

**CASH TRANSFERS, THE EFFECTIVE SOCIAL PROTECTION  
INITIATIVE**

*An analysis of the efficacy of cash transfers in addressing food insecurity  
for Mutare urban communities of Zimbabwe.*

By

**James Handina**

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**Study Leader: Me A. Ncube**

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## **ABSTRACT**

Inspired by other researches conducted on the need for social protection initiatives in order to protect the chronically vulnerable groups in Zimbabwe, few studies have been focusing on cash transfers and those that did, concentrated on the forms of assistance. Debate has mainly focused on either providing communities with direct hard cash, cash vouchers, commodity vouchers, in-kind aid (food aid) or any of the interventions combined. The major thrust in the past studies was the notion that by providing any of these initiatives or a combination it will help in mitigating the ravaging effects of food shortages within the community. Some of the initiatives relied heavily on issues of access, availability and the quality of the product. None of the studies conducted on Zimbabwean cash transfer projects had focused on evaluating the impact and effectiveness of the initiatives on food security.

The main reason for any project evaluation is to determine the suitability of the project in relation to the target group, and to help identify gaps which will form the basis for either future programming or scale-up of the existing project.

This study focused on determining the impact and efficacy (effectiveness) of cash transfers in addressing acute food shortages in Zimbabwe. The research was conducted in Sakubva, a high density suburb of Zimbabwe's eastern city of Mutare where Catholic Relief Services (CRS) had previously conducted a food security guided cash transfer programme.

The research focused on identifying the effectiveness of the targeting process, the community progression regarding food security and the associated coping strategies. It also determined changes in the household dietary diversity caused by the introduction of the cash transfers project in the community and generated food consumption scores (FCS). Thereby it determined the impact of cash transfers on the food security status/levels of the community.

Consolidating and analysing the results from the research revealed that the cash transfer project rightfully targeted the food insecure highly vulnerable groups of the community which included the elderly, chronically ill, widows, disabled and destitute.

These groups were also found to be highly illiterate with only eight percent attaining tertiary education.

From the analysis 76% of the money borrowed by non beneficiaries was spent on food and this led to the conclusion that the targeted area was highly food insecure.

There was a remarkable improvement in food consumption due to the introduction of the CT project and this was shown by the radical shift in food consumption score (FCS) from 18 for non beneficiaries (poor food consumption) to 54.5 for beneficiaries (above acceptable food consumption). This was also supported by the remarkable dietary diversity where the index was 1.98 for non beneficiaries, and cash transfers improved it to 4.20.

*Unless you try to do something beyond what you have mastered,  
You will never grow*

*– C.R. Law –*

## **DECLARATION**

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work, that all sources used or quoted, have been indicated and acknowledged by means of complete references, and that this dissertation was not previously submitted by me or any other person at any other university for a degree.

Signature: .....

Date: .....

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## LIST OF ABBREVIATIONS

BEAM	Basic Education Assistance Module
CCT	Conditional cash transfers
CRS	Catholic Relief Services
CT	Cash transfers
FCS	Food consumption score
GDP	Gross domestic product
GNU	Government of National Unity
HIV/AIDS	Human immune deficiency virus/ Acquired Immune-Deficiency Syndrome
MPCf	Marginal propensity to consume food
NGO	Non-governmental organisation
ORS	Oral rehydration salts
OVCs	Orphans and vulnerable children
STI	Sexually transmitted diseases
UCT	Unconditional cash transfers
ZimVAC	Zimbabwe Vulnerability Assessment Committee
KII	Key informant interviews
FGD	Focus Group Discussion

# **CHAPTER 1**

## **INTRODUCTION**

### **1.0 Introduction**

Zimbabwe has been severely affected by disasters in the form of droughts, cholera, floods and HIV/AIDS. Government departments such as Social Services, Health and other non-governmental development aid agencies have developed social protection initiatives in order to mitigate the effects of these disasters in case of recurrence. The socio-economic conditions in Zimbabwe call for the adoption of social protection strategies targeting the most vulnerable groups of society, including orphans and vulnerable children (OVC). Innovative programmes that are locally-appropriate, flexible and sustainable are needed to support families in safeguarding the well-being of these children.

### **1.1 Zimbabwean Economy**

Zimbabwe has been experiencing negative economic growth in the past decade, with GDP growth estimated at -14.1% for 2009. The economy has been characterized by a multicurrency scenario, high unemployment rate hovering at 94% (CERF, 2010); an inflation rate ranging from an annual average of -7,7% in December 2009 to -4,8%; month-on-month inflation rising to 1% in February 2010 from 0,7% in January 2010 (Muronzi & Mpofu, 2010). Approximately 80% of the population lives below the poverty datum line - US\$552 (R3753.6) (US Department of State, 2010). The economic situation has been worsened by recurrent droughts that have reduced agricultural productivity and forced the government to direct its meagre resources towards the importation of food. The economic crisis which characterised the greater part of the 1998 to 2009 has weakened the central management of social services such as health and education and diminished real per capita spending on such sectors.

#### **1.1.1 *Factors contributing to vulnerability***

The situation in the country has been further aggravated by the HIV and AIDS pandemic. The HIV burden has continued to increase globally and even more so in Africa. According to UNAIDS (2004), Africa has the highest infection rates, with 70% of all infections. Sub-Saharan Africa is the worst affected area in Africa, with Zimbabwe, Swaziland, Lesotho and

Botswana remaining at the epicentre of the epidemic. One impact of HIV and AIDS in Zimbabwe and elsewhere in Southern Africa is an increase in the number of OVC (Watts & Nyamukapa, 2005).

Towards the end of 2009, after the signing of the Government of National Unity (GNU), a slow but positive transformation in the country's economy was witnessed. Most sectors of the economy, however, are still reeling from the negative after effects of the decade-long macro-economic degeneration. Communities can no longer afford electricity and water thereby compelling them to use firewood hence accelerating deforestation. As international isolation continues, investments have not been encouraging whilst a polarized political environment is still present. These political and socio-economic challenges have made the lives of low income households more unbearable especially in urban areas.

### **1.1.2 Vulnerable groups and social protection**

Zimbabwe has adopted a number of global and national commitments on care and protection for OVC and other vulnerable groups, but government implementation has been constrained by lack of resources. At the same time, the extended family is overwhelmed and no longer able to adequately provide for care and support. It is estimated that less than half of households caring for OVC and other vulnerable groups receive external assistance (Nyamukapa & Gregson, 2005: 2155-2167). Double orphans are less likely than non-OVC to access health care, have their basic material needs met or remain in school.

Basic health and educational services have become costly to access, and now tend to marginalize the most vulnerable. Previous analyses of national data from Zimbabwe and local population data from the Manicaland research sites showed that orphanhood is associated with the lack of a birth certificate, low school completion (Nyamukapa, *et al.*, 2008; 98:133-141). Malnutrition (stunting, underweight, wasting), poorer child health (diarrhoea, acute respiratory infection) and access to healthcare services, higher child mortality, poor reproductive health (including HIV and STIs), and increased psychosocial distress were also identified (Watts, *et al.*, 2007:584-593). Many of these adverse outcomes are closely correlated with poverty. There is need for additional players, such as non-governmental organisations to support government OVC and vulnerable groups' policy and response to the situation.

Most of these players have been implementing social protection initiatives across Zimbabwe, but no work has been done on the effectiveness of the initiatives. The purpose of this study

will be to analyse the effectiveness of one of the initiatives of social protection - cash transfers in meeting the immediate social needs and providing cover against future disasters.

## **1.2 Research Problem**

Cash Transfer projects are being initiated due to the socio-economic conditions that are prevailing in Zimbabwe and this is calling for the adoption of social protection strategies targeting the most vulnerable groups. The Government of Zimbabwe has in the past years initiated cash transfer programmes that were providing cash support to the disabled and the elderly. The government had schemes that were transferring in-kind support to vulnerable people rather than cash. The government in collaboration with UNICEF resuscitated the Basic Education Assistance Module (BEAM) which will be paying school fees for disadvantaged children in communities. This was initially discontinued due to financial constraints during the Zimbabwe dollar era. Although all these social programmes have assisted thousands of people, programme outcomes have not been systematically assessed and scientifically evaluated (World Bank, 2006).

Generally all existing cash transfer programmes in Zimbabwe had not been evaluated in order to determine their impact. The main reason for any programme evaluation is to determine the suitability of the project in relation to the target group and to help identify gaps which will form the basis for either future programming or scaling-up of the existing project.

Several non-governmental organisations (NGOs) have in the past two years been involved in cash transfer projects in order to check their suitability in the Zimbabwean context, but very few have done a thorough evaluation. World Food Programme in partnership with Concern Worldwide initiated the cash transfer project in 2009 as a way to substitute direct food distributions to vulnerable communities. This was piloted in three districts where Concern was originally working, and on average US\$107 000 (R727 600) in cash and 180 metric tons of food was distributed every month to an average of 29 300 beneficiaries in almost 6 000 households (Roman, 2010). ActionAid is currently working with local NGOs to initiate a cash transfer programme in some suburbs of Harare and Bulawayo.

Catholic Relief Services (CRS) in collaboration with DOMCCP (a local Mutare Catholic Church development arm) initiated a pilot cash transfer programme in Mutare district in 2009/10 targeting mainly Sakubva and parts of Dangamvura high density suburbs. These cash transfers were initiated in response to the elevated food insecurity levels that were

recorded by the urban ZimVac (Zimbabwe Vulnerability Committee) report of 2009. This pilot project was never evaluated due to financial constraints, and it is now forming the basis for this study. These communities were used to direct food distributions as those done during “Operation Murambatsvina” (Operation Cleanup) and this new dimension of cash came unexpectedly. This project was also implemented during the Zimbabwe dollar era where inflation was on a free fall so there is need to understand the lessons learnt and how the communities coped.

The City of Mutare has a population of 1.6 million (Waterkeyn & Matimati, 2009) and is located on the border between Zimbabwe and Mozambique which makes it Zimbabwe's only City near the sea. For this reason, the city has always been considered as Zimbabwe's gateway to the Indian Ocean (Waterkeyn & Matimati, 2009). Mutare is the capital city of Manicland province and the country's fourth largest city after Harare, Bulawayo and Gweru. It covers approximately 16 700 hectares in area and is situated 263 kilometres east of Harare and 290 kilometres west of port Beira, Mozambique. Owing to the current economic hardships approximately 8 000 registered people are involved in the informal business activities and the number is increasing exponentially since the unemployment rate has increased beyond 94%. The city was also affected by cholera in 2009 with 12 704 cases reported and 420 deaths by March 2009.

CRS is currently implementing several other social protection programmes, but this study will narrow down to the cash transfer programme and analyse their effects on the vulnerable groups in their quest to make a progression towards safety through improved food security. Vulnerability can be reduced or improved through improved access to resources (addressing root causes) and changes in power relations. All these can be brought about by transferring cash to vulnerable communities. This will strengthen their livelihood options, thus increasing their resilience (Wisner, *et al.*, 2004).

### **1.3 Objectives**

The main objective of this study was to determine the impact and efficacy (effectiveness) of cash transfers in addressing acute food shortages in Sakubva high density suburb of the city of Mutare. Below are the sub objectives of the study:

- To identify the target group for the cash transfers and their progression to food insecurity and the associated coping strategies.

- To determine changes in the household dietary diversity caused by the introduction of the cash transfers project in the community.
- To generate food consumption scores (FCS) and determine the impact of cash transfers on the food security status / levels of the community.

## **1.4 Methodology**

To effectively collect data on the identified indicators, both qualitative and quantitative data were requisite. This mixed method of data collection provided a rich pool of data and analytical power that would not be available with any of these methods on their own (Ahmed *et al.*, 2007). Regarding the qualitative approach, Focus Group Discussions (FGDs) and Key Informant Interviews (KII) were conducted across the targeted study area. Quantitative indicators were captured through semi-structured household interviews. In order to determine the level of food security for a household, a proxy indicator Food Consumption Score (FCS) was computed in this study, and it formed the core of the questionnaires which were administered. This approach was used along with a family of demographic, nutrition and socio-economic indicators since it was found to be somewhat difficult to gauge food security in terms of food availability, food access and food utilization (Jonsson & Akerman, 2009).

### **1.4.1 Study population**

The study was conducted in Sakubva high density suburb in the city of Mutare (Manicaland Province). Mutare is situated 240km east of Harare, the capital city of Zimbabwe. The site was chosen mainly because it was the area where CRS in partnership with DOMCCP implemented the pilot cash transfer programme, which was the main thrust of this evaluative study. The necessary research infrastructure was already in place in the form of the database of beneficiaries where interview respondents were randomly selected whilst secondary data was available as well. Extensive demographic, socio-economic and behavioural data have been collected over the past years as part of an ongoing household food security and market survey within CRS.

### **1.4.2 Sampling design and sample size**

Sakubva suburb was the sampling frame and this was divided into five cluster zones as shown in Table 1.1. All five subareas (cluster zones) which participated in the cash transfer programme were considered for selection. The cluster zones under study were Otiyesi,



Matida, Muchena, Zororo and Old Chisamba. From each population cluster, 20 households were randomly selected to form an aggregate sample size of 100 households. In each sub area, 20 household heads were interviewed of which 15 household heads were beneficiaries of the CT programme and five households were non-beneficiaries (control). For qualitative data collection, as indicated in Table 1.2, three FGDs and six KIIs were conducted in Otiyesi, Muchena and Old Chisamba. For this quantitative approach, beneficiary household heads were randomly selected from the database of all beneficiaries.

**TABLE 1.1: SAMPLING FRAMEWORK FOR QUANTITATIVE SURVEY**

SUBAREA	BENEFICIARY HHS	NON BENEFICIARY HHS	TOTAL
Otiyesi	15	5	20
Matida	15	5	20
Old Chisamba	15	5	20
Muchena	15	5	20
Zororo	15	5	20
<b>Total</b>	<b>75</b>	<b>25</b>	<b>100</b>

**TABLE 1.2: SAMPLE PLAN FOR QUALITATIVE SURVEY**

SUBAREA	FGDS	KIIS	TOTAL
Otiyesi	1	2	3
Old Chisamba	1	2	3
Muchena	1	2	3
<b>Total</b>	<b>3</b>	<b>6</b>	<b>9</b>

### **1.4.3. Data collection**

Quantitative data was collected using structured questionnaires and these were administered to the twenty household heads per sub area. Where household heads were not present only family members above 18 years were eligible to answer on behalf of the household head. In cases where the household had relocated to the rural areas or to other suburbs, another household was randomly selected from the list of the study. Each subarea had 20 households interviewed, that is questionnaires completed and this brought the total questionnaires completed for the study to 100.

The same questionnaire was used for intervention and control beneficiaries in order to reduce bias and facilitate a rigorous evaluation. Written informed consent for all interviews was sought from the target population in advance where possible/appropriate.

Household interviews were the main research tools to collect data. The questionnaires were very comprehensive hence covering the following thematic areas:

- Household demographics and housing situation.
- Employment status and sources of income.
- Household expenditures patterns.
- Amount spent on food and other associated uses.
- Illness episodes and health-seeking behaviour.
- Expenses incurred in seeking treatment.
- Coping strategies among others.

All interviews were administered either in Shona (local language) or English depending on the respondent's choice of language.

For the qualitative approach open-ended questions were asked during key informant interviews (KII) and focus group discussions (FGD) to gather information on preference of cash or food transfers and how CT has improved their food security status that is whether the transfers had made any difference to their livelihoods, how and why.

#### **1.4.3 Statistical data management**

The Predictive Analytics Software (PASW), formerly SPSS version 17, was used to enter and analyze quantitative data collected. All statistical inference tests were computed at the 95% confidence level ( $\alpha=0.05$ ). The confidence interval, a combination of a statistic plus or minus a margin of error goes beyond a single statistic by offering important information about the accuracy of the estimate. Essentially, a small standard deviation means that the values in the data set are close to the middle of the data set, on average, while a large standard deviation means that the values in the data set are farther away from the middle, on average.

Data collection questionnaires were filed and archived whilst soft copy datasets were used as backup.

#### **1.4.4 Limitations**

It was possible that in the course of research and fieldwork the two organizations were not going to permit scrutiny of their programme design, rolling out of activities, unless donor requirements actively permit this. Data collection was likely to coincide with the country's Constitution Consultation programme.

#### **1.4.5 Disposition**

This study was structured as follows; the second chapter focused on the theoretical concepts and definitions, the third chapter focused on the global review of literature on social protection. The fourth chapter focused on reviewing literature for cash transfers. The fifth chapter focused on the results of the interviews with the communities and the developments in food security as a result of the direct cash transfer project. It also attempts to assess whether cash is the optimal choice of food assistance instrument when addressing food security issues in Zimbabwe. The sixth chapter concluded the main findings and draws some policy recommendations.

## CHAPTER 2

### ELUCIDATION OF THEORETICAL CONCEPTS

#### 2.1 Food Security

Food security is broadly defined as physical and economic access by all people at all times to sufficient food to meet their dietary needs for a healthy and productive life (Ahmed *et al.*, 2007). This concurs with The World Food Summit (1996) which also defined food security as made to prevail if all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs, and food preferences for an active and healthy life. Three core indicators of food security that require special attention are 'availability', access and utilization (WFP, 2009: 22-23). According to Ahmed *et al.*, (2007), availability of food at the household level depends on the household's own capacity to produce food, household food stockholding, and availability of food in the local markets. This in turn, is a function of market operations, infrastructure, flow of information and seasonal variations in domestic food production.

A household's access to food depends on food prices, household income and the asset or resource base. Increased household income can improve household food security in terms of increased access to food. Von Braun *et al.*, (1992), also argue that an expanded asset base reduces a household's vulnerability to short-term disruptions in income flow, because part of the asset base can be sold in times of adversity. Thus poverty is a major determinant of chronic household food insecurity where the poor do not have adequate purchasing power to secure their access to food, even when food is available in local markets.

Poor communities are very sensitive and vulnerable to shocks (such as natural disasters or crop failure) that cause transitory food insecurity and these can be in the form of sudden increases in food prices which lowers their real income and hence, eroding their purchasing power. Improved food availability and access do not necessarily mean better nutrition since persistent malnutrition may lie in the complex interaction between food intakes and illness, affecting the food utilization by the body, which in turn is influenced by the overall health and caring environment (Ahmed, *et al.*, 2007). This is often called the "leaking bucket effect". Improvements in availability and access to the foods that are important for good nutritional status may be offset by poor access to non-food inputs, such as high-quality health care

facilities and services, education, sanitation and clean water or by ineffective mechanisms for delivering these services (Haddad *et al.*, 1995).

Two types of food insecurity exist and these are chronic and transitory food insecurity. Chronic food insecurity is caused by continual inability of households to acquire needed food, either through market purchases or through production that is rooted in poverty (Braun, 1992: 6). Transitory food insecurity is defined as temporary decrease in household access to food caused by instability in food prices, production or incomes among other factors. Exacerbated transitory food insecurity leads to famine and the chronic food insecure households are most affected most.

## **2.2 Livelihood**

Ellis (2000: 30) suggests a definition of livelihood as “the activities, the assets, and the access that jointly determine the living gained by an individual or household”. The most widely accepted definition of livelihood stems from the work of Chambers and Conway (1992) who defines it as comprising the capabilities, assets (including both material and social resources), and activities required for a means of living”.

Livelihoods are about creating and embracing new opportunities: the ways and means of making a living. While attempting to gain a livelihood, (Carney, 1998) proposes that people may have to cope with risks and uncertainties, such as erratic rainfall, diminishing resources, pressure on the land, changing life cycles, epidemics such as HIV/AIDS, unstable markets, increasing food prices, inflation and national and international competition in trade.

## **2.3 Food Assistance**

It refers to the set of instruments used to address the food needs of vulnerable people”. (WFP, 2008: 3) and is generally divided into instruments (in-kind food, vouchers and cash) and categories (project programme and emergency assistance).

In-kind food assistance constitutes food donated to recipient countries free of charge or at a price far below international market prices. This type of food assistance generally consists of 80% cereals and can be delivered directly to beneficiaries or sold on the open market, i.e. monetization (Jonsson & Akerman, 2009: 12). These commodities are produced outside the country and transported from the donor country instead of being purchased on the recipient market or the region (Belfrage, 2007: 63)

Project food assistance is usually channelled through NGOs or governments, who can choose to distribute the assistance directly to targeted households or sell it on the open market depending on initial project direction. Regardless of the method chosen, the aim remains the same, to promote development (Barrett & Maxwell, 2005:13-14).

Programme food assistance is food donated from one government to another, and corresponds to a budget increase for the recipient government after monetization. This category of food assistance is normally given as a grant or loan (Jonsson & Akerman, 2009). This is quite strict and recipients will normally need to comply with certain conditions determined by the donor country, for example policy changes to promote development.

Emergency assistance is aid which is channelled multilaterally through NGOs or bilaterally via governments and this will target victims of natural disasters or conflicts and is at times referred to as humanitarian or relief aid. Its objective is to assist vulnerable people in achieving food security within a defined short period of time.

## **2.4 Cash and Food Transfers**

In theory, cash is preferable to in-kind transfers because it is economically more efficient (Tabor, 2002). It does not distort individual consumption or production choice at the margin (Subbarao *et al.*, 1997). Cash transfers provide freedom of choice and a higher level of satisfaction at any given level of income compared to food or another type of in-kind transfer. Distributing cash is likely to be cheaper than distributing food or other commodities and cash distribution can also stimulate agricultural production and other activities (Ahmed *et.al.*, 2007:4). By contrast, in-kind transfers are often used as a means of controlling, modifying, or otherwise influencing the behaviour of recipients (Tabor, 2002).

Ahmed *et al.*, argues that the degree to which the food (or other in-kind) transfer influences actual household consumption behaviour hinges on whether or not the food assistance is infra-marginal (in other words, the ration is less than what is normally consumed without the transfer). Economic theory holds that if the food (or other in-kind) transfer is infra-marginal, then the transfer will result in the same additional food purchases as would a cash transfer of equal value.

The in-kind transfer is extra-marginal if the transfer (for example food ration) received is greater than the amount the recipient household would have consumed without the ration

and in this case, the transfer may have two effects—an income effect and a substitution effect (Ahmed *et al.*, 2007). The pure price effect of the ration is captured through the substitution effect and the net effect, which also includes the income effect. It may lead to an increase in the consumption of the ration commodity, as well as increased consumption of complementary products and reduced consumption of substitutes (Kennedy & Alderman 1987).

The substitution effect will be felt if resale of the ration is prohibited or if resale entails a high transaction cost that decreases the implicit selling price for the ration recipient. If there is no transaction cost and the recipient has the option of selling the ration at market price, then the in-kind transfer is equivalent to the income effect only, even if the ration is extra-marginal (Ahmed, 1993). This means that the comparative effects of food and cash transfers on food consumption and nutrition will depend on, among other things (like intra-household control of cash and food resources), the size of the ration, the price and the ease with which the ration can be resold and the frequency of food or cash distribution.

Generally, a household will spend only a portion of its additional income on food and this pattern is referred to as the marginal propensity to consume food (MPCF), which ranges between zero and one. If, for example, 75% of any income increment is spent on food, then the value of the MPCF is 0.75 and MPC non-food is 0.25. Ahmed *et al.*, (2007) further proposes that if the MPC for household essentials (such as expenses for health care, education, clothing, and shelter) from a cash transfer is higher than that of a food transfer, then a cash transfer programme may be preferable if the programme's primary goal is to improve overall livelihoods. Recent conditional cash transfer programmes have targeted transfers to women because of the growing evidence that resources in the hands of women are more likely to be spent on children. Recent household models, which fall under the umbrella of “collective models” developed by Chiappori (1988, 1992), suggest that household income is treated differently depending on which household member receives the income.

For food transfers, the real value of benefits to consumers is constant, and the cost to the government (or food aid donors) rises and falls with the price of the commodity (Grosh, 1994).

## 2.5 Food Consumption Score (FCS)

FCS measures the level of food security by taking into account dietary diversity, food frequency and relative nutritional importance of different food groups (Jonsson & Akerman, 2009). When analysing the validity of the FCS, Wiesmann *et al.* (2009: 46) found that it is a useful measure as dietary diversity and food frequency are highly correlated with calorie consumption per capita.

TABLE: 2.1 CALCULATING FOOD CONSUMPTION SCORE

FOOD ITEM	FOOD GROUP	WEIGHT	JUSTIFICATION
Bread, cereals, potatoes, pasta	Cereals and tubers	2	Energy dense, protein content lower and poorer quality (PER less) than legumes, micro-nutrients (bound by phytates).
Beans, peas, nuts	Pulses	3	Energy dense, high amounts of protein but of lower quality (PER less) than meats, micronutrients (inhibited by phytates), low fat.
Vegetables, herbs	Vegetables	1	Low energy, low protein, no fat, micro-nutrients
Fruits, berries	Fruits	1	Low energy, low protein, no fat, micro-nutrients
Meat, fish, eggs	Meat	4	Highest quality protein, easily absorbable micronutrients (no phytates), energy dense, fat. Even when consumed in small quantities, improvements to the quality of diet are large.
Cheese, milk, yoghurt	Dairy products	4	Highest quality protein, micro-nutrients, vitamin A, energy. However, milk could be consumed only in very small amounts and should then be treated as condiment and therefore reclassification in such cases is needed.
Sugar and sweets	Sugar	0.5	Empty calories. Usually consumed in small quantities.
Oil and fats	Oil	0.5	Energy dense but usually no other micronutrients. Usually consumed in small quantities.

Source: WFP, (2008b: 8).

The FCS is calculated using a seven-day recall method, implying that the number of days a certain food item is consumed by a household during the last seven days will be recorded. For example eating fish, meat and eggs for five days in the last seven days earns a frequency score of five, even if it has been eaten more than once a day. These will then be classified as meat for which the maximum number of consumption days is seven. Thus, if fish is eaten for 4 days while meat is eaten for seven days then the frequency will be seven. There is, however, an inherent risk of bias in the FCS measurement (Wiesmann *et al.*, 2009: 9) that is if consumption of, for example potatoes and maize is recorded separately, starch-



rich products will be counted double in cases where these food items are eaten together and thus distort the FCS upwards. By limiting the number of food groups to eight and the food frequency of each food group to seven, this bias can to some extent be controlled.

$$FCS = \alpha_{cereal}\beta_{cereal} + \alpha_{pulse}\beta_{pulse} + \alpha_{veg}\beta_{veg} + \alpha_{fruit}\beta_{fruit} + \alpha_{animal}\beta_{animal} + \alpha_{sugar}\beta_{sugar} + \alpha_{dairy}\beta_{dairy} + \alpha_{oil}\beta_{oil}$$

Where, FCS = Food consumption score

$\beta$  = Frequencies of food consumption = number of days for which each food group was consumed during the past 7 days

$\alpha$  = Weight of each food group

The weight of food group multiplied by number of days gives the weighted food score and summing up the weighted food group scores then gives the compound FCS (WFP, 2008a: 10). The weights assigned to different food groups depend on their relative nutrient density that is their caloric value and content of various nutrients as well as the amount generally eaten (WFP, 2008b: 19).

Although they are subjectively chosen, the rationale derives from the idea that foods relatively rich in energy and high quality protein or different nutrients are given greater importance and will therefore receive a higher weight. Applying weights to FCS is however found to slightly reduce the correlation coefficient by calorie consumption per capita (Wiesmann *et al.*, 2009: 53). Although it may therefore not achieve its purpose of reflecting the quantity consumed, FCS is valuable in order to indicate nutritional quality (Jonsson & Akerman, 2009).

TABLE: 2.2 THRESHOLDS OF FCS

FCS	Adjusted FCS	Food Consumption profile
< 21	< 28	Poor food consumption
21 to 35	28 to 42	Borderline food consumption
>35	> 42	Acceptable food consumption

Source: WFP, 2008b: 9.

These thresholds are subject to change if new evidence arises and can vary from country to country, for example two different thresholds were used in north and the south Sudan. From Table 2.2 it is evident that poor food consumption signifies less food security while acceptable food consumption would mean households with sufficient food stocks to sustain themselves.

## 2.6 Household Dietary Diversity (HDD)

The HDDS was developed by the Food and Nutrition Technical Assistance Project as a proxy indicator of household food access and it denotes the number of food groups out of 12

groups consumed “during the past day and at night” (Wiesmann *et al.*, 2009). It is different with the WFP’s Food Consumption Score (FCS) in that the reference period for HDD is one day and not seven days; main staples are disaggregated into two groups (cereals, and roots and tubers); the meat, fish and eggs group is disaggregated into its three subgroups; and there is a group for “other foods,” such as condiments, coffee or tea, unlike the FCS, it does not take into account the frequency of food consumption and it is not weighted (Swindale & Bilinsky, 2005).

HDD is used also as a proxy of food security through its ability to simulate access to food (household level), intake of energy and macronutrients and intake of micronutrients. The DD score is a simple count of food groups consumed over a certain reference period. If consumption inside the home is measured then it will be considered an indicator of access to food.

## CHAPTER 3

### GLOBAL VIEW OF SOCIAL PROTECTION

#### 3.1 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.

### **3.1.1 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 criticise 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 degree, 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 globalisation. Though globalisation 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 globalisation 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 (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).

### ***3.1.2 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, centred 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 24<sup>th</sup> 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.

### ***3.1.3 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 disservice 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).

### ***3.1.4 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:

- The first is access to essential goods and services.
- The second is prevention of and protection against various risks.
- 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. This dimension will form the core of this study since the impact of this dimension will have a bearing on the achievement of the other two dimensions.

Social protection can be provided by the state, voluntary organisations and fellow communities especially in developing countries. Community strategies for groups in need of social protection focus on minimising risk (Ellis, 1993: 82–103) and these strategies to minimise 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 ) are documented.

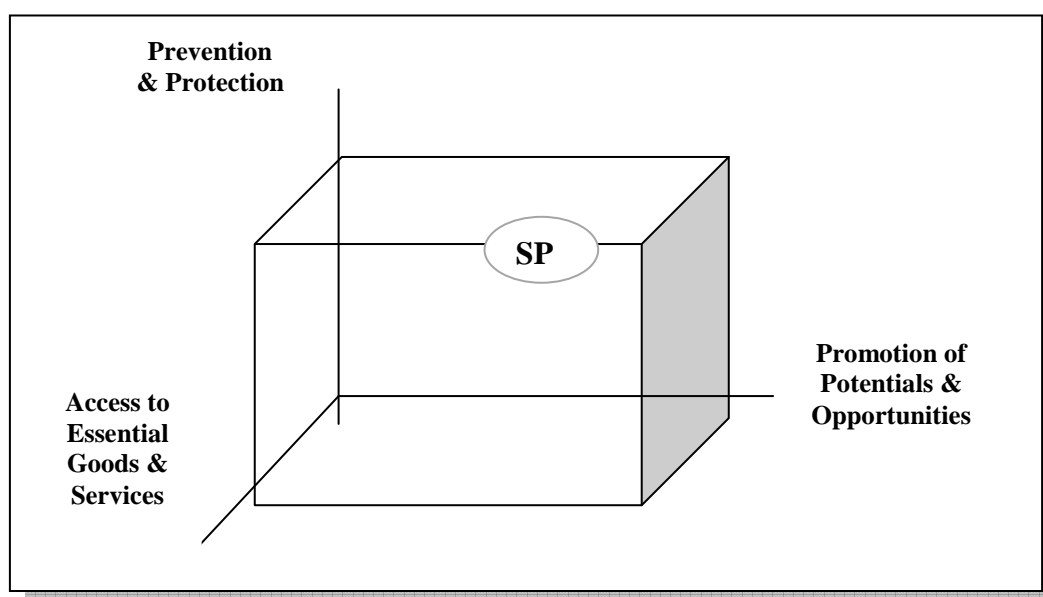


Figure 3.1: The three dimensions of social protection (Source: Garcia & Bruat, 2003).

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).

### **3.1.5 Zimbabwe's social protection**

The government of Zimbabwe is currently failing to assist the vulnerable groups due to the non availability of foreign currency which has now become the currency for all transactions in the country. The unemployment level which is now approximately 94% (UN OCHA, 2009) is not making the situation better. The overall group for social protection has increased beyond the funding capacity of the nation and the government is now relying on development agencies to cover the gap.

Under normal circumstances the government is supposed to implement food for work programmes to assist the vulnerable but able-bodied members of the community. Free food handouts are also expected to be given to the elderly and other chronically ill individuals when the government avail the necessary funding. The elderly and OVCs are supposed to obtain vouchers from the Ministry of Social Services which they redeem at government hospitals and receive free treatment and medication. The HIV/AIDS infected individuals also receive antiretroviral treatment (ART) for free in selected government clinics and hospitals. The government with the assistance of other United Nations organizations such as UNICEF reintroduced in 2010 the Basic Education Assistance Module (BEAM) programme to assist OVCs with educational assistance.

Developing poor countries such as Zimbabwe, cannot afford not to invest in social protection if they want to break the vicious circles of poverty and underdevelopment and to contribute positively to local, national, regional and global development (Garcia & Bruat, 2003: 23).

### **3.1.6 Decision trees**

These are used by decision-makers to select which food assistance instrument to implement in order to address food security. Although this tool can be designed in various ways and take different aspects into account, the context in which food assistance is to be implemented plays a determining role in the transfer choice at all times. Gentilini (2007)



discussed two models of the decision trees, namely Barrett-Maxwell Decision Tree and Oxfam Decision Tree.

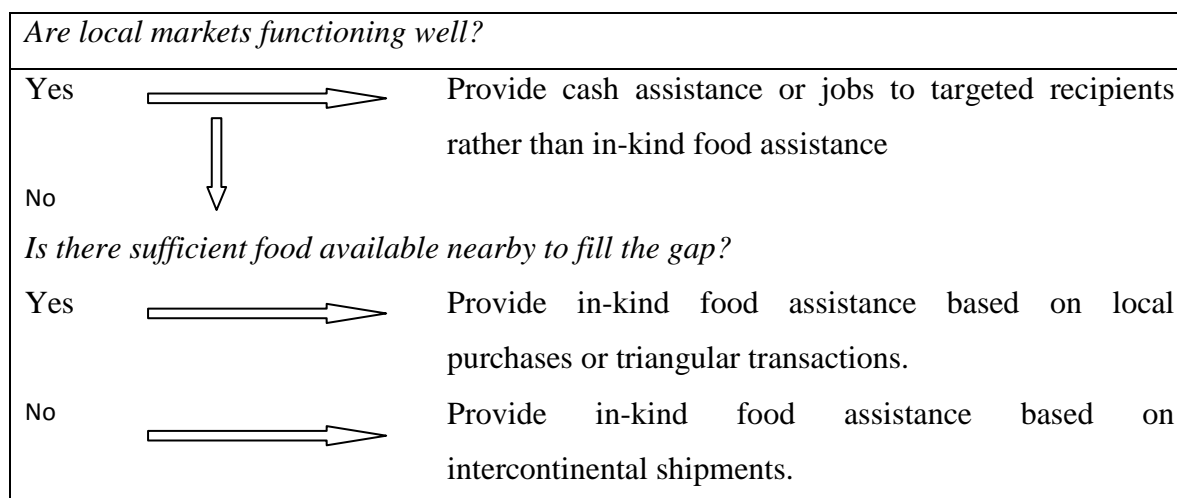


Figure 3.2: Barrett-Maxwell Decision Tree (Source: Gentilini, 2007: 10).

From the decision tree in Figure 3.2, the decision of which food assistance instrument to implement, relies on the functioning of local markets including the level of food availability. In communities where markets will be functioning, cash assistance or employment will be ideal. If the markets are not functioning well, in-kind food assistance will be more suitable.

The Oxfam decision tree in Figure 3.3 was developed by Creti and Jaspars (2006: 22) and involves a number of questions in order to determine the optimal instrument of food assistance. It also relates to the focal question of whether the market is able to respond to the increase in demand resulting from the provision of cash assistance.

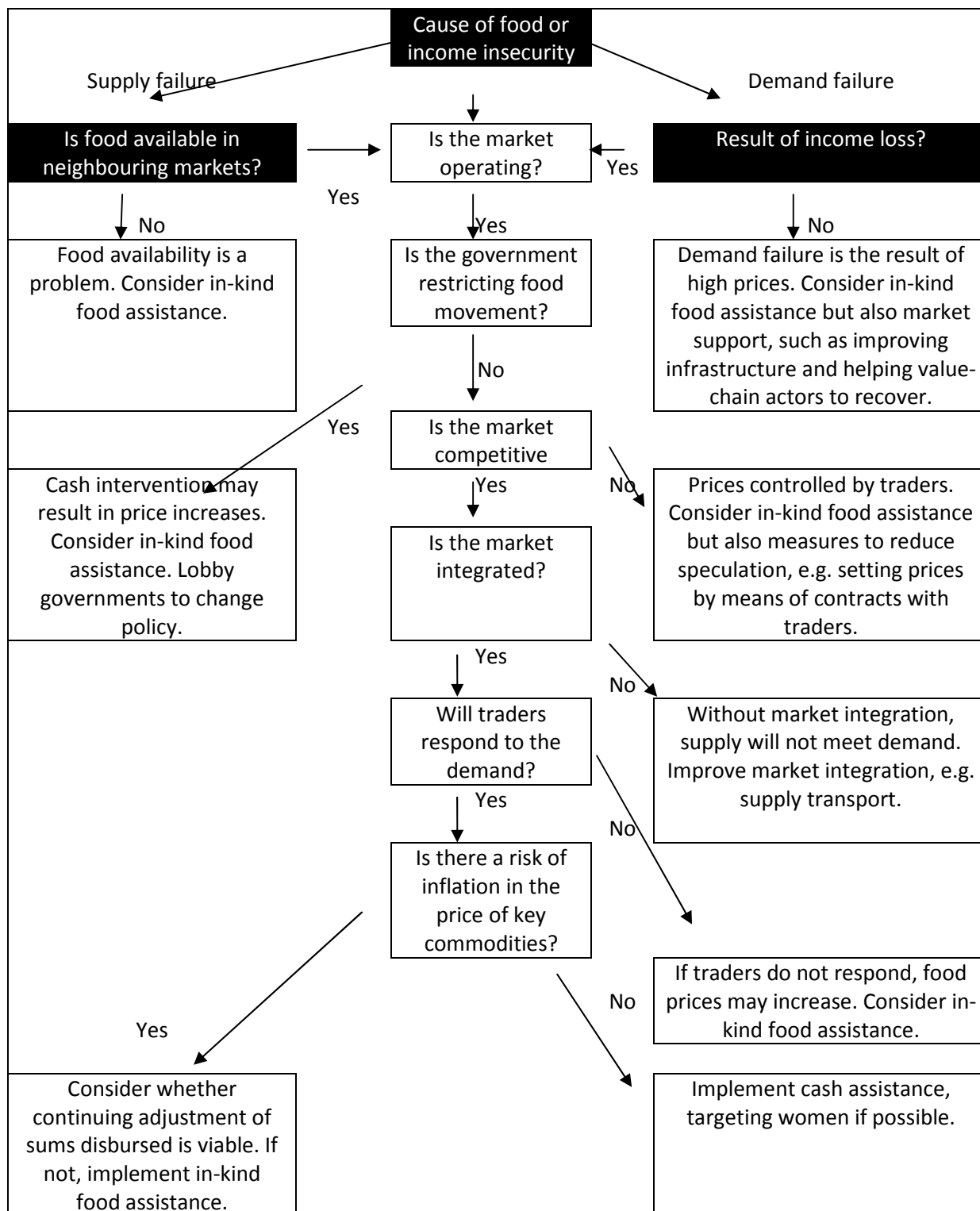


Figure 3.3: Oxfam Decision Tree (Source: Gentilini, 2007: 11).

## CHAPTER 4

### CASH TRANSFER INITIATIVE

#### 4.1 Introduction

The main thrust of Social Protection initiatives has hitherto been on protecting existing beneficiary livelihood activities and preventing further collapse into destitution or into a worse situation. This can be achieved through free food support, food vouchers and cash transfers as social protection tools (ActionAid, 2009).

Cash transfers are defined as regular non-contributory payments of money provided by the government or NGOs to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability. Cash-based interventions include regular cash grants for those in emergency situations; cash for shelter; cash-for-work; cash payments as part of the disarmament, demobilization and reintegration process (Harvey, 2007).

In theory, cash is preferable to in-kind transfers because it is economically more efficient (Tabor, 2002a) and it does not distort individual consumption or production choice at the margin (Subbarao *et al.*, 1997). Cash transfers give the targeted vulnerable groups freedom of choice and give them a maximum level of satisfaction more than food or another type of in-kind transfer. Ahmed *et al.* (2009) concurs in that cash allows beneficiaries to choose to buy what they need most and overly distributing cash is likely to be cheaper than distributing food or other commodities.

A number of studies conducted in Bangladesh and other developing countries suggest that the poor tend to have a higher marginal propensity to consume food (MPCf) out of food transfers than cash transfers or increased cash income. For example, a study in Bangladesh by Ahmed and Shams (1994) found that the MPCf out of cash transfers from the Rural Maintenance Programme was 0.48, while the MPCf out of income transfers in wheat from the Food-for-Work programme was 0.61. Del Ninno and Dorosh (2003) examined the impact of wheat transfers and cash income on wheat consumption and wheat markets in Bangladesh. Their study suggests that the marginal propensity to consume wheat out of wheat transfers to poor households is approximately 0.25, while MPC wheat out of cash income is near zero. These studies show that income transfer in food is more effective in improving household food security than cash transfers (Ahmed, *et al.*, 2007).

The International Labour Organisation (ILO) estimated that more than 80% of the population in industrialised nations is covered by one or more forms of cash transfer programmes,

compared with less than 10% of the workforce in Africa and Asia; 15% to 60% of the workforce in Latin America; 20-25% in the middle-income nations of North Africa and 50-80% of the workforce in the European transition states (Tabor, 2002b). In terms of public expenditures, very few developing country governments allocate more than one percent of their gross domestic product (GDP) to cash based social assistance programmes, while Organisation for Economic Cooperation and Development (OECD) members set aside an average of 8% of GDP (Harvey, 2005).

From the above analysis it can be found that rich countries have stronger tax revenue bases, and are able to fund their social welfare schemes compared to developing nations. Devereux (2003: 5) describes this as the 'Catch 22' of social protection – where the need for social protection is great in developing nations, but the capacity is compromised. However, Help Age (2004) argues that basic social pensions can play a significant role in reducing chronic poverty, have long-term economic benefits.

If cash and voucher approaches are to be accepted as possible mechanisms for humanitarian response, there is probably a need for similarly systematic attempts to capture their impact (Hofmann, 2004) and this is the thrust of this study.

## **4.2 Costs and Benefits of Cash Transfer Programmes**

### **4.2.1 Effectiveness**

Cash transfer programmes have been found to reduce extreme poverty in a bigger and better way. A study on non-contributory pensions showed that in the absence of this cash transfer income, poverty in households with older people would be 5.3 percentage points higher in Brazil and 1.9 percentage points higher in South Africa (Schubert, 2005). It is crucial to note that the impact of cash transfers was greatest for extremely poor individuals and in the absence of a non-contributory pension; indigence would be 8.9 percentage points higher in Brazil and 2.3 percentage points higher in South Africa. Even though the cash transfer programme will not push people above the poverty datum line, it will cushion them against the effects of poverty. Barrientos (2003) also agrees that without these cash transfer programmes, it is estimated that the poverty gap would be a third larger in Brazil, and two thirds larger for South Africa.

#### **4.2.2 Impact on individuals**

Cash transfers to vulnerable and special groups such as the elderly enhances their social status within and outside the family (Barrientos & DeJong, 2002). Special mention should be on the fact that the cash transfers will bring greater recognition to these elderly since they can now contribute financially at family gatherings. They also bring in social inclusion and autonomy (Devereux, 2001) and studies have shown that recipients of a non-contributory pension regard it as a contribution to family income and use it for the feeding and basic education of the children living in the household (HelpAge International, 2004).

#### **4.2.3 Impact on orphans and vulnerable children**

Cash transfer programmes from government or from other aid agencies have been found to contribute significantly to the support of overburdened family networks and communities especially those severely affected by HIV/AIDS. The common scenario in most households is that those households headed by either the elderly or children are all full of orphans and vulnerable children left by the effects of HIV/AIDS. In Zambia, about 10% of households are in this position (MCDSS/ PWAS, 2003) where 60% of the household composition is orphans. In most communities programming for orphans and vulnerable children alone has become a nightmare due to their spatial variability and the best current effort is to support them through their households. The most recent analysis of the situation in Zambia revealed that a third of all orphans live in households headed by elderly people (UNICE, 2004).

#### **4.2.4 Promotion of pro-poor growth**

Cash transfers act as catalysts for investment in long-term economic development. According to Schubert (2005), households receiving grants use them for food and health care for the family, for the basic education of their children, and for investments in physical capital that can provide a future source of income. The extra cash or vouchers given to beneficiaries' increases their purchasing power and this has a multiplier effect which ultimately strengthens the local economy through enhanced demand for commodities and liquidity. Through this effect the cash transfers are found to break the vicious circle of poverty in the process promoting pro-poor growth.

#### **4.2.5 Enhanced self-help capacities**

Cash transfer recipients often utilize the money to buy the basic physiological needs and after these are satisfied they invest the remainder of the money in self help projects such that they can make a progression to safety. Leisering *et al.* (2004), support this idea because

they discovered that cash transfer programmes in developing countries do not significantly lead to increased dependency or that they reduce the incentive to work. Schubert (2005) also concurs since in the Zambian pilot, 28% of the cash transfers were spent on investments

#### **4.3 Rationale for Cash Transfers**

Vulnerable or disaster affected communities are normally not given the chance to choose the form of assistance which they may require to mitigate the effects of the calamity. Providing commodities to affected communities can be appropriate under certain conditions especially when the markets are no longer functioning well and prices very much skewed. During a drought it will be quite ideal to give food commodities instead of cash because the issue of availability comes into play. The provision of non cash commodities in a normal economy where market forces are at play and effective can have negative effect on the targeted population or community. Below are some of the reasons why cash will be preferred to non cash commodities:

##### ***4.3.1 Right to choice, promoting self esteem, personal status and empowerment***

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

In 2006 the WFP implemented a Cash Transfer Pilot Project (CTPP) in Sri Lanka in the aftermath of the tsunami. The key objective was to compare food and livelihood security outcomes between households that receive food assistance and households that receive an equivalent amount of cash assistance. Significant differences in expenditure patterns between cash-receiving households and food-receiving households were seen only in the poorer, remoter, and more conflict-ridden communities in eastern Sri Lanka and not in the relatively urbanized south. Transaction costs imposed by remoteness and conflict had the effect of eroding the value of cash transfers relative to food transfers, and for this reason, households generally preferred food to cash. When the households received cash, however, not only did they spend more on better-quality cereals, but they also had larger expenditures on dairy

products, meat, and packaged foods and non-food essentials such clothing and footwear. The study concludes that a cash transfer is perhaps more cost-effective and preferred by beneficiaries in areas where markets are functioning and accessible (Ahmed *et.al.*, 2007)

Not all humanitarian suffering is economic or material and when people are affected by a disaster leading to possible displacement from their homes, one of the first casualties is their ability to control their own lives – to be truly human (Peppiatt *et al.*, 2001). They all of a sudden lose identity and become a different type of people; they become ‘beneficiaries. In some cases they are isolated from the rest and all efforts will be made to keep them alive and their basic needs met. The only constraint is they will not be able to make their own choices on anything that affect them and their families.

Giving people money instead of commodities helps restore the ability to be responsible for their own lives. Decisions that will be made during budgeting are a social requirement; it gives back the normal roles of different family members in a household. It helps stimulate family discussions between father and mother in terms of proper planning and the effective execution of their socially defined roles. Cash will assist in instilling respect for the parents from the kids since it can be used for other purposes apart from provision of the basic necessities. Cash will make people ‘human’ again which is a humanitarian imperative according to the SPHERE Handbook.

At the micro-level, according to Vincent and Cull (2009: 6) cash transfers promote self-esteem, status and empowerment amongst vulnerable people, enabling them to be active members of their households and communities, rather than burdens. In most scenarios the beneficiaries of such transfers are mainly vulnerable groups (elderly, OVCs, child headed households, widowed and the chronically ill) of the community who are dependent, in various ways, on other members of their household for their well-being. For example the elderly heavily rely on their children to provide for them and a Lesotho pensioner describes *“before we were treated as if we were dead. Now people respect me”* (Save the Children UK/HelpAge International/IDS, 2005). Similarly, a male disability grant recipient in Langa, South Africa explains *“this disability grant is very helpful because I can buy food and medicines if necessary. I also became a decent person – I now have insurance and accounts”* (Surender *et al.*, 2007).

In the quest to promote gender equality, women have been found to be the effective recipients of the cash transfers since they were found to likely spend the money for the benefit of the whole household, rather than just for an individual. A 61-year old married mother of six receiving cash under the Dowa Emergency Cash Transfer (DECT) programme

*explains “I am the one who keeps the money. I am a mother and usually I stay at home and know what the family needs. I am also the one who decides on how the DECT money is spent. Men usually do not care about the home but I stay at home and I see all the problems. That is why I make the decisions” (Mvula, 2007).*

Receipt of cash transfers also allows physically fit and productive adults to actively seek work (Vincent & Cull, 2009:7). According to Samson *et al.* (2004), in South African households receiving the Old Age Pension have labour force participation rates 11-12% higher than households that do not receive the grant, and employment rates 8-15% higher. In Zambia evaluations of the MCDSS/GTZ project recorded significant improvements in beneficiary motivation: they think that they are considered less poor by the community. They assess the future more positively, which is a crucial prerequisite for leaving the vicious cycle of poverty and 12% more people reported seeing the future positively, with 23% more having plans for the future at the time of the evaluation of the baseline (MCDSS/GTZ, 2007).

#### **4.3.2 Basic need for money**

People naturally need money in one way or the other in order to properly function and accomplish all their needs. Distributing free commodities will not quench the thirst for money, for example distributing mealie meal, beans and vegetable oil to vulnerable disaster affected communities will not extinguish their need for money. Still there are other items such as salt, pepper, tomatoes and onions and other services such as education and health which they will require and these will require money to be bought or provided.

Some will need the money to pay tithe at the church while others will need it to vaccinate their pets and barter trade will not apply in this case. According to WFP (2006), IDPs in Somalia had to sell 20% of their food aid just to pay for milling the rest of the cereal into flour – which had to be paid in cash. Another study of food aid in Afghanistan found that beneficiaries were selling a portion of this assistance for between three and six times less than it had cost to deliver (Development Researchers Network, 2003). Documentation of these sales is not common maybe it is because it may end up chasing away donors (Sesnan, 2004).

Even in situations where in-kind aid is necessary, a cash grant may also need considering especially if the affected population have lots of women. These have other special needs which the government may have failed to provide due to competing requirements for the



limited resources. Supplementary cash will come in handy to cater for those needs not met by the free commodity distributions.

Humanitarian aid in the form of food is very expensive due to its bulkiness and the shipping or transportation costs and storage. Provision of cash will inevitably be very cheap and the programme will end up covering more people.

#### ***4.3.3 Disruption of local economy by in-kind commodities***

The provision of goods in-kind can lead to reduced economic recovery because it can cause a disruption of local markets. For example free food distributions can have disastrous effects if not properly managed. Free food distributions can result in closed businesses and Adams *et al.* (2005) confirm that farmers will fail to access reliable good quality agricultural inputs if traders fail to open businesses – because they cannot compete with free distributions. This often leads to reduced business since the food in shops will have been used as bait for other items being sold in the shop. This will lead to reduced sales taxes being collected by the central government since relief aid normally is imported free of any taxes. Reduced taxes collected in developing countries will have a massive impact on the government coffers. If the benefiting community sells the aid then this will create unnecessary competition with the indigenous items thereby short-changing the farmers in the long run.

When huge amounts of food are brought into an economy, the price usually falls and this will have a devastating impact on farmers, who rely on selling small surpluses of crops in order to meet basic needs (MCDSS/GTZ, 2006). Even if the food aid is locally procured neighbouring farmers will not find a ready market due to saturation by the food aid.

Roman (2010) argues that monthly monitoring data collected on basic commodity prices in Gokwe North and Nyanga WFP Zimbabwe emergency cash transfer programme found no evidence that the programme had a negative impact on those prices, but a positive one. Although during the first month it was noticed that some traders were increasing their prices to increment the benefits from their sales, competitiveness among traders regulated the prices, and prices variations resulted mainly from seasonal price variations (for example Christmas season) and poor agricultural provisions of next season's maize harvest (which caused an increase in the price of maize grain in some areas of Nyanga and Gokwe North).

#### **4.3.4 Reduced logistical challenges**

Commodity distributions involve complex logistics especially when the commodities are coming from abroad. Save the Children UK in Ethiopia also concurred that cash transfers can be cheaper to administer than food for work:

*Providing enough relief to 40,000 beneficiaries for seven months would amount to 4,200 MT of grain. Delivery of such an amount of grain up to woreda warehouses would cost between 1.4 and 1.6 million euro depending on the delivery mechanism used. Transfer of cash does result in some costs, Meket woreda at present lacks a bank and while cash is being transferred it is necessary for insurance coverage – but these costs are well below the costs associated with food grain (Save the Children UK, 2003).*

When commodities are procured overseas this will need to be done several months in advance to give time for shipping and this will be ideal for slow onset disasters. This means that this type of assistance will not be suitable for rapid onset disasters since there will be no time. This is where cash become the mode of choice since it can be transferred from overseas and distributed to the intended beneficiaries within hours.

In Zimbabwe last year when there was an outbreak of cholera the bulk of the non-food items (aqua tabs, disinfectants and ORS) came way after the cholera has been contained due to delays in shipping. Several seed distributions were carried out way after the planting season has lapsed and that had been attributed to logistical delays.

#### **4.3.5 Multiplier effect of money**

Money is the lifeblood of an economy, injecting money into a depressed or 'anaemic' economy will be like a transfusion, and can stimulate new strength (Rauch & Scheuer, 2007). The circulation of money will create a ballooning effect and the total impact of this on the local economy will be several times the amount of money injected into circulation. This is what they call the 'multiplier effect'. Sadoulet and Janvry (2001) reported that a cash transfer programme in Mexico had a multiplier effect of between 1.5 and 2.6 times the amount transferred. Injecting goods into an economy will not produce the same impact because food is not the common form of transactions.

Cash provided to vulnerable people will most likely be spent on food, social services or assets. Since the money is spent in the local community, this will stimulate local markets, promoting trade and production in the process leading to wider community-level economic benefits through the multiplier effect.

In Zambia, of all purchases made with cash transfer income, 63% were from neighbours, 11% from shops and 7% from rural traders, thus showing that well over three quarters of the cash injected into the economy was spent locally (MCDSS/PWAS/GTZ, 2005). Namibia and South Africa, for example both report increased trade for grocery stores and the formation of new businesses, resulting from their respective social pension schemes (Ardington & Lund, 1995; Lund, 2002). Similarly research on the impacts of the Old Age Pension in Lesotho show that on average 18% of the money transferred goes towards creating jobs for other people (HelpAge, 2006).

Perhaps the most convincing evidence comes from an econometric survey in the Dowa district of Malawi after the DECT, which shows that for every \$1 of transfer, a regional multiplier of 2.02 to 2.45 was observed in the local economy, meaning that there was double the impact of the actual transfer in the local economy, benefiting non-recipients of the transfer, such as traders and suppliers (Davies & Davey, 2008).

#### **4.3.6 Improving food security and nutritional status**

There is vast evidence to show that cash transfers improve food security and nutrition and 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 had been introduced (Croome & Nyanguru, 2007). Cash transfers do not only increase the volume of food available, they also improve on 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 did not (MCDSS/GTZ, 2007).

Aguero *et al.*, (2007) also mention that 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. The old age pension increases the height of girls in the household by over 2cm. There are gender differences in

the sharing of pensions (Burns *et al.*, 2005), with a greater proportion of women's pensions being spent on food (Case & Deaton, 1998), and women's pensions showing particular improvement in the height and weight of girls (Duflo, 2003).

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

Evidence is available to show that cash transfers have led to improved access to healthcare and education. Improved nutritional status directly promotes improved health status of household members and cash transferred to households allows recipients to afford good treatment on time thereby improving their productivity. 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 provide households with the means to pay school fees and purchasing power for school peripheral requirements such as uniforms, books and stationery. Education is generally accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by cost (Vincent & Cull, 2009: 9). Provision of cash increases enrolment rates as evidenced in Zambia's Cash Transfers which increased school enrolment 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).

Once fees for the school are paid there is an automatic incentive to let children attend, which subsequently reduces child labour and other absenteeism and this was evidenced in Malawi, where children in recipient households in the Mchinji cash transfer pilot were absent on average 1.6 days, compared with 2.6 days in non-recipient households (the average before the transfer was 2.6 in both household types) (Miller, 2008). Using data from the national household survey in 2000 in South Africa, models show that household receipt of an old age pension is associated with a 20% to 25% reduction in the school non-attendance gap, and receipt of a child support grant is associated with a 25% reduction in the non-attendance gap (Samson *et al.*, 2004).

#### **4.3.8 Investment in livelihoods and productive activities**

Food insecure households struggle to maintain assets including those used for productive purposes since they are easily sacrificed in order to improve food security. Vincent and Cull, (2009) identified the fact that during the pre-harvest period food prices tend to increase beyond the purchasing power of most community members and this often leads to the de-capitalisation of these assets in order to meet the basic physiological needs of the families. 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).

Cash transfers will allow these chronically impoverished households a guarantee that they will be able to secure their basic needs throughout the year, regardless of seasonality without selling their productive assets. 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 well-being (Vincent & Cull, 2009). 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). 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).

Evidence of investment in assets is also reiterated from cash transfer schemes elsewhere, for example a recipient of the Child Support Grant in Mdantsane, South Africa explains *“I sell sweets and biscuits so that I don’t run out of paraffin. I buy them from the child support grant money. I do this so that when the child support grant runs out, we are not in darkness”* (Surender *et al.*, 2007). In Swaziland the prospect of a guaranteed income through the Old Age Grant provides access to farm inputs on easy (concessionary) terms, and particularly through agricultural cooperatives and credit unions (Dlamini, 2007).

#### **4.3.9 Reduction of national poverty and improvements in equity**

The net effect of cash transfers on individual and households is a decrease in poverty. At its most rudimentary this is measured in reductions in the poverty headcount: in South Africa, for example this would be five percent higher without the old age pension (40% compared

with 35%) (Case & Deaton, 1998), and the average poverty gap would be 10.41% higher (Barrientos, 2005). Similarly in Mozambique the GAPVU cash transfer programme was estimated to have contributed to a reduction in headcount poverty by 6%, and reductions in the poverty gap and poverty severity by 27% and 44% respectively (Datt *et al.*, 1997).

In South Africa among a sample of both rural and urban HIV affected households, the Child Support Grant reduced the incidence of poverty by 8%, the old Foster Care Grant reduced the incidence of poverty by six percent, and the Old Age Pension reduced the incidence of poverty by 48% (Booyesen, 2004). The comprehensive variety of cash transfers available to vulnerable South African communities also has impressive reductions in poverty: in the absence of any grants and according to Vincent and Cull (2009), 55.9% of the elderly would be in poverty, and 38.2% would be in ultra-poverty. Whilst the reduction of poverty is, of course, the primary outcome, a corollary of this is that the costs of providing social protection will fall over time, as economic growth increases and the poverty gap falls. This has been shown to be true in modelling exercises for South Africa (Samson *et al.*, 2005).

## **4.4 Forms of Cash Transfers**

### **4.4.1 Money (Cash)**

People either receive cash, or a credit card linked to a local bank which they can withdraw money from as they wish. The money can be spent on any item which the household feels they require and as such is very flexible and can be provided in a very short space of time. The response to Hurricane Charley in Florida in 2004 provides one example:

*Three days after Hurricane Charley slammed into the Florida coast, the Department of Homeland Security's Federal Emergency Management Agency provided the first disaster aid checks to help victims of the storm. As of 7.00 am Tuesday 1,070 disaster assistance payments totaling more than \$2 million were issued, with many being issued by electronic fund transfer and already showing up in bank accounts (Federal Emergency Management Agency 2004).*

Beneficiaries can easily decide what to purchase and when to buy the commodities. If unconditional the cash can be used on anything which the beneficiary household feels is a

requirement, and this instils a sense of ownership in the targeted people. Thus cash empowers people for their own recovery, and restores dignity which is usually lost through direct commodity distributions. Provision of cash also reduces stigma on the benefiting communities because cash can never be distinguished as to whether it has come from cash transfers or from their own coping strategies. Use of cash has reduced logistics apart from its transportation and as alluded to earlier on cash has a significant multiplier effect on the economy, stimulating production as demand increases.

Injection of direct cash can also have negative effects in the form of potential inflation (Adams & Harvey, 2006; Doocy *et al.*, 2006: 277-296; Harvey & Savage, 2006; Mattinen & Ogden, 2006: 297-315). Cash injection increases the volume of cash in circulation and if this is not matched with production then there will be too much cash chasing few goods, and this is inflationary. After the tsunami, the Sri Lankan Government gave restricted cash grants for rebuilding to all those who had lost houses. The supply of building material at that time was not adequate to meet demand, and with so many people trying to spend the grants in a short time, prices of some materials rose by several times and this was attributed to the cash injection (Adam & Harvey, 2006). Schubert (2005) reported that in a DFID safety net project in the 1990s in Zambia, food price inflation linked to the cash transfers was experienced in three very poor districts.

Use of hard cash has serious security concerns and it will be prone to theft or corruption. It can also have negative social consequences such as promoting alcohol abuse and proliferation of prostitution.

Almost all studies reported in cash-based interventions have shown that the cash distributed was not misused by the beneficiaries, and this was verified by reports on cash projects in Mongolia (MartinDietz *et al.*, 2004), a cash programme in Indonesia (Cole, 2006), and cash interventions in Ethiopia (Adam & Kebede, 2005). The spending pattern for the distributed cash has been food first, followed by clothing, education and health, social spending (charity, debt repayment) and investment in income generating activities or productive assets according to Willibald (2006). In DDR programmes, cash misuse and diversion have been found in programmes where cash transfers were given to child ex-combatants, and the cash had been spent on 'anti-social uses' or stolen by former commanders of the children (Willibald, 2006).

#### **4.4.2 Media of transferring cash to beneficiaries**

##### **(a) Direct Bank Transfers**

This is the easiest option where cash will be transferred directly into beneficiary bank accounts. This is applicable in a country with a well-functioning banking system in the programme area, with many local branches. In Zimbabwe the Post Office Savings Bank (POSB) becomes the ideal bank for this exercise and in Somalia, ACF was able to use an active 'informal' banking system, which is well used to handling remittances, and is trusted by people (Narbeth, 2004). For this to function, all the beneficiaries will be required to open bank accounts where the cash transfers could be directly transferred to. According to Doocy *et al.* (2006) the Iranian Government gave cash grants to earthquake victims in the same way as the Sri Lankan Government gave them to tsunami victims, by making them all open bank accounts and simply transferring money to their accounts on a regular basis.

Direct bank transfers makes programme administration and control simple thereby reducing incidences of fraud and theft since there is minimal handling of cash by outsiders. It also reduces the risks associated with distributing large amounts of cash and is convenient and safe for beneficiaries who can withdraw any amount they want whenever they want it, leaving the rest safe in the bank. It is quite imperative to consider the costs associated with the running of a bank account and this may need due consideration when deciding the amount of money to be paid to the beneficiaries.

The cash transfer programme will be required to carry out awareness campaigns in the communities, especially in rural areas and this will cover the process of opening accounts and their use. Some sectors of the affected community may express some reluctance and ignorance in dealing with a bank, but this learning process on how to operate a bank account will be an empowering process for that community. Some vulnerable groups such as the elderly, may be allowed to use a proxy to operate the bank accounts on their behalf especially members from their household or immediate family members.

Depending on the setup and location of these cash transfer programmes, using direct transfers in rural areas may call for additional costs especially transport to the banks and this will require to be borne by the programme. This will be so, otherwise the whole objective of the cash transfers will be missed after all the money has been spent on transport to the banks.



The capacity of the bank will also need to be assessed such that the beneficiaries will not be short-changed by waiting in long queues for long, and even failing to access their money due to cash shortage at the bank. In the social cash transfer implemented in Zambia, the bank was completely overworked; it lost some of their other customers and made the beneficiaries of the programme wait for hours in the bank before receiving the payment (MCDSS/GTZ, 2007).

### **(b) Mobile banking**

There are some situations where the beneficiaries may fail to reach the banks, for example the incapacitated with no trusted lieutenants to conduct the transactions on their behalf, in areas where there is no link to the banks (no transport especially in very remote areas) or in areas where the roads have been destroyed by the disaster and are yet to be rehabilitated. This will call for introduction of mobile ATMs which will be driven to the remote areas on scheduled days of the month. This will mean that the community will require to be updated in advance so that those who need to make the withdrawals will avail themselves on the scheduled dates.

The ATMs can be air lifted in areas where the roads are inaccessible while specialised vehicles will be required for those going by road such that they are secure and will not get stuck on some of the bad roads in the remote areas. On the 'payment day', beneficiaries come to the car, insert their card in the machine and can also have to press their finger on a device recognising fingerprint or enter a pin code (for extra control) (ACF 2007). This system will also benefit those with no bank accounts, but have been allocated the cards. According to Harvey and Marongwe (2006), it is interesting to note that in some areas, fingerprint recognition was made harder by the fact that people's hands were worn-out by physical work and only the pin code was used.

The banks would take responsibility for security of their operations and these services need to be paid for, since the banks will only provide services if they can make a profit (Farington *et al.*, 2005). The major disadvantage of this system is that it is not flexible to the beneficiaries since they can only withdraw their money on scheduled days. The use of ATMs will call for the use of cards and some people from the remote areas may not feel comfortable using the cards due to extreme lower levels of literacy, it will be necessary to conduct some trainings and awareness campaigns on the benefits associated with the use of ATM cards.

There is need to consider the security of the beneficiaries after collecting their cash and this will call for the establishment of many cash withdrawal points such that they will travel shorter distances to their homes.

***(c) Use of money transfer agents***

There are instances where banking services are not possible and it may be necessary to directly give people cash. This may not need to be undertaken by the NGO or government institutions. Money transfer agents such as Western Union can be used for this exercise since they have the expertise. In Somalia, for example such a system of “Xawalaad” is widespread and the NGO would be responsible for giving the list of names to the company and for providing recipients with an agreed ID, where national ID cards are not possible (ACF, 2007: 67).

Where the well established money transfer agencies are not available, local traders can also be subcontracted to carry out the task. With this method the beneficiaries simply receive their grant in cash at each distribution. The major challenge with this method is it is less flexible since beneficiaries cannot choose time to receive the money or even the value of the amount. This is also subject to abuse by the local traders especially the most vulnerable, illiterate and elderly

In October 2003, Horn Relief and Norwegian People’s Aid initiated the distribution of cash grants of \$50 to 13 830 households in Somalia. The two NGOs registered vulnerable households and surrender the lists to remittance companies, who gave each household its \$50 (R340) and once the payments were done the remittance companies would then claim from the NGO. According to HORN RELIEF (2004) and Narbeth (2004) a post-distribution survey found no evidence of misappropriation or of cash fuelling the region’s war economy.

***(d) Direct distribution by the government or NGO***

There are situations where all the methods described above are not applicable. It may be necessary for the government or the NGO to distribute directly to beneficiaries. In response to the floods in Central Europe in August 2002, where about 350 000 people were affected in Germany, most of them living along the Elbe and Mulde Rivers; German Red Cross provided assistance in the form of traditional services (including emergency shelter and medical aid, care and comfort and psychosocial support and water rescue).

According to IRC (2007) the German Red Cross provided targeted cash support to the most vulnerable people for emergency, recovery and reconstruction needs and these started within two days of the disaster. This assistance was mainly targeting the elderly, unemployed people and single parent households and assisted these groups to buy basic items while cash dispenser machines were not functioning due to electricity cut-outs caused by the flooding.

According to Ali *et al.* 2005 the logistics of such an operation need careful planning, starting from the system of getting money to a field office. It will be advisable to consult some players in the area of operation on how they have been carrying out similar exercises especially those that have been engaging contractors, how they have been carrying the cash for the payments. If you decide not to notify the beneficiaries well in advance of their cash collection days in order to reduce incidences of hijackings, you may not find the intended beneficiaries on the day of payment.

#### **4.4.3 Threats to Cash movements**

There exist targeting problems where everyone will need to be included on the programme since there is hard cash involved. This means there is need for a thorough and rigorous selection procedure such that only those deserving end up receiving the cash.

Cash programmes increase the volume of circulating money within a short time in communities and this may be inflationary as the traders increase their prices in order to curtail the demand from the programme beneficiaries. This will pose significant challenges for those people outside the programme. As mentioned earlier, security for the cash will always be a threat for the organisation and for the beneficiaries. This will require proper consideration and measures taken to ensure the security of both the cash distribution team and the beneficiaries after receiving the cash.

Household social dynamics will also come into play and risks of intra-household violence or tension need to be considered. The question will be "Who controls the cash? Most of these programmes will want to put women in the front for fear that when men are given the resources they will end up either selling them or exchanging them for beer or cigarettes. Families can disintegrate if the cash is not properly accounted for. In some areas where there is political instability the cash may end up being seized by community leaders, elites and militia. The other threat will be that the cash may promote anti-social behaviour or may undermine existing development approaches such as microfinance (IRC, 2007).

#### **4.4.4 Cash voucher**

This is a voucher which entitles the holder to buy goods in certain shops up to the cash value written on the voucher (Devereux *et al.*, 2006). The shop will then redeem the vouchers into cash with the agency or department implementing the programme. Cash vouchers can be spent in the same way as cash and the prices of the commodities will also be determined by normal market forces. According to Harvey (2007), the agency can set rules which either restrict the vouchers to certain items (for example “maize flour to the value of 1 euro”, “food to the value of 10 euro”) or can allow the vouchers to be spent on anything which the participating shops sell. As such these can be restrictive in the commodities to be bought or flexible. Under restrictive conditions these are easy to control as compared to actual cash.

Cash vouchers are normally used so as to restrict diversion or misuse of these resources but beneficiaries often sell them at discounted value in order to get cash. Traders must give adequate time for recipients to make their purchases, which may involve travel to the nearest commercial centre where they will be located (Cole, 2006).

It is necessary for cash vouchers for the purchase of food to be redeemable within a month of issue because the main purpose of these will be to provide food for the household for that month. If there are households which require more than a month to redeem the cash vouchers then it will be an inclusion error in the programme. In terms of traders redeeming these cash vouchers with the parent organization there is no great advantage to making the traders wait until the end of the validity period before they can redeem the vouchers (Fitzpatrick, 2006), as long as care is taken to cancel all the vouchers as soon as they are redeemed (paid for), for example Pietzsch (2005) talks of punching a hole through them, and by being as careful in keeping and accounting for cancelled vouchers as for cash. Traders will also need to be made aware on how cancelled vouchers will look like such that they will not be able to accept these during normal sales.

Cash vouchers also have a significant disadvantage where they cause beneficiary stigmatisation. In the UK, a programme to provide vouchers to asylum seekers was abandoned in 2001 in the face of fierce criticism and a campaign from civil society groups, which saw them as discriminatory since recipients were targeted for abuse and harassment in the community (Oxfam & Refugee Council, 2000).

#### **4.4.5 Commodity voucher**

This is a voucher which is exchangeable for a fixed quantity of certain goods or services, at any shops or stalls which are participating in the scheme (Gentilini, 2006). The shop will then redeem the vouchers with the principal organization or government department and get their cash for the goods or services rendered. This is one form which is not flexible at all since it will be tied to the service or quantity stated on the voucher. Beneficiaries often misuse this facility by conniving with the traders where they will be allowed to buy other products apart from those prescribed on the voucher and all this is done and the price is inflated. According to Longley (2006), traders cannot charge more for goods, so where inflation or market competitiveness is a concern, it ensures the value to recipients is guaranteed. Commodity vouchers especially for agricultural inputs, require longer period to redeem at the traders since purchases will be made in accordance with seasons and requirements.

Commodity vouchers are very useful if the market is functioning adequately, and goods are available through the private sector or through State owned retail outlets (Mponda & Kafiriti, 2002). Traders will be able to increase their sales if they are involved in these commodity vouchers since they will be the only ones which can accept those vouchers. The relationships built through these commodity vouchers will transform into permanent cash sale relationship and the trader will continue to benefit in the long run.

Where a ready market through established formal traders does not exist for the goods which you want to make available or where you want to open up the market to small informal 'traders', you may have to 'organise the market' yourself and these markets are often known as 'fairs' (CRS, 2002). These have become common for seeds and livestock and even for educational material for schools. CRS (2002) suggested two main reasons for organising special fairs namely:

*“a) When the best suppliers of the seeds and livestock are the local people selling small surpluses rather than large traders this may be done at lower prices, and sell goods (varieties, breeds) which local people prefer. This will keep most of the cash used to redeem vouchers in the local economy, and in the hands of poor people.*

*b) When no local market exists for the goods which the programme is targeting, traders will come to an area for a specific day if they are guaranteed a market opportunity” (CRS, 2002).*

Remington *et al.* (2002) also argue that seed and livestock fairs can serve important developmental goals, for example acting as a link between farmers and the commercial sector, connecting host and displaced communities and allowing farmers access to a wider range of seed and livestock varieties. This will also be used as a platform for farmers to exchange information on the care of the livestock and the planting of the seeds. According to Harvey (2005), seed and livestock fairs may also play an important role in stimulating the re-emergence of seed and livestock markets where these have been weakened by conflict.

#### **4.4.6 The reason for commodity vouchers**

Implementing direct commodity distributions involves high logistical challenges which include storage, transport and handling costs. There is also a lot of stigma attached to the beneficiaries as they gather on highly publicized dates to receive donor marked food. Large scale distributions of commodities be they food or agricultural inputs especially in urban areas were found to have a retrogressive effect on the overall performance of the economy. Commodity vouchers were found to mitigate these challenges since none of the above challenges was associated with the vouchers. Also, the voucher system was more flexible than direct commodity distributions because the commodity basket could be altered with just one month's lead time (Action Aid, 2009).

In Zimbabwe in 2002–2003, there was a massive physical shortage of cash in the country and this made cash distributions impossible. The cash vouchers were also not practical in this situation. CARE in Zimbabwe provided commodity vouchers to farmers which they could redeem for seeds and fertilisers with local traders. These were still procured by CARE and the traders served as a conduit to the project beneficiaries, and were paid a small commission by each farmer (CARE Zimbabwe, 2004).

### **4.5 Types of Cash Transfers**

Cash transfers can be unconditional or conditional on a household activity fulfilling human development responsibilities. Studies of Cash Transfer programmes in other countries have demonstrated that Cash Transfers can be successful under diverse socio-economic conditions. Conditional Cash Transfers (CCTs) have become popular in Latin America and Jamaica; Kenya and Zambia have CCT projects at different levels, from pilot to full-scale projects (MCDSS/GTZ 2007). “These programmes have used CCT to increase school enrolment rates, improve preventive health care including immunization, decrease stunting

and raise household consumption. Their implementation has been accompanied by systematic efforts to measure effectiveness and understand the broader impact on households' behaviour".

#### **4.5.1 Conditional Cash Transfers (CCT)**

These are defined as programmes which "transfer cash to poor households if they make pre-specified investments in the human capital of their children" (Fiszbein & Schady, 2009). Health, nutrition and education are normally the pre-scribed investments for most programmes. CCT programmes focus on two clear objectives namely seeking to provide a 'consumption floor' for the vulnerable communities and encouraging the development and accumulation of human capital in order to break a vicious cycle where poverty and/or vulnerability is transmitted across generations. CCTs initially started on a small scale, for example in Mexico only 300 000 beneficiary households started the programme in 1997 and this has since grown to over five million beneficiary households.

Several NGOs and government agencies are applying this type of cash transfer since it will be targeted on a particular social protection activity. Son (2008) highlights that the main requirement of CCT programmes is that recipients commit to undertaking certain behavioural changes in return for the transfers, such as enrolling children in school and maintaining adequate attendance levels, getting prenatal and postnatal health care treatments, and encouraging young children to undergo growth monitoring, immunization and periodic checkups. This is the reason why conditional cash transfers record massive impacts and those were outlined in the evaluation of the project *Progresa* (now called *Oportunidades*) in Mexico, *Bolsa Escola* and *Bolsa Familia* in Brazil, *Red de Proteccion Social* in Nicaragua, *Programmea de Asistencia Familiar* in Honduras, Programme of Advancement through Health and Education in Jamaica, Food-for-Education (FFE) in Bangladesh and *Subsidio Unico Familiar* in Chile (De Janvry & Sadoulet 2006).

In Nicaragua according to Rawlings and Rubio (2003), consumption in households receiving conditional cash transfers were maintained during a period of low coffee prices and a drought; households in a control group (which did not receive any cash transfers) experienced a sharp decline in consumption.

#### **4.5.2 Reasons for using conditional cash transfers**

In developing countries, public expenditure on infrastructure and public services often fails to reach those areas where the very vulnerable and poor reside. In Nicaragua, only ten percent of households in the bottom quintile of the expenditure distribution had access to electricity in 1998, compared with more than 90% of households in the top quintile (De Ferranti *et al.*, 2004: 209). According to Scott (2002) the electricity subsidies that were instituted in Mexico in 2000 had a regressive incidence. The Oportunidades CCT programme was promulgated as an alternative to the electricity and tortilla subsidies, reaching the very poor in the process and eliminating the price distortions generated by the subsidies. CCTs have been found to effectively target the vulnerable and poor member of the community, and in contributing to poverty reduction, was much better than direct public investment.

If markets are not working perfectly they prevent poor people from being as productive as they would otherwise be under normal working markets. Normally this will be too costly to correct in the short to medium term. According to Fiszbein and Schady (2009) simple redistribution of current resources may be able to reduce the efficiency costs. For example a direct transfer of cash to a credit constrained family failing to make a profitable investment in their children's education will enable them to undertake an efficient project that would otherwise not have taken place. In so doing the CCTs will have made the poor person better off and efficient. Insurance markets are often expensive for poor and vulnerable communities to afford, and cash transfers are often used smoothing fluctuating volatile incomes within risky economic environments. Fields *et al.* (2007: 101-154) in his review of short-term income volatility in a number of countries in Latin America found out that if these fluctuations are sufficiently severe, they may affect demand for schooling or health investments, potentially with long-term consequences.

In developing countries many of the inequalities that exist are inherited from one's parents may make them ethically objectionable (Fiszbein & Schady, 2009: 48). Racial, gender and family differences are normally regarded as "inequality of opportunity," which the state has a moral obligation to redress (Bourguignon *et al.*, 2007: 235-256; Roemer, 1998). Conditional cash transfers will then become the ideal programme to compensate those families who suffer from those inherited disadvantages.



Below are some of the characteristics of CCTs:

*These programmes need to be targeted at poor and vulnerable groups with a positive female bias, since the cash benefits are addressed to the female head of the recipient households. Depending on the food security level of the community, some CCT should be accompanied by a nutrition component that augments the CCT if it is not targeting nutrition directly. CCT should also take household size particularly children, age and gender into consideration. Most CCTs target girls in the payment of school fees because in most vulnerable communities education becomes a luxury and will be reserved for boys only leaving the girls to do the household chores. These should also target secondary schools more than primary school because adolescent children are expected to have higher opportunity costs of attending school, particularly for poor families (Son, 2008).*

#### **4.5.2 Unconditional Cash Transfers (UCT)**

This is a type of cash transfer where targeted beneficiaries are given cash to spend on anything they wish or like using. There are no limitations in terms of use for this type of cash transfer and it leaves the choice to the beneficiary. The assumption is that since the targeted community will be vulnerable and poor then it will spend most of the cash on key protection issues such as education, health and food including clothing. This of course will require strict monitoring especially during data collection because people can lie about the uses of the cash. Receipts will be ideal for any commodity or service rendered. Just like the CCT above each household will receive monthly payments of a fixed amount (for example US\$20 cash) plus an extra amount (US\$4 (R27) cash) per child in the household (to a maximum of three children).

#### **4.6 Challenges Faced by Cash Transfer Programmes**

Cash transfers provide relief to the suffering poor, but there are some issues associated with cash transfer programming which require attention if ever the beneficiaries are not to fall back in terms of vulnerability. Most cash transfer programmes have no clearly defined exit strategies. Assisting communities with cash transfers is quite noble as a social protection initiative, but this will require an associated exit package such that you do not provide cash

transfers for the household for life. According to Britto (2006) two strategic exit factors exist which require attention:

- (i) The adequate utilisation of existing data for systematic identification of beneficiaries.
- (ii) The performance of the economy in creating employment and expanding the labour market.

One has to satisfy these in order to clearly develop valid and helpful exit strategies. Activities such as the promotion of income generating activities (IGA) and internal savings and lending schemes (ISALs) within communities, if attached to the cash transfers will go a long way in graduating beneficiaries so as to “ensure that they do not fall back into poverty when no longer eligible for cash transfers (Ehrenpreis, 2006) or there is funding constraints to continue the programme.

There is need to use cash transfer programmes as “safety nets and springboards” where communities will start their own long-term projects. According to Britto (2006) cash transfers and conditionalities do not affect structural poverty; it is necessary also to promote access, supply and quality of services like education, health, vocational training and micro-credits. These will help them not to fall back into poverty but make a progression towards safety.

Most cash transfer programmes have not been assessed and evaluated in terms of their impact on the intended beneficiaries and beyond. It is necessary to evaluate programme outcomes and processes to learn more about what works, what does not and why. These evaluations are also useful for enhancing cooperation, disseminating ideas, training agents, improving implementation efficiency, prevent distortions and for measuring impact (Britto, 2006). Evaluations can also be used for budgeting, planning and informing the public political debate on social inequality (Ehrenpreis, 2006).

## **4.7 Conclusion**

There is increasing evidence for the positive economic and social impact of cash transfers based on pilot projects and national level programmes from around Southern Africa. Impacts begin at the level of the recipient, where cash transfers promote self-esteem and empowerment, and extend to other household members who also benefit from increased food security and nutrition, improved access to social services, and protection of households

assets. Spending of cash within local communities further extends the benefits to a wider level, and the overall impact gives rise to a reduction in poverty and promotion of equity at the national level.

The overall rationale for cash in summary is that cash restores the right to choose, gives people more responsibilities for their own lives and in cases where there are urgent humanitarian needs caused by loss of income, cash injection addresses the problem directly and effectively. Compared with other forms of assistance cash is the cheapest option considering volume to be moved, transportation costs and storage requirements. In terms of logistics it is easy and available quickly when required within a short space of time. Compared to non cash forms which undermines the economy, cash promotes the local market and stimulates the economy.

## CHAPTER 5

### FINDINGS AND DISCUSSION

#### 5. Introduction

The primary reason for the introduction of cash transfers in Mutare was to avert starvation in the short term since the use of in-kind food was going to take a lot of time before it reached the beneficiaries. The effectiveness of this approach is what is discussed below after a thorough evaluative study.

#### 5.1 Social indicators

##### 5.1.1 Gender disaggregation

A total of 58% sampled population were male headed households while 42% were female and this was found to be the reason why most of the household livelihood activities are skewed towards those which are highly physical as can be seen in Figure 5.1.

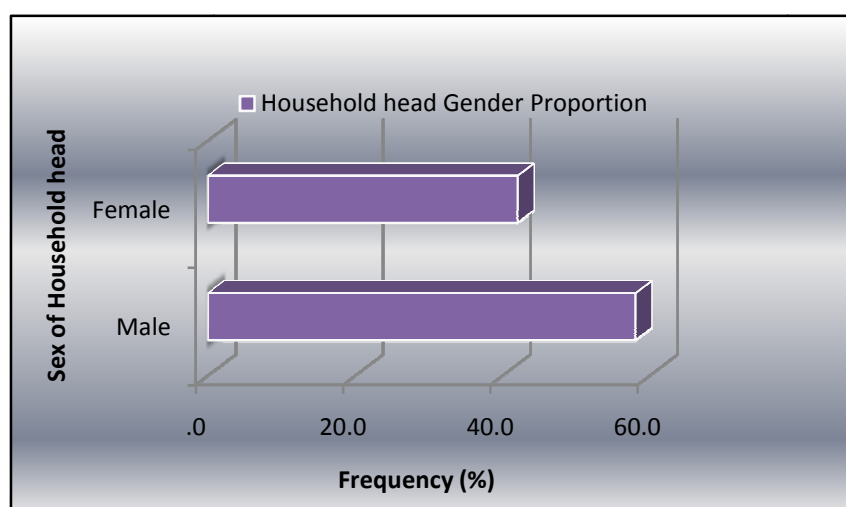


Figure 5.1: Household head gender proportion

Of this population 12% was found to be in the 23-40 year age group, 42% in the 43-60 year age and 46% in the 64 – 89 year age group. This is quite in tandem with the CT project objectives where the project was supposed to target the elderly staying with orphans and child headed households. The average age for this community was found to be 59.3 years.

### 5.1.2 Physical condition

Figure 5.2 indicates that of the sampled population 78% were able bodied household heads, 15% were physically handicapped, 4% were mentally handicapped and the remaining three percent were both physically and mentally handicapped household heads.

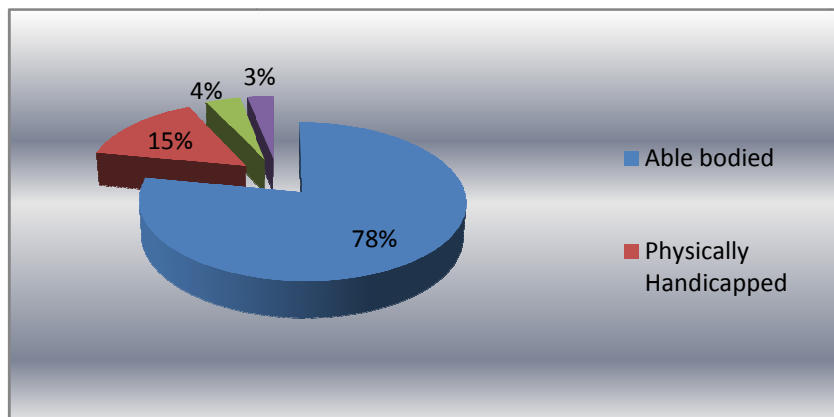


Figure 5.2: Physical Status of the household head

Of the 78% able bodied, 25% were non beneficiaries and the remainder, although able bodied, were chronically ill and wasted. This was the reason why they were targeted for the cash transfer programme. The programme targeted those with compromised productive capacity since they would be the most affected in terms of food insecurity. Those households with health problems had limited coping capacities.

### 5.1.3 Literacy levels

The targeted population comprised of 14% of the household heads who were illiterate (no education level), 20% with primary education, 58% of the households with secondary education and the remaining 8% with tertiary education as seen in Figure 5.3.

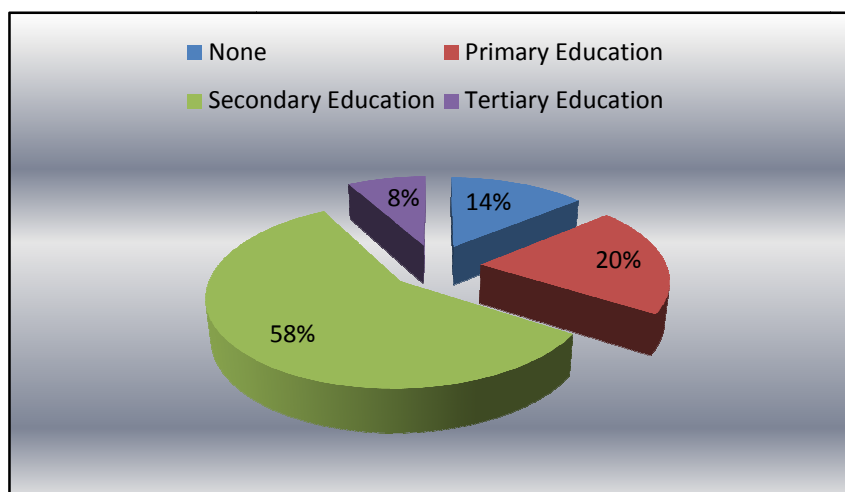


Figure 5.3: Level of education for household head

Education levels normally determine the varied coping strategies and the small tertiary education level indicate that the community relies heavily on manual labour for food provision. With the high unemployment rate in Zimbabwe this obviously spelt disaster. Most of these community members had to resort to other coping strategies apart from formal employment.

## 5.2 Livelihoods

### 5.2.1 Other sources of livelihoods

Apart from the CT cash the other source of livelihood for households under the CT project were found to be mainly petty trading (31%), informal diamond mining (25%) and casual labour (19%) illustrated by Table 5.1 This was found to be the case because the current CT project was only targeting households to a maximum of five dependants leaving the rest with no food.

TABLE 5.1: OTHER SOURCES OF INCOME FOR THE HOUSEHOLD

Other Sources of income	Non beneficiary households	Beneficiary households
Vegetable production or sales	9%	12%
Formal salary/wages	7%	3%
Informal Mineral Mining	28%	25%
Commercial sex work	4%	4%
Casual Labour	22%	19%
Petty Trade/Buying and Selling	25%	31%
Food crop production or sales	6%	6%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Those community members which were not part of the CT survived mainly on informal diamond mining (28%), petty trading (25%) and casual labour (22%). The level of informal diamond mining was found not to be quite high due to the heavy presence of the army and police at the Chiadzwa diamond area. Mutare is a district quite rich in fruits (apples, bananas and pineapples) and that is the reason why both beneficiaries and non beneficiaries are involved in petty trading.

The percentage of households earning income through formal employment is quite low (seven percent for benefiting households and three percent for non-benefiting) and this was supported by the Central Emergency Response Fund (CERF, 2010), which reported an unemployment rate of 94% as of late 2009. Generally there was limited migration (if any) of

the labour force from the above figures, and Standing (2008) also agrees since cash transfers allowed wage earners to stay within the region to work rather than migrating, a result borne out in Save the Children's Market Livelihood Development Pilot Project in Ethiopia.

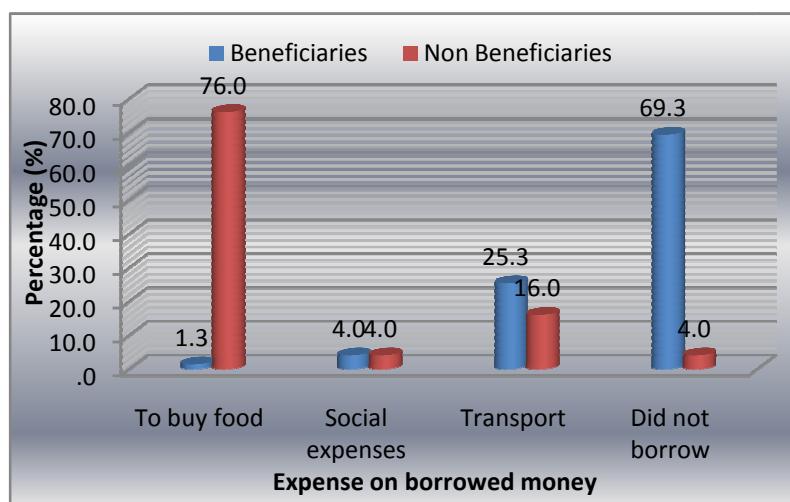


Figure 5.4: Reasons for borrowing

Those community members who were not benefiting from the CT project formed 76% of those who spent their borrowed money on food while an insignificant 1.3% was from the beneficiaries of the CT project. As expected 69% of the CT beneficiaries did not borrow any money since they had enough money for their needs. With the fluctuating fares for transportation both the beneficiaries and non beneficiaries borrowed money for transport (25.3% beneficiaries and 16% non beneficiaries) as shown in Figure 5.4. This therefore means that the majority of the money borrowed by beneficiary households was mainly for transport (25.3%) while for non beneficiaries it was mainly food (76%). This clearly shows that the CT project managed to address issues of food provision through reduced borrowing of cash for the purchase of food.

### 5.3 Use of Cash Transfer Funds

The cash transfer project was designed to provide households with a full unconditional cash transfer and beneficiaries were to spend the cash the way they would want though they were cautioned against using the money on beer and other unproductive errands. The cash from the programme was used in more diverse ways than the food items and Figure 5.5 shows the cash transfer spending patterns.

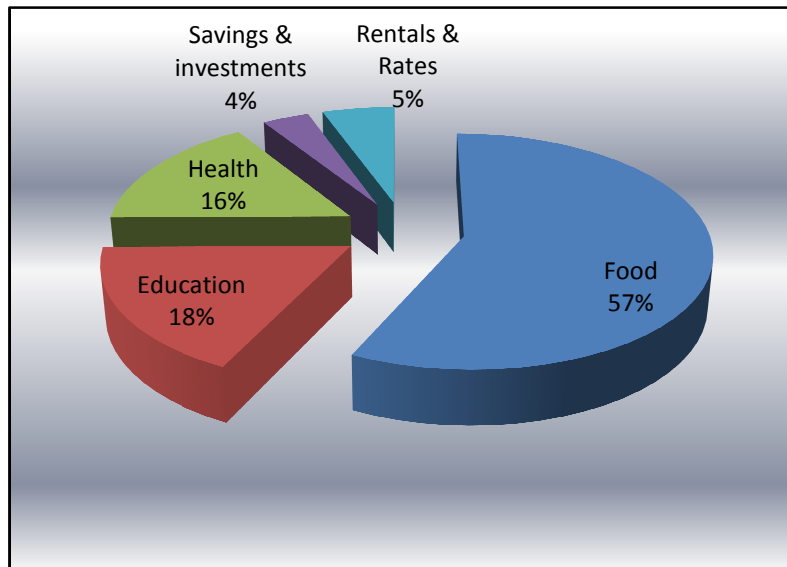


Figure 5.5: Proportions of annual household expenditure

It is quite evident that 57% of the CT cash was used on food, followed by 18% on education and 16% on health. Rentals and savings were almost equal at five percent and four percent respectively. It showed that the project targeting was quite strong since it targeted mainly those households with no food and those with health and educational challenges.

This analysis is in tandem with the results obtained from the Zimbabwe Emergency Cash Transfer (ZECT) Pilot Programme reported by Roman (2010: 14-15) done in Gokwe North, South and Nyanga through Concern Worldwide. This report mentioned that food accounted for 70% of the ZECT cash though this included milling costs (seven percent), and other foods not cereals. Jonsson and Akerman (2009: 35-36) also agree with these results since 55% of the CT money given to communities in Lagodekhi village (capital Tbilisi of Georgia) was spent on food and health swallowed 29% of the cash. The high health percentage indicates that the Zimbabwean government still has serious shortfalls in providing health for all. 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)

The 16% spent on health or on hygienic items further reinforced the positive effects on food security of the community and this is achieved through improved health status and food safety, which implies ameliorated food utilization (Jonsson & Akerman, 2010). When the health status of the community is improved then their intake and food utilization is enhanced, and this ultimately leads to improved food security since there will be reduced food wastage caused by luxury consumption.



Cash transfers were also found to play an important role in access to education; thus 18% of the cash was used for education. These expenses include payment of school fees and purchase of educational requirements such as uniforms, textbooks and stationery. According to Vincent and Cull (2009: 8), education is accepted as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by the costs associated with educational activities. The results of this evaluative study are supported by a study on the Zambia's Social Cash Transfer which also recorded a three percent increase in school enrolment rates and 50% of the youth who were not in school at the time of the baseline study were enrolling by the time of the evaluation (MCDSS/GTZ, 2007).

Besides avoiding the de-capitalisation of assets during times of extreme food insecurity, the CT project was found to contribute four percent of the cash to savings and small investments. These are mainly in the productive activities which include small livestock purchases, purchases of fertilizers and seeds, agricultural implements and tools. During the focus group discussions it became evident that these small investments would give beneficiaries the opportunity to both protect and improve their economic well-being. This finding was supported by results from Kalomo social cash transfer scheme in Zambia where 29% of transferred income was invested, either in purchases of livestock, farming inputs or informal enterprise (MCDSS/PWAS/GTZ, 2005).

## **5.4 Food Consumption Scores**

The quantitative questionnaires conducted included the seven-day recall method, which recorded the number of days the food items in Table 5.2 were consumed during the last seven days. Using the formulae in Chapter 2 section 2.1.5 different FCSs were generated for the benefiting community members and the non benefiting community members, and these are shown on the table below.

TABLE 5.2: FOOD CONSUMPTION SCORES FOR SAKUBVA HOUSEHOLDS

Food Item	Food Group	Weight	Beneficiaries		Non Beneficiaries	
			Days consumed (out of 7)	Score	Days consumed (out of 7)	Score
Bread, cereals, potatoes, pasta	Cereals and tubers	2	4	8	2	4
Beans, peas, nuts	Pulses	3	4	12	0	0
Vegetables, herbs	Vegetables	1	7	7	6	6
Fruits	Fruits	1	1	1	0	0
Meat, fish, eggs	Meat	4	3	12	0	0
Cheese, milk, Yoghurt	Dairy products	4	2	8	1	4
Sugar and sweets	Sugar	0.5	7	3.5	4	2
Oil and fats	Oil	0.5	6	3	4	2
Summed Score				54.5		18

FCS was used to determine the levels of food security within a population and from the table below CT beneficiaries recorded a FCS of 54.5 while non beneficiaries recorded a score of 18. This shows that CTs led to increased consumption levels as reinforced by Schubert (2007:35), who also found out that “in Malawi and Zambia, programme beneficiaries exhibited higher consumption levels, shorter hungry periods and improved nutritional indicators after participation in cash transfer programmes”.

Using the WFP (2008b: 9) threshold table, Table 5.2., the results clearly show that the FCS for beneficiaries denotes the “acceptable food consumption” since it is >42 while that for non beneficiaries denotes “poor food consumption” since it is <28. The above results are supported by Jonsson and Akerman (2009: 40) who also recorded an adjusted FCS of 55 for the CT project in Georgia.

The above results signifies a considerable improvement in the food security situation in Sakubva since the FCS moved from 18 prior to the introduction of the CT project to 54.5 at the end of the CT project. Major contributors to the high FCS for those benefiting from CT are pulses (beans, peas and nuts) and meat/eggs where the community was not consuming these prior to the introduction of the project; thus their FCS was zero (0). With the coming in of CT their FCS shot from 0 to 12 meaning the community was now able to consume these

food groups at least three times in seven days. This ultimately improved their nutrient intake since a balanced diet was then being observed.

## 5.5 Household Dietary Diversity (DDS)

The number of meals consumed per day and dietary diversity are the key indicators of food security and measuring these will give the status of the household in terms of food security. Apart from assessing how the cash assistance was spent by beneficiary households, the study also focused on evaluating expenditures from other income sources.

Quantitative approach questionnaires included information on how many meals both adults and children were eating per day. According to Dop *et al.* (2008) dietary diversity is intended as a proxy of access to food at household level, intake of energy and macronutrients and intake of micronutrients. Using a seven-day recall period, information on the variety and frequency of different foods and food groups was collected to calculate household food consumption score. According to Ahmed *et al.* (2007), the analysis of household food consumption patterns not only allows comparison of dietary quantity and diversity between beneficiary and non-beneficiary populations, but also establishes a threshold of dietary quality against which to compare these populations.

ABLE 5.3: HOUSEHOLD DIETARY DIVERSITY SCORES (HDDS)

Food Group	Food Source	Beneficiaries	Non-beneficiaries
Cereals & tubers	Maize/Maize meal	5.49	3.24
Cereals & tubers	Potatoes, tubers, roots	3.21	0.48
Vegetables	Vegetables	6.80	5.8
Fruits	Fruits	1.24	0.28
Meat	Beef, pork, chicken	2.63	0.24
Meat	Eggs	3.39	0.52
Meat	Fresh or dried fish	1.13	0.16
Pulses	Pulses (beans, peas)	3.67	0.4
Dairy products	Milk and milk products	2.40	0.6
Oil	Oil, fat butter	6.40	3.6
Sugar	Sugar or honey	7.00	4.2
Condiments	Condiments, tea or coffee	7.00	4.2
Average HDDS		4.20	1.98

Comparing beneficiaries and non benefiting households it was found that the majority of the benefiting households had increased their expenditures on potatoes, meat, fruit, pulses and

milk products indicated by Table 5.3.. The expenditure on vegetables remained fairly the same for both the beneficiaries and the non beneficiaries and this was because vegetables were the only cheapest relish for most communities in Zimbabwe. Even non CT beneficiaries could also afford these and that was the reason why the score was 6.8 for beneficiaries and 5.8 for non beneficiaries. The average HDDS for non beneficiaries was 1.98 and this has improved by more than 110% to 4.2 due to the introduction of the CT project in the community.

### 5.5.1 Consumption of fresh foods

Out of the 54.5 FCS for the benefiting community, 26.5 points (49%) were derived from the food groups cereals, tubers, pulses, sugar and oils while 28points (51%) was from consumption of fresh foods. This according to Jonsson and Akerman, (2009) implied improved dietary diversity as the cash assistance enabled purchases of food items not previously consumed in the community. The consumption of the fresh foods is clearly shown in Table 5.4.

TABLE 5.4: CONSUMPTION OF FRESH FOODS (%)

# of days	Dairy products		Meat		Fruits		Vegetables	
	Non beneficiary	Beneficiary	Non beneficiary	Beneficiary	Non beneficiary	Beneficiary	Non beneficiary	Beneficiary
0	80.0	33.3	85.3	40.0	92.0	56.0	0	0
1	0	6.7	5.3	8.9	0	10.7	0	0
2	0	6.7	5.3	8.0	4.0	8.0	0	0
3	20.0	20.0	1.3	5.8	0	9.3	20.0	0
4	0	13.3	0	13.8	0	10.7	0	0
5	0	13.3	2.7	5.3	4.0	5.3	0	0
6	0	6.7	0	13.3	0	0	40.0	20.0
7	0	0	0	4.9	0	0	40.0	80.0
	100	100	100	100	100	100	100	100

There has been a general increase in the number of meals consumed if one compares beneficiaries and non beneficiaries and this is in agreement with Devereux *et al.* (2007) who conducted a before-after comparison of cash transfers beneficiaries in the DECT project in Malawi. They found an increased number of meals per day and less evidence of households using coping mechanisms such as food rationing or premature harvesting.

The decrease of cereal, pulse and oil consumption from 61% (non beneficiaries) to 49% (beneficiaries) signified the improved diversity of the diet with the introduction of the CT project since communities were no longer relying solely on the cereals, pulses and oil. The CT project brought diet diversity since communities were now able to afford meat, dairy products and milk. These are normally considered luxuries in times of extreme food insecurity. 80% of the community were unable to consume a single meal of dairy products, but CT reduced this percentage to only 33.3% symbolising a near 50% of the households consuming dairy products at least once in seven days.

Of the households 85% could not afford a single meal with meat in seven days, but the introduction of CT managed to reduce the percentage to only 40%, meaning 45% of the households were then able to afford at least one meal with meat. Improved diet diversity means improved food utilisation through enhanced health for the households and it also signifies maximum satisfaction of the cereals requirements. This ultimately shows improved food security for that household as evidenced by Figure 5.6.

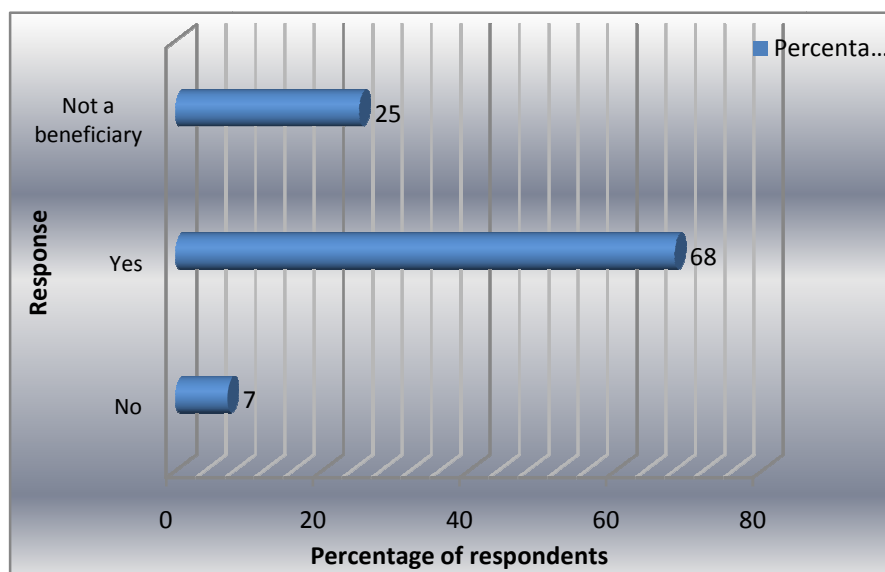


Figure 5.6: Improved household food security status

Approximately 91% of the respondents concurred with the hypothesis that CTs help in improving food security. Those who differed were from larger families, thus those with household sizes above six illustrated in Figure 5.7, since the CT project did not take all household members into consideration.

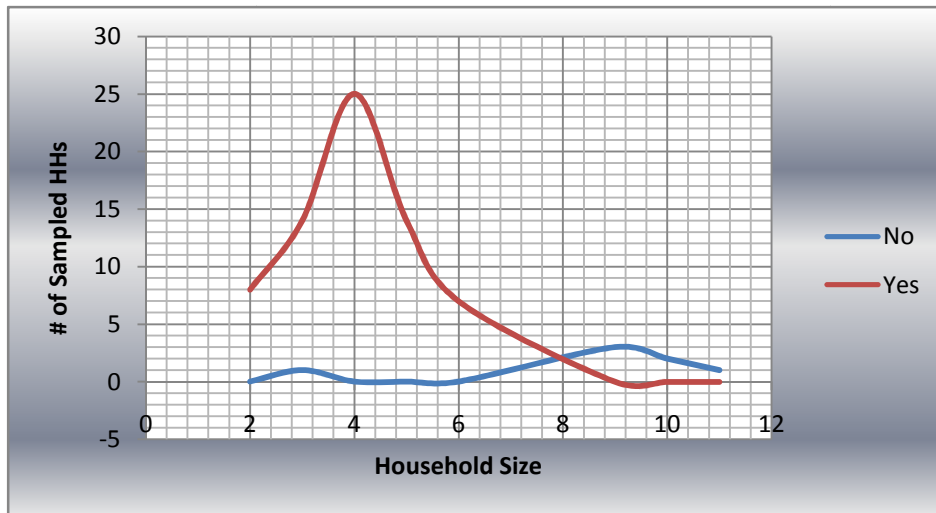


Figure 5.7: Improved HH food security in relation to HH size

Since cash transfers are normally restrictive or have a ceiling on household sizes, most large families always record limited food security levels through CT only.

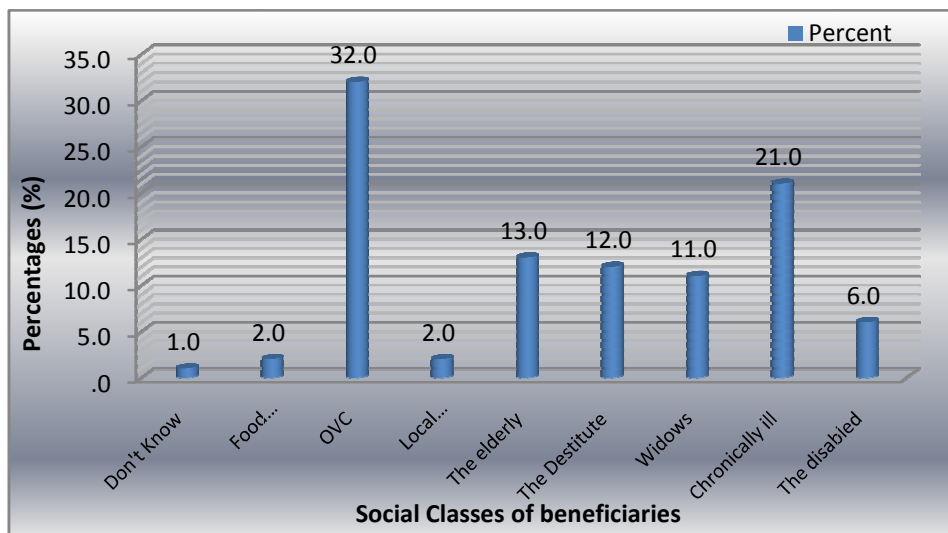


Figure 5.8: Respondent perceptions on who benefits the most from CT project.

Form an array of respondents interviewed the CT target groups were easily identified with 95% of them mentioning the vulnerable food insecure group of the elderly, OVCs, chronically ill, widows and the destitute. Only one percent was ignorant (don't know) of the target groups, clearly indicated in Figure 5.8.

## CHAPTER 6

### CONCLUSIONS & RECOMMENDATIONS

#### 6.0 Introduction

This study is one of the few studies which changed the dimension of analysis since available empirical evidence on the impact of CTs on food security mainly focused on *before programme – after programme* observations. This type of analysis is sometimes weak in that it will be difficult to exactly determine whether the improved food security was solely due to CTs or to other changes in economic conditions. That is the reason why this study used *participant versus non-participant* with the non participants acting as the control since data collection and analysis was done within the confines of the same economic conditions.

#### 6.1 Recommendations

CTs will be more effective if combined with in-kind food since the latter will provide immediate basic needs while the cash will address other household needs such as health and education.

CTs should be continued in all food insecure communities provided the markets are freely functioning and availability is not an issue. CTs have been found to improve food security in the immediate and long term through food purchases and savings and investments respectively..

#### 6.2 Conclusions

The CT project rightfully targeted the food insecure, highly vulnerable groups of the community which included the elderly, chronically ill, widows, disabled and destitute. They were also found to be highly illiterate with only eight percent attaining tertiary education. This vulnerable group was also found to highly depend on CT cash for food apart from the petty trade (fruit sales) and informal diamond mining in the Marange Chiadzwa mines which non beneficiaries heavily relied on.

From the analysis 76% of the money borrowed by non beneficiaries was spent on food and this led to the conclusion that the targeted area was highly food insecure. The introduction of

CT brought the much needed relief since only 1.3% of the CT beneficiaries borrowed money for food; thus a reduction of 74.7% equated to the impact of CTs on the household food security. A further analysis of the expenditure pattern of the CT cash showed a 57% use on food and this reinforced the acuteness of the food security requirements in the area.

There was a remarkable improvement in food consumption due to the introduction of the CT project and this was shown by the radical shift in food consumption score from 18 for non beneficiaries (poor food consumption) to 54.5 for beneficiaries (acceptable food consumption).

Average household dietary diversity (HDD) improved significantly (more than double) from 1.98 for non CT beneficiaries to 4.20 for beneficiaries. CT brought massive diversity in the diet which assisted in improved health of the targeted community improving the assimilation of the nutrients.

Enhanced FCS and HDD signified improved food security for the CT beneficiary households in Sakubva suburb.



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## Appendix

### ***Annex: A: Consolidated expenditures of CT cash***

Consolidated Expenditure						
	Option 1	Option 2	Option 3	Total per Cash Usage	Annual Av Hhld Expend	Monthly Av Hhld Expend
Food	\$12,109.70	\$382.30	\$261.15	<b>\$12,753.15</b>	\$170.04	\$5.67
Education	\$1,318.70	\$1,605.60	\$1,044.59	<b>\$3,968.89</b>	\$52.92	\$1.76
Health	\$751.50	\$2,446.70	\$391.72	<b>\$3,589.92</b>	\$47.87	\$1.60
Savings	\$0.00	\$229.40	\$565.82	<b>\$795.22</b>	\$10.60	\$0.35
Rentals	\$0.00	\$841.00	\$391.72	<b>\$1,232.72</b>	\$16.44	\$0.55
<b>TOTAL</b>	<b>\$14,179.90</b>	<b>\$5,505.00</b>	<b>\$2,655.00</b>	<b>\$22,339.90</b>	<b>\$297.87</b>	<b>\$9.93</b>

### ***Annex: B: Do you feel the cash transfer programme has improved your household's food security status?***

HH Size	Do you feel the cash transfer programme has improved your household's food security status?		Total
	No	Yes	
2	0	8	8
3	1	14	15
4	0	25	25
5	0	14	14
6	0	7	7
9	3	0	3
10	2	0	2
11	1	0	1
<b>Total</b>	<b>7</b>	<b>68</b>	<b>75</b>

### ***Annex: C: What were your other income sources during the past 30 days?***

Income Source	Beneficiaries	Non Beneficiaries
Vegetable production or sales	17.3	8.0
Formal salary/wages	5.3	8.0
Informal Mineral Mining	70.7	76.0
Commercial sex work	6.7	8.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

## Annex D: Letter of study approval



# CITY OF MUTARE

CITY ENGINEER'S DEPARTMENT

Civic Centre  
P O Box 448, Telephone: 67328  
Fax: 67335

MUTARE, ZIMBABWE

IF CALLING OR TELEPHONING ABOUT THIS MATTER  
PLEASE ASK FOR

JH2010

Your Ref: Mtr/13/06/2010  
Our Ref:

Date: 13 June 2010

Dear: Mr Handina

Ref: Letter of approval to undertake an evaluative study for the CRS/DOMCCP Cash Transfer project

Authority has been granted by the City of Mutare as per your initial letter to undertake an evaluative study of the CRS/DOMCCP cash transfer project which was implemented in Sakubva suburb. This is a study for educational purposes (Master Degree) but you are required to furnish the city with a copy of the completed study.

Regards

A. Moyo

Town Clerk

## Annex E: Survey Questionnaire

### Urban Cash Transfer Post Distribution Monitoring Tool

A. Demographic Composition (ALL RESPONDENTS)						
<b>A1</b> Member ID	<b>A2</b> Benefit from cash transfer programme 1=Yes 2=No	<b>A3</b> Age	<b>A4</b> Sex Male=1 Female=2	<b>A5</b> Physical Status 0=Able Bodied 1=Physical Disability 2=Mental Disability 3=Both	<b>A6</b> Household size	<b>A7</b> Level of education(enter grade/form) 99=N/A
B. Livelihoods and Expenditures (All Respondents)						
<b>B01</b>	How much did you receive from CRS as your cash transfer package for the entire duration of the project.			US\$ _____		
<b>B02</b>	What did you purchase using the cash transfer money for the entire project period and how much was spent on each item? (Please rank your response from the highest to the lowest) (See codes below)	<b>B02a Activity</b>		<b>B02b Amount Spent (Specify Currency)</b>		
		_ _ _				
		_ _ _				
		_ _ _				
<b>CODE B02</b>	<b>01</b> = Food <b>02</b> = Education expenses <b>03</b> = Health expenses <b>04</b> = Savings & other income generating activities			<b>05</b> = Assets <b>06</b> = Rentals <b>07</b> = Communication and transport <b>08</b> = Other (Specify) _____		
<b>B03</b>	Did you or any member of your household ever have to resort to socially unacceptable or illegal means (prostitution, crime, informal mining, etc) to provide for your income needs during the CT period?			<b>0</b> = No <b>1</b> = Yes		
	If Yes how much did they earn?			US\$ _____		



<b>B04</b>	<b>What was your household's largest expense during the past 30 days inclusive of CT?</b>	_ _
<b>CODE B04</b>	<b>01</b> = Food <b>02</b> = Education expenses <b>03</b> = Health expenses <b>04</b> = Savings	<b>05</b> = Beer <b>06</b> = Social (funeral/wedding/etc.) <b>07</b> = Commuting <b>08</b> = _____ other _____
<b>B05</b>	<b>What was your household's other sources of livelihood? (See codes below – Rank them)</b>	<b>B05a Source of Income</b>  _ _   _ _   _ _
<b>CODE B05</b>	<b>01</b> = Food crop production/ sales <b>02</b> = Beer brewing <b>03</b> = Vegetable production/ sales <b>04</b> = Casual labour <b>05</b> = Petty trade/ buying and selling (specify items)	<b>06</b> = Formal salary/ wages (specify type of job) <b>07</b> = informal Mining/ panning (specify mineral) <b>08</b> = Commercial sex work (specify role) <b>09</b> = Other (specify)
<b>B06</b>	<b>If your household borrowed money during the past 30 days, what was the main reason for doing so? (Circle only one main reason and 99 if did not borrow money)</b>	<b>1</b> = To buy food <b>2</b> = Health costs <b>3</b> = Social expenses <b>4</b> = Agricultural costs <b>5</b> = Education costs  <b>6</b> = Capital injection <b>7</b> = Transport <b>9</b> = Household goods <b>10</b> = _____ Other _____ <b>99</b> = Did not borrow money

<b>C. Household Dietary Diversity Score (All Respondents)</b>		
<b>Did anyone in your household eat any of the following food items?</b>	<b>C01</b>	<b>C02</b>
	<b>Yesterday?</b>	<b>How many days in the last 7 days, was this food eaten?</b>
A. Any bread, rice, noodles, biscuits, or any other foods made from millet, sorghum, maize, rice, wheat?	<b>0</b> = No <b>1</b> = Yes	
B. Any potatoes, yams, cassava or any other foods made from roots or tubers?	<b>0</b> = No <b>1</b> = Yes	
C. Any vegetables?	<b>0</b> = No <b>1</b> = Yes	
D. Any fruits?	<b>0</b> = No <b>1</b> = Yes	
E. Any beef, pork, lamb, goat, rabbit wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats?	<b>0</b> = No <b>1</b> = Yes	
F. Any eggs?	<b>0</b> = No <b>1</b> = Yes	
G. Any fresh or dried fish?	<b>0</b> = No <b>1</b> = Yes	

H.	Any foods made from beans, peas, lentils, or nuts?	0 = No 1 = Yes		
I.	Any cheese, yogurt, milk or other milk product	0 = No 1 = Yes		
J.	Any foods made with oil, fat, or butter?	0 = No 1 = Yes		
K.	Any sugar or honey?	0 = No 1 = Yes		
L.	Any other foods, such as condiments, coffee, tea?	0 = No 1 = Yes		
<b>D. Rations and Assistance</b>				
<b>D01</b>	<b>In the past 30 days did your household receive aid from government or non-governmental assistance programmes other than from the Cash Transfers Programme?</b>		<b>1 = Yes 2 = No</b>	
<b>D02</b>	<b>If yes, which items were received, in what quantities and from which organization?</b> (Enter 99 if no aid received)	<b>Items received</b>		<b>Donor</b>
		<b>Cereal</b>	_ _ _ . _ _  kg	
		<b>Pulses/ Beans</b>	_ _ _ . _ _  kg	
		<b>Oil</b>	_ _ _ . _ _  kg	
		<b>Cash/Vouchers</b>	_ _ _ . _ _  kg	
	<b>Other: _____</b>	_ _ _ . _ _  kg		
<b>D03</b>	<b>Do you feel that the cash transfer programme has improved the overall food security status of your household?</b>		<b>0 = No                      1 = Yes 99 = Not a beneficiary</b>	
<b>D04</b>	<b>Who benefits the most from this programme in your community?</b> (Circle only one response)	<b>1 = Traders and local retailers</b> <b>2 = Food insecure OVC</b> <b>3 = Local leadership</b> <b>4 = Food insecure Elderly</b> <b>5 = The Homeless</b>	<b>6 = Food insecure Widows</b> <b>7 = The sick</b> <b>8 = The disabled</b> <b>9 = Other</b> <b>99 = Not a beneficiary</b>	