done within the community because some people have never heard about the program. 12% of the people think that they there are no challenges that the disabled people are facing in regards with the social cash transfer

**Chart 5: Social cash transfer and poverty reduction**

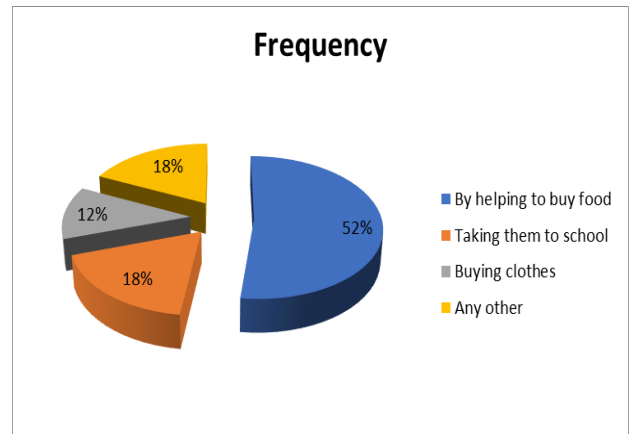


Source: Author (2019)

From the figure above majority of the people in Chongwe think that Social Cash transfer help to reduce poverty among people with disabilities even

if it might not be enough but it sustains them somehow.

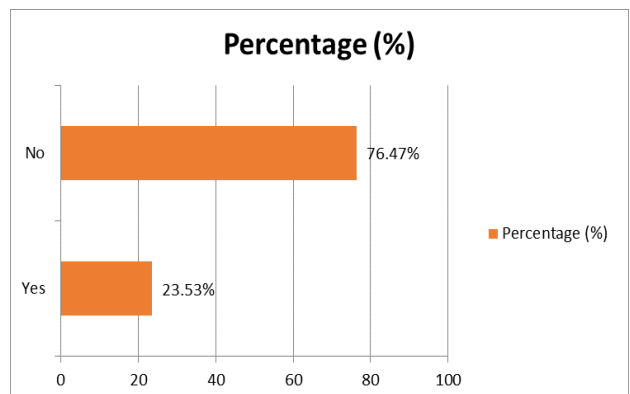
**Chart 6: How social cash transfer helps to reduce poverty**



Source: author (2019)

The above information show that 9% of the people think that the social cash transfer help to reduce poverty taking them school. The other 27% think that social cash transfer help to reduce poverty by helping people with disabilities to buy food. 5% said that the social cash transfer helps people with disabilities to buy clothes while the other 9% helps them to get other basic things for their survival.

**Chart 7: Transparency in the social cash transfer programme**

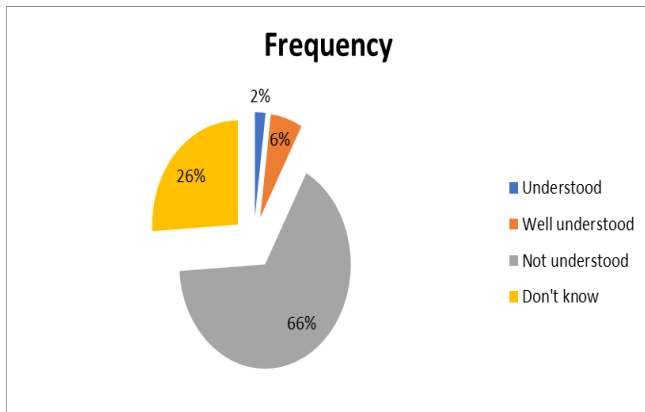


Source: Author (2019)

In the figure above majority of the respondents said that there is no accountability in the way the social cash transfer program is being run. This shows that

people have little confidence in the ministry that is running this program. Only a fewer number of respondents agreed that there is accountability in the program.

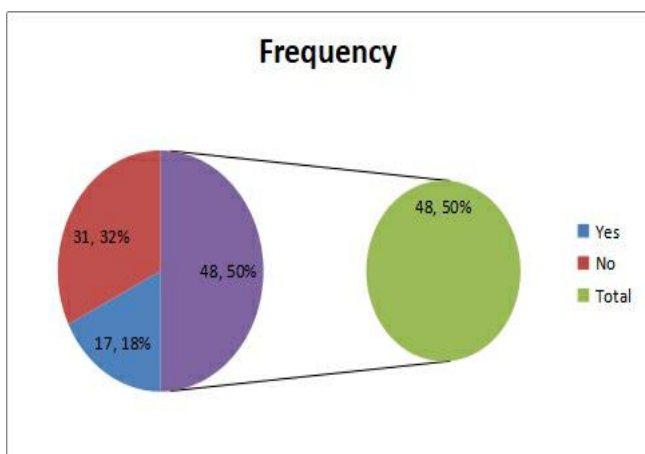
**Chart 8: Understanding of the social cash transfer program**



Source: Author (2019)

The figure above shows that 33% of the people do not understand the social cash transfer program, while 13% of the respondents do not know anything about the program. 3% of the respondents well understand the program while 1% of the respondents understand the program. From the information above it shows that majority of the respondents did not fully understand what exactly the program is about.

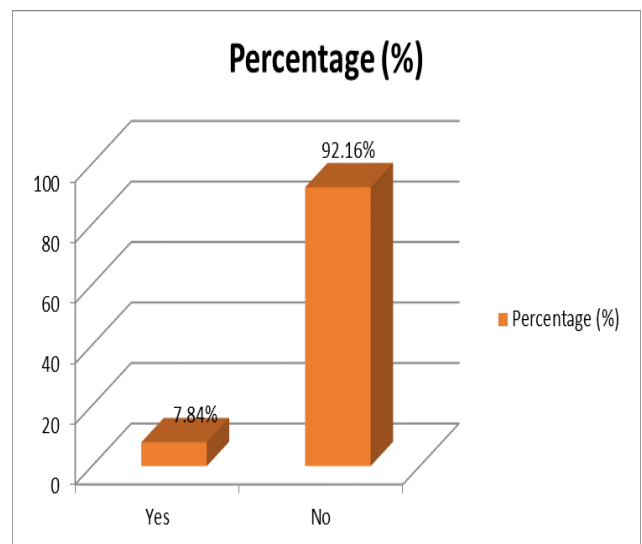
**Chart 9: Misconceptions in the social cash transfer program**



Source: Author (2019)

The above figure shows that 18% of the respondents think that there are some misconceptions in regard to the social cash transfer program while 32% believe there are no misconceptions in regard to the program. This information shows that even if there are a few misconceptions regarding social cash transfer in Chongwe, the truth is that there exist some misconceptions.

**Chart 10: Sustenance of the social cash transfer programme**



Source: Author (2019)

The information above shows that majority of the respondents do not believe that the money that social cash transfer beneficiaries get is not enough to sustain their livelihood. Only one respondent believes that the money that people with disabilities gets is enough to sustain their livelihood while the rest of the respondents believe that the money is not enough to sustain their livelihood. This shows that many of the respondents do not have faith in the social cash transfer program.

## CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

### 5.1 Overview

This chapter summarizes the study; discuss the findings of the study and presents conclusions, recommendations and suggestions for further research.

### 5.2 DISCUSSIONS

The purpose of the study was to evaluate the effectiveness of social cash transfers on people with disabilities in Zambia in Chongwe town. Four research objectives were formulated to guide the study. Research objective one sought to examine how people with disabilities have benefited from the social Cash Transfer in Chongwe. Research objective two aimed to find out how cash transfers are used to sustain livelihoods of people with disabilities in Chongwe. Research objective three sought to identify if there are challenges that people with disabilities are facing in relation to the social cash transfer. Research objective number four sought to investigate whether there has been transparency in the way the Social Cash Transfer Program has been implemented in Chongwe.

The study that was used was descriptive design. Questionnaires and interviews were used to collect data from the respondents. The questionnaires were used for household heads while interview schedule was used for the village headwoman, a social welfare officer, a clergyman and a disabled person on social cash transfer program.

Findings revealed that people in Chongwe are benefiting from the social cash transfer program, though the program is beneficial it has many challenges attached to it. Ahmed et al. (2009) concurs in that cash allows beneficiaries to choose to buy what they need most and overly distributing cash is likely to be cheaper than distributing food or other commodities. 53.06% of the respondents

agreed that social cash transfers do benefit the people with disabilities while 46.94% of the respondents said that the people with disabilities do not benefit from the social cash transfer program. The reasons they gave is that the program is not run effectively, and the beneficiaries do not benefit. 75% of the respondents said that there were challenges that people with disabilities were facing regarding social cash transfers. 25% stated that there were no challenges that people with disabilities in Chongwe were facing. The number of people with disabilities is growing as populations are ageing and chronic health conditions associated with disability, such as diabetes, cardiovascular diseases, and mental illness are increasing, (Posarac, 2011).

The challenges that were stated by the respondents and some clergy men were that social cash transfers are political meaning instead of the targeted people benefiting from the program even people who are not poor or physically challenged also benefit from this program based on the political party that they belong to. Some people were simply put on the program because they are cadres that belong to a ruling party and this becomes unfair to those people who truly survive out of the program. The other group of respondents that said people with disabilities were benefiting from this program stated that the benefits of the program are that they help PWD to at least have an income that can help in their livelihood. They can buy food, clothing and pay for some medical expenses in this money.

The response of the household heads indicated that only 2.08% of the people believe that the social cash transfer does sustain the livelihood of the people with disabilities. 97.92% believe that the social cash transfer program does not sustain the livelihood of people with disabilities and this is because the money is not enough. They also indicated that k360 being given in two months is not enough and because disabilities are in different forms, others are



in critical condition and they need so much to survive, and the amount does not sustain them as much because its little. The respondents also indicated that the money that is entitled to the beneficiaries is delayed and at times even six months pass without the beneficiaries receiving the money.

The respondent with a disability and is on a social cash transfer program that was interviewed during the research stated that in 2019, the money was given to them in January then then they did not receive anything until late June. Making it exactly six months, the respondent brought out the fact that if the money delays to come, how do those who completely depend on it for their sustenance survive. The respondent also stated that when the money was given to them after six months, the months that were missed were not covered for meaning there are issues of transparency to this programme. 20.41% respondents stated that there is accountability in the running of the social cash transfer in Zambia. 79.59% of the respondents stated that there is no accountability in the running of the social cash transfer in Zambia.

The Social Cash Transfer Programme increases food security. The number of households eating more than one meal a day increased by 19 per cent and that of the not severely food insecure ones increased by 18 per cent. The programme also reduces poverty. Extreme poverty among the recipient households reduced by 5.4 per cent and there was also a 10.5 per cent reduction in the number of households having outstanding loans. This means that the programme, therefore, helped households pay-off their debts. The Social Cash Transfer Programme increases productivity and asset ownership. Further, it contributes to productivity and economic growth among the beneficiaries. There was an increase in the size of land cultivated, overall value of harvest and ownership of livestock amongst the beneficiaries.

The Social Cash Transfer Programme also contributes to education. Beneficiary households can send more children to school with a 10 per cent increase in the number of children attending primary school, (Mukanga, 2015).

The programme impacted not only the direct beneficiaries but also the communities they live in. When beneficiaries spend the money locally, the non-beneficiary households that supply goods and services also benefit from the increased cash circulating in the community, (FAO, 2019). Social cash transfer programs also raise the household income level of poor families particularly in empowering women who are by procedure, the ones who receive such benefits on behalf of men. It has been assumed so believing that the benefits will surely reach the beneficiaries. There is need to ensure sustainability of these programs, governments hosting these programs need to create a great share within their budget frameworks so as to escape from over depending on donor countries.

Cash transfer programmes have been found to reduce extreme poverty in a more effective way. A study on non-contributory pensions showed that in the absence of this cash transfer income, poverty in households with older people would be 5.3 percentage points higher in Brazil and 1.9 percentage points higher in South Africa (Schubert, 2005). Cash transfers to vulnerable and special groups such as the elderly enhances their social status within and outside the family (Barrientos & DeJong, 2002). Special mention should be on the fact that the cash transfers will bring greater recognition to the elderlies since they can now contribute financially at family gatherings. They also bring in social inclusion and autonomy (Devereux, 2001) and studies have shown that recipients of a non-contributory pension regard it as a contribution to family income and use it for the feeding and basic education of the children living in the household (HelpAge International, 2004).

According to Britto (2006) cash transfers and conditionalities do not affect structural poverty; it is necessary also to promote access, supply and quality of services like education, health, vocational training and micro-credits. These will help them not to fall back into poverty but make a progression towards safety.

Social cash transfers help in making the right choice to promoting self-esteem, personal status and empowerment. People's needs are many and different and are not prioritized in the same way. If they receive money, each person will be responsible for choosing their own priorities, rather than people receiving what central decision-makers will have assumed was the priority of the population (Oxfam, 2005). The overall benefit will be high because most of the time people end up selling some of the received commodities at prices far below their procurement, transportation and storage cost. The reason for selling these commodities will be in search of cash in order to meet other needs such as education and health. According to (Harvey, 2005), the household will also be less patronized as it has the responsibility to manage its own budget. This has been found to instil the right to choose among affected communities something which is easily taken for granted for poor people.

Improving food security and nutritional status, reduced logistic Disruption of local economy by in-kind commodities challenges, improving access to social service, Investment in livelihoods and productive activities. Reduction of national poverty and improvements in equity. Cash transfers promote self-esteem and empowerment and extend to other household members who also benefit from increased food security and nutrition, improved access to social services, and protection of household assets. Compared to non-cash forms which undermines the economy, cash promotes the local market and stimulates the economy. That is why social cash transfers are effective compared to other social assistance programs.

Cash transfers were also found to play an important role in access to education. Zambia's Social Cash Transfer which also recorded a three percent increase in school enrolment rates and 50% of the youth who were not in school at the time of the baseline study were enrolling by the time of the evaluation (Katharina Wietler, (2007). Kalomo social cash transfer scheme in Zambia where 29% of transferred income was invested, either in purchases of livestock, farming inputs or Informal enterprise (MCDSS/PWAS/GTZ, 2005).

Cash transfers promote self-esteem and empowerment for the people with disabilities and extend to other household members who also benefit from increased food security and nutrition, improved access to social services, and protection of households. Asset spending of cash within local communities further extends the benefits to a wider level, and the overall impact gives rise to a reduction in poverty and promotion of equity at the national level. Compared with other forms of assistance cash is the cheapest option considering volume to be moved, transportation costs and storage requirements. In terms of logistics it is easy and available quickly when required within a short space of time.

From the information presented in Chapter 5, there is need to see that Social Cash transfer do benefit people with disabilities, but the impact is not too much. The money they are given is not enough to sustain their livelihood because their different types of disabilities, if there is a possibility to increase the cash transfer amount, it can be of help. There must also be consistency in the way the money is given to the people with disabilities, at times they do not receive the money at the time they expect to, but months pass without receiving it. So, if an individual totally depends on this money for survival, it means even their livelihood is affected. There must be strict measures put in place to show

how much money comes in and how much is spent on a yearly basis.

Transfers should be done directly in the beneficiaries' bank account. Beneficiaries should be able to directly control the funds for their development, (World Bank, 2013). People of all ages, including the elderly, children and disabled people, benefit from social transfers. They like being trusted to take control of their own lives. They see pensions, child benefits, disability grants and other cash transfers as their right. And while many people find that the cash, they get is not enough to pay for all their needs, it does have a significant impact on their lives. Cash transfers enable many people to break out of the isolation, in which they live, socialise with others and become active members of society. Interviews with several recipients illustrate these benefits. It is not only recipients who value the impact of social transfers on their lives and on the communities in which they live. Policymakers, those involved in administration and others in the community also see the benefits, (Rook and Freeland, 2011)

Social cash transfers could positively influence uptake of financial services by the poor in a number of ways. First by ensuring regular and reliable income to the beneficiaries, they partly address income related barriers especially if the programme is long term. Secondly, the payment approach adopted could link beneficiaries to formal financial services, considerably reduce costs and promote the use of these services. Thirdly the social cash transfer programmes may address attitude barriers and enhance better understanding of financial products by beneficiaries through financial literacy efforts. Finally, the bulk volume of transactions carried out by the social cash transfer programmes could persuade financial service providers to build more affordable inclusive services for beneficiaries. The first filter would consist of a simple categorical eligibility criterion: intra-household dependency (incapacitated). This means that households

without able members and households with dependency ratios of at least three dependents per able body would be eligible. Since the pilots showed that when ceilings were imposed the selection was perceived as unfair and not transparent, and the acceptability of the programme was undermined, we believe that no quota should be set.

Hence, CWACs would help identifying all the households that meet the criterion. Then, enumerators would interview such households. Regarding the second screening, we recommend combining the identification done by CWACs with an objective poverty assessment. Such a screening would allow the programme to firstly, exclude candidates that are somewhat better off, increasing the effectiveness and acceptability of the programme; secondly set quotas according to the budget available (to a certain extent); and thirdly do geographical targeting. Conducting the proposed targeting exercise once every three years seems feasible and frequent enough to guarantee the effectiveness and efficiency of the programme, (Beazley and Carraro, 2013).

It has been suggested by the MCDMCH that a community validation could be incorporated to the process as a third and final screening. Even though this extra screening could increase the acceptability of the programme, we think that the costs might outweigh the benefits and that there are clear risks to indirectly introduce some form of quota. The MCDMCH should evaluate to what extent the targeting improvement would be significant enough in order to justify the endeavour. One possibility could be to introduce a third step involving primarily informing the community about the selected household and using this opportunity as a possibility to lodge complaints.

After having interviews with some of the respondents and key people in the research, they were some weaknesses that were identified and

highlighted from study these are; Eroding social cohesion of rural communities, limited financial and technical support for consistent and timely monitoring and evaluation, possible aid diversion resulting from insistent mentoring and evaluation and auditing, limited capacity of officers operating the Management Information Systems (MIS) and strategic registry, delayed payments to beneficiaries usually attributed to administrative challenges, no official complaints procedure for beneficiaries to give feedback, no fixed periodic time set for potential beneficiaries to register.

A national cash transfer scheme would have a greater impact if it were combined with other basic services; including nutrition, education, or preventive health care interventions. There is a tension between trying to measure a program's long-run impacts versus scaling up a "working" program to the control group. However, long-run impacts are important to measure, especially if there are reasons to believe that a program's impacts may evolve differently as time goes on. The program should be based around vulnerability of certain groups of people, old people, orphans and disabled, whom everyone would be comfortable giving money to, basing on their vulnerability rather than their income poverty.

Some respondents had the perception that when CWACs had to identify only some of the poorest, they prioritised relatives and neighbours. This undermined the acceptability of the programme, (Beazley and Carraro, 2013). This means that people might lose confidence in the social cash transfer and they might think it bias. Hence it is important to ensure that, there is effectiveness and proper implementation in the program so that people do not lose confidence in the program.

Paradoxically, the countries that most need social transfers are the ones that can least afford them. While rich countries spend on average over a third

of their GDP on social transfers and other social protection measures, low income countries spend on average just three per cent. But as Lesotho's old age pension scheme testifies, for example, social transfers are affordable by even the poorest nations, (Rook and Freeman, 2016).

### 5.3 CONCLUSION

The main objective of this research was to evaluate the effectiveness of social cash transfers on people with disabilities in Zambia. It was found that the social cash transfer program is effective in Chongwe except there is need to improve on it. Regarding sufficiency, it was found that social cash transfers relieve beneficiaries to extent but do not change their poor conditions significantly. The people with disabilities who are the beneficiaries are still in a problematic situation and mostly when the cash transfers are used up, they will still need to depend on handouts on family and community members. The findings that the people with disabilities it benefits them because money circulates within the community and reevaluates the social status of the beneficiaries. The focus group discussion was successful, and it was discovered that some of the Chongwe residents are unaware of the program. Only those that have family members or neighbours who are beneficiaries are the ones who know about the social cash transfer. It was also discovered from the discussion that there is no transparency, the program is at times politicised because the beneficiaries are chosen based on the political preference. There is delay and no proper consistency in terms of payment of the cash transfers. This was making the effectiveness of this program questionable.

Southern African countries are characterised by pervasive poverty, low life expectancy, weak economic growth and highly skewed wealth distribution. There is increasing evidence that predictable cash transfers not only reduce poverty among direct beneficiaries and their households, and improve wealth distribution, but also that they



generate economic growth within local communities and conserve fiscal resources. This makes them an attractive policy instrument, not only to Ministries of Social Welfare but also to traditionally sceptical Ministries of Finance and Economic Development. People of all ages, including the elderly, children and disabled people, benefit from social transfers. Cash transfers enable many people to break out of the isolation, in which they live, socialise with others and become active members of society, (Rook and Freeman, 2016).

The transfers are considered an important support for the destitute; however, they are regarded not enough to lift a household from its poor situation. Whereas the amount of the transfers might not be enough to cover all needs of the household, it is at the same time not changing the socio-economic differences within the community too drastically. The transfers are supportive but not to an extent that would cause serious jealousy among the community members and thus represent an important and complementary source of income for the destitute.

## 5.4 RECOMMENDATIONS

Considering the conclusions of this study and the knowledge obtained from the literature reviewed, the following recommendations are suggested. These recommendations concern the application of case study especially for the following components.

- 1) -Transparency and accountability in the way the cash transfer money is given to the beneficiaries. Regular check-ups on the people with disabilities to see whether the money they are being given is really benefiting them.
- 2) -There must be other programs that the government should introduce in Chongwe that would help people with disabilities other than the social cash transfer.
- 3) -There must be sensitization in schools, churches and the community so that people are aware of the social cash transfer program.

- 4) -Set up and communicate an official channel for feedback from beneficiaries.
- 5) -Increases in budgetary allocations towards the SCT (increase in amount and number of beneficiaries in comparison to poverty levels.
- 6) -Prioritizing monitoring and evaluation to avoid corruption and general aid diversion.
- 7) -Ensure that the transfer is more predictable and reduce the delays in payments. This will ensure that the beneficiaries are not inconvenienced.
- 8) -Periodic forensic audits to ensure that there is an authentic data base of true beneficiaries.
- 9) -It is recommended that social cash transfer is one of the most important programs that can help to reduce poverty among the vulnerable in society most especially the people with disabilities.
- 10) Social cash transfers may need to be adjusted to specific circumstances of people with disabilities
- 11) Cash transfers should provide higher payments to beneficiaries with disabilities to help with extra costs of living with a disability.

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