

# ASSESSMENT OF EFFECTIVENESS OF SOCIAL CASH TRANSFER FOR THE PEOPLE WITH DISABILITIES IN NAKONDE DISTRICT

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By: Martin Mwange  
Dept of education, School of education  
Information and Communication University,  
Lusaka, Zambia

## **ABSTRACT**

*The study is to assess the effectiveness of social cash transfer (SCT) for the people with disabilities in Nakonde District of Muchinga province of Zambia. The purpose of the study was to assess the effectiveness of social cash transfer (SCT) of people with disabilities.*

*Data for the study was collected from 100 respondents; who encompassed workers from the ministry of community development and social service (MCDSS), and the people with disabilities themselves in Nakonde District. The study used both qualitative and quantitative methods of data collection. Hence questionnaires were used to collect data. The data was collected and processed using excels spreadsheet.*

*Most respondents acknowledged that it was not easy to know about social cash transfer (SCT) program. However, few of them were not aware about the social cash transfer. As a result of the study revealed that the majority (64%) were aware about SCT before there were identified and the minority (36%) were not aware before identified. The studies made the following recommendations, (1) increase the budgetary allocations foe SCT by increasing the cash*

*transfer and the number of beneficiaries as compared to poverty levels. (2) capacity building should be increased for the integration of MIS so to improve management systems will to reduce administrative costs of executing SCT.(3) to priotising the monitoring and evaluation to avoid corruption (4) to improve on the payments procedure to reduce in the delays and to ensure that all the beneficiaries are not inconvenienced (5) to put a specific period for occasional registration for the potential beneficiaries (6) ensure a good official channel of communication to give feedback from the beneficiaries.*

**Key words:** *assess, effectiveness, social cash transfer, people with disabilities*

## BACKGROUND OF THE STUDY

SCT is the direct payment to people who qualifies to be receiving the payments, mainly SCT programme is usually provided by nation of Government of the republic of Zambia (GRZ), NGOs. The instructions of and implementation of SCT is common and it is through this way that poor people's needs are not and this includes the old (aged), disabled people and child headed households in the communities.

The government of the republic of Zambia (GRZ), has the priority to implement ways which will uplift the social economic status of the citizen in society, SCT are promoted as the best practice in the social sector for developing countries such as Zambia (Handa and Davies, 2006). Although the use of SCT program as instruments of social protection has been noted to have originated in the west to the specific Europe called Bolsaescola and Bolsafamilia.

Other Conditional cash transfers (CCT) program that were it was introduced in Latin America and Caribbean countries back them as tools of social protection had a wide range of good outcomes as noted by Gonzales and Boraz (2009). The World Bank (2011) noted that the benefits increased food consumption and improved school enrollment among beneficiaries. On the basis of the CCT programmes in Latin America as tools of social change and protection had a wide range of good outcomes as Boraz and Gonzalez (2009). There key beneficiaries included increased food consumption and improved school enrolments and provision of health care the beneficiaries.

SCT programmes were carried in Bangladesh, the key being education laying a lot of emphasis on the female secondary school assistance which in cooperated multiple interventions who aimed at reducing the size of the age group in secondary

education and raise the status of the women in the economy and the society at large. Primary education stipend programme started in January, 2003 which aimed to highly increased school enrolment and reduce the rate of children dropping out of school thus eliminating child labour enrolment and reduce the rate of children dropping out of school thus eliminating child labour and increasing the poverty levels.

Asia had a similar case where cash transfer programmes in Latin America many African countries to start CCT as a machine of social protection to their citizens. Among the countries in Africa that followed the Asians countries include, Mozambique, Zambia, Zimbabwe and Lesotho were among the first countries in Africa to start SCT programmes for the poorest households. Countries like Ethiopia, south Africa started with cash relief grants to food insecure households where as south Africa, Tanzania, Lesotho, Malawi and Kenya started with child care grants which targeted orphans and other vulnerable children; Lesotho, Namibia and south Africa they rolled the condition cash transfer, disability grants were implemented.(persons and Alviar, ND, Kakwani Soars and Son ,2005).

In the southern Africa, south Africa was first to implement the cash transfer programme, in 1998, a child support grant was implemented in South Africa as one of the systems of unconditional benefits to children, persons living with disabilities (PWDs). and the elderly. Three main grants were being provided by the government of South Africa to one quarter of the total population by the year 2006. (Barnes and Wright, 2008).

In 2004 the pilot programme was initiated in Kenya for the orphans and vulnerable children I answering the challenges of HIV/AIDS. PWDs

condition transfer was the first programme to be introduced in Kenya.

In Zambia the first pilot programme of SCT was initiated in 2003 in the 5 Districts which are Kalomo, Kazungula, Monze, Chipata and Katete. This was meant to combat poverty among its citizens. The study therefore seeks to assess the effectiveness of SCT for the people with disabilities in Nakonde Districts of Muchinga province.

## CHAPTER TWO-LITERATURE REVIEW

### Social protection

Social protection is explained as the set of policies and programmes made to lower poverty and vulnerability by promoting efficient labour markets, reducing people's exposure to dangers, and promoting their capacity to protect themselves against dangers and interruptions or loss of income, (ADB,2009).

As Norton et al (2001), defines social protection as, the deal which has both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the currently non poor for security in the face of shocks and life cycle events.

The overall rationale for pursuing social protection is to promote change, cohesive and stable societies through increased equity and security, (Norton, et al,2001). Social protection has been quite pronounced in developed nations where the goal was to provide assistance to the destitute and the unemployed. Developing nations have been focusing on economic growth and in so doing neglecting the welfare of their poor and vulnerable citizens.

### Social protection as a human right

Article 22 of the universal declaration of human rights of 1948 explains that, "every one as a member of society has the right to social security, and article 9 of the 1966 international covenant on economic social and cultural rights also explains that, the right of everyone to social security, including social insurance. It has become the basic right for the vulnerable communities to be protected by their governments or local authorities for shocks.

It is one of the most discussed or debated issues in recent international forums. For instance, the world summit of social development held in Copenhagen in 1995, centered on social protection. Governments worked tirelessly to develop and implement policies to ensure that all people have adequate economic and social protection during unemployment, ill health, maternity, child rearing, widowhood, disability and old age" (Garcia and Bruat, 2003:12). The 24<sup>th</sup> special, session of the United Nations General Assembly, convened in Geneva (Switzerland) in four 2000 to provide a five-year review of the summit, fail to establish the importance of establishing and improving social protection systems and sharing best practices in this field. The programmes of social protection also received a fair share of attention at the financing for development summit, held in Monterrey, Mexico, in March, 2002.

### Conditional cash transfer programme (CCTP)

Each of the CCTP revealed that human capital accumulations among poor or vulnerable and disabled families as it controls objective, but the programmes are not the same in respect to other objectives like lowering the content poverty reducing child labour and going a social safety net during crises. CCTP are not the same according to the inclusiveness of their objectives, with some adopting an integrated approach in

human development, whilst others look at reaching the specific outcomes among the identified population groups like working children.

## **Education and health components**

The programmes of conditional cash transfer (CCT) have two components which are educational and health/ nutrition. Under education there is a cash grant targeted at primary school age children. Nations where there is higher educational attainment like Mexico, Columbia and Jamaica. In this component, it seeks the benefit secondary school age adolescents. The receipt of education grant is conditional on school enrollment and regular school attendance (usually 80-85% of the school days). This objective is there to reduce the cases of child labour. Brazil's PETI also requires participation in an after school programme.

There are several methods which are used to calculate the size of educational grants. In Mexico and Honduras, the education grants cover both direct costs (school fees, school supplies, transportation costs etc.) as well as opportunity cost derived from the income lost as a result of sending children to school rather than work.

In low income nations, the grant size generally covers only part of the opportunity cost. In Colombia and Mexico education grants for the secondary school are higher than for primary school to reflect the increasing opportunity cost of the grants in Mexico for secondary school level are higher for the females to provide an added incentive for reversing a pattern of unequal gender participation in secondary education and to internalize education externalities that accrue as they raise families of their own (Skoufias, 2001).

Health and nutrition grants are targeted to new born children up to the age of 2-3 and to some extent. Children up to the time they enroll in primary school. Studies conducted in Honduras, Jamaica and México, states that pregnant and lactating women are also among the program of beneficiaries. These components have a cash transfer aimed at food consumption, as well as health care and nutrition education for mothers.

In Nicaragua and Mexico, this component explicitly contends the provision of basic health care packages for the target house hold members. Receipts of the cash transfer is conditional on compliance by participating household members with a pre-determined number of health center visits and health and nutrition workshops.

Children's health care visits are linked to growth monitoring and, often vaccination protocols. Health care visits for pregnant and lactating women seek to ensure appropriate prenatal child birth. In Mexico and Jamaica adult household members other than pregnant and lactating women are also required to get a checkup once or twice per year.

The monthly cash received per family for the health and nutrition components varies across countries. For instance, in Honduras for example, researchers calculated the value of the nutrition and health voucher as equivalent to the value of the time invested by the mother during the trip and waiting at the health centre.

In Columbia, the money for the health and nutrition grant was set equivalent to the mean income required to allow an average indigent family to reach the extreme poverty line whereby they were able to consume a nutritiously adequate amount of food.

Another example is that of Jamaica, the health grant per beneficiary per monthly expenditure per month was set at the same level as the education transfer (us\$9) which is twice the monthly expenditure per person in 1999 or health care and medicine.

## Supply side support

In the nations CCT programmes go beyond providing demand side monetary incentives to families by strengthening the supply of these services. In Nicaragua, teachers receive a modest bonus per child taken in part in the program, half of the intended to pay for school requirements. To add on, non –Governmental organizations are contracted to provide health services.

Mexico for instance, resources are put aside to cover the additional costs in health services demanded due to the programmes and ensure enough supply of requisites', medicines and requirements. Honduras, the CCT programmes provides grants directly to schools and health centre's as part of an experiment devised explicitly to compare the effectiveness of three alternative interventions, combining demand and supply incentives.

## Poverty and targeting

Targeting the poor or vulnerable is a critical feature of each reviewed CCT program. Most rely on both geographic and household level targeting, with the specific targeting mechanisms utilized depending primarily on the type of data available. To carry out geographical level targeting, Jamaica collects annual consumption data that provide poverty incidence figures at the parish level. PATH utilizes these data to allocate program funds across parishes and to construct a scoring formula to identify poor households.

The SCT is an unconditional cash transfer program, targeted at households that are both ultra-poor and labour constrained. The transfer has both the objective to reduce poverty and extreme higher among the 10% ultra-poor and labour constrained households, to increase school enrolment of children in the beneficiary households and to improve nutrition, economic and governed wellbeing of beneficiary households. The SCT program In Malawi is governed or executed by the ministry of gender, children, disability and social welfare (MoGCDSW) with the policy guidance provided by the ministry of finance, economic planning and development (MoFEPD).

## Impact of SCT

In 2006, the monthly transfer was k1, 700. The figure was selected because it was able to cater for the household and the ultra-poverty gaps for the sized households. The money was enough to uplift an average household, which was both in terms to size and poverty gap above the ultra-poverty line (Schubert and Huijbregts, 2006).

After two years of piloting, the University of Boston had to conduct a study in Mchinji District to evaluate the impact of SCT it has to the beneficiaries. The results or outcomes of study were shown that, there is an improvement in the livelihoods. There is an accumulation of assets like livestock and other necessities the beneficiaries. Also, the study reviewed that even eating more nutritious meals, invested in the building of new houses and increased agricultural output tiling and other productivity enhancing activities. Research also observed a change in the wellbeing and general appearance of benefiting households (Abdoulayi et al, 2014).

It has been evaluated that the wellbeing of the beneficiary, there is a District change in terms of

health, high health care expenditures and increased expenditures on the children's education, higher enrolment and fewer absence and also includes the acquiring of household assets basic necessities, productive assets and livestock. To add on, researchers has observed that there is an increase in agricultural production through the procurement of fertilizers and form labour, high food expenses fewer missed meals, greater food diversity and improved housing quality, (Abdoulayi, et al 2014).

The evaluation of SCT in the just quarter of 2015 and was conducted by UNICEF and the university of North Carolina (UNC), in Mango chi and Salima Districts to determine the impact of SCT in the 12 months and 6 transfers in its implementations. The evaluation was to compare the household characteristics to the baseline assessment which took place in 2013 and analyzed the impact of SCT based on Randomized Controlled Trials (RCT).

The strategy compares developments in a randomly chosen treatment group to another group, the control group, which was a very similar characteristic as the treatment group except it does not receive the transfer. This makes the researcher to control for the general trends in the region and with high certainly determine the effects of the transfer to targeted groups.

## **Challenges of the SCT in Malawi**

Implementing SCT is a huge task which has a lot of procedures and a significant number of stakeholders involved. The targeted poor households in the country which has a high level of poverty and little inequality amongst the poorest. Evaluations of the SCT have found its targeting outcomes to be less than satisfactory, (Malita and Chirwa, 2014). And while the joint eligibility criteria are quite unambiguous, they

are still subject to interpretations, especially as several proxies of poverty are variedly in different contents at community level. (Malita and Chirwa, 2014).

The studies conducted by Malita and Chirwa, 2014, on SCT a big chunk of beneficiary households does not fit to be selected on the programme. The state of the truth, comparisons of ratios and labour supply before and after selection suggests the methods of restructuring of the households to suit the requirements of SCT (Malita and Chirwa, 2014). In 2013, 33% of the beneficiary households and a dependency ratio which was higher them 3 prior to selection. There was an increase in from the state's 33% it went up to 61% during the programme participation.

The utilization of various poverty remedies, the studies found that there is an error in inclusion of the programme to vary between 37 to 68% (Miller et al, 2008). Other studies found that 24% of the recipients were not eligible according to the procedures and requirements of the programme which indicates a high inclusion error. All these errors are the result and lack of clarity of targeting concepts and the use of poor proxies, favoritism and the influence of village level polities, (miller et al,2008). It has been observed that members of the CSSC and extension workers often face pressure to target relatives of local leaders.

In 2008, there was a psychological impact of the SCT on the beneficiaries as it was found, in comparing to the control group households were considerably more hopeful about their future and households in their communities and on average, community members were less likely to help them since receiving the cash transfer (miller, et al, 2008). However, twenty two percent (22%), of the beneficiary's households reported to have

experienced more conflict in the community since receiving the money, (Miller, et al, 2008).

SCT has created a big tension in the communities, it is been implemented, according to the evaluations and assessments of the level of satisfaction towards the targeting process for the SCT, the FISP and the MVAC showed greater satisfactions of SCT than the MVAC and FISP (Jimu, 2015). For SCT dissatisfaction of community members primarily arose from high exclusion levels (Jimu, 2015).

Despite having the increased productivity enhancing activities as well as improved ownership of productivity assets and livestock, it remains not clear whether these households have gotten the ability to avoid and withstand future shocks were the transfer to be scrapped in a retargeting effort. There was expectation by the authors of impact evaluation that extreme poverty and labour constrained households that are removed from the (cash transfer) will revert back to the same social economic position they were in prior to selection (Miller et al, 2008).

It has observed that each District coverage was targeted at 10% of the population. In 2006, it was seen that nationwide 10% of the population responds or corresponds to the SCT eligible measures or procedures. Even in a country like Malawi that is compared to its neighbors', has spatial diverse in terms of poverty, and the type of policy leads to a serious misallocation of funds amongst the Districts. A geographically uniform out off point for eligible resident inevitable lead to significant inclusion and extension error on the District level, (Miller et al, 2008).

As at now, payments are manually done, which has a lot of challenges. Millions of Malawian kwacha (MK) needs to be withdrawn in cash and ferried to remote villages, demanding the

presence of a number of District officers and police for security. However manual payments are difficult to monitor and little information in terms of saving ratio can be retrieved. The current form of payments also tasks beneficiaries to travel long distances as multiple pay points per village cluster are not provided. In order to combat these challenges and to pay out system more efficient e-payment pilots have been introduced in Balaka in Mchiji.

The SCT programme was adopted by government of republic of Zambia (GRZ) to be one of the major social protection interventions which has the aim to continuously reduce extreme poverty in Zambia. SCT in Zambia is among other social protection initiatives like the public welfare assistance schemes (PWAS) which deals with transfers for the needy and the food program management aimed at providing food to the vulnerable households.

These programmes implemented by the ministry of community development and social services (MCDSS) to the most vulnerable households. SCT is been run by the ministry of social welfare, (MCDSS, 2014).

The SCT programme in Zambia has the following aims which are:

- (1) Provide and promote quality social welfare services
- (2) Alleviate poverty
- (3) Reduce destitution
- (4) Promote family values and
- (5) Reducing juvenile delinquency.

## **Eligibility of beneficiaries**

The program of SCT in Zambia has led a well tabulated criteria of the choosing the eligibility beneficiaries who can be empowered through SCT. Since its inception and a pilot programme

in the five Districts of Zambia, which include, Kalomo in 2003, Chipata, 2004, Kazungula, Monze and Katete.

The programme targets the categories of beneficiaries, which single headed households, disability campaign and these who are aged. The single headed household can be female or male and those qualify to be on the programme and that is the proof from the chiefs or headmen or CWAC members to give a consent that this person is divorced, widow etc., for the disabled the criteria which determines the eligibility is when the clinic officers or doctors examines then to determine their eligibility and for the aged personnel is when they reach the age of 65 years old and above that's when they qualify on the programme of SCT. The chronic parentage care these are old persons who cannot do anything and every angle of their lives. (MCDSS, 2014).

The MCDSS chooses the SCT beneficiaries through a harmonized targeting model. These beneficiaries are assessed by the eligibility criteria and capsized through the process outlined;

Community sensitization is the first stage where the community welfare assistance communities (CWAC) gather the community aware of the programme and eligibility of the beneficiaries to be recruited on the programme.

Beneficiaries at this stage, the individuals who sees that they are eligible they go to the SCT desk which is formed within the community.

Living conditions test, at this stage the information about potential individuals' beneficiaries are entered in to the SCT management information system (MIS) to ensure that the living conditions test are done and identify the most vulnerable households.

The last stage is the community validation; this is when the officers from the MCDSS goes to the communities with the final proposed list of beneficiaries is shared with the community together their feedback on whether the list comprises appropriate SCT beneficiaries.

## **Transfer amount and mode**

When the programme began in Nakonde District in 2016, the beneficiaries used to k70 monthly for those who are aged and k90 was meant for those who are disabled. As time go all the transfers for the categories on the programme changes. The SCT transfer stands at k90 per household, k180 bimonthly for the able-bodied households. Households with members who are living with disabilities receive a double amount per month, k360 bimonthly because households with disabled members incur more costs as these are vulnerable groups that need attention and care. Payments are exclusively channeled through pay points which are organized in collaboration with other government institution like schools and health centers.

MCDSS in order to reduce on administration cost of implementing the programme, the ministry partnered with Zambia postal services to administer the SCT through ZAMPOST. It was piloted in luapula and western provinces and after the results they rolled out to all the provinces in Zambia. Not only the ZamPost but also the ministry signed the contract with other aligned ministry to help in the paying the beneficiaries, and these were trained on how to handle cash for SCT and are called pay point managers (PPM) and mostly all the PPM were from ministry of education, agriculture and health,(MCDSS,2016).

The main recipient is a pre identified members of the household (preferably female) who receives the payment on behalf of the household,



households have a deputy who is a pre identified person to collect the payment on behalf of the household when the sole beneficiary is unavailable. (SCT training manual ,2016)

## **Sustainability of the programme**

Since its inception in 2003 in Kalomo District as a pilot programme which was sponsored of funded by the deutsche Gesellscha for the Technische Zusammanner belt (German Technical Assistance to Zambia (GTZ), SCT have rapidly gained support as an effective response to the reduction of chronic poverty.

Previously the SCT in Zambia in 2009, 95% of support was from the donor support and Zambian government had only 5% as in funding the SCT. But in 2017 things changed about 75% of the cost of the implementation of the SCT is funded by the Government of the Republic of Zambia (GRZ), where at the remaining approximately 25% is donor support. (Financial and technical support). This is a notable change or improvement in comparison to the 5% which government was funding in 2009.

In 2018, the number of SCT beneficiaries has been increased to 700,000 from the previous 500,000 in 2017. This means that even the budgetary allocation on SCT programme from 552 million in 2017 to k721 million in 2018. To add on as the nationwide rollout of the programme to the beneficiaries in different Districts in every province.

In order to achieve or sustain the programme in terms of long-term financial sustainability of the programme they need to have effective and efficient resource mobilization by the government.

The nature of the selection criteria (incapacitated household) of Zambia's SCT scheme naturally

does not allow for the form of graduation except other members of the household with the ability to improve the general livelihood is taken into consideration and this must be explored further.

## **Strengths of SCT programme to beneficiaries**

The results form successive evaluations and impact assessments have revealed that the SCT programme in Zambia had shown positive impact on poverty reduction and decreasing inequalities.

It has been resulted in an increased multiplier effect the beneficiaries utilized about 30% of the SCT transfers to make local purchase.

Cash transfers led to a rise in self-esteem and confidence among the beneficiaries who saw themselves less looked down upon by their neighbors and family members. They were also hopeful regarding the future and had begun to plan for it.

The evaluations and impact assessment have revealed that the incidence of begging went down from 86.7% to 69.3% while 75% of those who begged indicated that they begged less.

The other positive success of SCT to beneficiaries is that although the evaluation was not able to indicate the impact of the cash transfer on the local economy, this has likely to be positive given that 81.3% of the funds transferred were spent locally. And these funds were delivered consistently every month.

Food consumption increased with the proportion of people having one meal a day dropping from 19.3% and base line to 13.3% during the evaluation and impact assessment of the SCT programme. The proportion who felt hungry after each meal deduced from 56.3% to 34.8%. There was also improvement in the range of foods consumed which obviously led to a more

balanced diet. For this reason, the incidences of illness of malnutrition reduced down from 42.5% to 35%.

During evaluations and impact assessment also revealed that beneficiaries have their own assets despite the amounts being very small. Regarding livestock, not much changed could be detected for big livestock, especially cattle, for obvious reasons. But the ownership of goats, up 8.5% at a baseline to 41.7% at evaluation. The ownership of the chickens went up from 42.4% to 57.6%. Indeed, the number of the beneficiary households making investments quadrupled from roughly 14% to 50% and the average amount invested doubled. 715 of all households mentioned that they had invested part of the social cash and 52% of the even stated to have generated some extra income, (MCDSS, OCTOBER, 2006).

The success cited above refute the fear that poor people receiving income support would spend it irresponsibly, instead they are prudent enough to begin to derive benefits beyond the original expectations of mere improved food consumption. This evaluation of impact assessment has been borne out by other studies. The results of the Kalomo, Kazungula, Monze, Chipata and Katete scheme were in line with other results made in the external monitoring of the scheme. (GTZ,2005, Schubert,2004 and Katharina wiethar,2007).

Some beneficiaries are not receiving the payment on time because to let the cash accumulation. Beneficiaries have generally proved very responsible. This was a line repeated in all the piloted Districts. There is a delay in payment, although this cause a severe administrative difficulty, was said to have been boon to recipients who used to accumulate the amounts in capital investments.

There is a suggestion from the beneficiary across the country that, cash transfers should consider providing some larger lump sums once in a while to enable them invest in income generating activities. It was suggested that beneficiaries need to be helped to work with others rather than in isolation so that they could enhance the chance of lifting themselves out of poverty. For this reason, it was clearly outside the scope of the schemes and required another set of the capacities to make it work.

There is a freedom of choice that cash has been seen to impute in beneficiaries was constrained to be a great advantage of the SCT schemes over assistance from the regular PWAs. The regular PWAs tend to limit the level of exploration by the beneficiaries. To this extent, when a blanket is given a beneficiary usually deemed to have benefited enough and should allow chance to others. What is transpired is that it could not even be the priority need or that the beneficiary has a series of other needs. The beneficiary if given cash could determine how best to go about solving these problems, (community development officer, Kasempa)

Generally, it has been said that SCT has been so well received that they were helping to enhance the image of the department of social welfare where they were, they were being implemented. Many beneficiaries have pointed that they are a need to be consistency in the transfer over along enough period for the benefits listed above to materialized as beneficiaries gradually improve their situation.

The chance of retargeting period from one to three years is consistent with this perception. However, payments should be timely. Even if there are delays in transfer as observed above allowed some beneficiaries to make investments they could otherwise not have made. It brought a

great sense of insecurity in their minds and was a drain on many players who had to constantly answer queries and make followed up on the funds. However, some beneficiaries borrowed money to tide them over the period without transfers which they repaid once they received the cash.

## **Weakness of SCT programme**

Having record a huge success of SCT, there are negatives or weaknesses. It was pointed out that SCT could be eroding social cohesion of rural communities. It was pointed out that some community members were no longer volunteering to work in the fields of the incapacitate households as they used to before but were now asking to be paid instead.

This is seen that beneficiary households were no longer too dependent on the community to meet their needs. The perception may have begun to emerge that the transfer received wee enough to meet all the beneficiaries needs and they did not need help from other community members.

It is easy to foresee that as SCT schemes become a permanent feature, the culture of solidarity with the needy in society with communities and within the extended family system may begin to wane and the response to adversity could increase become institutionalized. As to the OVC situational analysis carried out in 2004, traditional safety nets are becoming weak anyway due to the scale of the problem. (GRZ, 2004). To this end, withholding response so that traditional safety nets are not interfered with may not achieve the purpose.

The other weakness of SCT is that no official complaints procedure for the beneficiaries to give feedback whether the transfers have been received in the way they expected it.

Limited financial and technical support for consistent and timely monitoring and evaluation by officers from the MCDSS, this is a big challenge because at times officers fail to visit the beneficiaries and monitor whether the programme is well conducted and this due to lack of funds for fuel and allowances for them. (Britto, 2007).

The other weakness is that they are no fixed periodic time set for potential beneficiaries to register

Limited capacity of officers operating the management information system (MIS) and strategic registry. This is very important because the data base needs to be well kept well and others beneficiaries their names and national registration card (NRC) were wrongly written and even the deputy to the beneficiaries their names are skipped; enhance making it difficult during payment day. Even wrong amounts of the transfers are wrongly placed. For example, if the beneficiary supposed to get k360 but you may find k180 which is bad not good for the beneficiary and when you report the problem the officer under MIS desk they do not change. (Social Welfare Officer, Chipata).

## **CHAPTER 3-METHODOLOGY**

### **Research design**

The study took a descriptive form of approach to assessment of effectiveness of social cash transfer (SCT) for the people with disabilities in Nakonde District. As Orodho (2008), points out that, descriptive study designs are used in preliminary and exploratory studies so as to allow the researcher to gather information, summarizes, present and interpret the study for the purpose of clarification. "As Borg and Gall (1989), states that the descriptive research is intended to produce statistical information about aspects of

education that interest policy makers, educators and other stakeholders. The study used the descriptive for of approach because Mugenda and Mugenda (2003), explains that, it is the best method available to social scientists interested in collecting original data to be used in describing a population that is too large to observe directly. The design adopted the researcher to gather information from wide range of respondents. For instance, the staff at department of social welfare department on the assessment of social cash transfer (SCT) for the people with disabilities of Nakonde District.

## **Target population**

The target population refers to all the items or people under consideration in a field of inquiry to which the research wishes to generalize (orodho, 2008). The respondent includes the staff at the department of social welfare and the disabled. The target population of the research will be hundred (100), respondents which is staff from social welfare and the disabled.

## **Sample size**

The sample size comprised of the study is 100 respondents which are the disabled and the staff at the department of social welfare.

## ***Sampling techniques***

The researcher used both purposive and simple random sampling techniques to select the respondents from the ten (10) identified community welfare assistant community (CWAC) which is Mungongo, Chilolwa, Chiwale, Kantongo, Mupulachombo, Katukauchu, Chilolo, Mutakwa, Ndingindi, And Nachisanga. In Ilonda ward in Nakonde District. The staff from the department of social welfare

and the disabled were selected from the CWACs listed above and was selected through purposive sampling technique because of the nature of the study

## **Data analysis techniques**

After finishing data collection, data analysis was done using a computer programme of excel spread sheet. Data analysis entailed the computation of certain measures along which the search for patterns of the relationships that exists among the data groups. Excel spread sheet enabled the researcher to compute the small figures of raw data efficiently. Such raw data was changed into meaningful, groups and tables for further analysis through the computation of frequencies, tables, percentages and tabulation. The research presented qualitative data using, pie chart, bar graphs, drawing tables, frequency counts and tables and calculation of percentages motivated the researcher in carrying a research on the effectiveness of social cash transfer (SCT) people living with disabilities in Nakonde.

Therefore, the research has provided much needed information on how best the government can empower people living with disabilities and improve their lives. This will play a key role in identifying key factor hindering SCT to effectively improve the lives of people living with disabilities.

Nakonde area was chosen for the nature of the environment surrounded by a number of disabled people and the researcher is very knowledgeable of the study are as he very connected due to the fact that he lives and work in the same area. This will give him an opportunity in accessing much needed data that will help him reach the conclusion part of the research work. Therefore, this will make his research more valid and reliable.

## **Limitation**

The study faced limitations resulting from low literacy levels and language barriers during data collection which were overcome by using enumerators from the local community. Some of the respondents PWDs were so disabled and were not able to read the questions and to understand them well. Further the research was looking at the objective to assess the effectiveness of the social cash transfer for the people with disabilities (disabled) and also other factors which can hinder the effectiveness of SCT.

## **Delimitation**

The research was conducted in Nakonde District. The District is found in Muchinga province of Zambia, lying along the great north road. Nakonde District covers the east part of Muchinga province which borders Senga Hill and Mbala of Northern Province, Isoka and Mafinga are the sister Districts and also borders Tunduma town of Tanzania. According to CSO (2017), the District has been projected to have the fastest and highest growing population at the rate of 5.2% in 2011-2020.

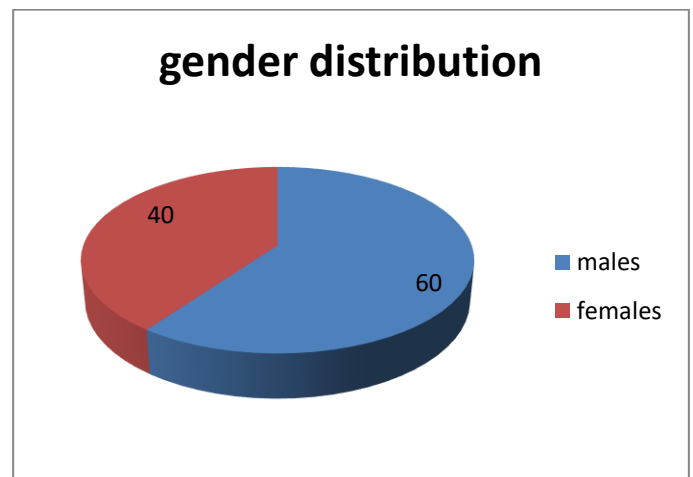
Since the research was conducted in the ten (10) CWACs implementing or receiving the social cash transfer. The number of respondents was limited since it included the people with disabilities and social welfare staff in the Districts. The research findings will not be generalized to the country because the area sampled was small and therefore not a strong representation.

For the sake of maintaining high ethical standards the researcher proposed to explain the research to respondents so that the respondents are able to make informed decisions and assuring them that she will maintain a high level of confidentiality.

## **CHAPTER 4-RESULTS AND INTERPRETATION**

### **Gender distribution**

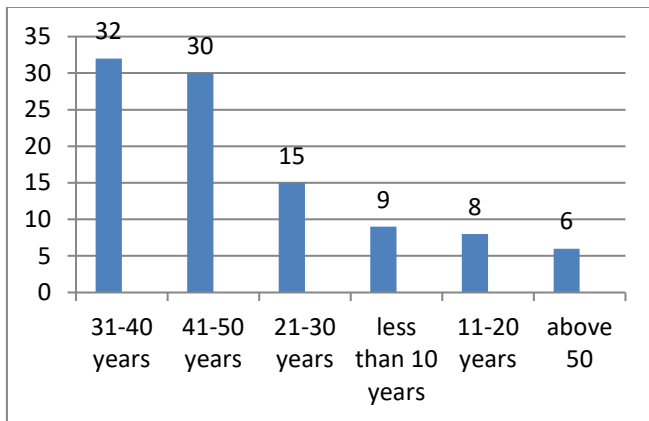
The demographic information of sample population 100 respondents was gathered through questionnaires. The figure 1. Below illustrates the gender distribution of 40 females and 60 were male's respondent with a response of 100 % for gender.



Source: field work December-February 2019

### **Age distribution**

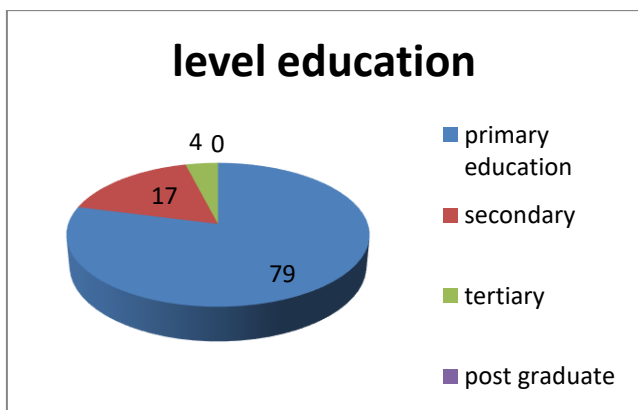
The largest group of the respondents was in the age group of 31-40 years, followed by 41-50 years, 21-30 years, less than 10 years, 11-20 years and the least above 50 years. Below the figure 2, explaining the same. Those that were 31-40 years represents 32(32%), 41-50 years 30(30%), 21-30 years 15(15%), less than 10 years 9 (9%), 8(8%) represents 11-20 years and the least is represented by 6 (6%) years for above 50 years.



Source: field work December 2016- February 2019

### Level of education

Education level is important because the more illiterate people are the more likely they will be able to read and write and understand the empowering programmes and policies who concerns their disabilities as well as the rights opportunities and privileges they have the level of education of respondents were the 79 (79%) had primary education, 17 (17%) had secondary education, 4(4%) had tertiary education and they were graduates. There were no post graduates and none of the respondents had any education at all. As Murphy and Myors (2004), asserts that, “education level has an impact on the statistical power of data as it determines the respondent’s ability to comprehend questions.” The information is shown below in figure 3.



Source: field work December 2018-February 2019

### 4.1.4 Years lived in Nakonde

The respondents revealed that 40 (40%) represents those who have lived in Nakonde, 1-5 years, 30(30%) represents 6-10 years, above 10 years represents 20 (20%) and less than 1 year was 10 (10%). The table 1 below explains the in details.

s/no.	Years lived in Nakonde	frequency	Percentage
1.	1-5 years	40	40%
2.	6-10 years	30	30%
3.	Above 10 years	20	20%
4.	Less than 1year	10	10%
	TOTAL	100	100%

Source: field work December 2018-February 2019

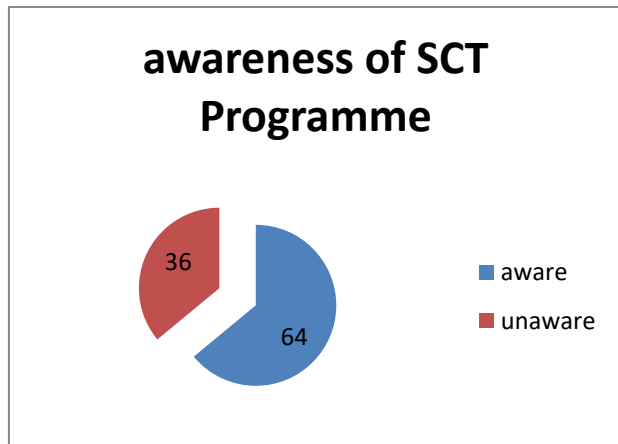
### 4.1.5 Identification on the programme

All the 100 respondents said they were identified following the normal channel or procedures as social cash transfer demands. No one was identified through the dubious means.

### 4.1.6 Awareness of SCT programme

It is a common fact that people who are disabled don’t know about that empowerment fund like social cash transfer (SCT), that they can be eligible beneficiaries. About SCT programme some were aware about the programme. It was reviewed that 64(64%), were aware of the SCT programme and 36 (36%) were not aware. They know that SCT is there to improve their livelihood conditions in their homes. The findings are in line with, Mleinek and Davies (2012), explanation that many poor people with

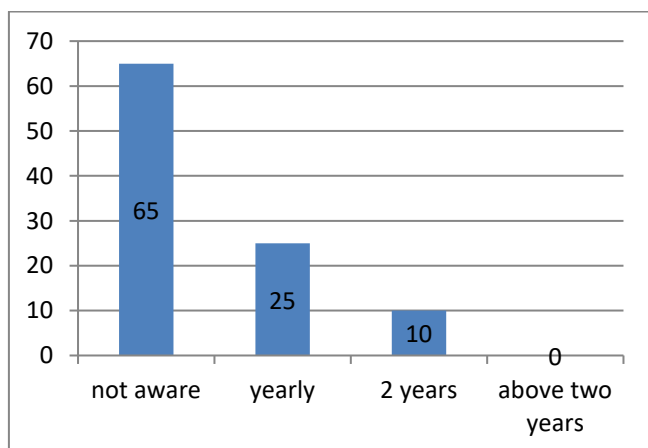
disabilities, living in a remote area, are unaware of social protection schemes or cannot access them.” The figure 4 explains how the respondents are aware of the programme.



Source: field work December 2018-february 2019.

**4.1.7 Tenure of identification on the programme**

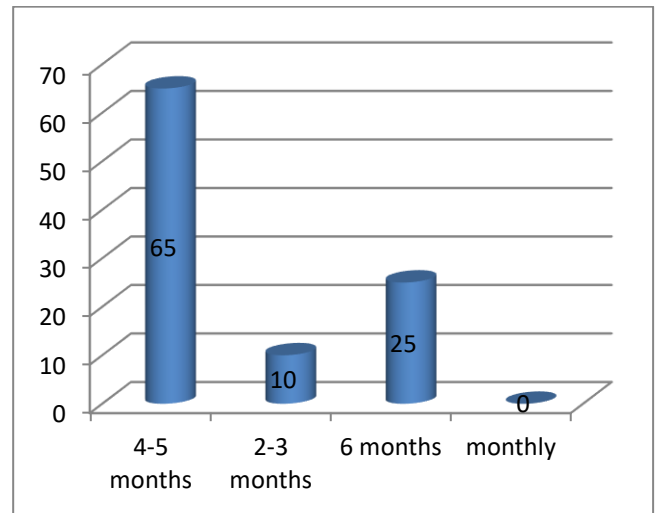
The 65 (65%) respondents said that they are not aware when the identification take place and 25 (25%), respondents said yearly, 10(10%) said every two years and none represented above two years. Figure 5 explains;



Source: field work December 2018-february 2019.

**4.1.8. Way of receiving the cash transfer**

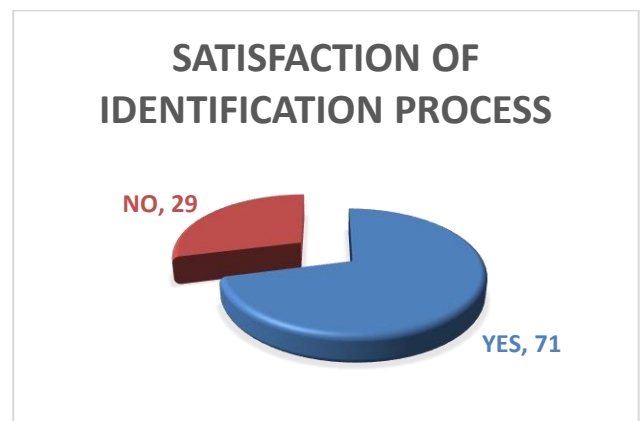
The beneficiaries said 65(65%) of them said they receive the cash transfers after 4-5months, 10(10%) said 2-3 months, 25(25%) stands for those over 6 months and none said every month. The figure 6 represents the findings.



Source: field work December 2018-february 2019.

**4.1.9 Satisfaction of identification process**

The identification/ selection process in any programme comes with challenges. The71 (71%) respondents said it was done in a good way but 29 (29%) respondents were not happy with the identification process. The figure 7 explains the interpretation of the results.



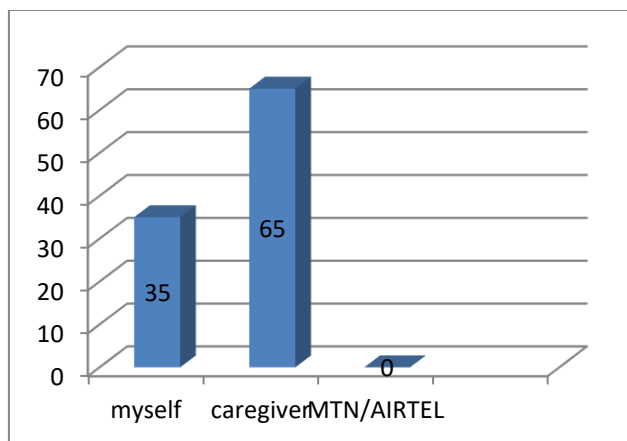
Source: field work December 2018-february 2019.

**4.1.10. Involvement of community in identification**

The respondents in the study, respondent that they are community involvement in the identification process. All accepted the involvement.

**4.1.11 methods of collecting the cash transfer**

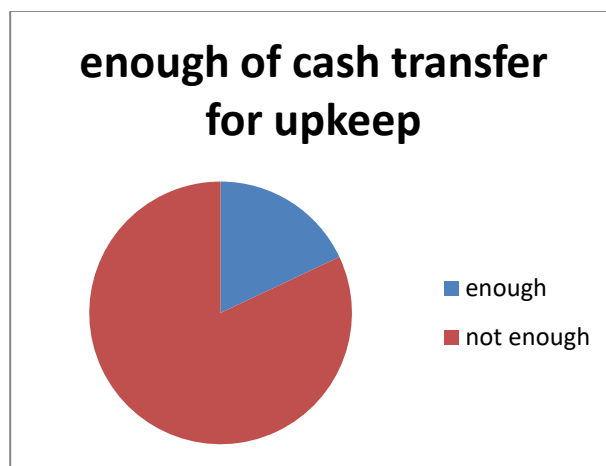
The collection of cash transfers by the beneficiaries is a concern to many people allowed them. The respondents on the study had the other methods of collecting the cash transfer. In the study 35 (35%) respondents said that they collect the cash transfer by themselves and 65(65%) respondents said that the caregiver collects on behalf of them. MTN/AIRTEL, and other methods are not applicable on SCT, programme to receive or collect the money through this method, the figure 8 represents the answers of the respondents.



Source: field work December 2018=February 2019.

**4.1.12 enough of cash transfer for up keep.**

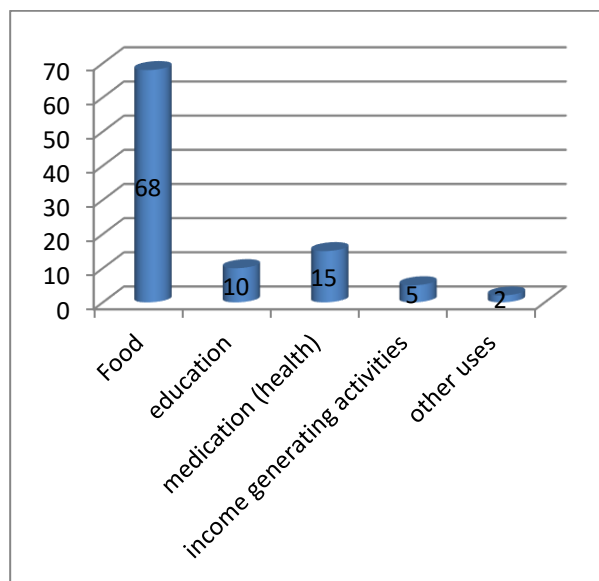
82(82%) of the respondents on the study said that the cash transfer of k180 monthly is not enough for the up and 18 (18%) said it is enough for their upkeep. Below is the figure 9 to explain more about enough cash transfer for the up.



Source: field work December 2018-february 2019.

**4.1.13 utilization of cash transfers**

The utilization of social cash transfer depends on the immediate needs of the family and households. The 68 (68%) respondents said the use of cash transfer to buy food, 10(10%) respondents said for education, 15 (15%) use it for medication (health), 5(5%) they use cash transfers for income generating activities and 2(2%) respondent for other uses. The table 10 is explained the utilization of the cash transfer.

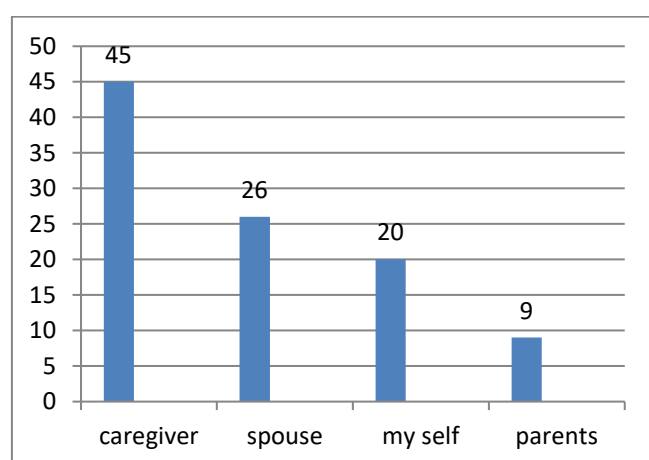


Source: field work December 2018 - february 2019.



## 4.1.14 decision making on cash transfers

The decision making for the respondents on how to spend the cash transfer were different. The highest to make decision on the use of cash transfer were presented by 45(45%) and followed by 26(26%) who said my spouse, the caregiver make decision for 20(20%) respondents and 9(9%) respondents are presented by parents. Figure 14 explains the decision making on how to spend the cash transfer.



Source: field work December 2018-February 2019.

## 4.1.15 effectiveness of SCT for the disabled

The 50 respondents revealed that SCT is effectiveness because it reduces physical abuse of women by men. It is revealed that cash transfer can lower physical abuse, but also that they may increase in non-physical abuse, like emotion abuse a controlling behaviour. Also, cash transfers promote self-esteem, status and empowerment amongst vulnerable people enabling them to be active members of their households and community rather than burned.

It is effectiveness it improves the health conditions only 60 respondents. The available evidence of SCT has improved and the directly promotes good health status of household's

members and cash transfer to the households allows beneficiaries to have good treatment on the time thereby improving their productivity in society.

Buying of foodstuffs is an effectiveness of social cash transfers because they able to buy the food stuffs and to meet the three meals a day. 75 of the respondents revealed that when the household's struggles in food insecure its difficulty of these households to maintain assets including those used for productive purpose because they are easily sacrificed in order to improve food security.

45 respondents said it is effective because they are able to take the children to school. SCT provides a huge means to the household to pay school fees, and other schools requirements (materials) more especially uniforms, books and stationery. The provision of SCT to be disabled increases the enrolled rate as evidenced in Zambia cash transfer which increased school enrolment rates.

35 of the respondents are able to invest I other business others in agriculture, animal rearing that is goats, sheep, chickens etc. this increase in ownership of small livestock was particularly more worth seven times as many households owned goats and owner ship of the chickens increased and they had invested part of the cash received and generated them.

## 4.1.16 challenges of the SCT

The table explains the challenges faced under social cash transfer

S/NO	CHALLENGES OF SCT	RESPONDENTS	PERCENTAGE
1.	Late of cash transfer	35	35%
2.	Cash transfer is too small to meet the up keep	25	25%
3.	Manual way of handling the cash transfer is dangers to the beneficiaries	10	10%
4.	No official complaints procedure for beneficiary	8	8%
5.	Some PPM they use the cash transfer	5	5%
6.	No fixed periodic time set for potential beneficiaries to register	8	8%
7.	No regular monitoring of social welfare officers	2	2%
8.	Limited capacity of officers operating the MIS and strategic registry	7	7%
	TOTAL	100	100%

Source: field of work December 2018 – February 2019.

## 4.1.17 possible solutions (way forward) to challenges

The challenges faced in the implementation of SCT has got solutions in Nakonde, the following are the solution

S/NO	SOLUTIONS TO THE CHALLENGES FACED	RESPONSE	PERCENTAGE
1.	To establish and communication channel that will help giving feedback to the beneficiaries	7	7%
2.	Increase budgetary allocations towards the SCT.	35	35%
3.	Improve in management information systems that will reduce the administrative cost of implementing SCT.	18	18%
4.	Priotising monitoring and evaluation to avoid corruption and general aid diversion.	2	2%
5.	Ensure that the transfer is more predictable and reduce the delays in payments.	25	25%
6.	Set up specific time for occasional registration potential beneficiaries	8	8%
7.	To enforce periodic forensic audits to ensure that there is an authentic data base of true beneficiaries.	5	5%
	TOTAL	100	100%

Source: field work December 2018 –February 2019.

## CHAPTER 5-DISCUSSIONS

The study targeted to both male and female who are the disabled in how they access the SCT from the central government. It is evident from the findings that the included to access SCT in Nakonde depends on a number of factors such factors included were to access these cash transfer. The type of empowerment fund they can receive and also the type of policies which support them so that they can get an empowerment.

### Awareness about SCT

Most respondents they were aware of the empowerment of SCT that is there for them and just few of the respondents who did not know that there is SCT for those who are severe disabled. It was not a surprise for the respondents to be aware. As a result, the study revealed the majority of the 64 (64%) are aware about the programme of SCT while the minority of 36 (36%) were not aware about the SCT.

Moreover, most of the respondents are hindered in the accessibility of SCT programme by the government to be severe disabled. Probability that was a reason why they are only few of the respondents 36% indicated that they would encourage other to get to access while the 64% are aware about SCT (Ranjar committee report; 2008), states that such empowerment (SCT) should as much as possible endure access to financial services and timely and adequately credit where needed by vulnerable group such as the weaker sections and how income groups at an affordable cost.

### Disabled identification process

The research was revealed that the good number of the households had people with disabilities, whether physical, blind, hearing, types of

disability. A good number of the people with disabilities need the assistance which is permanent to meet the basic needs in their lives like toiletry needs, feeding and protection from any harm. It is discovered that the respondents who participated in the study were aware of the SCT programme. All the disabled, were introduced to the cash transfer programme by the MCDSS offices.

The identification process of the disabled and other groups was conducted when given a go ahead by the government so in the study the respondents said not aware exactly when the identification takes place while the frequency at which they received the SCT takes 4 to 5 months. To add on the good number of the respondents were satisfied with the process of identification. This process is supported as it targets the correct or right people, selects the needy and the local community are invited that includes the community welfare assistance committee (CWAC) members.

### SCT process to people with disabilities

It is discovered in the study that cash transfer collection was done by the parents or caregivers. It is also discovered that the collection of cash transfers through MTN /AIRTEL mobile money channels as the programme has no such procedure. A small group of the disabled who gets the funds by themselves explained that their deputies (deputy) nominated or chosen to collect the money on behalf of the beneficiary's demand compensation.

One respondent further explained that, the deputy can get the cash transfer minks informing me and also said they even spend the money without telling me," to this end, beneficiaries suggested that the SCT programme should widen its channels of cash transfer and embrace

technology by adopting mobile money transfer whether MTN/AIRTEL OR ZAMTEL. Meaning that they will be an improvement and efficiency cash transfer collection by both parties involved.

The cash transfers were not adequate due to the rising cost of living and most of it was used to buy food and medication. It was also established in the study that decision on the spending of the cash transfer were made by parents of caregivers. For this reason, most of the disabled were not happy with how the cash transfer was spent. It is evident that even those who have children who go to school they do not support them in terms of education, books, pens, pencils and to some extent of school fees. (MCDSS, 2018 REPORT).

## **EFFECTIVENESS OF SCT**

SCT programmes have been seen to eradicate extreme poverty in a bigger and better way. Poverty is most households with older people, single headed and the disabled would be 5.3% points in higher Brazil and 1.9% points higher in South Africa. (Schubert, 2005). It is somehow crucial to point out that the effectiveness of SCT was a powerful tool for extreme poor individuals and in the absence of a noncontributory pension.

Although SCT programme will not push people above the poverty datum line, this SCT will suffice against the effects of poverty. Barrientos, (2003) also states that m without their social cash transfer programmes, it is estimated that the poverty, gap behold be a third larger in Brazil and two thirds larger for South Africa.

## **Effectiveness on individuals**

SCT to vulnerable and special group like people with disabilities (PWDs), the elderly enhances their social status within the outside the family, (Barrientos and De Jong, 2002). It is evident and fact that SCT has brought great recognition to

these PWDs or disabled even to the elderly since the can now contributes financially at the family gatherings.

This also bring in social inclusion and autonomy, (Devereux, 2001), and the studies have shown that, recipients of a non – contributory pension regard it as a contribution to family income and use it for it for the feeding and basic education of the children living in the households ,(help age international, 2004).

## **Benefits on orphans and vulnerable children**

SCT programmes from government or from other aid agencies have been found to contribute significantly to the support of the over burned family network and communities more especially severely affected by HIV/AIDS. It is seen that a good number of households that those households headed by either the disable, orderly or children are all full of orphans and vulnerable children left by the effects of HIV/AIDS. Here in Zambia, about 10% of these households are in the position (MCDSS/PWAs, 2003), where about 60% of the household's composition of orphan. The coming of the SCT programmes to these communities it like a nightmare or a dream come true due to its variability and the best current effect is to support them through their households. The recent analysis situation in Zambia has found that a third of the entire disabled, orphan live in households by elderly people, (UNICEF, 2004).

## **Promotion of pro poor growth**

SCT programmes are the catalysis in terms of investment for a long-term economic development. As Schubert (2005), asserts that the households receiving the SCT money use 68% for food and 15% for health (medication) care for the family, for the basic education of their education at 10% and for investments is 5% for physical capital which provides a future source

income for the family for the other uses stands at 2% which includes the beneficiaries increases their purchasing power and this has a multiplier effect which ultimately strengthens the local economy through enhanced demanded for commodities in their respective communities and liquidity. Through this effect the cash transfer is found to break the circle of poverty for the disabled in the process promoting pro-poor growth.

## **IT ENHANCED SELF HELP CAPACITIES**

SCT beneficiaries usually utilize the money to buy the basic physiological needs and after these are happy because they invest the remainder of the money in self-help projects such that they can make a progression to safety. One respondent stated that, they have invested the money in goat rearing, chickens, sheep and even agriculture that is farming of crops.” Also, leisening et al (2004), supports the idea that, social cash transfer programmes in developing countries do not significantly lead to increased dependency or that they reduce the incentives to work. Schubert (2005), asserts that, concurs since in the Zambian pilot, 28% of the cash transfers were spent on investments”.

### **Improving access to social services**

The available evidence of SCT has led to improved access to health care and education. Nutritional status of the disabled has improved and this directly promotes good health status of household members and cash transferred to the households allows the beneficiaries to have good treatment on time there by improving their productivity in society. For instance, in Zambia the incidences of the illness have reduced from 42.8% to 35% and incidences of partial sightedness has gone down from 7.2% to 3.3%, the fact is that the beneficiaries are able to afford

minor eye surgery/treatment (MCDSS/GTZ,2007).

SCT provides a huge means to the household to pay school fees and other school requirements, (materials) more especially uniforms, books, and stationary. One respondents stated that, ‘since she started the SCT from government in 2016 it has helped to support the child with uniforms, books, and other school requisites,” education is generally accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by the cost. (Vincent and cull, 2009:9).

The provisions of SCT to the disabled increases the enrollment rates as evidenced in Zambia cash transfer which increased school enrolment rates by 3% to 79.2% and 56% of the youth who were not in school at the time of the baseline study were enrolled by the time of the evaluation, (MCDSS/GTZ, 2007), studies in south Africa receipt of the child support grant is positively correlated with the beneficiary attending school by over half (William, 2007). In Namibia, interviews with a grade 12 class found that participation of 14 out of 16 learners was solely due to their grandparents receiving a pension (Devereux, 2009).

When the school fees are paid there is an automatic incentive to allow children attend, which subsequently reduces child labour and other absenteeism and this was evidenced in Malawi, where children in houses on cash transfer in the Mchiji, cash transfer pilot were absent on average 1.6 days, as compared to 2.6days in those not on the programme. (On average before the transfer was 2.6 days in both households) (Miller 2008).

By using the information of the national house survey in 2000 in south Africa, models show that

household receipt of the an old age and disabilities pension is associated with a 20% to 25% reduction on the school nonattendance gap, and receipt of the a child support grant is associated with a 25% reduction in the nonattendance gap (Samson et al, 2004).

## **Investment in livelihood and productive activities**

When the households struggles in food insecure its difficulty for these households to maintain assets including those used for productive purposes because they are easily sacrificed in order to improve food security (Vincent and cull, 2009), explains that fact that during the pre-harvest period food prices tend to increase beyond the purchasing power of the most country member and this often leads to the recapitalization of these assets in order to meet the basic physiological needs of the families. This problem of seasonally of hunger makes it very difficult for households to escape the poverty trap, as they are unable to build up assets to promote livelihoods. (Devereux et al, 2008).

SCT allows these chronically impoverished households a guarantee that they will be able to secure their basic needs throughout the year, regardless of seasonally without selling their productive assets. These on SCT also provides small amounts of capital for investment in productive activities, for example, agricultural implements and tools, giving the beneficiaries an opportunity to not only product but also improve their economic wellbeing, (Vincent and cull, 2009). In the Kalomo SCT schemes in Zambia 29% of transfers income was invested, either in the purchase of livestock, farming inputs or informal enterprise, (MCDSS/PWAS/GTZ, 2005).

The increase in ownership of small livestock was particularly noteworthy seven times as many households owned goats, and the ownership of the chickens increased by 15% points, 71% of all households indicated that they had invested part of the cash, and 52% of them indicated that they had generate extra income.(MCDSS/GTZ,2007).

The evidence of investment in assets is also reiterated from SCT schemes also where for instance a beneficiary of the child support grant in Mdantsane, south Africa explains, in sell sweets and biscuits so that I don't run out of paraffin, I buy them from the child support grant money, I do this so that when the child support grant runs out, we are not in darkness". (Surrender et al, 2007). In Swaziland the prospect of guaranteed income through the old age grant provides access to form inputs on the easy terms, particularly through agricultural cooperatives and credit unions, (Dlamini,2007),

The evidence reviewed that cash transfer can low physical abuse, but also that they may increase nonphysical abuse, like emotion abuse a controlling behavior. The basis of evidence funds support by both for the theory that increased income lowers stress related abuse and for the theory that increased income enables the women to bargain out of abuse.

## **Promoting self-esteem, personal status and empowerment**

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

The elderly, for example, typically rely on their children to provide for them. A Lesotho pensioner describes “before we were treated as if we were dead. Now people respect me” (Save the Children UK/Help Age International/IDS, 2005). Similarly, a male disability grant recipient in Langa, South Africa explains “this disability grant is very helpful because I can buy food and medicines if necessary.

### **Wider economic growth**

One of the consequences of providing cash to vulnerable people is that they are likely to spend it, whether on food, social services, or assets. As the money is spent locally, this stimulates local markets, promoting trade and production, and thus leading to wider community-level economic benefits through the multiplier effect. A number of previously stagnant community economies have been shown to benefit from the injection of cash through cash transfers.

In Zambia, of all purchases made with cash transfer income, 63% are from neighbours, 11% are from shops and 7% from rural traders, thus showing that well over three quarters of the cash injected into the economy is spent locally (MCDSS/PWAS/GTZ, 2005).

Namibia and South Africa, for example, both reports increased trade for grocery stores and the formation of new businesses, resulting from their respective social pension schemes (Ardington and Lund, 1995; Lund, 2002). Similarly, research on the impacts of the Old Age Pension in Lesotho show that on average 18% of the money transferred goes towards creating jobs for other people (Help Age, 2006).

Perhaps the most convincing evidence comes from an econometric survey in the Dowa District of Malawi after the DECT, which shows that for every \$1 of transfer, a regional multiplier of 2.02 to 2.45 was observed in the local economy, meaning that there was double the impact of the actual transfer in the local economy, benefiting

non-recipients of the transfer, such as traders and suppliers (Davies and Davey, 2008).

### **Evaluation process of the cash transfer programme**

The programme of cash transfers used the institutional framework to execute the programme where the disabled people are the beneficiaries. All other things in the programme explained the less participation especially the involvement of the government authorities, structure and mechanisms, NGO and civil society. It is noted that no regular evaluation assessments for the cash transfer. This implies that there are negative impacts on the effectiveness of the SCT programme, evaluation process. However, the study pointed that evaluation of the programme was conducted after some months to a year. The areas of the improvement on the programme was pointed, and as identification of disabled, payment duration and frequency. This should be worked on so to enhance the efficiency and effectiveness of executing the social cash transfer evaluations at the grassroots.

## CHAPTER 6- CONCLUSION AND RECOMMENDATIONS

### 6.1 conclusions

The research concluded that the SCT process should now take place on board relevant government authorities, civil society, NGOs at the initial stages of the identifying and design the assessment levels. The effectiveness of SCT programme for the people with disabilities, (PWDs) should execute at regular and feasible intervals. It needs the certain that can be used to determine the assessment and implementation of the SCT programme. The SCT programme should endeavor to cover all areas of Nakonde District and the nation at large.

On the study, the materials for making awareness and the promotion of SCT programme need to be developed, use of workshops and the sensitization programmes for PWDs should be executed on the social cash transfer initiatives. SCT payment procedures need to be improved and it needs to be reliable and convenient to lessen the manual disbursements of the money by the pay point manager (PPM). This is a good improvement in food consumption due to SCT program and this has given radical shift in food consumption. The house holds on the program are able to meet the daily meals as monitored by the officers (MCDSS, Nakonde District report, 2018).

SCT programme play a pivotal role in social protection by smoothing consumption in the poorest and most vulnerable households like the disabled. The presence of income spill over in both eligible and ineligible households shows that SCT can play a second role as an economic stimulant. As local demands for goods and services increase, an elastic supply response will result in local economic expansion.

SCT play a vital role in poverty reduction and reducing inequalities. It is encouraging to note that the social welfare sector in Zambia is increasingly progressing with dynamic and effective programme but there are opportunities to further improve SCT programme. With a political will, the weakness and challenges of SCT programme can be overcome leading to effective programme implementation.

### 6.2 Recommendations

The research has made the following recommendations:

- (1) SCT programme should be continued to all the PWDs in all communities of Nakonde District and all food in secure communities provided. SCT programme has seen to improve the food security in the immediate and long term through food purchases and savings and investments respectively.
- (2) SCT programme can be effective if the in-kind foods are introduced in the programme since it is known that the cash transfers are there to help in addressing other households needs like health and education to the beneficiaries and the families.
- (3) The other recommendation is that SCT programme to create awareness and promotion of SCT programme to those who are not yet to know the programme. This also includes the workshops or PWDs sensitization training should be conducted.
- (4) Set up and communicate an official channel for feedback from beneficiaries.
- (5) Increase in budgetary allocations towards the SCT (Increase I amount and number of the beneficiaries in comparison to poverty levels.)
- (6) Increased capacity building for integrated MIS and improved management systems will



to reduce the administrative cost of implementing the SCT.

- (7) Periodic forensic audits to ensure that there is an authentic data base of the true beneficiaries.
- (8) Prioritising monitoring and evaluation to avoid corruption and general aid diversion.
- (9) Ensure that the transfer is more predictable and reduce the delays in payments. There will ensure that the beneficiaries are not inconvenienced.
- (10) Establish a specific periodic for occasional registration of potential beneficiaries

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