

**THE SUSTAINABILITY OF SOCIAL CASH TRANSFERS AMONG RURAL WOMEN:
A CASE STUDY OF CHOONGO COMMUNITY WELFARE ACTION COMMITTEE
(CWAC), ZAMBIA**

By

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A dissertation submitted to the University of Zambia in partial fulfilment of the requirements of
the degree of Master of Arts in Gender Studies

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ABSTRACT

Women, especially in rural areas and urban informal settlements are striving on a daily basis to secure a livelihood. They face the hardships of life and have little chance in nutrition, education and better health service. In this regard, Social Cash Transfers are funds given to vulnerable households to uplift lives and in the long run foster development. These studies attest to the fact that Social Cash Transfers in their current form are not sustainable in uplifting livelihoods among rural women. This study set out to investigate the sustainability of social cash transfers among rural women using Choongo CWAC as the case study. A descriptive research design using mixed-methods approach was employed for this study. The sample size for the study was 122 respondents. Simple Random Sampling method was used to select 114 respondents who were female past beneficiaries of SCTs program while Purposive Sampling method was used to select 6 participants for FGD and 2 Social Welfare District Officers as Key informants for in-depth interviews. Self-administered structured questionnaires were the main research instruments used to collect quantitative data while interview guides were used to collect qualitative data. The quantitative data were analysed using Statistical Package for Social Sciences (SPSS) version 21 and qualitative data was analysed thematically.

The study established that SCTs did not uplift the livelihoods of rural women using various areas like education, were 11% (n=12) felt uplifted, health, 10%(n=11) felt uplifted Nutrition, 9%(n=10) felt uplifted and Investment 5% (n=6) felt uplifted in addition the SCTs also came erratically and the amounts very meagre as was discussed in the FGD and verified by the key informants. In the area of decision making, a majority of respondents made decisions over SCT in conjunction with male relatives in the household which stood at 91% (n=104). It was also discovered that most of the times negative coping mechanisms which included selling previously owned items, consuming fewer meals in a day and getting essentials on credit were used. The study recommended a raise in amounts of SCTs received, consistency in the payment dates and clear exit strategies if the SCTs were to sustain the rural women's livelihoods.

KEY WORDS: Sustainability, Social Cash Transfers, Rural Women & household.

DEDICATION

This study is dedicated to my late father, Mr. Aaron Tedson Goma who taught me from an early age that it doesn't matter my sex, I can be and do anything that I want to do or be in life, my mother the late Theresa Nachela-Goma for showing me the strength of a woman, (Dad & mum rest in power, you are always in my heart). My husband, Derick Mwewa, for his prayers, support, unconditional and unfailing love, my daughters Elvyn Gertrude, Vivian, Dalitso, Towera, Mwape, Sumbukeni, Mbaweme and Amarrah for believing in me as a super woman, my sister, Suzan, you are my pillar, Professor & Mrs. Doreen Tembo, thanks for your kindness and encouragements, Dr. & Mrs. Chiluba Chikoti, thanks for the unwavering love, my brother Yotham thanks for taking me through the night and building a study foundation in me, Mr. Goma Kenny & Florence you taught me unconditional love and my friend of all seasons Gift Lwenje. My sons Stephen, Aaron, Michael, Dumisani, Joshua, Gomezya, Tapiwa, Chatowa and Aaron Yebo. My grandchildren Daniel, Thabo, In'utu, Tumbiko and Elisha, the Goma, Mwewa and Tembo families. You people spell unconditional love, peace, unity and life in its entirety. To my late elder brother (alpha male) Chidongo Fredrick Goma and late elder sister Elvyn Gertrude Goma-Miko rest in eternal peace till we meet again always at heart. I loved you in life; I still love you in death and will always love you.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACC	Area Co-ordinating Committee
AIDS	Acquired Immune Deficiency Syndrome
CARE	CARE International
CCTs	Conditional Cash Transfers
CSI	Coping Strategies Index
CS Pro	Census & Survey Processing System
CT	Cash transfers
CWACs	Community Welfare Assistance Committees
DFID	Department for International Development
DRC	Democratic Republic of Congo
FACT	Food And Cash Transfers
FGD	Focus Group Discussion
FNDP	Fifth National Development Plan
GRZ	Government of the Republic of Zambia
GTZ	German Technical Cooperation
HIV	Human Immune-deficiency Virus
HH	House hold
ILO	International Labor Organization
MCDSS	Ministry of Community Development and Social Welfare Services
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PSNP	Productive Safety Net Program

PWAS	Public Welfare Assistance Scheme
PWSD	Persons with Severe Disability
SCTs	Social Cash Transfers
SPS	Social Protection Strategy
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
UCT	Unconditional Social Cash Transfer

CHAPTER ONE

INTRODUCTION

1.0. Introduction

Cash transfer (CT) programmes are social protection instruments that provide vulnerable families with regular cash payments with the aim of alleviating poverty. These programmes are applied in almost all developed, developing and emerging countries around the world; by 2013, nearly 1 billion people were covered by this type of protection Fiszbein et al., (2014).

Cash Transfer programmes became popular throughout Latin America (LA) during the 1990s in the form of monetary transfers paid to poor households, on condition that the beneficiaries complied with specific behavioral requirements, also known as conditional cash transfers (CCTs). Adato & Hoddinott, (2010); de Brauw & Hoddinott, 2011; Fiszbein & Shady, 2009; Hoddinott, 2010; World Bank, (2015a). In more detail, these cash transfers are usually targeted at children and require parents, mainly mothers or caregivers to meet some conditions linked to improvements in their children's health, education and nutrition. In order to receive CTs, for example, families must send their children to school and have them undertake regular health examinations. The guiding principle is to encourage the demand for social services and investments in human capital with the ultimate aim of reducing intergenerational transmission of poverty in the long term (Hanlon et al., 2010).

Zambia is a lower-middle-income nation in Southern Africa, with a population estimated at 18.4 million people in 2020. Over half (58.2%) of its population is located in rural areas and are women. They are often at low density and sparse patterns of territorial occupation, which contributes to low access to public services and markets. Currently, 54.4% of the country is living below the poverty line, and 13.6% lives below extreme poverty (Arruda and Dubois, 2018).

The Social Cash Transfers were introduced to Zambia between 2003 and 2010. It comprised five pilots with limited connections among them. The design followed the ultra-poor approach, also known as the 10 per cent inclusive model aimed at reaching the poorest 10% of the population of the districts served. Between 2010 and 2014, the programme had two different streams; the *Child Grant* (CG), designed to benefit households with children; and the *Multiple Category Transfer Grant* (MCTG), which targeted other forms of vulnerability. Since 2014, the programme has adopted a third format known as harmonised targeting. This approach

established a single selection criterion (households with high dependency ratios) with the aim of reaching out to different sorts of vulnerable households. According to Arruda and Dubois. (2018) five pilots covered a total of 7,337 households and other 4,580 individuals just before the programme started its second phase. The selection process occurs through volunteers and social workers in the community, and the Community Welfare Assistance Committee (CWAC), whom, with support of local leaders, identify households that meet the eligibility criteria.

1.1. Background to the Study

Over the past decade, Zambia achieved macroeconomic stability and recorded a growth rate of over 6% per year. Yet, there has only been a marginal decline in high rates of poverty and malnutrition. In 2010, the headcount rates for overall and extreme poverty remained high at 60.5% and 42%, similar to 2006 levels, whilst the absolute number of people living below the poverty line was increasing with population growth (from 6 million in 1991 to 7.9 million in 2010). Poverty is unevenly distributed nationally with rural areas having a headcount poverty rate of 74%, double the urban poverty rate of 35%, and an extreme poverty rate (58 %) four times higher than that in urban areas (13%). Women are the most affected by poverty. From the total women population 65% lived in poverty in 2010 (and 46% in extreme poverty). About 85% of all poor women live in rural areas.

Government considers Social Protection as a key strategy to support inclusive economic growth, to achieve poverty and vulnerability reduction, and promote equity and fulfilment of human rights. In 2014, Government approved the National Social Protection Policy with an accompanying Implementation Plan for the 2014-2018 period. The policy defines social protection as “*Policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or are vulnerable to risks and shocks*”. The policy’s flagship intervention the Social Cash Transfer programme was established in 2003 as a pilot programme and in 2010, a number of cash transfer pilots were brought together under a single programme with a ten-year expansion plan (MCDSS/GTZ, 2007).

1.2. Statement of the Problem

Women, especially in rural areas and urban informal settlements are striving on a daily basis to secure a livelihood; they face the hardships of life and have little chance in nutrition, education and better health services (Kirera, 2012). Choongo CWAC in Monze is one of the areas that is becoming highly populated with increased numbers of women getting involved in family provision due of loss of breadwinners as a result of the HIV/AIDS scourge, bad polygamy practices as well as early sexual début leading to teenage pregnancies. Various intervention programmes including SCTs have been implemented to reduce poverty and empower vulnerable people especially women economically as a means of empowering the household and community as a whole (Tembo, G. 2007). According to the JCTR (2019) the bare minimum monthly basket for a family of five persons stood at ZMW 5,395.00 while in the same year SCT beneficiaries received ZMW 60.00 per household regardless of the dependency ratio.

SCTs are meant to empower women in households with the main purpose of uplifting their livelihoods. Taking into account the amounts provided as compared to the cost of living how feasible is it that SCTs can uplift livelihoods thus, to what extent do SCTs uplift the livelihoods of these rural women? (Concern Worldwide and Oxfam GB, 2011). Gender is the guiding principle in SCT implementation but SCTs are directed at households (HH) with several members in them, households are composed of male and female members and the most dominant feature to note is that, the Tonga people practice patrilineal culture which promotes male dominance and supremacy where women have to be in complete submission to men (MoA, 2014). Against this background, what are the intra-HH gender dynamic decision-making processes with regard to the use of SCTs in these HHs? Additionally, how sustainable are cash handouts. Last but not least taking in to consideration budget constraints and delays on the part of the provider (government) in the provision of SCT resources, how do these rural women cushion shocks in the event that SCTs are delayed or they are not enough? (Skoufias, 2006). The above questions were the motivation for the research.

1.3. Research Objectives

1.3.1. General Objective

To investigate the sustainability of Social Cash Transfers among rural women: the case study of Choongo CWAC in Monze district of Southern Province, Zambia.

1.3.2. Specific Objectives

- (i) To examine the extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC.
- (ii) To assess intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households in Choongo CWAC.
- (iii) To identify how shocks are cushioned among women of vulnerable households in Choongo CWAC.

1.3.3 Research Questions

- (iv) To what extent do SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC?
- (v) What are the intra-household gender dynamic decision making processes with regards to use of Social cash transfers among vulnerable households of Choongo CWAC?
- (vi) How are shocks cushioned among women of vulnerable households in Choongo CWAC?
 - (a) When the money is not enough.
 - (b) When the money delays.

1.4. Significance of the Study

The existing knowledge base on the sustainability of SCTs among rural women is very limited—especially in Zambian rural areas where such evaluations are relatively rare. Therefore, it was the aim of this research to investigate the sustainability of SCTs among rural women using the case of Choongo CWAC in Monze district of Southern Province in Zambia. The study focused on past beneficiaries of SCTs in vulnerable households for use by academics in future researches. There has been an ongoing debate on whether cash transfer programmes are only effective in crisis and emergency situations or whether they are an intervention to uplift livelihood and boost sustainable development (World Bank, 2012). This research seeks to contribute to that ongoing debate by policy makers and development workers, to use lessons learnt in modeling future cash transfer programmes as a means of poverty reduction with regard

to gender equality fostering sustainable development and also as a means of social welfare provision in developing countries.

1.5. Scope and Limitation of the Study

The study focused on the people living in Choongo CWAC under Choongo Area Co-ordinating Committee (ACC) primarily past beneficiaries of SCTs. One limitation was due to the fact that Choongo is a rural settlement, therefore, the findings may not be applicable to cash transfer beneficiaries in urban settings because of marked differences between rural and urban settings. The researcher therefore identified and highlighted similarities in socio economic conditions experienced by women in both settings and this enabled the findings to be relevant for use on urban cash transfer programming. Another limitation was the fluidity of informal settlements. Informal settlements are highly fluid and dynamic thus most of the past beneficiaries of the CT programmes had relocated and most had unfortunately died. The researcher therefore used key informants, village elders and CWAC committee members to gather information and also locate the respondents.

1.6. Operational Definitions

Sustainability- is a process that requires that the needs of the present generation are met without compromising the ability of future generations to meet their own needs.

Social Cash Transfers- Regular amounts of money that are given to vulnerable households to alleviate poverty and stop its intergenerational transfer.

Rural Women- Women that reside in areas that are geographically remote and lack most basic social amenities.

Household- It is a group of people who normally live together (for a period of not less than 6 months) and eat together and have one person that they consider as head. They may not be related by blood.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This section presents a review of literature on the Sustainability of SCTs among Women in Rural Areas, it starts with an overview of SCTs and finally the sustainability of SCTs among rural women. This was for the purpose of identifying gaps in existing literature in order to provide justification for the study.

2.1. Overview of Social Protection

2.1.1. Social Protection

Social protection is defined as the set of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income (ADB, 2009). This is normally divided into four groups, namely:

- Those which lead to direct and tangible benefits to vulnerable groups that is food for work, food aid and several social assistance payments.
- The second group is that which deals with insurance where the direct beneficiaries are far less than the indirect ones that is social insurance such as unemployment, maternity and old age insurance.
- The third group is that which benefit the community at large for example subsidies of selected food stuffs and medical supplies including education, cash transfers, social funds and disaster preparedness activities.
- The last group involves legal and legislative measures for the vulnerable groups and does not bring in immediate measurable benefits. This group includes child protection laws and labour laws.

According to Norton et al. (2001), social protection thus deals with 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 dynamic, 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.

2.1.2. Rationale for social protection

Norton et al. (2001) argue that social protection is necessary in order to develop social support for reform programmes, promote social justice and equity and make growth more efficient and equitable. It is meant to ensure the maintenance of a basic acceptable livelihood standard for all vulnerable communities, facilitating human capital investment for these communities and promoting social cohesion and social stability in the process. All the above is done in order to promote the development of cohesive, dynamic, equal and secure communities. Social protection is used to advance the well-being and security of citizens, protecting them from vulnerability and deprivation, enhancing their quality of life and unleashing human potential (Garcia & Bruat, 2003: 2). Social protection has also found a fair share of its criticism despite its contribution to human development. Those that criticize it focus on its impact on the economy. They have been found to have a negative impact on the general economic performance. They consider social protection as a ‘financial burden’ which always depletes public coffers, decreasing investment opportunities in other critical areas of the economy.

They also argue that social protection activities create dependency and make people lazy and not willing to offer their services on the job market. Though this may be true to a certain extent, social protection if properly targeted will help vulnerable groups in their progression towards safety. Garcia and Bruat (2003) also concur and ‘the criticisms have been invalidated by the experience of countries successful in economic, political and social terms which shows that economic development and social protection are mutually reinforcing’. Holtzmann and Jorgensen, (2000: 03) also agree with Garcia and Bruat (2003) in that social protection should not be viewed as a cost, but rather as one type of investment in human capital formation, that is helping the poor keep access to basic social services, avoiding social exclusion and resisting coping strategies with irreversible negative effects during adverse shocks. Several people become social protection candidates because exposure to risks has developed to be part of the human condition. Various sources of risks include natural, social, health, economic, political and environmental. Depending on the number of individuals or households affected, risks can be idiosyncratic (individual) or covariate (aggregate) (Moser, 2001). Idiosyncratic shocks occur to a few individuals while covariate shocks affect the whole community or region.

Social protection beneficiaries have also been increased by the negative effects of globalization. Though globalization has been found by Garcia and Bruat (2003: 6) as offering great opportunities for human advancement, trade, investment and capital flows including advances in technology, the present process has failed in reducing inequality nor set all nations on a sustainable path of economic and social growth. UNDP (1999: 36) concurs in that globalization in its current form has serious negative social consequences especially the widening gap between the rich and the poor, serious job insecurity and unemployment. Changes in technology, competing imports and labour saving technologies has also led to reduced need for unskilled labour and pressure on the skilled which has created a deficit in the developing countries (Raymond, 2001: 35-39).

HIV/AIDS pandemic has also reinforced the rationale for social protection through compromised progress in human development and reversed accomplishments in the health sector. It has also exposed the shortfalls of the current social protection activities especially in the developing nations which have the highest prevalence. According to Garcia and Bruat (2003: 8). HIV/AIDS has lowered life expectancy and has created large gaps in generational connections, where significant numbers of grandparents have become the main providers for their grandchildren. The disease has now been confirmed as a poor people's epidemic with 95% of the HIV-affected people living in developing countries and mostly women (UNDP, 1999: 42). Many developing countries responded to the financial and economic crisis of 2008 through the implementation of expansionary monetary or/and fiscal policies which included measures to protect the most vulnerable members of the societies (Zhang, 2009). The stimulus packages included expenditure on social security (Bangladesh), social services subsidy (Austria), employment insurance benefits (Canada), tax cuts (Finland), food stamps, unemployment compensation and medical aid matches (USA).

2.1.3. Social protection as a human right

Article 22 of the Universal Declaration of Human Rights of 1948 states that “everyone, 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 refers to “the right of everyone to social security, including social insurance”. It has become the basic right for vulnerable communities to be protected by their governments or local authorities from shocks. Social protection has become the in-thing in recent international forums, for example the World Summit for Social Development held in Copenhagen in 1995, centered on social protection.

Governments committed themselves 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 & Bruat, 2003: 12). The 24th special session of the United Nations General Assembly, convened in Geneva in June 2000 to provide a five-year review of the Summit, underscored the importance of establishing and improving social protection systems and sharing best practices in this field. The issue of social protection also received a fair share of attention at the Financing for Development Summit, held in Monterrey, Mexico, in March 2002.

2.1.4. Costs associated with no social protection

If a country, community or society decides not to undertake social protection activities then it will be doing itself a great dis-service because the costs associated with such an action are huge. This will lead to loss of potential for individual development through the creation of chronically socially excluded individuals or households who cannot contribute positively to overall development in the social, political and cultural fields of the country. According to Garcia and Bruat (2003: 19), a lack of investment in public benefits and services means a decrease in life expectancy, health, education and skills and a lack of investment in the younger generation. This will lead to a reduced pool of human capital. Withdrawal of social protection activities by the state leads to family disintegration and reduced cohesion among families. It also reduces the legitimacy of the state and therefore endangers the functioning of democracy. It often leads to political unrests and the proliferation of extremist groups. Therefore, effective access to social protection should not be treated as a luxury but should be perceived as an investment in people, social justice and social cohesion, with a high rate of return, not only in economic terms but also in social and environmental terms, and as constituting an indispensable and solid foundation for sustainable and peaceful development for all (Garcia & Bruat, 2003: 19).

2.1.5. Dimensions of social protection

Garcia and Bruat (2003: 26) argue that three dimensions exist in social protection in order for it to achieve its multifaceted objectives:

- (i) The first is access to essential goods and services.
- (ii) The second is prevention of and protection against various risks.
- (iii) The third is the promotion of potentials and opportunities in order to break vicious circles and pervasive tendencies.

Access to essential goods and services form the core of social protection. For the other two dimensions to be realized the first one above needs to be fulfilled first. This involves the provision of the basic physiological needs in the form of food, shelter, health and clothing and the packages may differ depending on the level of development of the country of focus. Social protection can be provided by the state, voluntary organizations and fellow communities especially in developing countries. Community strategies for groups in need of social protection focus on minimizing risk (Ellis, 1993: 82–103) and these strategies to minimize the probability of risk may make the consequences of crisis more severe when they cannot be avoided. According to Antony et al. (2001: 45-46) strategies which may serve to reduce risk in the short to medium term may actually make it harder to make the transition to a low risk environment in the long term and numerous examples of this ‘perverse’ trade-off between poverty and security (Chambers, 1989; Mullen, 1999: 6). The three dimensions of social protection include; Promotion of Potentials & Opportunities; Prevention & Protection; Access to Essential Goods & Services (Garcia & Bruat, 2003). Since access to essential goods and services is the core, activities in this category will include insurance on unemployment, illness, maternity, disability and old age (social insurance programmes), cash transfers and other in-kind transfers such as free food aid, health cost exemptions and subsidies (Ortiz, 2002: 57).

2.2. Sustainability of SCTs among Rural Women

2.2.1. History of SCTs in Zambia

As part of the comprehensive social protection strategy, the Government of Zambia implements an unconditional Social Cash Transfer Scheme through the Ministry of Community Development and Social Services (MCDSS). The social cash transfer programme responds to the second objective under the Fifth National Development Plan (FNDP) social protection chapter that focuses on reducing extreme poverty in households through welfare support, “under this objective the five-year plan is to roll out social cash transfer schemes to the whole country” (MCDSS, 2008: 11) and it has extended into the Seventh National Development Plan (SNDP). In 2003 a pilot cash transfer scheme was started in Kalomo district with support from the Ministry of Community Development and Social Services/GTZ Social Safety Net Project. This has been extended to other districts with support from Department for International Development (DFID), United Nations Children’s Emergency Fund (UNICEF) and CARE International.

The Kazungula cash transfer scheme was introduced in 2005, Chipata scheme in 2006 while Monze and Katete schemes were started in 2007. Each of these was designed to contribute lessons towards the design of a national social cash transfer scheme, ‘in Kazungula the scheme was meant to test the feasibility of implementing cash transfers in sparsely populated hard to reach district, for Kalomo the capacity requirements of implementing a fully scaled scheme at district level was tested while soft conditionalities were attached to the Monze scheme. In Katete the scheme that targeted persons aged 60 years and older was meant to generate information on the cost effectiveness and acceptability of social pensions’ (Tembo and Freeland, 2008: 3).

The Ministry of Community Development and Social Welfare Services has embarked on a programme to scale-up the social cash transfer scheme, “the implementation framework for scaling up cash transfer schemes took place from 2009 to 2015” (MCDSS 2009: 39). This scaling up strategy was planned to start with districts considered as the poorest in Zambia. The social cash transfer scheme aims to provide regular supplements of income resources and basic needs for households incapable of meeting adequate and regular livelihoods. The specific objectives of the transfer scheme are: - (i) To reduce extreme poverty, hunger and starvation in the 10% most destitute and incapacitated households by assisting them to meet basic needs, particularly health, education, food, shelter; and (ii) To generate information on the feasibility, costs and benefits of a social cash transfer scheme being a component of the Social Protection Strategy for Zambia (MCDSS, 2008: 3).

The Department of Social Welfare implements the transfer scheme under the Public Welfare Assistance Scheme (PWAS). PWAS is a major social assistance programme providing basic necessities in form of cash, food clothing, basic shelter, education and health care support to the most vulnerable. The programme targets 10% of the population falling in the lowest deciles, “these are considered as the poorest with a share of per capital income of only 0.2% according to the living conditions and monitoring survey of 2006” (MCDSS, 2008: 3). The 10% ceiling is based on the PWAS national household survey of 2003, which concluded that “10.5% of Zambian households are destitute” (MCDSS, 2008: 26). A household is considered eligible if it adopts negative coping mechanism, has less than 3 meals a day, indecent shelter, clothing and lacks productive assets (MCDSS, 2008: 27).

In addition, the scheme uses Community Welfare Assistance Committees (CWACs) for delivery of cash transfers. These committees comprise membership from Non-Governmental

Organizations, village leaders, religious leaders and relevant stake-holders responsible for identifying beneficiary households. After identifying appropriate beneficiaries, the committees submit them for approval by the community and Department of Social Welfare. The working groups are set into Area Coordinating Committees (ACCs) that act as harmonizing bodies. The use of voluntary community structures is based on the assumption that these have resources that contribute to effective operations of the scheme, “community members are better placed to know the neediest households” (MCDSS, 2008: 25). Community involvement also aims at building capacity to deal with challenges of vulnerability, “evidence suggests that community participation would potentially strengthen social capital and community organization with positive external effects” (Conning and Kevane, 2002: 376).

2.2.2. Challenges Faced by Women in Choongo CWAC

The main problems faced by rural women inclusive of those living in Choongo CWAC can be divided into four main categories and these are at; economic, social, family, and individual level. Most of the problems are connected to the social and environmental changes taking place in Southern Province which was formerly known as the food basket of Zambia. For many rural women of Choongo CWAC and their families, changing weather patterns and climate change has meant low yields in food and cash crops, loss of livestock which is their main source of livelihood and this has left them unable to provide for themselves adequately which has meant increased economic problems and a loss of paid labor and unemployment leaving them into destitute situations (Kirera, 2012).

According to Okumu (2010), social problems are connected with economic and financial problems; unemployment and a lack of income are usually connected with malnutrition, illness, and alcoholism. In many Zambian rural areas such as Choongo CWAC of Monze district, the economic activities and forms of livelihood are predominantly agro based. Inequality between the sexes in decision-making can also be seen as a social issue which needs careful consideration. Male-dominated decision making culture is at the center at both household and CWAC/community levels in Monze as the Tonga practice patrilineal culture which supports male dominancy and supremacy. The major characteristics of patrilineal culture include; children tracing their descent from the father’s lineage, thus they belong to their father, only sons can inherit the fathers or family wealth (in this case land and livestock) additionally the man’s decision is final among other things, women and girls are treated as mere property and have no say, somehow this culture even perpetuates violence against women. One woman was

quoted as saying “*Nyika ya ba sankwa, ino twambe nzhyi?*” Translated as “*It’s a man’s world what can we say?*” just bringing out how the man is at the center of everyday life in this society. This male dominance and supremacy has led to increased polygamous practices. The proportion of women in public life is extremely low, as the patrilineal culture suppresses women’s participation in public life and decision making. Additionally, there is a social problem in education and training generally in rural areas, Choongo inclusive. Women are less educated with respect to the needs of emerging markets, their human rights and other aspects of life (Gershenberg, 1983).

Another great challenge facing rural women is maternal health and financial disabilities which tend to be more pronounced during this period, as an expectant woman cannot be productive as one who is not. Furthermore, during pregnancy, women are more sensitive to their environmental circumstances and get sick or have complications associated with pregnancy and more often, a woman with better access to financial services can access better health services and this puts her at an advantage than a woman from a vulnerable HH. Also due to the housing amenities that rural women live in, they are in exponentially worse conditions because of poor sanitary and also unsafe and clean drinking water. (Kirera, 2012). Without proper sanitation coupled with unsafe and no clean drinking water, maternal and infant mortality rates rise and diseases thrive. Long walking distances to health centers and inadequately stocked health facilities coupled with unskilled medical personnel are also top contributing factors to maternal and infant mortality rates. In one instance a woman confirmed that a security guard at a health center dispensed medicines.

The World Bank report (2007) state that International government aid to fight global poverty is often the only financial assistance that people in rural areas receive. Although there are many non-governmental organizations (NGOs) which receive private funding which goes a long way to help the poor, the poorer women among rural areas cannot afford to initiate programmes to focus on the basic issues of health and community services. Women in rural areas and other vulnerable poor people constantly experience economic insecurities among other poverty related challenges. Economic insecurity reflects exposure to several forms of risk and uncertainty, limited capacity to cope with adverse outcomes, and limited ability to recover from them. To a greater or lesser extent, everybody is exposed to idiosyncratic risks, reflecting life-cycle contingencies, such as a spell of unemployment, illness, theft, low education, or a disabling accident. This is the sphere of classic social security.

However, there is also co-variant risk, where one adverse event has a high probability of triggering others, and systemic risk, where whole communities are exposed. They experience various shocks and hazards that make their life increasingly miserable. Shocks have become more numerous because of globalization and global warming leading to climate change. These include sharp economic downturns, and socio-economic disasters, whether they be quick-onset shocks, as in the case of earthquakes, post-election violence, floods, sharp price changes or a sudden economic collapse, or slow-onset shocks, as in the case of droughts, famines or an epidemic such as HIV and AIDS and other STIs (Paxson et al. 2007).

Hazards are also important sources of economic insecurity in rural areas. Hazards are predictable life events that have a high probability of an adverse economic effect for an individual or family. They include a death of relative, chronic sicknesses, weddings, births, a migration event, and retirement. The resultant costs can erode a household's capacity to sustain its normal livelihood base, perhaps by pushing it into debt or into mortgaging land, or by preventing it from getting daily basic needs like food, shelter, education, healthcare services and clothing. Hazards have always existed, but with commercialization and rising financial costs of basic services, their threat for low-income families has intensified especially in rural area. Therefore, security from such challenges arises from being able to deal with risks, shocks, hazards, and uncertainty. It is a premise that basic economic security is essential for freedom, development, and empowerment of women in rural areas. Basic economic security according to economists is a threefold set of circumstances—limited exposure to idiosyncratic, co-variant and systemic risks, uncertainty, hazards and shocks, an ability to cope if they materialize, and an ability to recover from adverse outcomes if they arise (World Bank 2007).

2.2.3. Effectiveness of SCTs for rural vulnerable households

Stoeffler and Mills (2014) conducted a study in Niger and the aim of the study was to investigate the impact of cash transfers on households' investment in assets and productive activities 18 months after termination of a cash transfer project in rural Niger. Results indicate that livestock asset and local credit (tontines) participation significantly increased among project participants. There is also evidence of improvement in private assets, living standards, micro-enterprises and agriculture. The findings imply that cash transfer programs can have long-term sustainable impacts even in extremely, poor rural areas.

At the level of the household, there is plentiful evidence to show that cash transfers improve food security and nutrition. Typically, a large proportion of a cash transfer is spent on food: the

evaluation of Malawi's Food and Cash Transfers (FACT) showed that 75.5% of the transfer was typically spent on groceries (Devereux et al., 2006). In Lesotho the number of old age pensioners reporting that they never went hungry increased from 19% before the pension to 48% after it was introduced (Croome and Nyanguru, 2007). As well as increasing the volume of food available, cash transfers lead to an increase in the variety of foods consumed within the household: in Zambia 12% more households consumed proteins every day and 35% consumed oil every day if they received a transfer, compared with those households that didn't (MCDSS/GTZ, 2007). But in addition to this, there is morphometric data to show that receipt of the child support grant in South Africa increases the height of children who receive it by 3.5cm if it is received in their first year and for two of the first three years, and the old age pension increases the height of girls in the household by over 2cm (Aguero et al, 2007). There are gendered differences in the sharing of pensions (Burns et al, 2005), with a greater proportion of women's pensions being spent on food (Case and Deaton, 1998), and women's pensions showing particular improvement in the height and weight of girls (Duflo, 2003).

But household benefits are not limited to food security and nutrition. There is also evidence to show that receiving a cash transfer improves access to healthcare and education. Whilst improved nutritional status directly promotes improved health status of household members, cash transferred to households allows recipients to afford treatment. In Zambia, for example, incidence of illnesses reduced from 42.8% to 35%; and incidence of partial sightedness reduced from 7.2% to 3.3%, potentially due to the fact that beneficiary households could afford minor eye surgery (MCDSS/GTZ, 2007).

Cash transfers also play an important role in access to education, both by providing households with the means to pay school fees, but also to purchase peripheral requirements associated with attending school, such as uniforms, books and stationery. Education is accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by cost. Provision of cash increases enrollment rates: Zambia's Social Cash Transfer increased school enrollment rates by 3% to 79.2%, and 50% of youth who were not in school at the time of the baseline study were enrolled by the time of the evaluation (MCDSS/GTZ, 2007). In South Africa receipt of the Child Support Grant is positively correlated with the beneficiary attending school: grant receipt appears to decrease the probability that a school-age child is not attending school by over half (Williams, 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, 2001).

Furthermore, when households are in a situation of chronic poverty, they struggle to maintain assets, which tend to be sacrificed in times of severe food shortage. As this is a recurrent situation, the pre-harvest season tends to give rise to increased food prices and the need to dispose of assets to afford to eat. This problem of seasonality 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). Receipt of cash transfers allows chronically impoverished households a guarantee that they will be able to secure their basic needs throughout the year, regardless of seasonality. As well as protecting assets from distress sales, receipt of cash transfers also provides small amounts of capital for investment in productive activities, such as agricultural implements and tools, giving recipients the opportunity to not only protect but also improve their economic wellbeing.

In the Kalomo social cash transfer scheme in Zambia 29% of transferred income was invested, either in purchases of livestock, farming inputs, or informal enterprise (MCDSS/PWAS/GTZ, 2005). Asset ownership among recipients developed positively from 4.2 assets at baseline to 5.2 at evaluation. The increase of ownership of small livestock was particularly noteworthy: seven times as many households owned goats, and the ownership of chickens increased by 15 percentage points. 71% of all households indicated that they had invested part of the cash, and 52% of them indicated that they had generated extra income (MCDSS/GTZ, 2007).

2.2.4. Benefit of Social Cash Transfer assistance

Matandiko (2010) carried out a study in Zambia and the aim of the study was to explore the contribution of social cash transfers to poor people's livelihoods. The Sustainable Livelihoods approach was used to understand poor households' assets, use of cash transfers, changing livelihood behaviors and outcomes. The study found that rural households have a range of assets on which they build livelihoods. Beneficiaries use the transfer on a variety of household needs leading to accrual of assets. Accumulated assets contribute to lifting poor households out of critical life threatening livelihood strategies. However, in communities with high poverty levels targeting transfers has potential to create inequalities and conflict based on unbalanced access to a guaranteed minimum level of income and productive assets. The design of cash transfer programmes should take into account broader livelihood strategies and the potential social changes to make transfers more responsive to needs of women in the poor communities.

In addition, evidence suggests that both unconditional and conditional cash transfers help households spend more on food, education and health care. Most evaluations highlight increased food consumption as the most immediate outcome of cash transfers. For example, in Mexico, the mean per capita household food consumption among Progresa beneficiaries increased by 11 percent (Hoddinott et al., 2000), whilst food consumption of the recipients of the Nicaragua's Red de Protección Social increased by 21 percent (Maluccio and Flores, 2004).

Also, Conditional Cash Transfers (CCTs) can address the drivers of social exclusion that are conditioned by inadequate skills and poor health, and thus contribute to long-term income inclusion. In particular, investments in children's education, health and nutrition can ensure that the generation of young adults that joins the labour market in the future has adequate skills and health, will be able to generate adequate income and advance their livelihoods. Thus, they can stimulate greater productivity and prevent intergenerational transmission of poverty (de la Brière and Rawlings, 2006; ILO, 2011). This implies that social protection has the potential to alter the existing institutional barriers that restrict the ability of individual to develop their capabilities and take advantage of labour market opportunities.

However, evidence also shows that social protection if implemented correctly, can promote gender equality and empowerment with variable success depending on a specific instrument, programme design and contextual conditions. In their study of gender aspects of social protection, Holmes and Jones (2010) found that numerous programmes had "gender-sensitive design" features, including support for girls' education and better access to and use of health care and other basic services; support for women's participation in economic activities and equal wages; and the introduction of flexible hours and child care support to accommodate domestic caring responsibilities. However, they argue that many social protection programmes still assume that gender equity can be promoted by simply targeting women and that they fail to incorporate design mechanisms that can help tackle the existing social, cultural and institutional inequalities.

2.2.5. Sustainability of Cash Transfer Programmes

The sustainability of cash transfers is also dependent on the commitment and ability of government or NGOs to continue to deliver the program for as long as it may be required- perhaps permanently. This refers to a number of different dimensions. On one level, sustainability requires that the government have access to and in fact mobilizes the level of resources required to finance the program. At a deeper level, sustainability requires that

political commitment be sustained so that policy makers assign the priority required to maintain the program (Cunha et al, 2011). This depends in part on the mix of political and economic costs and benefits, which in turn can affect affordability. Many social cash transfer initiatives (particularly pilots) in developing countries rely critically on development partner support. Sustainability depends on the respective governments incorporating these initiatives into the government's budget at national scale. Particularly in low-income countries, this is a long-term proposition. More innovative and long term development partner instruments may be required to ensure the necessary stability of interim funding over time horizons of ten years and longer.

According to the National Bureau of Economic Research, another angle is that governments can look into subsidizing cash transfers with other programmes like cash for work or food for work or voucher systems and educational and health subsidies to assist in meeting the needs of the vulnerable poor. A preferred approach is to target broad poverty reductions rather than highly targeted schemes like those tailored for specific targets such as elderly, disabled or orphaned and vulnerable children. Another commitment by government should be to work on social protection policies for long-term application because lack of proper outlined policies has caused some programmes to end abruptly due to lack of finances thus leaving the poor rural women poorer.

2.2.6 The extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC

In many countries, including Zambia, growing evidence indicates that social transfers can help households improve livelihoods by investing some of the transfers they receive (Grosh et al., 2008). The regularity of payments facilitates access to credit and avoidance of inefficient insurance mechanisms (Keswell, 2004; Ardington and Lund, 1995). Particularly in rural contexts, beneficiaries strategize to use grant income to secure credit, hire equipment and buy agricultural inputs. There is evidence of similar economic synergies in urban contexts, although these are more complex and less easy to capture (Du Toit and Neves, 2007). Other evidence from South Africa shows how savings from the state pension allows people to buy consumer durables, improve housing and invest in productive assets (Ardington and Lund, 1995).

In the long term, the relationship between social transfers and economic empowerment is mediated by investments in human capital as grants are linked to better health and education outcomes, which in turn put women in stronger economic positions. SCTs programmes provide a predictable and reliable source of income, which can increase the capacity of households to

invest in human capital and help to break the intergenerational cycle of poverty (Woolard and Leibbrandt, 2010). Access to adequate nutrition for young children is of particular concern, as nutritional deprivation and malnutrition in the early years have long-term negative consequences on physical and cognitive development (Delany et al., 2008).

Conversely, Delany et al. (2008) did not find an association between school attendance and receipt of the Child Support Grant. With regard to the gender dimensions of findings on schooling and cash transfers, Edmonds (2006) identified increases in school attendance and completed schooling (amongst children over the age of five) when a household member becomes pension eligible. In this study, unlike other studies showing greater effects for female pensioners, the effects are limited to pension-eligible men, a result that Edmonds attributes to greater cash constraints (such as for example limited access to credit programmes) for elderly black males living in rural areas, affecting schooling costs. Another study found that having a female pensioner mitigates the impact of orphan-hood with regard to enrolment and progression but does not do so with regard to school-related expenses. Some authors found that having a male pensioner in the household had a negative effect on school progression, and an insignificant effect on enrolment and school-related expenditure (Case and Ardington, 2006). Hamoudi and Thomas (2005) found that pension income has a greater beneficial impact on girls' education than boys' education. A study by Heinrich et al. (2012) analysed adolescent absences from school and provided evidence of the impact of the Child Support Grant on schooling outcomes for adolescents. A household's receipt of the CSG reduced adolescent absences from school, particularly for male adolescents, even when the household did not receive the grant specifically for the adolescent (Heinrich et al., 2012).

2.2.7. Coping strategies employed by rural vulnerable households beside SCTs

The Coping Strategies Index (CSI) measures the frequency and severity of behaviors that people undertake when they cannot access enough food (Maxwell and Caldwell, 2008). Five studies looked at CSI, and the results are mixed. In Swaziland, a high proportion of households receiving cash and those receiving cash / food adopted negative strategies, implying that neither approach fully protected them from the consequences of the drought (Devereux and Mhlanga, 2008). Households receiving cash in Niger resorted to more negative strategies than those receiving food, such as consuming less preferred foods, reducing portion sizes and buying food on credit (Hoddinott et al., 2013). In Lesotho, both households receiving cash and food were less prone to undertaking damaging strategies compared to non-beneficiaries, but cash

households were more likely to adopt certain strategies (dietary adjustments, migration, adverse impacts on children) than those receiving food, suggesting that food provided marginally better protection (Devereux and Jere, 2008). Both cash and voucher households in DRC decreased their use of coping strategies, though cash households were more likely to send a household member to migrate (which requires money) and less likely to sell off assets (Aker, 2012). These findings suggest that different transfer modalities might enable households to pursue and avoid different strategies in response to food insecurity.

According to Michelo (2005: 41), selling household assets is a coping strategy common among the poor. This strategy is a harmful coping alternative, “when risks attack poor households’ resort to negative strategies such as reduction of food intake or selling household assets”. Households represented by 13.3% indicated that they used to sell anything that could be sold from the house. The baseline survey conducted by MCDSS, found that “all households had sold assets in the previous three months in order to buy food. Majority of households (84.4%) with an average size of 3.4 members sold assets more than three times” (Michelo, 2005: 41). In view of the economic status of these poor households it was unlikely that they sold assets that earned them an income for investment in meaningful livelihood activities. Selling assets does not necessarily imply that a household is coping with a risk because it drains household resources. In addition, assets were basically sold to meet the immediate consumption needs of families.

Another study was carried by Wietler (2007) in Kalomo district of Zambia and the aim of the study was to investigate the impact of the Social Cash Transfers on Informal Safety Nets in Kalomo District. The study found that the kind of livelihood strategies of beneficiaries and non-beneficiaries are alike, except for certain investment strategies that beneficiaries develop when receiving the cash. The strategies beneficiaries abstain from are erosive in nature, like performing piecework, skipping meals or referring to wild fruits and vegetables as the only food intake. Therefore, cash transfers seem to enable beneficiaries to withdraw from survival strategies that undermine the future viability of the household.

2.3. Theoretical Framework

In an effort to investigate the sustainability of SCTs among women in rural areas, the study uses the Women in Development Approach Theoretical framework. A theory can be defined as a set of assumptions, propositions, or accepted facts that attempt to provide a plausible or

rational explanation of cause and effect or a causal relationship among a group of observed phenomenon (Business dictionary, 2011; cited in Phiri, 2011).

2.3.1. Anti-poverty Approach

The study was guided by the anti-poverty approach. This is the second Women in Development (WID) approach, introduced in the 1970s as a toned down version of the equity approach, brought about by the reluctance of the development agencies to interfere with the given gender division of labor (Buvinic 1983). It advocates the redistribution of goods, and is embedded in the concept of growth, provision of basic needs, and ensuring an increase in the productivity of poor women. The fundamental principle of this approach was the assumption that women's poverty is the result of underdevelopment and subordination; hence, it recognized the productive role of women and sought to increase the income earnings of women through small-scale enterprises, on the basis that poverty alleviation and the promotion of balanced economic growth requires the increased productivity of women in low-income households. It aims to increase the employment and income-generating opportunities of poor women through better access to productive resources. The approach shifts the emphasis from reducing inequality between men and women to reducing income inequality.

2.4. The Summary of the Reviewed Literature

This chapter presented an overview of Social Cash Transfers and its effects among rural women from different parts of the world. The review of the literature showed that several studies had been done which relate Social Cash Transfers among rural women though these often relate to a description of Challenges faced by women in rural areas, effects of SCTs on rural women, benefits and coping strategies employed by rural vulnerable households beside social cash transfers to meet their needs among others but little on their sustainability.

Furthermore, the study reviewed that key challenges that women face includes the burden of patrilineal culture, poor health service delivery, lack of medicines' infant and maternal mortality to mention among others. Moreover, the study also reviewed that coping strategies employed by rural vulnerable households beside Social Cash Transfers were mostly negative. These negative strategies included consuming less preferred foods, buying food on credit, dietary adjustments, migration, selling household assets, performing piecework, skipping meals or resorting to wild fruits and vegetables as the only food intake. Therefore, this study was meant to investigate the Sustainability of SCTs among rural women: A Case Study of Choongo CWAC, Monze where no study of this nature has been done before.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This section outlines the methods that were used, and the data collection techniques that were followed by the study to gather, analyze and present both quantitative and qualitative data. These are presented under the following sub headings: research design, study sites and inset herein are; (Map of Zambia showing Monze districts and the ethnographic profile of livelihoods), target population, sample size, data tools, data analysis and the ethical considerations.

3.1. Research Design

A research design is an overall plan of a scientific investigation consisting of strategies to be used for collecting and analyzing data (Polit and Hungler, 1999). Qualitative data was collected through Focus Group Discussions with FGD participants and in-depth interviews with key informants. Quantitative data was collected using the detailed questionnaire with past SCT beneficiaries. The study was a non-intervention descriptive study carried out on a small scale. Varkevisser et al, (1993) observe that a descriptive study involves a systematic collection and presentation of data to give a clear picture of a particular situation.

Mixed methods were used in answering the research questions as this would give the magnitude and also in-depth understanding of the phenomenon under study. Quantitative methods give numerical information which can easily be aggregated such as numbers, ratios and percentages, in short giving the magnitude of the problem. Qualitative method offers an in-depth explanation of the phenomenon under investigation and also gives perceptions and feelings related to the subject under study. The quantitative method generated quantifiable results which made it easier to analyze the data.

3.2. Study Site

This study was conducted in Choongo CWAC which is located about 35 KM north-west in the outskirts of Monze town in Monze district of Sothern Province in Zambia. Choongo CWAC is divided in to Choongo east with a population of around 12,798 and Choongo west with a population of around 3,668 which brings the total population of the CWAC to around 16,466 as at 2010 census of population (CSO web).

This research site was chosen because it was one of the first 30 CWACs in Monze district where SCTs were implemented in 2007 before being rolled out to other CWACs. Furthermore, it was in the rural areas of Monze thereby providing perfect conditions of the rural setting yet easily accessible to the researcher. The site was also chosen purposely as it is believed to have adequate numbers of the targeted participants for the study. These are the reasons upon which this site was deemed appropriate for the research and the researcher concentrated on past beneficiaries of the SCT Program.

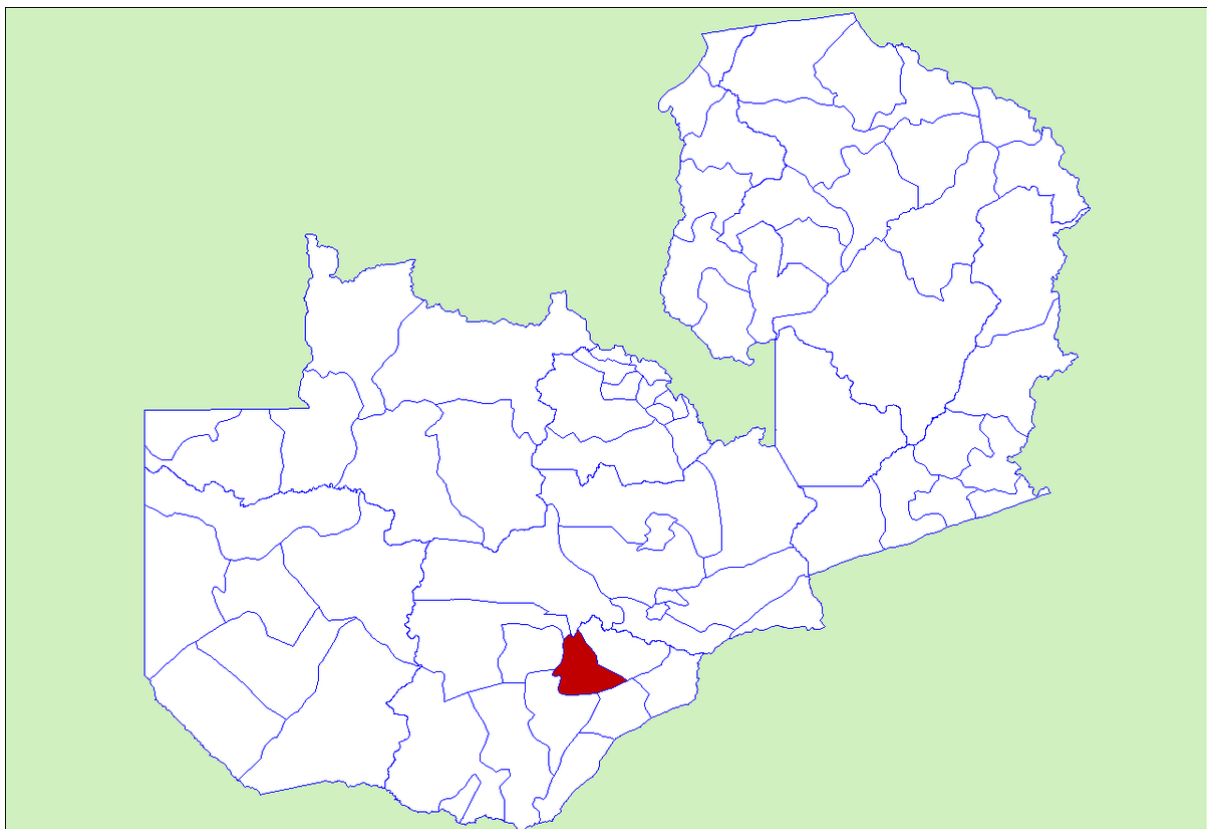


Figure 1: Map of Zambia showing Monze district (Shaded) (**Source:** www.monstercrawler.com)

3.2.1. Ethnographic Profile

Monze is one of the districts in southern province of Zambia. The Ministry of Community Development and social Services MCDSS has divided the district in to CWACs for administrative purposes and Choongo is one of the CWACs in Monze district named after headman Choongo of Choongo village.

Choongo CWAC is typical of a rural area and likewise lacks adequate basic amenities such as clean water, proper sanitation, roads, a health facility, communal deep tank and a secondary school. The living conditions of the people in Choongo CWAC are generally low as most housing amenities are composed of mud houses with grass thatched roofs. The major economic activities include subsistence farming, petty trading and piece works (casual labour) additionally the majority of the population is unemployed. Generally, a generational gap exists in the population as the majority of young people have either died or left in search of employment in the nearby towns of Monze, Choma Mazabuka etc. Those left behind are usually old parents tending to their grandchildren which have led to a generation of the young grand children being looked after by the weak and aged grandparents. On the other hand, prostitution and polygamy are rampant leading to high levels of HIV and AIDS. This has led to a rise in orphans and vulnerable children OVCs, not to mention widows and single mothers (female headed households). Other diseases such as Tuberculosis-TB, malaria and pneumonia are also the main causes of deaths due to poor hygiene, housing and sanitation.

Poverty is the major driving force of child labour in Choongo CWAC. Many dwellers of the CWAC are faced with numerous challenges such as adverse weather, low or no income at all, child prostitution practiced mainly in the nearby Monze town, substance abuse, unemployment and the HIV/AIDS pandemic. Environmentally, the place is faced by adverse weather conditions, the temperatures soar very high in hot seasons under the strong burning sun and there are very few trees to provide shade and act as wind shields as most trees have been cleared for charcoal burning and to pave way for farming and grazing land. In the cold season, the temperatures fall drastically while during the rainy season storms and torrential rains are common experience leading to soil erosion with the end result being environmental degradation. Although primary education is free in Zambia as a whole and Choongo in particular, there are a number of children who do not attend school citing financial incapability and the need to help out at home with boys herding livestock, while girls attend to household chores.

3.3. Target Population

Nachmias and Nachmias (1985) describe the target population as the aggregate of all cases that conform to some designed set of specifications, while Babbie (1992:198) defines study population as ‘the theoretically specified aggregation of study elements’ therefore a population can be said to be an entire group of people, objects or events all having at least one characteristic

in common that is of interest to the researcher. The target population for this research therefore, was all the past beneficiaries of SCTs in Choongo CWAC of Monze District in Southern province of Zambia. This group served as the core primary targets because the study is based on the sustainability of Social Cash Transfers among Rural Women.

3.4. Sample Size and Sampling Technique

The sampling frame was obtained from the Monze district social Welfare office, Management Information System. A total of 172 SCT female past beneficiaries were identified, from these six were purposefully selected for the FGD. There after 114 respondents were selected using Simple Random Sampling for the one to one interview. Additionally, 2 District Social Welfare Officers were purposefully selected as Key informants for the in-depth interviews. The sample size for this study was computed using the simplified formula proposed by Yamane, T. (1967) for proportions confidence level is 95% and 0.05 sampling error would be applied as demonstrated. Below is the table to show the population, sample size and the formula used to compute the sample size.

Table 1: Population and Sample size

Group Type	Population	Sample Size
Choongo CWACs	96	67
Sigubbu CWACs	78	53
Social Welfare Officers	2	2
Total	176	122

Where:

n is the sample size

N is the population size

$$n = \frac{N}{1 + N (e)^2}$$

e is the precision level with a sampling error of 95% ± 5

3.5. Data Collection Methods and Tools

3.5.1. *One to one interviews*

These were conducted with all the 114 past female beneficiaries using a questionnaire (see Appendix 2). The aim of the interviews was to obtain information on the magnitude of the sustainability of SCTs among rural women and partly to identify how rural vulnerable women cushion shocks in maintaining their livelihoods beside SCTs. The respondents answered closed ended questions within 15-25 minutes, in short the questionnaire was semi- structured. During these interviews quantitative data on the respondents was collected in order to determine the magnitude or how widespread the problem is.

3.5.2. *Key Informant (in-depth) Interviews*

These were conducted with two District Social Welfare Officers from the Monze District Social Welfare Office quoted as Key Informant (1) KI (1) and Key Informant (2) KI (2) to represent the provider of SCTs. (Appendix 3) was used to guide the discussion. This was done to collect qualitative data which brings out the feelings and perceptions of the providers concerning the program.

3.5.3. *Focus Group Discussions (FGDs)*

A Focus Group Discussion was conducted. This comprised of six participants drawn from the population, differentiated as FDG participant 1 to participant 6. The participants' reactions to each question were observed and close analysis done during the compilation of the discussion, transcription was done and themes were created. FGDs were conducted in order to collect qualitative data which described the qualities and characteristics of the respondents. This was done to get the respondents' feelings and perceptions over the topic under study.

3.5.4. *Secondary Sources*

The information contained in the background section was obtained from journal articles, the internet, books, newspapers and theses. The information entailed literature that was used to generate findings related to contribution of cash transfer schemes in poverty reduction among

women in Choongo CWAC in Monze district and other parts of the world and their sustainability as a poverty reduction strategy.

3.6. Data Analysis

The analysis of qualitative data was done using themes while quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 21 computer software which can carry out a number of statistical manipulations. Additionally, in order to present that data in meaningful way, descriptive statistics were generated in SPSS and interpreted using computer software such as Microsoft windows excel and SPSS through the use of frequency tables and graphs such as the Pie charts. The merits of using SPSS for data analysis are as follows; it is user friendly, it has enough space for a wide range of numbers, and the mathematical manipulation can easily be dealt with through its inbuilt functions. Data was summarized and presented in specific segments according to research objectives and research questions. This was classified and tabulated while making necessary comparisons.

3.7. Ethical Considerations

Recruitment of research subjects ensured protection of the participant's rights and the need for confidentiality and anonymity was taken as central to the research process. Participants of the research signed informed consent forms (appendix 4) to prove that they understood and voluntarily agreed to be interviewed before commencing data collection. Those who could not sign, the consent was explained to them and upon understanding they approved by thumb stamping. Participants were informed that they were at liberty not to respond to questions that they felt uncomfortable with, or to discontinue the interview if they felt uncomfortable furthermore, they could withdraw their consent at any point in the interview if they so wished. For further anonymity no names were attached to the data, where necessary pseudo names or codes were used. The respondents were also informed that the results of the study will be made available to the University of Zambia Library and where possible, published in journals and articles so as to share knowledge with the scientific community worldwide. Ethical approval was obtained from the University of Zambia Ethics Board.

CHAPTER FOUR

PRESENTATION OF THE RESEARCH FINDINGS

4.0. Introduction

This chapter is devoted to provide the findings of the research conducted at Choongo Community Welfare Assistance Committees (CWAC) of Monze in Southern Province of Zambia. Data was collected pertaining to the background characteristics of respondents, the extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC, intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households in Choongo CWAC, and identify how shocks are cushioned among women of vulnerable households in Choongo CWAC. However, the demographic characteristics are presented first.

4.1. Demographic Characteristics of Respondents

This involved values such as, age of the respondent, marital status and educational background representing the background variables for the purpose of assessing any influence that these variables may have on the findings. This set of data was enquired from the respondents during the one to one interviews (Iliyasu et al., 2011). Information about the background characteristics of respondents is very critical for the purposes of understanding the population under study. The demographic data covers the following: age, sex, marital status, religious, level of education, head of household, occupation of household head, and family size of respondents.

4.1.1. Age of Respondents

Age of respondents play a vital role in determining the outcome or influencing findings. The total number of respondents in the study was one hundred and fourteen (114). The findings of the study revealed that out of the total number of respondents sampled, 2% (n=2) of the respondents were in the age group of 35-44 years. 8% (n=9) of the respondents were aged 45-54 years. 6% (n=7) of the respondents fell in the age range of 55-64 years old and majority that is 84% (n=96) of the respondents were 65 years and above. Figure 1 below shows the percentage distribution of respondents by age groups.

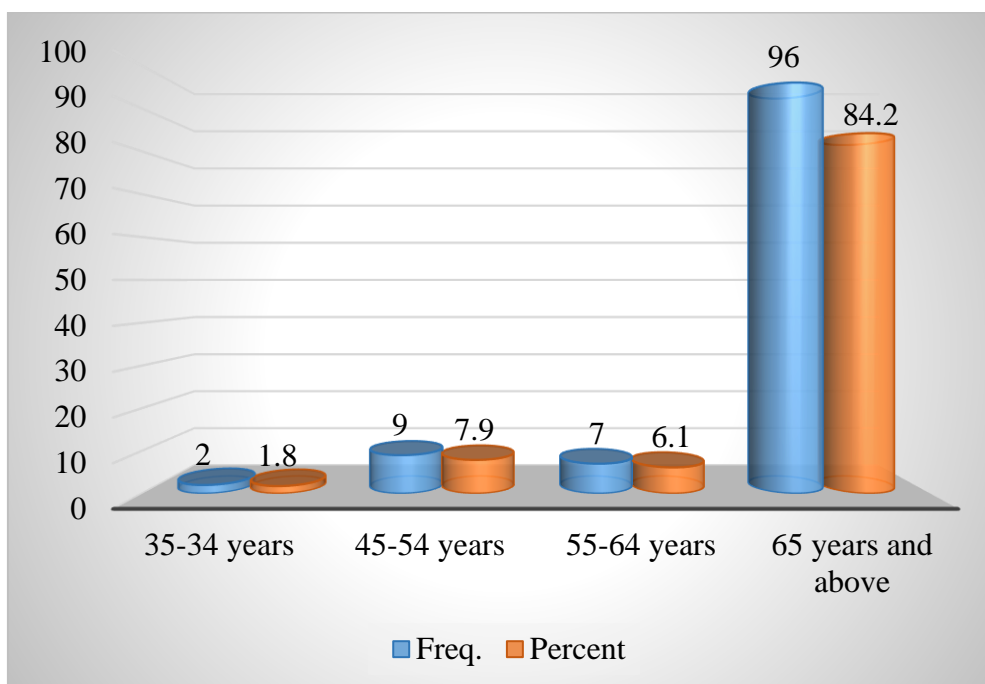


Figure 2: Age of respondents

Source: Field Data

4.1.2. Education

The results in figure below reveal that out of the 114 respondents sampled, 32% (n=37) of the respondents had never been to school. 59% (n=59) of the respondents only attended primary school while 9% (n=10) respondents attended secondary/high school as shown by figure 2 below.

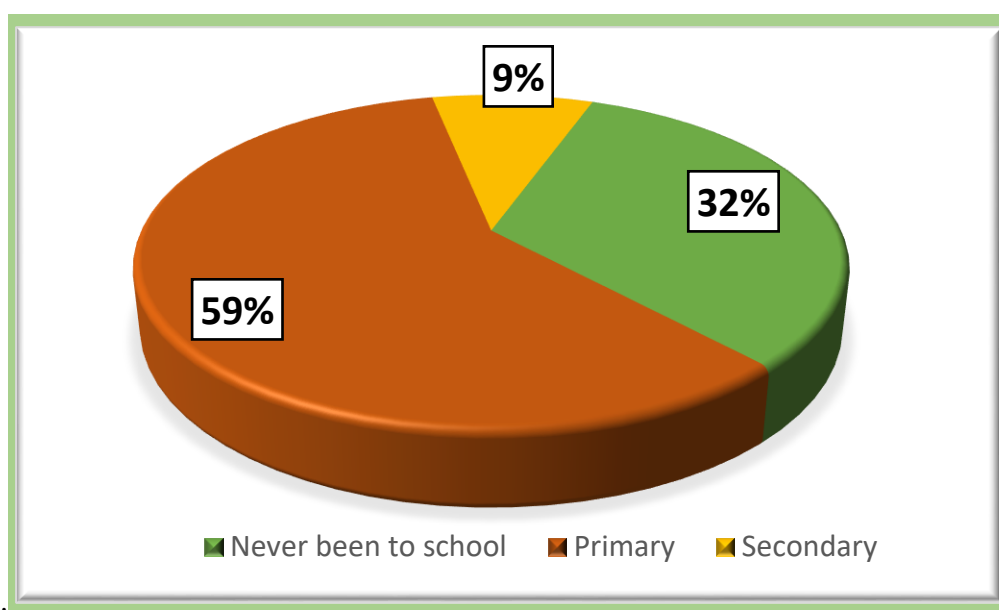


Figure 3: Level of Education

Source: Field Data

4.1.3. Marital Status

The figure 4 below shows the percentage distribution of respondents according to marital status. Out of the total number of 114 respondents, 11% (n=13) of the respondents reported being married. 2% (n=2) of the respondents reported being on separation from their spouses. 9% (n=10) of the respondents reported being divorced and 78% (n=89) of the respondents reported being widowed. This distribution indicates that the majority of the sampled respondents were widowed followed by those respondents who reported being married as shown in figure 4 below.

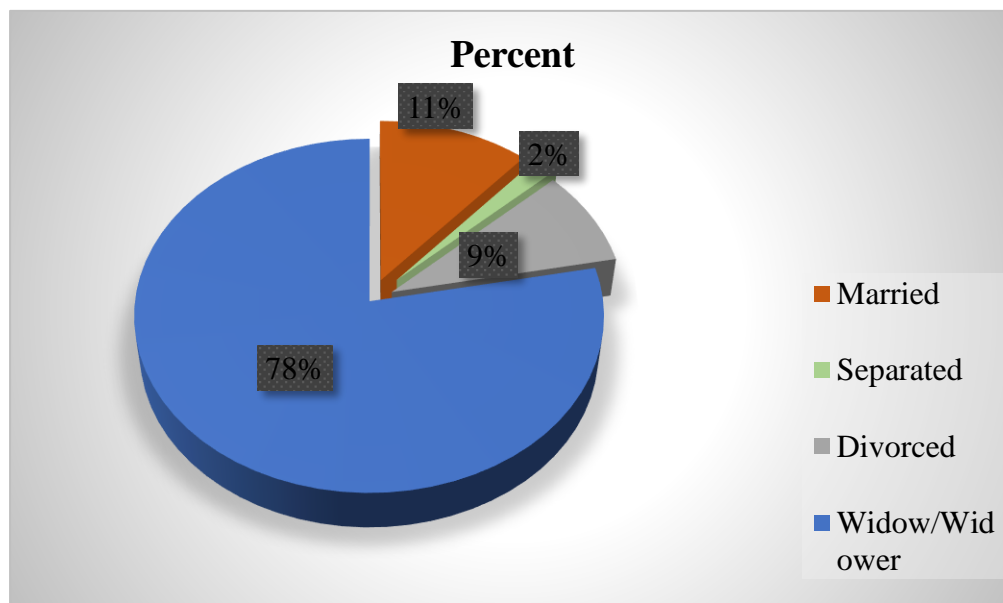


Figure 4: Marital Status

Source: Field Data

4.2. The Extent to which Social Cash Transfers Uplift the Livelihoods of Rural women in Choongo CWAC

The study used different areas to investigate the extent to which the livelihoods of the rural women of Choongo CWAC had been uplifted. The different areas investigated were education, health, nutrition and investment. These areas of uplifting livelihoods mirror the ones employed by Tembo, G. (2007). According to Table 2 below, four (4) factors measured the extent to which the livelihoods of the rural women of Choongo CWAC had been uplifted and respondents were asked whether they agreed with the factors therein. Results in terms of responses were given on the Likert Scale. The first factor was “Education”, the responses indicated that 10% (n=12) of the respondents reported being very much uplifted. 81% (n=92) of the respondents reported not being uplifted and 8% (n=10) of the respondents reported being uplifted. This confirms that SCTs have not uplifted the lives of the respondents in the area of education.

The second factor was “Health”, 10% (n=12) of the respondents reported being very much uplifted. 68% (n=78) of the respondents reported not being uplifted and 22% (n=24) of the respondents reported being uplifted. This statistic also confirms that SCTs had not uplifted the lives of the respondents in the areas of health.

The third factor was “Nutrition”. According to the findings, 9% (n=10) of the respondents reported being very much uplifted. 79% (n=90) of the respondents reported not being uplifted and 12% (n=14) respondents reported being uplifted. This implies that, SCTs had not uplifted the lives of the respondents in the areas of Nutrition.

The fourth factor was “Investment”. The highest number of respondents 76% (n=87) reported not being uplifted, agreed with the statement. 5% (n=6) of the respondents reported being very much uplifted and 19% (n=21) of the respondents reported being uplifted as shown in the table 2 below. Apparently, the percentage of the respondents who responded in negative was far more than those who responded in affirmative. This finding show that majority of rural women of Choongo CWAC had not been uplifted in their lives of investment as a result of SCTs.

Table 2: SCTs in uplifting livelihoods

Source: Field Data

SCTs in Uplifting Different Areas of Livelihood.				
Area	Very much uplifted	Not Uplifted	Uplifted	Total
Education	12 (10%)	92 (81%)	10 (8%)	114 (100%)
Health	12 (10%)	78 (68%)	24 (22%)	114 (100%)
Nutrition	10 (9%)	90 (79%)	14 (12%)	114 (100%)
Investment	6 (5%)	87 (76%)	21 (19%)	100%

The results from the qualitative under FGDs and the Key Informants on the extent to which Social Cash Transfers uplift the livelihoods of rural women in Choongo CWAC also complemented the findings from the quantitative data. One FGD was conducted with six (6) women who were past beneficiaries of the SCT. The results obtained were grouped under four themes and these were; education, health, nutrition and investment. These are presented below:

4.2.1. Education

Education is a universal human right; every person is supposed to have an education; additionally, education is a prerequisite for development. One of the requirements for conditional Cash transfers is for mothers or caregivers to take their children to school. The reason is to stop transmission of intergenerational poverty through illiteracy since these two go hand in hand. Ashu et al (2007). In addition, results from the FGDs for the qualitative research found that participants felt uplifted differently in area of education and this was demonstrated in the themes below:

4.2.1.1 Very Uplifted

The quantitative results were further complemented by the results obtained from the FGDs where only one woman in the FGD, (FDG participant 4), felt very much uplifted in the area of education with SCTs. In explaining how SCTs had uplifted her life in area of education, the woman had this to say:

“I have been divorced from my husband for six years now and together we had two children. He left when the younger one was only one year three months old. Ever since he left he has never bothered about the children and their well-being including education. Had it not been for the SCT which I used to get, my children could have not been going to school to date. The first time I started getting the money my children were in grade one and early childhood respectively. From the money I got, I was able to pay PTA and buy their stationery, I am very grateful for this initiative. To this moment they have continued with education and one day they will be able to look after themselves and avoid early marriage like I did.”

4.2.1.2 Not Uplifted

Other participants said that SCTs had not uplifted their lives in the areas of education and this was confirmed by one elderly widowed woman in a Focus Group Discussion, (FDG Participant 5) who complained of not benefitting from the SCTS. This is evident in the verbatim below:

“My two daughters and one son passed on. My daughters left 6 children and my son left one child. All these children are of school going age. I had no choice, I don’t have a job or cattle to plough for me a big field so that I can sale the produce and get money to pay for all their school fees, the girls could not continue with school when they qualified to grade eight due to the high school fees and various costs associated. They came out of school so that the boy can go to school since he had passed grade nine and I did not have enough money to pay for all of

them. I had to cut thatching grass to top up on the SCT money to pay for his school fees, SCTs alone were not enough. Lucky enough for the three young ones, primary school I just pay PTA per year but still buying books and other school requirements is a challenge.”

4.2.1.3. Uplifted

Some participants said that the SCTs have uplifted their lives in the areas of education because it has helped them to sponsor their children to school. The quote below from one middle aged woman in the FGD (FDG Participant 1) illustrates this point:

“I have a set of twin boys and their younger sister, they are all of school going age. The boys are in primary and the girl is in an early childhood center. They all go to school very early in the morning and taking in consideration this weather they need to be warm as they go. They need warm clothes. Before I was put on the program it was very hard but once the program came it was very helpful. At the time we were weaned, the children were grown and they are able to do piece work to help with buying their books”.

4.2.2. Health

Health is by no means the most important state of being for any individual and the nation as a whole, as the saying goes ‘A healthy nation is a wealthy nation’ (LCMS 2015). The research found that from the 114 respondent.

4.2.2.1 Very Uplifted

Some participants felt very uplifted with the SCTs which they have been receiving because it has helped them pay towards their health needs. This is evident from one young woman in the FGD (FGD Participant 2) who stated that:

“I am in a polygamous marriage I currently have two children and gave birth to one still born. During the first pregnancy, I was not on the SCT program. When the time came to give birth I had no money to go to the hospital in Monze town to deliver since at Nteme, they directed me to deliver from Monze hospital as my blood pressure was continuously rising. My husband was asked if he had any money to get transport since my case was an emergency but he didn’t have any so we had to wait for an ambulance to come from Monze town and it took more than two hours to arrive. I gave birth on the way to the hospital and it was a still born. When we reached the hospital, the health workers said my blood pressure had risen too much and I was so lucky to be alive. During my second and third pregnancy I was on the SCT program and whenever my due date was approaching I would keep the SCT money immediately labour struck I would

easily hire motor able transport which is fast and comfortable. In no time am at the hospital and my blood pressure is controlled which has resulted into safe delivery of healthy babies and preservation of my health. For that I will forever be grateful to the program”.

4.2.2.2. Not Uplifted

Other participants said that SCTs have not uplifted their lives in the areas of health because of some expenses incurred when faced with challenges. Explaining how SCTs have not uplifted their lives, one elderly woman from the FGD (FGD Participant 3) had this to say:

“First of all, I am old and sickly, my body is usually aching and here in Choongo CWAC we do not have a health center. In my normal state I cannot walk to Nteme, worse still when am unwell I have to hire a scotch cart that is where expenses towards health start. When I reach at Nteme I have to buy a book for registration. In as much as they say health for us the elderly is free the pharmacy is empty all one can get is a prescription and Panadol, the rest one has to buy. Choongo CWAC is in-between I have to come back and go to town using open vans to buy medicine at the pharmacy. If I tell you the SCTs have uplifted my life in the area of health I will be lying because the money is not enough”.

4.2.2.3. Uplifted

Some participants said that SCTs have uplifted their lives in the areas of health because they are able to buy required items from the clinics such as patient book, tests kits and medications. This is evident in the verbatim of another elderly woman from the FGD (FGD Participant 6):

“When I or my children fell unwell, this money came in very handy. It has assisted me to pay for registration by buying a book and also pay for malaria tests. Additionally, I have a child who is asthmatic, even if SCTs did not pay for all his medicines it was supplementing in getting him in-healers otherwise without this money it would have been very difficult for me and maybe I could have lost this child”.

4.2.3. Nutrition

Good nutrition is cardinal for every person; it starts in the first 1000 days (which are from birth to 3years) and spreads throughout the lifetime of an individual. The level of nutrition determines the health, mental capacity and overall life outcomes of an individual and a nation as a whole. SUN Report (2019). The levels of uplifting are presented below:

4.2.3.1 Very Uplifted

In the areas of nutrition, some participants said that SCTs have uplifted their lives very much because it helped them to meet their health and financial needs. The quote below by FGD Participant 3 demonstrates this point:

“Before SCT program, I went for days without food, if my neighbors or other well-wishers did not think of me it was the end. Having cooking oil in my vegetables was a far-fetched dream. When I started getting SCTs I could buy and eat a large variety of food including meat and sugar, there was no need to wait for hand-outs. I stay alone so when I get this money I was able to buy two tins of Maize, I was guaranteed of food the whole month and the next one to come. I will forever be grateful to the program; it has helped us”.

4.2.3.2. Not Uplifted

Other participants said that SCTs had not uplifted their lives in the areas of nutrition because they felt that the money given wasn't enough to cater for all the family needs especially those women with extended families. In explaining how SCTs have not uplifted their live in the areas of nutrition, FGD Participant 1, had this to say:

“The money given was not enough to get the basics more especially for a big family like mine. I have ten children plus myself eleven. Most of these children am looking after are orphaned plus my own. By the time I was receiving that money I was only getting ZMW 60 bi-monthly which came to ZMW120 when I got that money all I could buy from it was three 50 KG bag of maize even money for the hummer-mill would be hectic to find. Those bags would not even last to see the next SCT due to the delays. They did not really uplift my household at all nutrition wise”.

4.2.3.3 Very Uplifted

Some participants said that they were very uplifted with the SCTs in their areas of nutrition because they were now able to buy basic needs at home such as salt, sugar and cooking oil. This is evident in the verbatim below by FGD participant 3.

“Telling the truth is good, if something or someone has been of help and you speak otherwise its witchcraft. The program helped in my household because before the program I would be begging for salt, as for sugar and cooking oil I would buy pre-packs which would run out and I am left without these commodities but when I joined the program, I was able to go for months

without begging for salt. I was also able to buy a bottle of cooking oil and packets of sugar. For me that is very good”.

4.2.4. Investment

In the area of investment, the research found out that few women felt very uplifted with the SCTs and this is presented below in the levels of uplifting.

4.2.4.1 Very Uplifted

Some participants in this theme said that they were very uplifted with the SCTs because they were able to save some of the money they were receiving and invested it later on. The quote by FGD Participant 2 below illustrates this point:

“The program has really helped my household, when I received the first instalment I saved in our local Women’s savings group; I did the same with the next one. When the time came for the share out I invested the money, I bought goats. I am lucky, most of the she goats gave birth as we are talking to this moment I still have the goats and when I sell the goats I lend out money and get some interest on it, I also run a drinking place and grocery shop. The SCT money was the contribution to the businesses I have mentioned”.

4.2.4.2. Not Uplifted

Other participants said that the SCTs have not uplifted their lives in the areas of investment because the money received was too little and they couldn’t save due to several needs in the home. This is evident from the verbatim below by one woman, FGD Participant 1:

“In those years the rains were very erratic, looking at the amount it was very difficult to save later. All this money just went towards servicing needs like food and education for school children and it was barely enough. How does one save when the stomach is empty? When you look this side the children are crying of hunger how can one save or invest. If I got a larger sum it would have been possible to invest not with the amounts, we were getting”.

4.2.4.3. Uplifted

Participants in this category said that the SCTs have uplifted their lives in the areas of investment because they were able to start businesses after receiving their money from the SCTs. The quote by FGD Participant 6 below illustrates this point:

“When I got that money I started a business I started making fritters and selling at Choongo School. When I got the next instalment I pumped it in to my business and I started baking buns

using the cow dung oven. During that same time there was a women empowerment program that was giving out chickens but before one could get any, one needed to pay membership. Thanks to the SCT program I managed to raise the membership fee and I got 10 chickens. The money I realized from the sale of eggs helped me in a lot of areas. To date I am grateful and I still have the chickens, I am still running my business”.

4.3. Other Household Characteristics

4.3.1. Main Occupation of the Household head

The 114 respondents were requested to provide information on the main occupation of the household head (defined as the major activity that the HH head engages in to sustain the household’s livelihood apart from SCTs) the intention was to find out the major occupation of the HH head to sustain the household and the study established the following as shown by the pie chart below.

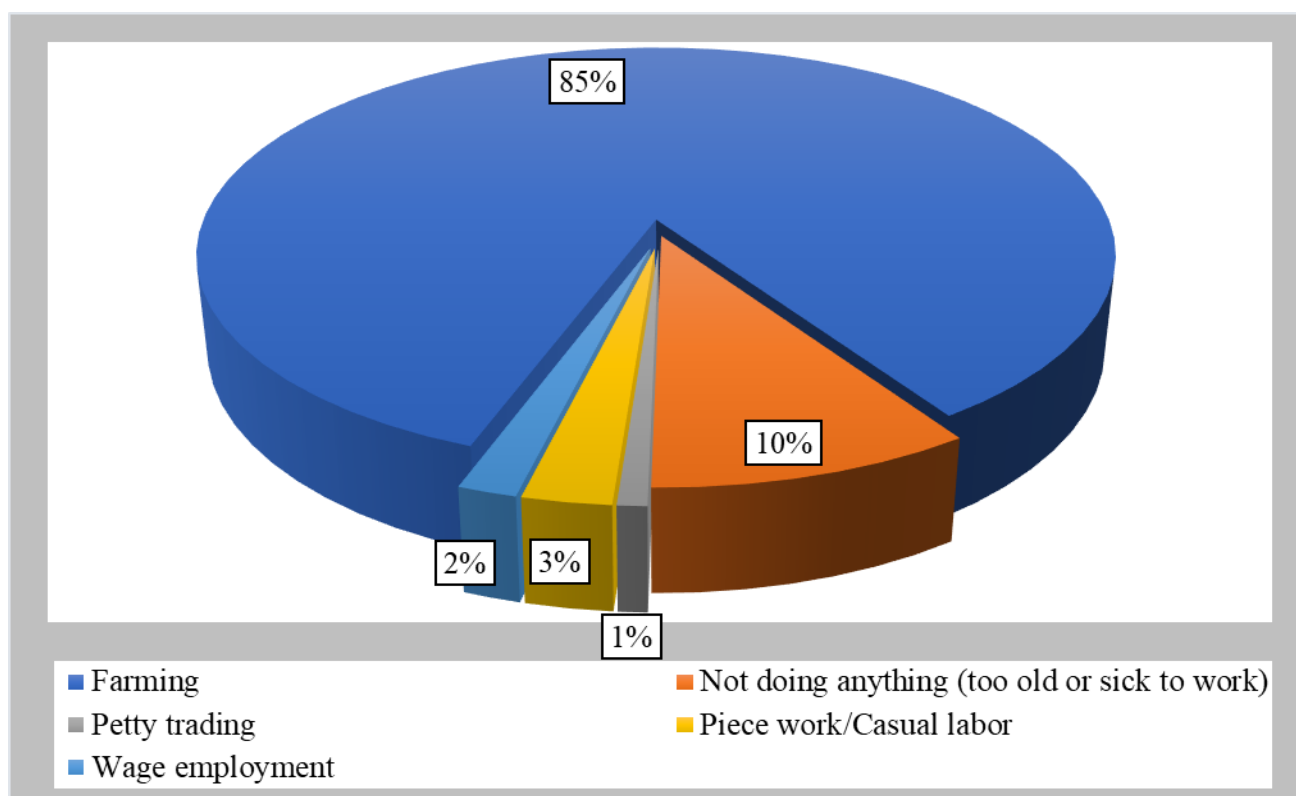


Figure 5: Main occupation of Household head

Source: Field Data

The 114 respondents were requested to provide information on the main occupation of the household head (defined as the major activity that the HH head engages in to sustain the household’s livelihood apart from SCTs) the intention was to find out the major occupation of

the HH head to sustain the household and the study established the following; 85% (n=96) of the respondents engaged in subsistence farming, 10% (n=11) of the respondents were too old or sick to work, 3% (n=3) of the respondents were engaged in piece work or provision of casual labour, 2% (n=2) of the respondents were in wage employment and 1 % (1) was engaged in petty trading.

The results from the qualitative under the FGD and from the Key Informants on Main Occupation of household head complement the findings from the quantitative data. The results were grouped under five themes namely: Subsistence farming; Not doing anything (too old or sick) to work; Piece work/Casual labour; Wage employment and Petty trading as shown below in their own words.

4.3.1.1. Subsistence Farming

A number of the respondents were engaged in subsistence farming and this was further confirmed by FGD Participant 6, who said:

“We the Tonga’s by birth are farmers, our parents tilled the land and left it to us as well but the problem is that nowadays the rain pattern is not too favorable for crops. Additionally, we lack inputs. Look at me am old, powerless and all my children are deceased. I do not have anyone to help me with inputs, nowadays for one to get a better yield one needs fertilizer. My son who used to help me is no more. The oxen which used to help us plough died of cattle disease, my grandchildren are too young to help, and all I can do is just plough not even anything equivalent to a Lima. I just plough a little which does not last the household the whole year.”

4.3.1.2. Too Old /Sick to Work

Some of the respondents were not doing anything because they were too old or sick to work, as was the narration of the key informant 2:

“These women are old and sickly that’s why they were included in the first place on the programme so that their problems could be alleviated, they are unable to fend for themselves. In short these people were destitute before we included them on the programme. All of them are foreign to this land; they are Mbunda from Western province. Currently it’s the headman who is helping out after they were weaned from the SCTs”.

4.3.1.3. Piece Work.

Others were engaged in piece work (n=) this was also confirmed by one woman in the FGD Participant 2 who said:

I go around the school and ask the teachers if they need any laundry to be done for them or if they need any gardening or weeding their fields, then I ask for something minimal to help out with my household. Nevertheless, it has not been easy because sometimes two months can pass and no one needs my services. In other instances, when it is after the farming season, it is very quiet there is no business.

4.3.1.4. Wage Employment

Yet some of the respondents were in wage employment as was narrated by a woman in the FGD Participant 1:

“I help out with cleaning the hostels of the disabled children at Choongo School; don’t get me wrong it is an arrangement between the PTA and me so I am given a little token of appreciation not a salary”.

4.3.1.5. Petty Trading

Respondents in this theme engaged in petty trading as was the narration of FGD Participant 3 saying;

‘As a woman you want a lot of things, so it is hard to always ask for money therefore, I have a makeshift shop and I sell groceries on the side I sell groundnuts and fritters. Most of the time I look at what is in season, be it sweet potatoes, tomatoes anything. Most of the times business is usually tough because this is a rural area and money is scarce. Sometimes I would make the fritters or buy tomatoes for re-sell but most of them would go bad, then I have made a loss’.

4.4.0 Household Size

The 114 respondents were requested to provide information on household size and the intention was inquiring on the size of the HH in order to access if there were other HH members beside the HH head who were able to provide any form of labour/income to supplement HH income. The research found that:

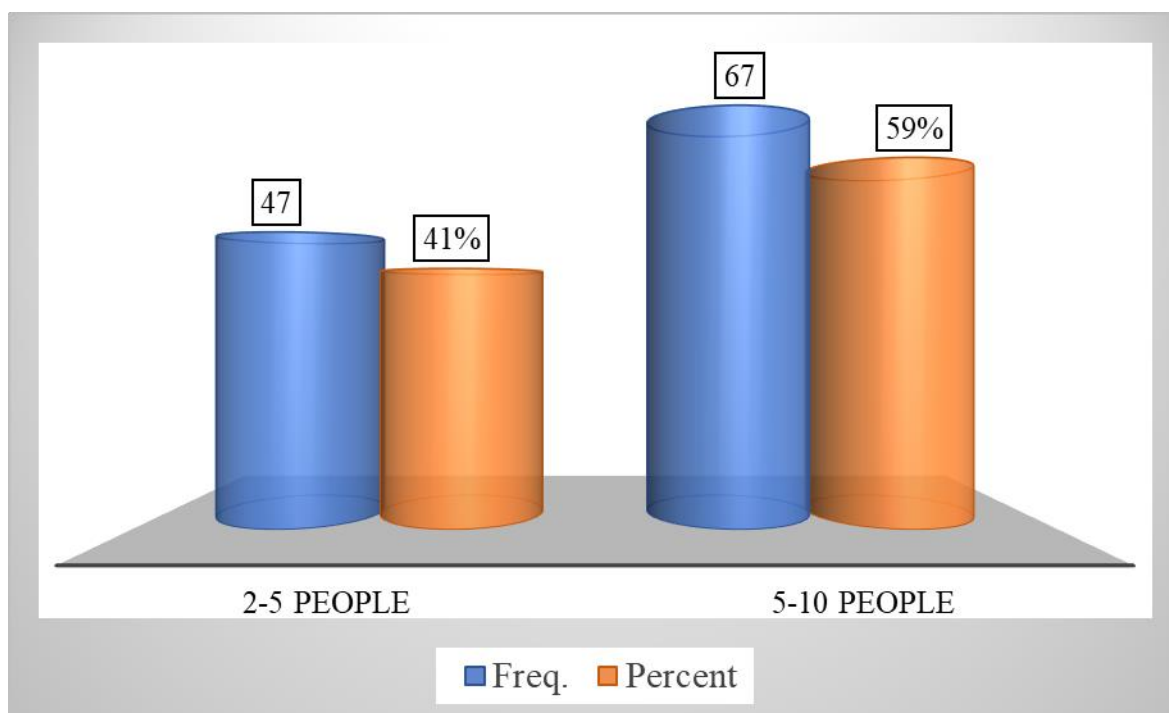


Figure 6: Household size

Source: field Data

According to the research, 59% (n=67) of the respondents had 5-10 household members in their households and 41% (n=47) of the respondents had 2-5 people living in their households. The above quantitative results were also complemented by the results under qualitative on household size by the Key Informants. These results were grouped under 2 theme; namely 5-10 household members and 2-5 household members respectively as shown in figure 5 above.

4.4.1. Five-Ten hh Members

Most of the respondents had between 5 -10 household members living in their household and this was confirmed by Key Informant 1, quoted saying;

“Most of these households have 5 to 10 household members in them and usually it is these same elderly women you see looking after these children. A majority of the children being looked after are orphaned. Most of these women lost their daughters and sons and the grand children have nowhere to go except to their grandmothers. In as much as the families are big most household members are children young and below working age. You know nowadays there are labour laws so these children cannot engage in hard labour, thus their old grandmothers end up doing all the work”.

4.4.2. Two-Five hh Members

41% of the respondents had 2-5 household members in their home, and this was the narration of one woman in the FGD, Participant 4:

“I stay with my daughter; we are just the 2 of us. I lost my husband some years back. My daughter was diagnosed with sickle cell, therefore, most of the times she is unwell and unable to do heavy tasks. I have to do most of the things myself. Her condition also prevents me from doing business that require travelling because when she is in a crisis she needs help therefore, I cannot leave her alone. Most of the things that women do with children in normal condition I cannot do since we stay just the two of us”.

4.5.0 Duration of receiving Cash Transfers

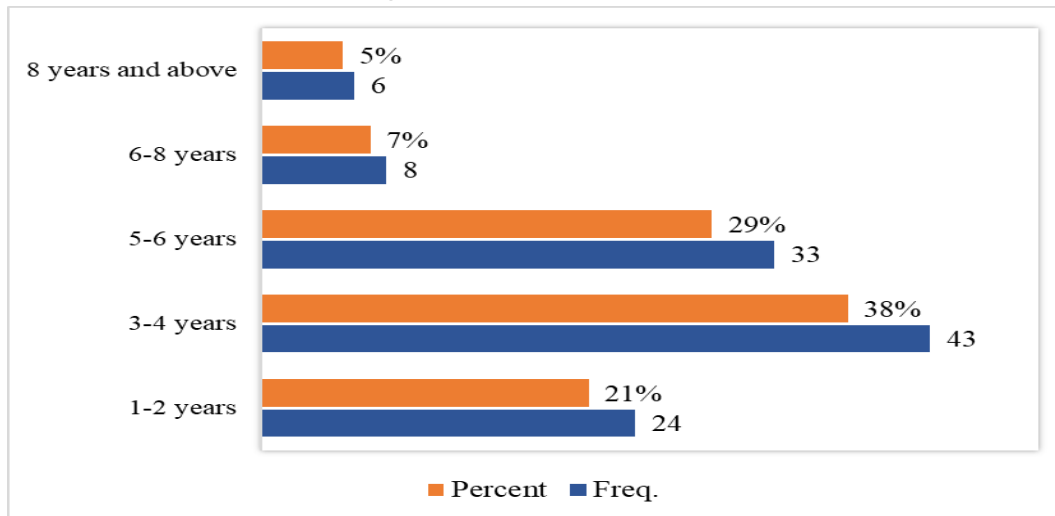


Figure 7: Duration of receiving SCTs

Source: Field Data

This question was enquired from the respondents and the intention of the question was to find out the period of time for which these past SCT beneficiaries had been receiving these SCTs and the question hinges on sustainability on the part of the provider, for how long can SCTs be provided and implement positive change in the lives of the beneficiaries. The study established that; 5% (n=6) of the respondents had been on the program for a period of eight years plus and above, 7% (n=8) of the respondents had been on the program for a period of seven (7) to eight (8) years, 29% (n=34) of the respondents had been on the program for a period of five (5) to six (6) years. 38% (43) of the respondents had been on the program for a period of three (3) to four (4) years and 21% (n=24) of the respondents were on the program for a period of one (1) to two (2) years, as shown in figure 6 above.

The results on the qualitative from the Key Informants under duration of receiving SCTs compliment the findings form quantitative data. The results were obtained and grouped under the following themes, receiving SCTs for; eight (8) years plus, seven (7) to eight (8) years, five (5) to six (6) years, three (3) to (4) years and one (1) to two (2) years, as presented below.

4.5.1. Eight Years Plus (8+)

Some respondents in this theme had been on the program for a period of eight (8) and above as was the narration of the key informant 1:

“Our records show that the longest beneficiary had been on the program since the year 2003 when the pilots just started. These are people we were told to leave on the program for the purpose of evaluation by the donors. The donors themselves chose a specific number. We just had to follow what was instructed”.

4.5.2. Seven to Eight Years

Respondents in this category had been on the program for a period of 7 to 8 years. This also was confirmed by the key informant 2, saying;

“These one are a combination of the recipients who had received the SCTs for a period of 6 to eight years. The reason is here in Monze we were using multiple targeting. They were selected based on different criterion. Some it is because they had an elderly person, some it is because they had a disabled child so when that person was no longer a member of the household, in short the person who made the household eligible is deceased, and the household stops being a beneficiary and it is removed from the program”.

4.5.3. Five to Six Years

Respondents in this category had been on the program for 5 to 6 years and this also was confirmed by the key informant 1 quoted;

“Most of these recipients encompass those women who had a child below three years at baseline. The child grant was also tried out here. When time came the child is above three, they were weaned from the program”.

4.5.4. Three to Four Years

Respondents in this theme were on the program for 3 to 4 years. This was confirmed by key informant 2 saying:

“This program had a lot of dynamics when it was introduced at baseline. These people were informed in the first place that this group has been taken in based on this criterion but I think they never paid attention. The CWAC members explain it to them over and over again that one day you will be weaned. The time frame for them to be weaned came. As you can see most of these women in this group are at least strong this was to give them a kick start in life.

4.5.5. One to Two Years

Respondents had been on the program for 1 to 2 years. This too was confirmed by the key informant 1, quoted as saying:

For these ones we received complaints from the fellow villagers. When we followed it up we found out that they were related to the CWAC members and they did not have all the qualifications for beneficiaries so we decided to halt them and submitted a report to the ministry and we were instructed to remove them from the program, that is why they had been on the program for a very short duration of time”.

4.6. The intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable HHs of Choongo CWAC?

4.6.1 Household Head vs. Sex

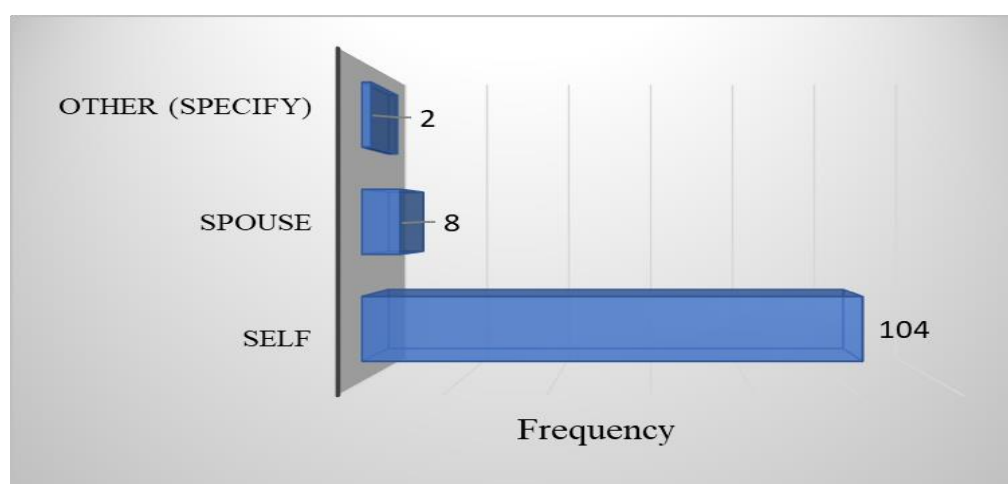


Figure 8: *Household head Vs. Sex*

Source: *Field Data*

The intention of cross-tabulating these variables or carrying out a bi-variant analysis was to access headship in line with sex because gender and headship play a great role in intra-HH decision-making processes.

The study established that of the 114 HH represented, 106 of the respondents were household heads though upon close investigation they said one may be the head and carry out the daily chores but they stay with men who help in critical issues as more especially concerning finances. Eight of the respondents had their spouses as headed households and 2 had other as household heads and when asked to clarify the other, it was the respondent's children as shown above.

These results were also grouped in theme the quantitative results were complemented by the qualitative results from the FGD as presented below.

4.6.1.1 Self

Respondents in this category were in female headed households though they looked up to a male figure as was the narration of FDG Participant 6 in her own words as quoted below;

“I manage my household with the help of my uncle, when my children are sick he is always around to help, additionally, my father left me land but if I had to sell, I cannot do it without his consent”.

4.6.1. 2 Spouse

Respondents in this category their spouses were household heads as was the narration of FDG participant 3;

“I am married, and my husband is the head of the household”

4.7. Decision- Making over SCTs

Table 3: *Decision making over SCTs*

Source: *Field Data*

Decision-making over SCTs	Freq.	Percent
Self in consultation with a male family member in the household	104	91
Spouse	3	3
Joint with spouse	5	4
Other (specify)	2	2
Total	114	100

This question was enquired from the 114 respondents and its intention was to find out who makes the major decisions over the use of the CTs.

The study established that 91% (n=104) of the respondents made decisions over the use of SCTs in conjunction with other male relatives in the household. 3% (n=3) of the respondents had their spouses make the decisions over the SCTs, while 4% (n=5) of the respondents made decisions jointly with their spouses and 2% (n=2) of the respondents had other (specify). Upon enquiry, the other specify included other household members and relatives as shown in the table above.

These results from the qualitative under FGD ON decision making over SCTs compliment the findings from the quantitative data. The results obtained were grouped under four themes which included; Self in conjunction with a male family member in the household; Spouse; Joint with spouse and Other Specify.

4.7.1. Self in Conjunction with a Male Family Member

In this theme the respondents though being heads of their households when it came to decision making over the SCTs. They always made the decisions in conjunction with a male household member as was quoted in the FGD by Participant 6 as below;

“When I received the SCT I always consult with my uncle because he is the one who was left to oversee us. Even if I stay alone I am answerable to him. When my father passed on, we were left in his custody. He is the head of this clan and plays a very vital role in our lives. Everything that goes around here he has to know and give his thought if I leave him out of the decisions I risk handling everything that happens afterwards myself, you know SCTs don’t come every day so why should I cannot manage to create enmity. In the hard times he provides for us likewise when I have received some money he should be part of it and we discuss how it should be used. You know as a woman I am not very exposed but men are, that’s the reason I always sit with him concerning SCT money”.

4.7.2. Joint with Spouse

Respondents in this category made the decision jointly with their spouses this was also brought out in the FGD Participant 2, saying, ”

“My husband is the head of the household, whatever goes on in the household he has to know. He provides for us so it is only normal that he has an input on how I use the money. If I decided on my own that can have detrimental effects on our marriage, there will be no peace in the household. This money is supposed to cement our relationship and not divide us. For that reason, we make decisions jointly”

4.7.3. Spouse

In this category the spouses of the respondents made the decision on how SCTs should be used as was this narration by FGD Participant 1, quoted in her own words saying;

“My husband is so domineering; whenever I have money he makes plans over my money. It starts with him asking me to lend him the money which he never pays back. Sometime back I used to do some petty trading, with the same trend he made me broke. Over the SCTs it is the

same issue. He asks for the money and ends up squandering it on beer. If the money comes and I don't tell him, its confusion and fighting the whole night. The last instalment I received I had to go to my mother's place in order for me to buy something for the children".

4.7.4. Other (Specify)

In this category the respondent's other relatives decided and this was brought out by the Key Informant 1, as follows:

"It is very unfortunate; in this family all the family members are not well. When this woman came to this village I was told she was just well. She had five children, of the five three were terribly crippled and insane two were born with down-syndrome. It is like the husband could not handle it and he eloped with another woman. This lady out of depression got insane as well. That is the reason she was put on the programme to be assisted. The niece is the deputy and helps her out. The same case is for the other recipient; the case of insanity, the father helps out.

4.5. Cushioning of Shocks among women of vulnerable HHs in Choongo CWAC, when the money is not enough and/or when it delays.

4.5.1. Copying mechanisms

Table 4: Coping Mechanisms

Source: Field Data

Coping Mechanisms	Freq.	Percent
Sold previously owned property	104	91
Got things on credit	3	3
Consumed fewer meals	3	3
Resorted to wild fruits/tubers	2	2
Begging	2	2
Total	114	100

The question was inquired from respondents and the intention was to establish what they did in the event that SCTs delayed or were not enough. The study established that; 91% (n=104) of the respondents sold previously owned goods or property; 3% (n=3) of the respondents got things/commodities on credit; 3% (n=3) of the respondents consumed fewer meals; 2% (n=2) of the respondents resorted to wild fruits/ tubers and 2% (n=2) of the respondents used begging as a coping mechanism as shown in the table above.

The above findings were complemented by the quantitative results from the FGD on Coping mechanisms which were grouped into five theme as follows; Sold previously owned property; Got things on credit; Consumed fewer meals; Resorted to wild fruits and begging. As shown below;

4.5.2. Sold Previously Owned Goods

Respondents in this category resorted to selling previously owned assets in order to cope when SCTs delayed or were not enough as was illustrated by FGD Participant 2,

“Many times, the SCTs were very erratic, we did not know the exact time when we would be paid. As you know hunger has no familiarity. When it hits hard I had no choice but get a hoe, bed or plough and sell at a giveaway price as long as I bought a bucket of maize and the children were able to have a meal. A big person would understand but you know children when they are hungry they cannot hold or control it they start crying and going to the neighbors to beg but it does not occur well so you get anything of value in the house be it ploughing implements or livestock and sell.”

4.5.3 Got Things on Credit

Respondents in this category resorted to getting things on credit as the following narration by FGD Participant 4 illustrates;

“Usually the SCTs took too long, we did not know the definite day that we would be receiving the money. At times things like mealie meal, salt or cooking oil run out in the home before SCTs were in so I would go to the local grocery to get those things on credit. I was given because the owner knew I was on the SCT programme and I would pay back immediately the money came in. This had a negative effect because it altered my home budget for the next two months”

4.5.4. Consumed Fewer Meals

Respondents in this theme resorted to consuming fewer meals as was the brought to light by o FGD Participant 6 in her own words as below;

“There are many instances when SCTs were not enough, like I told you in the beginning; I keep a lot of orphaned children at my home. When I buy two bags of maize, it is just a drop in the ocean. I cannot afford to give these children break-fast, lunch and super. So what I used to do is when I prepare them sampu or sweet potatoes in the morning, the next meal they ate was

super sometimes if the mealie meal is very little, they just ate once a day. It is better than going to bed on an empty stomach.”

4.5.5. Resorted to Wild Fruits/ Tubers

Respondents in this category resorted to wild fruits and tubers as was narrated by FDG Participant 2;

“There was a time when my yield was very bad and I remember that time the SCTs took longer than usual to come. I waited, three months elapsed and I did not have anything to do I had to go in the bush and dig busala, day in day out, the children just ate busala and Mabungo. It was very hectic. My household suffered”.

4.5.6. Begging

Respondents in this theme had begging as their coping mechanism, this was narrated by FDG Participant 4:

“My daughter, look at me I am old and I am not able to do anything. Even right now I am suffering. When the SCTs delayed I just used to go asking for food. Whoever is kind enough would give me something to eat and when nobody gave me anything I slept hungry or just had to wait for the same money”.

4.6. SCTs in uplifting livelihoods of rural women

All the beneficiaries spoken to seemed very knowledgeable of the SCTs including the identification and selection criteria. They were also very knowledgeable of the main information channels through which information on SCTs was transmitted in the community. The key informants also highlighted that the village headman and the CWAC members spearheaded the identification and selection process which was later verified by the DSWO together with a health worker. In addition to this, the respondents felt that the identification and selection procedures were fairly done.

It was also discovered that the households did not have sufficient income and the SCT amounts they received were not enough to get them the basic needs as the SCT resources were very little. Additionally, even if it is on paper that they are supposed to get the CT bi-monthly, the CT delayed and most of the times was received 30 days later and this was confirmed by the key informant who said that the money comes very late, three months will pass and there would be no money. Nevertheless, the respondents disclosed that they used most of the CT resources

to pay for education, health and nutrition and in very few cases invest in livestock and also rehabilitate their shelters in to more permanent structures.

4.7. How SCTs Impinge on Gender Dynamics and Intra-HH Decision-making Process

The study established that gender coupled with marital status plays a huge role in intra- HH decision-making processes with the use of SCT resources included. For the majority of beneficiaries, widows, those on separation and the divorced who in this case comprise female headed HH, despite women being heads of their households, they made all the major decisions in consultation with male relatives within the household like uncles, brothers, sons or nephews. Otherwise in instances of married couples, the study established that decisions over SCTs were jointly made in the preliminary stages but the husband's decision was ultimate, which also came to light in the FGD. It was also established in the FGD that; in the case of married couples if the couple had conflicting ideas most of the times the husband's idea took priority and this included how SCT resources should be used.

4.8. Patrilineal Culture versus Social Cash Transfers

The findings investigated the sustainability of SCTs among rural women, and accessed how SCTs impinge on gender dynamics in intra-HH decision-making processes with regards to allocation of SCT resources. It was established that the Tonga tribe are strongly patrilineal and the man has an upper hand in every area of life, therefore men make most if not all decisions including how SCTs are allocated. The woman may receive the cash but she stays around men who she will actually inquire from when making decisions and in most cases they end up making the decisions on her behalf. In the case of married woman, the husband will make the final decision, for the widows and divorced women, male relatives in the household play a huge role in decision making. The outright role of SCTs was to uplift rural women's livelihoods by availing them money to purchase food, pay for education, health and maintain better living conditions but to a greater extent it was not achieved. GBV was perpetuated in some cases since there was controversy in the use of SCTs all pointing back to the patrilineal culture.

4.9. Coping Mechanisms employed by rural vulnerable women besides SCTs

It was brought to light during the FGD that in order to cope with low and erratic SCT resources a greater number of respondents resorted to getting goods on credit. To cope, they also sold previously owned property and begging. The other strategy employed included reduction in the number of meals and depending on wild fruits/tubers. On the positive side, although on a

very small scale some households set up petty businesses as well as joining village savings groups (Chilimba). Additionally, some households received remittances from relatives in nearby towns, although these were extremely minimal and erratic.

4.10. Social Cash Transfers and their effect in Compromising Poor Rural Women's survival Instincts

The study established that women play a major role in the provision of the households' livelihood whether in male or female headed households. Taking the case of agricultural activities, women are at the center of most production by performing all the mundane, slow backbreaking tasks starting with land preparation, weeding and harvesting. While the major activity that the male folk perform in all this is basically that of an over seer or captain by controlling the proceeds and being in charge of more rewarding activities like cattle raring. All these other responsibilities left to women. Due to this load of responsibilities, women have evolved to adapt overtime time, they have developed survival instincts to generate side income away from the main household income like running petty business and gardening to suffice for the household and rarely for their personal needs. In the process most rural women have developed skills and survival instincts in terms of farming for example, having fields that can be cultivated at different times of the year (in the low and high lands). Also having special knowledge on the storage and preservation of seasonal foods like fruits and herbs, on the contrary giving these rural women handouts in form of SCTs has somehow started eroding these survival instincts shrinking their imagination and creativity. This has furthermore fostered in these rural women docility and to a large extent laziness as opposed to a culture of hard work and productivity.

In the beginning, the intention of SCTs was a moral one as a one off activity to kick start the livelihoods of these women and somehow create a revolving fund for these people by having them get the money, learn skills and pay it back and not having people perpetually depending on SCTs which has become the case. The reason being anything that people get for free is not treasured, in some sense, the SCTs have inhibited creativity and imagination and has also led to the stoppage of most women engaging in the economic activities they earlier used to engage in. Secondly, the SCTs have somewhat introduced new food tastes which in most cases have devastating effects. When these women never received SCTs they used to survive on local available produce (like busala; a wild tuber) but now they prefer tinned kapenta from the grocery stores and somehow use the minimal amounts they get to buy their cravings. Due to

the provision of SCTs, traditional knowledge in food local knowledge and generally hard work is being phased away encouraging a culture of laziness and dependency for this reason SCTs in their current form are not sustainable at all in uplifting rural women's livelihoods.

CHAPTER FIVE

DISCUSSION OF THE RESULTS

5.0 Introduction

This chapter discusses the findings of the study based on the research objectives which were; to examine the extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC, to assess intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households in Choongo CWAC, and to identify how shocks are cushioned among women of vulnerable households in Choongo CWAC.

5.1 The extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC.

This section presents information on the extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC. This section's aim was to examine the extent to which SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC. It sought to find answers to the research question "To what extent do SCTs uplift the livelihoods of women in vulnerable households of Choongo CWAC?"

The study found that all the beneficiaries spoken to seemed very knowledgeable of the SCTs including the identification and selection criteria. They were also very knowledgeable of the main information channels through which information on SCTs was transmitted in the community. The key informant's also highlighted that the village headman and the CWAC members spearheaded the identification and selection process which was later verified by the DSWO together with a health worker. In addition to this, the respondents felt that the identification and selection procedures were fairly done.

The study used different areas to investigate the extent to which the livelihoods of the rural women of Choongo CWAC had been uplifted. The different areas investigated were education, health, nutrition and investment. The study established that SCTs did not uplift the livelihoods of rural women using various areas like education, were 11% (n=12) felt uplifted, health, 10% (n=11) felt uplifted Nutrition, 9% (n=10) felt uplifted and Investment 5% (n=6) felt uplifted in addition the SCTs. While the majority that is 92(81%) respondents reported not being uplifted in the area of education, 78(68%) respondents reported not being uplifted in the areas of health, 90(79%) respondents reported not being uplifted in the areas of Nutrition, and 87 (76%)

respondents reported not being uplifted in the areas of investment. From these statistics above, only few women reported being uplifted in their lives in the areas of education, health, nutrition and investment. This means that the households did not have sufficient income and the SCT amounts they received were not enough to get them the basic needs as the SCT resources were very little. Additionally, even if it is on paper that they are supposed to get the CT bi-monthly, the CT delayed and most of the times was received 30 days later and this was confirmed by the key informant that the money comes very late, three months will pass, no money. Nevertheless, the respondents disclosed that they used most of the CT resources to pay for education, health and nutrition and in very few cases invest in livestock and also rehabilitate their shelters into more permanent structures.

These results correspond with a previous study conducted by the MCDSS/GTZ (2007) which found that cash transfers play an important role in access to education, both by providing households with the means to pay school fees, but also to purchase peripheral requirements associated with attending school, such as uniforms, books and stationery. Education is accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by cost. Provision of cash increases enrollment rates: Zambia's Social Cash Transfer increased school enrollment rates by 3% to 79.2%, and 50% of youth who were not in school at the time of the baseline study were enrolled by the time of the evaluation (MCDSS/GTZ, 2007). In South Africa receipt of the Child Support Grant is positively correlated with the beneficiary attending school: grant receipt appears to decrease the probability that a school-age child is not attending school by over half (Williams, 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, 2001).

The current results from the few women who reported being uplifted are also supported by previous studies conducted by Grosh et al (2008), Keswell (2004) as well as Ardington and Lund (1995) who indicated that social transfers can help households improve livelihoods by investing some of the transfers they receive. The regularity of payments facilitates access to credit and avoidance of inefficient insurance mechanisms. Particularly in rural contexts, beneficiaries strategize to use grant income to secure credit, hire equipment and buy agricultural inputs (Du Toit and Neves, 2007). However, these results are different from a previous study conducted by Stoeffler and Mills (2014) in Niger which found that livestock asset and local credit (tontines) participation significantly increased among project participants.

There is also evidence of improvement in private assets, living standards, micro-enterprises and agriculture.

The current results are also different from a study by Devereux et al. (2006) which found that at the level of the household, there is plentiful evidence to show that cash transfers improve food security and nutrition. Typically, a large proportion of a cash transfer is spent on food: the evaluation of Malawi's Food and Cash Transfers (FACT) showed that 75.5% of the transfer was typically spent on groceries. In Lesotho the number of old age pensioners reporting that they never went hungry increased from 19% before the pension to 48% after it was introduced (Croome and Nyanguru, 2007). As well as increasing the volume of food available, cash transfers lead to an increase in the variety of foods consumed within the household: in Zambia 12% more households consumed proteins every day and 35% consumed oil every day if they received a transfer, compared with those households that didn't (MCDSS/GTZ, 2007). But in addition to this, there is morphometric data to show that receipt of the child support grant in South Africa increases the height of children who receive it by 3.5cm if it is received in their first year and for two of the first three years, and the old age pension increases the height of girls in the household by over 2cm (Aguero et al, 2007).

However, household benefits are not limited to food security and nutrition. There is also evidence to show that receiving a cash transfer improves access to healthcare and education. Whilst improved nutritional status directly promotes improved health status of household members, cash transferred to households allows recipients to afford treatment. In Zambia, for example, incidence of illnesses reduced from 42.8% to 35%; and incidence of partial sightedness reduced from 7.2% to 3.3%, potentially due to the fact that beneficiary households could afford minor eye surgery (MCDSS/GTZ, 2007). Conversely, Delany et al. (2008) did not find an association between school attendance and receipt of the Child Support Grant.

5.2 Intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households in Choongo CWAC.

The data presented and discussed under this theme provide information on intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households. This section's objective was to assess intra-household gender dynamic decision making processes with regards to use of cash transfers among vulnerable households in Choongo CWAC. The researcher sought to find answers to the research question "what are

the intra-household genders dynamic decision making processes with regards to use of cash transfers among vulnerable households of Choongo CWAC?”

The study established that gender coupled with marital status plays a huge role in intra- HH decision-making processes with the use of SCT resources. The study established that majority that is, 104 (91%) respondents made decisions over the use of SCTs in conjunction with other male relatives in the household. This was also confirmed in the FGD where some women reported being able to make their own decision over the use of SCTs with consultation with a male family member in the household. For the majority of beneficiaries’ widows, those on separation and the divorced who in this case comprise female headed HH, despite women being heads of their households, they made all the major decisions in consultation with male relatives within the household like uncles, brothers, sons or nephews. Otherwise in instances of married couples, the study established that decisions over SCTs were jointly made in the preliminary stages but the husband’s decision was ultimate, which also came to light in the FGD. It was also established in the FGD that; in the case of married couples if the couple had conflicting ideas most of the times the husband’s idea took priority and this included how SCT resources should be used.

In terms of culture and the use of SCTs, the study found that the Tonga tribe are strongly patrilineal and the man has an upper hand in every area of life, therefore men make most if not all decisions including how SCTs are allocated. The woman may receive the cash but she stays around men who she will actually inquire from when making decisions and in most cases they end up making the decisions on her behalf. In the case of married woman, the husband will make the final decision, for the widows and divorced women, male relatives in the household play a huge role in decision making. The outright role of SCTs was to uplift rural women’s livelihoods by availing them money to purchase food, pay for education, health and maintain better living conditions but to a greater extent it was not achieved. GBV was perpetuated in some cases since there was controversy in the use of SCTs all pointing back to the patrilineal culture.

The current results confirm a previous study conducted by Okumu (2010) who found that inequality between the sexes in decision-making can be seen as a social issue which needs careful consideration. Male-dominated decision making culture is at the center at both household and CWAC/community levels in Monze as the Tonga practice patrilineal culture which supports male dominancy and supremacy. The major characteristics of patrilineal culture

include; children tracing their descent from the father's lineage, thus they belong to their father, only sons can inherit the fathers or family wealth (in this case land and livestock) additionally the man's decision is final among other things, women and girls are treated as mere property and have no say, somehow this culture even perpetuates violence against women. This finding implies that culture plays an important role when it comes to decision making in rural areas.

5.3 How shocks are cushioned among women of vulnerable households in Choongo CWAC.

The data and discussions under this sub-topic sought to provide information on how shocks were cushioned by women of vulnerable households in Choongo CWAC. This theme's objective was to identify how shocks are cushioned among women of vulnerable households in Choongo CWAC and the research question was "how are shocks cushioned among women of vulnerable households in Choongo CWAC that is, when the money is not enough and when the money delays?"

When it comes to coping mechanisms for low and erratic SCT resources, 103 (90%) of the respondent's households resolved to selling previously owned assets as a way of coping when SCTs delayed or were not enough. Some respondents resorted to getting credit; they also sold livestock which they previously owned while others were begging from friends and relatives. The other strategy employed included reduction in the number of meals and also compromising the quality of meals. On the positive side, although on a very small scale some households set up petty businesses as well as joining village savings groups (Chilimba). Additionally, some households received remittances from relatives in nearby towns, although these were extremely minimal and erratic.

These results are supported by previous study by Michelo (2005: 41) who reported that selling household assets is a coping strategy common among the poor. This strategy is a harmful coping alternative, "when risks attack poor households' resort to negative strategies such as reduction of food intake or selling household assets". Households represented by 13.3% indicated that they used to sell anything that could be sold from the house. The baseline survey conducted by MCDSS, found that "all households had sold assets in the previous three months in order to buy food. Majority of households (84.4%) with an average size of 3.4 members sold assets more than three times" (Michelo, 2005: 41). In view of the economic status of these poor households it was unlikely that they sold assets that earned them an income for investment in meaningful livelihood activities. Selling assets does not necessarily imply that a household is

coping with a risk because it drains household resources. In addition, assets were basically sold to meet the immediate consumption needs of families.

However, these results are different from a study carried by Wietler (2007) in Kalomo district of Zambia which found that beneficiaries of SCTs abstain from using negative coping strategies such as performing piecework, skipping meals or referring to wild fruits and vegetables as the only food intake. Therefore, cash transfers seem to enable beneficiaries to withdraw from survival strategies that undermine the future viability of the household.

5.4 Summary of Results and Discussion

This study, which investigated the sustainability of Social Cash Transfers among rural women: the case study of Choongo CWAC in Monze district of Southern Province, unfolds that SCTs did not uplift the livelihoods of rural women using various areas like education, were 11% (n=12) felt uplifted, health, 10% (n=11) felt uplifted Nutrition, 9% (n=10) felt uplifted and Investment 5% (n=6) felt uplifted in addition the SCTs. While the majority of the women households reported not being uplifted in their lives in the areas of education (81%), health (68%), Nutrition (79%), and investment (76%). Only few women reported being uplifted in their lives in the areas of education, health, nutrition and investment. This means that the households did not have sufficient income and the SCT amounts they received were not enough to get them the basic needs as the SCT resources were very little.

The study used different areas to investigate the extent to which the livelihoods of the rural women of Choongo CWAC had been uplifted. The different areas investigated were education, health, nutrition and investment. The findings of the study revealed that 92(81%) respondents reported not being uplifted in the area of education, 78(68%) respondents reported not being uplifted in the areas of health, 90(79%) respondents reported not being uplifted in the areas of Nutrition, and 87 (76%) respondents reported not being uplifted in the areas of investment. Only few women reported being uplifted in their lives in the areas of education, health, nutrition and investment. This means that

It emerged from the results that gender coupled with marital status plays a huge role in intra-HH decision-making processes with the use of SCT resources. The study established that 104 (91%) respondents made decisions over the use of SCTs in conjunction with other male relatives in the household. For some beneficiaries who were widows, those on separation and the divorced who in this case comprise female headed HH, made all the major decisions in

consultation with male relatives within the household like uncles, brothers, sons or nephews. While for married couples, the decisions over SCTs were jointly made in the preliminary stages but the husband's decision was ultimate. In terms of culture and the use of SCTs, the Tonga tribe is strongly patrilineal and the man has an upper hand in every area of life, therefore men make most if not all decisions including how SCTs are allocated.

Also, the findings indicate that in order to cope with low and erratic SCT resources, 90% of the respondent's households resolved to selling previously owned assets, getting credits, selling livestock, begging from friends and relatives, reduction in the number of meals and also compromising the quality of meals. Other women were able to set up petty businesses and joining traditional banking (village savings groups called Chilimba) while some households received remittances from relatives in nearby towns as a way of coping when SCTs delayed or were not enough.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0. Introduction

This chapter presents the summary of key data findings, conclusions drawn from the findings highlighted and recommendations made there-to, the conclusions and recommendations drawn were focused on addressing the objective of the study. The researcher intended to examine the sustainability of SCTs in uplifting livelihoods of rural women in vulnerable HH of Choongo CWAC and also to access how SCTs impinge on gender dynamics in intra-HH decision-making processes with regards to allocation of SCT resources and finally identify coping mechanisms employed by rural women to cushion their livelihoods when SCTs delayed or were not enough.

6.1. Sustainability of SCTs in Uplifting Livelihoods of rural women

The sustainability of SCTs in uplifting livelihoods of rural women was examined by focusing on the research objectives and how well they compared with the findings. It was hence established that cash transfers, in their current state are not sustainable in uplifting the livelihoods of rural women as the amounts were not enough and they are erratic. The objectives considered were: to examine the sustainability of SCTs in uplifting the livelihoods of rural women in Choongo CWAC, to access how SCTs impinge on gender dynamics in intra- HH decision-making process with regards to allocation of SCT resources and to identify the coping mechanisms employed by rural vulnerable women besides SCTs to maintain their livelihoods. These objectives were achieved since it was established that SCTs in their current state were not enough in providing for basic needs in most cases. Taking the rating questions in to consideration, in the areas of education, nutrition and investments, less than 50% in every area was uplifted and there was no effect on the larger proportion.

It was also established that SCTs targeted at female-headed households lack training and they are not coupled with any other developmental programmes therefore, SCTs find themselves in men's hands. On the part of sustainability of the programme, the findings indicated that other programmes could be attached to the cash transfers so that people can earn the money as opposed to receiving it without working for it. For example, the beneficiaries who had been engaged in cash for work programmes had ended up saving more money and engaging in other livelihood options like the businesses and savings groups. Furthermore, well designed trainings

on savings and investments could be attached to the programme to make it more viable and thus sustainable.

In assessing the research objectives in relation to the research theory and its relevance which involved the anti-poverty approach. It advocates the redistribution of goods, and is embedded in the concept of growth, provision of basic needs, and ensuring an increase in the productivity of poor women. The fundamental approach of this principle is to recognize the productive role of women and it seeks to increase the income earnings of women through small scale enterprises based on poverty alleviation and the sustainable promotion of balanced economic growth which increases productivity of women in low-income households. Throughout the study and findings, the theory was increasingly significant in explaining that graduation out of poverty and into sustainable livelihoods depends on improvements to the economic status of the participants' ability to provide basic needs, improvements to health status, and increase in social capital and agency resulting from women's empowerment. Additionally, for the donors and government facilitating and funding the cash programs, the theory sought to explain how the programs could alleviate poverty and ensure sustainable development, and hence motivate them to move towards targeting females in such social protection programs to ensure sustainable poverty eradication through these programs. Therefore, the theory adequately served to explain the role of the cash transfer programs goal of sustainable poverty reduction among rural women in vulnerable households.

6.2 Conclusion

The study revealed that SCTs in the current state are not sustainable in uplifting the livelihoods of rural women as indicated by the questions on the sufficiency and timeliness of SCTs in the research. This was evidenced by the findings where by it was established that SCTs were insufficient in providing for basic needs and there was a delay in receivership. Although there were isolated incidences where beneficiaries used the cash they received to make part payments for school fees, buy food and very rare cases invest. In terms of uplifting livelihoods, it was established that the effect was almost negligible as evidenced by the rating questions thus proving that SCTs are not sustainable in their current state.

6.3 Recommendations

- Taking in to consideration the amounts received against the cost of living standards in Zambia; the study recommends that the amount be increased to ensure that at least these vulnerable households can get the basic needs from the SCT resources.
- Looking at the erratic dates of payment; the study recommends that the CT should have a fixed date of payment in order for the beneficiaries to plan for their resources and avoid the cycle of fighting hard to come out of the poverty trap only to fall in the debt trap while trying to sustain their livelihoods.
- In the area of stigmatization; the study recommends that the government and NGOs offering these cash programmes should have well-tailored programmes to sensitize people to avoid social exclusion as people from the rural areas were of the assumption that the money was coming from the devil worshipers.
- In instances where the program has been tamed to initiate GBV due to the fact that men have felt undermined when women tried to make decisions over the CT resources they earned, there is need for sensitization on GBV and curb this vice.
- On the part of the provider, the government and donors; the study recommends that there should be clearly outlined exit strategies so that the beneficiaries do not plunge back in to poverty because without exit strategies the beneficiaries are doomed being dependent on SCTs and continue in the poverty cycle.
- It is important to take into account the patrilineal culture of the Toga tribe, money given to a woman will still find its self in the hands of men, therefore the study strongly recommends research in to patriarchal cultures when tailoring such programmes.
- Finally, the study recommends for further research on the sustainability of SCTs among rural women.

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APPENDIX I: LETTER OF CONSENT TO RESPONDENTS

Dear respondent,

My name is Saphila Goma. I am carrying out a research on **the Sustainability of Social Cash Transfers among rural Women: A Case Study of Choongo CWAC of Monze District in Zambia.**

This study is in partial fulfillment of a Master of Arts Degree in Gender Studies from the Department of Gender in the School of Humanities at the University of Zambia. I am requesting you to voluntarily participate in this study by taking part in an interview. You are being asked to participate in this study because you are a past beneficiary of the cash transfer program in Choongo CWAC of Monze district in Zambia.

If you agree to this interview I will take approximately 15-20 minutes of your time. There are no known risks associated with participating in this interview, neither are there direct benefits to you for participating in this interview.

You are free to withdraw your consent and to discontinue participation in the interview and study altogether at any time if you feel uncomfortable to continue.

This interview is fully anonymous and confidential. Pseudonyms and codes shall be used to protect your identity. The information obtained from this study will not be used for any other purpose except academics.

If you need clarity, feel free to contact the Head of Department, Gender Studies Department, School of Humanities and Social Sciences, University of Zambia, P. O. Box, 32379, Lusaka.

Participant signature/ thumb

print.....Date.....

TONGA TRANSLATION OF CONSENT LETTER TO RESPONDENTS

Izina lyangu ndime Saphila Goma, *Ndiyanda kuhiba mbuli mali achi hole hole mbo agwasilizya bama kaintu mu munzhi uno wa Choongo CWAC mu chilikiti cha Monze kuno ku musanza.*

Olu luiiyo lyati ndikohye lwa kuti lundi gwa hilizye ku bweza paper lya Master's Degree mu Gender Studies kuzwa ku kabungwe ka gender ku chi kolo chilanganya bupopi bwa bantu achi kolo chipati cha University of Zambia.

Ndimuloomba kwaamba kuti musangane mu chibela cha kulipa nolike muluiiyo olu. Kuiindila muku ingula mibuhyo. Ndi mulomba kuti musangane mu chibela echi cha luiiyo olu kambo mwakali ba mwii bakali kupegwa mali a chi hole hole mu program eyi mu Choong CWAC. Naa mula zumina, aku buhigwa mibuhyo ndilabweza buyo chindi chisika ku 15 minutes nanka 20 minutes kuzwa ku chindi chenu.

Kwina buubi kujanika ku buzigwa mibuhyo eyi nankaa kuina bulumbu bujanika ku kubuhigwa mibuhyo eyi.

Mili angulukide akuleka kulipa akusangana mu mibuhyo eyi aku zwa kusangana ku mibuhyo akwiya oku konse achindi chili chonse mwalihwa kwamba kuti tamuchiyandi ku zwida ambele.

Eyi Mibuhyo ilizibingenye alimwi nja masese. Nguuli a hitondehyo hiyo belessegwa kutabilila mahina yenu. Itwaambo tuyo belessegwa kuzwa ku kuiya oku tatutikabelessegwe mu kaambo kalikonse pele buyo ku luiiyo oolu

Na muyanda ku salalilwa muliangulukidwe kwambaula aba pati baku kabungwe ka Gender studies mu chokolo chilanganya buponi bwa bantu ku University of Zambia.

Watola lubazu signature/ kufwatika..... Buzuba.....

APPENDIX 2: QUESTIONNAIRE

INSTRUCTIONS:

1. Please do not write your name on this questionnaire
2. Tick the answers that best express your view as shown [✓]
3. Where you have to write the response, please do so by filling in the space provided.

SECTION A: BACKGROUND CHARACTERISTICS OF RESPONDENTS		
Q1	How old were you on your last birthday? • Muli amyaka yongai?	15-24 years.....1 35-34 years.....2 45-54 years.....3 55-64 years.....4 65 years and above.....5
Q2	What is your sex? • Sena muli ba kaintu na basankwa?	Male.....1 Female.....2
Q3	What is your marital status? • Sena mulikwetwe nanka tamukwetwe?	Single.....1 Married.....2 Separated.....3 Divorced.....4 Widow/Widower.....5
Q4	What is your religious affiliation? • Mu paila kuli?	Christianity.....1 Islam.....2 Hinduism.....3 Other (Specify).....
Q5	What highest level of education have you attained? • Luiyo mwakasika ali?	Never been to school.....1 Primary.....2 Secondary.....3 Tertiary.....4
Q6	Who is the head of your household? • Ino mutwe wa ng'ana nguni?	Self.....1 Spouse.....2 Other (Specify).....3
Q7	What is the occupation of the household head? • Ino bendelehya nga'anda ba babeleka mulimo nzi?
Q8	What is your family size? • Ino mugwashi wenu mupati buti?	2-5 people.....1 5-10 people.....2 Other (<i>Specify</i>).....3

	SECTION B: KNOWLEDGE & SUSTAINABILITY OF SCTS IN UPLIFTING THE LIVING CONDITIONS OF AMONG VULNERABLE RURAL WOMEN. <i>(The following questions refer to the period when the respondent received the SCTs).</i>		
Q9	How often did you receive the cash transfer income? <ul style="list-style-type: none">• Ino nzindi zyongae mwali ku tambula mali achi hole hole.	Once a month.....1 Once in two months.....2 Once in three months....3 Others (<i>specify</i>)4	
Q10	For how long were you on the SCT scheme? <ul style="list-style-type: none">• Chindi chilifu buti cho mwali a program achi hole hole.	1-2 years.....1 3-4 years.....2 5-6 years.....3 6-8 years.....4 8 years and above.....5	
Q11	Did your household have adequate cash income? <ul style="list-style-type: none">• Hena mukwashi wenu wali a mali akwene.	Yes.....1 No.....2 (<i>Skip to Q20</i>)	
Q12	Was the SCT income you received sufficient to meet all your basic needs? <ul style="list-style-type: none">• Sena mali a chi hole hole akali ku kwanishya ku ula hiyandikana.	Yes.....1 No.....2	
Q12a	<i>If the answer Q12 above was NO please give reasons.</i>	
	SECTION C: BENEFITS OF SCTs		
13	How have SCTs uplifted your life in the area of <ul style="list-style-type: none">• Ino mali achi hole hole asumpula buti buumi bwenu kwi indila mu....		
(a)	Education. <ul style="list-style-type: none">• Lwiiyo	Very much uplifted.....1 Uplifted.....2 Not at all.....3	
(b)	Health <ul style="list-style-type: none">• Maseba	Very much uplifted.....1 Uplifted.....2 Not at all.....3	
©	Nutrition <ul style="list-style-type: none">• Abudodo	Very much uplifted.....1 Uplifted.....2 Not at all.....3	
(d)	Investment (Specify)	Very much uplifted.....1	

	<ul style="list-style-type: none"> • kubikilila mali 	Uplifted.....2 Not at all.....3	
	SECTION D: SOURCES OF HOUSEHOLD INCOME & DECISION MAKING		
Q14	Who generates most of the household income? <ul style="list-style-type: none"> • Ino nguni upanga mali manji ano ang'anda? 	Self.....1 Spouse.....2 Joint.....3 Other (Specify).....4	
Q15	Who makes the major decisions over the household income and expenditure? <ul style="list-style-type: none"> • Ino nguni wandlehya mbuli mali mbwa endelezegwa. 	Self.....1 Spouse.....2 Joint.....3 Other (Specify).....4	
Q16	Who prioritizes the household needs? <ul style="list-style-type: none"> • Ino uli ku mbele kwendelehya hiyandikana mu ng'anda? 	Self.....1 Spouse.....2 Joint.....3	
	SOCIAL CASH TRANSFERS		
Q17	Did you consider SCTs to be the main source of income for your household? <ul style="list-style-type: none"> • Sena mwakali kulanganya chi hole hole kuti ni nzila bulo yalo ya ku janinamo mali a nganda yenu? 	Yes.....1 No.....2	
Q18	Who received the SCTs most of the times? <ul style="list-style-type: none"> • Nguni wakali kutambula mali a chi hole hole hindi hinji anji.? 	Self.....1 Spouse.....2 Other (<i>specify</i>):3	
Q19	How much did you receive and did it come on time? <ul style="list-style-type: none"> • Mwali kuhola mali yongai? 	Amount ZMW..... Yes.....1 No.....2 Other (<i>specify</i>):	

	3	
Q20	Who decided most of the times how the SCTs were to be used? <ul style="list-style-type: none"> Ino nguni wakali kumbele mbuli mali mbo ya beleshegwa 	Self.....1 Souse.....2 Joint.....3 Other (<i>specify</i>).....4	
Q21	Did your participation in the social cash transfer change your status in the community? <ul style="list-style-type: none"> Hena ku janwanika mu ka bunge aka kwakapa ku chinja kumwa mu buponi bwenu? 	Yes.....1 No.....2	
Q22	<i>If Yes to Q 26, please explain</i> <ul style="list-style-type: none"> Amupandulule 	

	SECTION E: CHALLENGES FACED BY RURAL VULNERABLE HOUSEHOLDS IN ACCESSING SOCIAL CASH TRANSFERS		
Q23	What was the travel distance from your household to the pay point? <ul style="list-style-type: none"> Ino musinzo wali mulanhu buti kuzwa ku ng'anda yenu ankho mwakali kubwezela mali a chihole hole 	<i>Distance in Km, anything less than Km put 00</i>	
Q24	Did you incur any financial costs in accessing SCTs? <ul style="list-style-type: none"> Hena mwa sowao mali ali onse kuti mutambule mali a chi hole hole? 	Yes.....1 No.....2(<i>Skip to Q32</i>)	
Q24	If Yes, how much?	

	<ul style="list-style-type: none"> • Mali ongae? 	
Q26	Were you the one accessing cash or there was an alternative recipient? <ul style="list-style-type: none"> • Sena ndinye mwali kutambula mali aya na kwali umbi? 	Self-collected.....1 Somebody collected.....2	
Q27	If somebody collected on behalf of the recipient, who collected? <ul style="list-style-type: none"> • Na kwali utambula, wali ni? 	Souse.....1 Friend.....2 Neighbour.....3 Relative.....4 Other (<i>Specify</i>):5	
Q28	What challenges did you encounter in accessing Social Cash Transfers in your community? <ul style="list-style-type: none"> • Hena mbu yumuyumu buti bo mwali kujana uku tambula mali aya? 	
Q29	What measures did you take to reduce the impact of these challenges on your household welfare? <ul style="list-style-type: none"> • Hena ni ntamu nzi mwaka bweza ku kumana buyumuyumu ubu kulanganya abuponi bwa ng'anda. 	

	SECTION F: COPING STRATEGIES EMPLOYED BY RURAL VULNERABLE WOMEN TO CUSHION SHOCKS.		
Q30	How many members of the household are able to provide labour? <ul style="list-style-type: none"> • Ino mbo ngai a ng'anda yenu bachi konzya kubeleka. 	1- 3 members.....1 4-6 members.....2 7-and above.....3	
Q31	What was the source of income for your household beside social cash transfers to maintain your livelihoods? <ul style="list-style-type: none"> • Ino yali nzila nzi njomwali kujaninamo mali a ng'anda ano tamu tana kutalika kutambula mali yachi holehole. 	Wage labor.....1 Farming.....2 Petty trading / business....3 Remittances.....4 Other (specify):5	
Q32	In your view, do you think the process of social cash transfer needs some changes or improvements? <ul style="list-style-type: none"> • Ino mukubona kwenu muyeya kuti iyi nzila ya kutambulilamo mali ili kabotu nanka yelede kubambu lulwa kuti izwide ambele. 	Yes 1 No 2 (<i>End Interview</i>)	

Q33	<p>Suggest some ways of improving the social cash transfer programme in order to make it more effective in contributing to your livelihoods?</p> <ul style="list-style-type: none"> • Amupe mizezo mbo yeledede kuti yi lusumpuke program eyi ya chi holehole kuti igwahilihye buponi bwenu. 	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
Q34	<p>What specific recommendation do you give to the Ministry of Community Development and Social Welfare Service providers and government towards social cash transfers?</p> <ul style="list-style-type: none"> • Ino mizezo nzi iitonkomene njo mupa ku kabungwe ka Ministry of Community Development and Social Services ku mali achihole hole 	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

THE END! KWAMANA!

**THANK YOU FOR TAKING TIME TO RESPOND TO THESE QUESTIONS
NDALUMBA.**

APPENDIX 3: INTERVIEW GUIDE FOR KEY INFORMANTS

Date of interview

Location of Interview.....

Name of district

Age of participant (s)

Sex of Participant (s)

Marital status

Occupation of the participant (s).....

Religious affiliation.....

Highest education attained

1. Are you aware that there is a programme from the government called Social Cash Transfer which gives cash to vulnerable households?
2. What are the channels through which people receive information on SCTs from the community?
3. How often do the beneficiaries receive the cash transfer income?
4. What benefits have been realized from cash transfer programmes in Choongo CWAC more especially to women in past beneficiary HHs?
5. What are some of the effects on these past SCT beneficiaries?
 - Negative effects
 - Positive effects
6. Have government/NGOs been able to affect the cash transfer programmes to the rightful beneficiaries in a timely manner? For how long.
7. Who do you think makes most of the decisions over the use of SCTs in the HH?
8. What challenges did beneficiaries encounter in accessing Social Cash Transfers in Choongo CWAC?
9. For how long did beneficiaries receive these SCTs?
10. Was the period enough?
11. Were the beneficiaries aware that the program would come to an end one day?
12. Where there any exit strategies?
13. When SCTs delayed or were not enough, how did beneficiaries maintain their livelihoods?
14. In your view, do you think the process of social cash transfer needs some changes or improvements? If yes, suggest some ways of improving the social cash transfer programme in order to make it more effective in meeting the basic needs of the people more especially women? If not, why not?

Thank you for responding to the questions!

APPENDIX 4: INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS

Date..... Time..... Place.....

Introductions

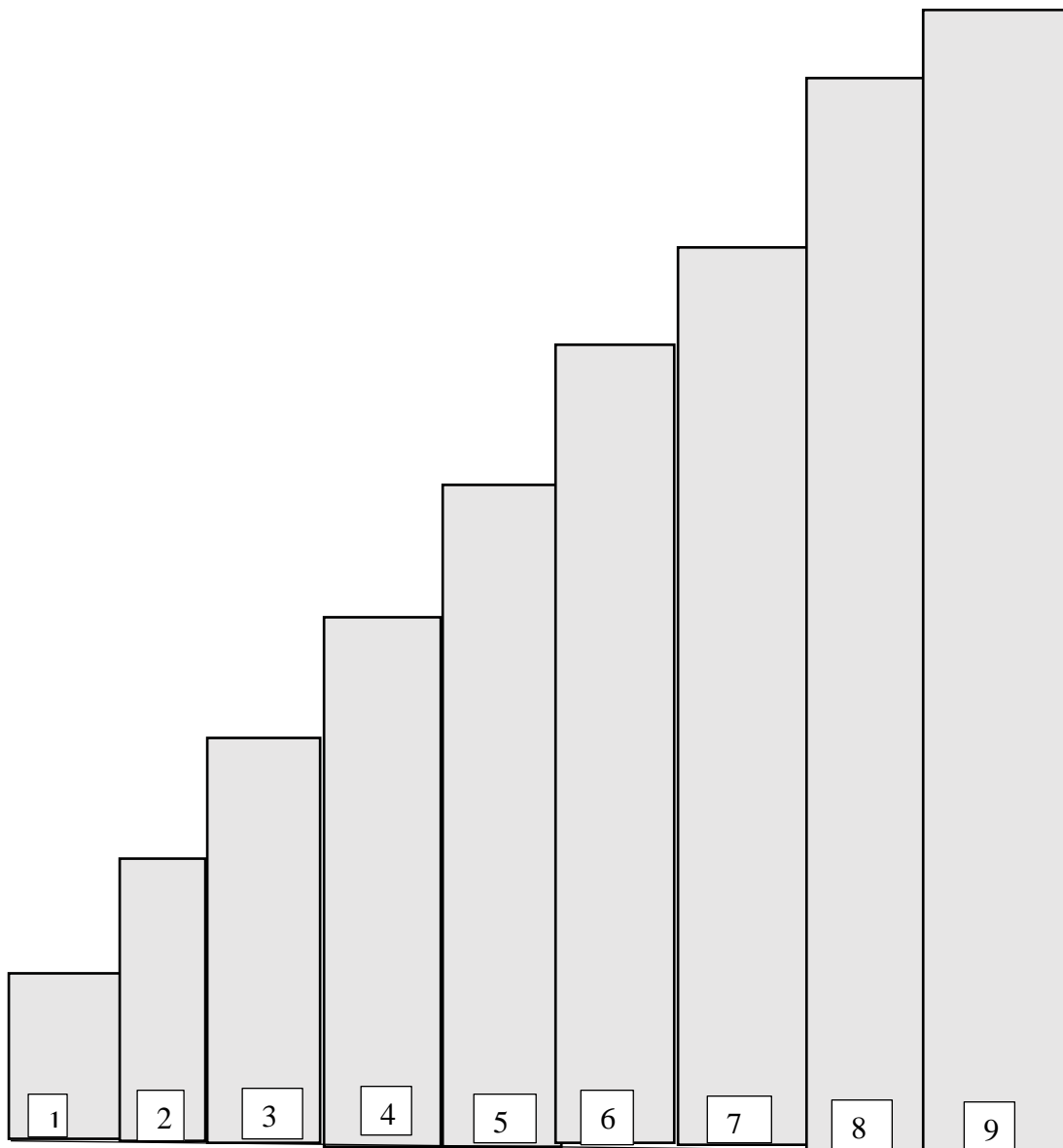
1. What are the channels through which information is transmitted on SCTs in the community? **Ino ni nzila nzi imilumbe njo isabalangihigwa kujatiliha mali achihole hole mu munzhi wenu?**
2. Describe the role that SCTs have played among women in Choongo CWAC? **Amupandulule nzila imwi aya mali achiholehole nga achita mu munzi uno ali ba mukaintu.**
3. Have you seen a change in those who received SCTs in comparison to those who did not receive? Describe your answer. **Sena kuli kuindana ko mwa bona ali babo batambula mali achiholehole ababo bata tambuli? Amupandule.**
4. What differences have been noted between previous beneficiaries of SCTs and those who never received at all? **Ino kuindana nzi ko mwakabona kuli babo bali kutambula ababo batali ukutambula?**
5. Describe the challenges brought about by cash transfers at both HH and community level? **Amupandulule buyumu yumu ubwaketwa amali achiholehole amugwashi amu munzhi?**
6. Describe how previous beneficiaries sustained their welfare before their households were selected as beneficiaries of the SCTs? **Amupandulule mbo bali kupona kabatana kutalika kutambula mali achiholehole.**
7. When SCTs delayed or were not enough how did the previous SCT beneficiaries maintain their livelihoods? **Imali achiholehole na amuka kubola na takali manji, ino buponi bwabo bwakali buti?**
8. Which livelihood strategies changed after HHs began to receive the SCTs? **Ino mbu poni nzi bwaka chinja ino bakatalika kutambula mali achiholehole?.**
9. For what purpose do you think most HHs used the social cash transfer income? **Ino muyeya kuti nkambo Kapati buti nko bali kubeleshela mali achiholehole?**
10. What benefits did the social cash transfer make to vulnerable HHs? **Ino mbulumbu buti aya mali achiholehole mbo bwa kachita kumikwashi ipengede?**
11. Describe how participation in the SCT scheme affected the status of these previous SCT beneficiaries in this community? Both negative and positive. **Amupandulule ibuponi bwaba abo bo bali kujanika mukabunge ka kutambula mali kuti bwakali buti muno mu munzhi? Mu bubotu amu bubi.**
12. What challenges did these previous SCT beneficiaries encounter in accessing SCTs in Choongo CWAC? **Ino mbuyumu nzi mbo bakali kujana mukutambula mali achiholehole muno mu Choongo CWAC?**
13. What measures did they take to reduce the impact of these shocks on their household welfare? **Ino ni ntamu nzi njo baka bweza kuti bamane buyumu yumu obu ama ng'anda abo?**
14. How did you cope when; **Ino mwakali kupona buti;**
 - (a) SCTs were not enough? **imali ya chiholehole na takali manji?**
 - (b) SCTs delay delayed? **Nakamuka kusika?**
15. Describe who mostly made decisions on SCTs. **Amupandulule wakali kubweza ntamu kumbele kubelesha mali aya?**

16. Describe who mostly benefited from SCT resources in the home. **Ino nguni wali kubweza chibela chipati kumali aya.**
17. In what areas did men, women, boys and girls benefit from SCT resources. **Ino mu nhibela nzi ba ma lume, aba mukaintu, basankwa aba simbi njobakatambula bulumbu mu mali a chiholehole.**
18. How long did the beneficiaries receive these SCTs? **Ino chindi chilamfu buti cho baka tola aba bali kutambula mali achiholehole?**
19. Were you sensitized that they will be weaned from SCT programme one day? **Sena kwali lwiisho lujajatikizya mali achi hole hole kuti chindi chimwi muyoleka kutambula**
20. What were the exit strategies? **Nzila nzi za ku zwa mu program?**
21. Do you think the time was enough to receive the transfers and make a difference in your lives? **Sena muyeya kuti chindi chakali chilamfu kuttambula mali aya aku panga kuchinja mubumi bwenu?**
22. What specific recommendation do you give to the Ministry of Community Development and Social Welfare Service providers and government towards social cash transfers? **Ino mizezo nzi iitonkomene njo mupa ku kabungwe ka Ministry of Community Development and Social Services kuindilila ku mali achiholehole?**

COMMENTS Participants will be asked to give a final comment/recommendations.

Thank the respondents and invite questions or contributions, then close the meeting.

APPENDIX 5: RATING CARD



- *1-3 not uplifted at all.*
- *4-4 uplifted.*
- *7-9 very uplifted.*