

***INTRODUCING CASH TRANSFERS AS A FORM OF SOCIAL  
PROTECTION FOR ORPHANS AND (OTHER) VULNERABLE  
CHILDREN IN ZIMBABWE: LESSONS FROM OTHER  
AFRICAN COUNTRIES***

**BY  
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**This Dissertation is submitted in partial fulfilment of the requirements for the Degree of  
Masters in Child Care and Protection (MChPr)**

**in the**

**FACULTY OF LAW**

**at the**

**UNIVERSITY OF KWAZULU-NATAL, DURBAN**

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DECEMBER 2010**

## DECLARATION

**I LIN MARY MANYIKA declare that**

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## **DEDICATION**

**This dissertation is dedicated to my late Brother, Godknows Manyika, Sister Angeline Manyika and Uncle Sydney Mashingaidze. May your soul rest in peace! I know you are watching down on me from Heaven. They say time heals, but it actually doesn't – some days are just better than others. Thanks for all the encouragement and support that you gave me when you were still alive. Hope you are proud of the woman that I have become, and I hope that every time you look down at me from Heaven you smile.....**

## **ACKNOWLEDGEMENTS**

I would like to thank my supervisor **Meda Couzens** for her guidance and keen interest in the subject-matter, as well as her encouragement, particularly in regard to the completion of this dissertation. Many thanks go to my parents, **Patrick and Beulah Manyika** for all the sacrifices, love, support and encouragement. I would also like to thank my sisters, **Memory** and **Mercy** and brother **Simbarashe**, for always encouraging me, especially when I wanted to give up. To my children **Tapi, Kundi, Kudzi, Danny and Shammy**, mummy loves you all. Many thanks to my friends, **Tonderai, Felicity, Stewart, Ruvimbo, Priccilar, Elna** and **Chipo**, for your support and encouragement. Finally, I would like to thank the **Lord Almighty**, because without Him all this would not have been possible.

## LIST OF ACRONYMS

**ACC** - Area Coordinating Committees

**BEAM** - Basic Education Assistance Module

**CLCPC** - Community Level Child Protection Committee

**CSG** - Child Support Grant

**CSPC** - Community Social Protection Committees

**CWAC** - Community Welfare Assistance Committee

**DCPC** – District Child Protection Committee

**DWAC** - District Welfare Assistance Committee

**DSTC** - District Social Transfer Committee

**DSSO** - District Social Services Office

**DSWO** - District Social Welfare Officer

**MCDSS** - Ministry of Community Development and Social Services

**MoEP&D**- Ministry of Economic Planning and Development

**MoESC**- Ministry of Education Sports and Culture

**MoFED**- Ministry of Finance and Economic Development

**MoHCW** - Ministry of Health and Child Welfare

**MoJLPA** - Ministry of Justice, Legal and Parliamentary Affairs

**MoLGPWNH**- Ministry of Local Government, Public Works and National Housing

**MoPSLSW**- Ministry of Public Service, Labour and Social Welfare

**MoWCD** - Ministry of Women and Child Development

**MoYDGEC** - Ministry of Youth Development, Gender and Employment Creation

**NAP for OVC** - National Action Plan for Orphans and Vulnerable Children

**OVC** – Orphans and other Vulnerable Children

## ABSTRACT

Zimbabwe made commitments- global, regional and national- towards the fulfilment of the right to social protection for Orphans and Vulnerable Children (OVC) by ratifying international conventions and other regional instruments. Whilst such commitments are commendable, Zimbabwe has faced challenges in translating such commitments into actual deliverables. Currently, child protection mechanisms for OVC in Zimbabwe include, amongst others, Basic Education Assistance Module (BEAM), through which tuition fees, levy and examination fees assistance is provided to vulnerable children. The other social protection mechanisms are the food aid programme, public works programmes and the National Strategy on Children in Difficult Circumstances. An evaluation of the current social protection mechanisms for OVC in Zimbabwe, among other things, reported inadequate intervention of the current mechanisms so as to adequately provide for OVC. This may call for new innovative social protection mechanisms, like cash transfers, to replace some of the current mechanisms so as to adequately provide for OVC. Social cash transfers are receiving increasing recognition as a means of dealing with the of OVC problem worldwide, and more recently in Africa. There are a number of African countries that have introduced social cash transfers for children within their jurisdictions. Notable examples are South Africa, Zambia and Malawi. Social cash transfers have a positive impact on the education, health and nutrition of OVC. Social cash transfers do not involve large sums of money, thus they may be a desirable option for the social protection of OVC and their households in low income countries like Zimbabwe.

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## CHAPTER 1: INTRODUCTION

### 1.1 BRIEF OVERVIEW OF THE TOPIC

Orphanhood and vulnerability may be caused by a number of factors. However, a situational analysis of orphans and vulnerable children (OVC) indicates that, the HIV/AIDS pandemic has been the main cause for the growing number of children living in precarious circumstances.<sup>1</sup> HIV/AIDS has resulted in unprecedented number of orphans, child- and elder-headed households, reduced labour capacity and falling life expectancy resulting in rising burden of care.<sup>2</sup> This has given rise to the need for urgent social protection intervention that protects orphaned and vulnerable children and their households. Social protection broadly, and social cash transfers in particular, are receiving increasing recognition as a means of dealing with the increasing number of OVC worldwide, and recently in Africa.<sup>3</sup>

Social protection is defined as ‘a set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, and enhancing their capacities to protect themselves against hazards and interruption or loss of income.’<sup>4</sup> Social protection comprises social insurance<sup>5</sup>, social assistance<sup>6</sup> and the effective protection of minimum standards in the workplace.<sup>7</sup> Social cash transfers are considered social assistance measures and are the main focus of this research.<sup>8</sup>

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<sup>1</sup> Schubert, B (2007) *The impact of social cash transfers on children affected by HIV and AIDS- Evidence from Zambia, Malawi and South Africa* UNICEF, Eastern and Southern Africa Regional Office 9. See also Richter, L ‘Social cash transfers to support children and families affected by HIV/AIDS (2010) 5 (2) *Vulnerable children and Youth Studies* 81, 81-2 and Williamson, J, Cox, A & Johnston, B (2004) *Conducting a situation analysis of Orphans and vulnerable Children affected by HIV/AIDS* US Agency for International Development (USAID) & Bureau for Africa, Office of Sustainable Development 1-2.

<sup>2</sup> Devereux, S & Pelham, L (2005) *Making cash count: Lessons from cash transfer schemes in Eastern and Southern Africa for supporting the most vulnerable children and households* Help Age International and Institute of Development Studies (IDS)1.

<sup>3</sup> Adato, M & Bassett, L ‘Social protection to support vulnerable children and their families: the potential of cash transfers to protect education, health and nutrition’ (2009) 21(1) *AIDS Care* 60, 60.

<sup>4</sup> Mushunje, M T & Mafico, M ‘Social protection for orphans and vulnerable children in Zimbabwe: The case for cash transfers’ (2010) 53 (2) *International Social Work* 261, 264.

<sup>5</sup> Social insurance includes contributory schemes designed to protect workers and their households against life-course and work-related contingencies such as maternity, old-age, unemployment, sickness and accidents

<sup>6</sup> Social assistance is defined as ‘non-contributory transfers to those deemed eligible by the society on the basis of their vulnerability or poverty. Examples include social transfers and initiatives such as fee waivers for education and health, and school meals.’ See DFID (2005) *Social transfers and chronic poverty: Emerging evidence and the challenges ahead* DFID, United Kingdom 6.

<sup>7</sup> Samson, M, Mac Queen, MK & Van Neikerk, I (2006) *Designing and implementing social transfer programmes* Economic Policy Research Institute, Cape Town 3.

<sup>8</sup> It should be noted that social protection and social security will be used interchangeably in this research since some instruments use social protection while others use social security.

This research is centred on the introduction of social cash transfers as a form of social protection for OVC in Zimbabwe. Reference will be made to other African countries namely South Africa, Zambia and Malawi. The researcher will begin by discussing and critically analysing the meaning of the term ‘orphans and vulnerable children’ (OVC), with a view of identifying the need of OVC for social protection. Thereafter, the researcher will introduce and explore the concept of social cash transfers as a social protection strategy that is now being highly regarded worldwide as an effective strategy of dealing with the inflating number of OVC. A discussion of how other African states like South Africa, Zambia and Malawi have embraced social cash transfers within their social protection strategies will be done with the view of identifying best practices. The researcher will then discuss the situation of OVC in Zimbabwe by evaluating the current social protection strategies in place for these children. The purpose of this discussion is to ascertain the effectiveness and identify the gaps in the social protection strategies. The research concludes with proposals and recommendations based on the research findings.

The motivation of focusing on Zimbabwe is that, apart from being the researcher’s country of origin, Zimbabwe made commitments- global, regional and national- towards the fulfilment of the right of OVC to social protection. Zimbabwe has, however, faced challenges in fulfilling these commitments. Zimbabwe witnesses the negative impact of HIV/AIDS, economic hardships and recurrent droughts which have negatively impacted the well being of OVC. In addition, high unemployment levels, hyperinflation and poor governance have, among other things, worsened the situation of children in Zimbabwe, with OVC being the most affected.

Currently, child protection mechanisms for OVC in Zimbabwe include, amongst others, Basic Education Assistance Module (BEAM), through which tuition fees, levy and examination fees assistance is provided to vulnerable children. The other social protection mechanisms are the public assistance fund, public works programmes and the National Strategy on Children in Difficult Circumstances. These mechanisms have been criticized for having low impact due to inadequate budgetary allocations and for targeting adult-led households thus ignoring households which are labour constrained and headed by children. It is against this background that the researcher considered it crucial to focus on Zimbabwe with a view of making recommendations on how Zimbabwe can introduce social cash transfers to

effectively implement the right of OVC to social protection so as to address the highlighted challenges.

In Zimbabwe, attention towards the welfare of children has been generated since 1980 when the country got its independence. Zimbabwe made some global commitments towards the provision of children's right to social protection. Notable international instruments which Zimbabwe ratified or acceded to are the United Nations Convention on the Rights of the Child of 1989 (CRC)<sup>9</sup> and the International Covenant on Economic Social and Cultural Rights of 1996 (ICESCR)<sup>10</sup>. These treaties 'provide guidance on the substantive content of socio economic rights and also identify indicators that can be used to assess progress in the realization of rights.'<sup>11</sup>

Apart from the above global commitments, Zimbabwe also made regional commitments to the provision of social protection for OVC. Zimbabwe ratified the African Charter on the Rights and Welfare of the Child of 1990 (ACRWC).<sup>12</sup> Article 20(2) (a) and (b) of the ACRWC provides for the social protection provision of children as will be shown in the paragraphs below. Zimbabwe was also a party to the November 2000 Regional Meeting on Orphans and other Vulnerable Children in Eastern and Southern Africa which was held in Zambia. At this meeting, strategic essentials of an effective national response to OVC problems were proposed and debated. Again in 2002, Zimbabwe was party to a Regional Workshop on Children Affected by HIV/AIDS in Namibia, which workshop was to measure progress towards fulfilment of the United Nations General Assembly Special Session (UNGASS) goals. At this workshop, Zimbabwe made a commitment, among other things, to advocate for greater political commitment to support OVC and to develop a National Plan of Action for Orphans and other Vulnerable Children (NPA for OVC). By signing international and regional instruments, Zimbabwe created an obligation upon itself to implement children's rights in accordance with those standards.

The National Action Plan for Orphans and other Vulnerable Children (NAP for OVC) was launched in Zimbabwe on 8 September 2005 to intensify the implementation of national legislation and policies for children. The formation of a NAP for OVC began by the reviewing of existing policies and legislation. A review of laws and policies for the NPA for

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<sup>9</sup> Zimbabwe ratified in 1990.

<sup>10</sup> Zimbabwe acceded on 13 May 1991.

<sup>11</sup> Proudlock, P 'Children's Socio-economic rights' in Boezaart, T. (ed) *Child law in South Africa* (2009) Juta and Co (Ltd), 292.

<sup>12</sup> Zimbabwe ratified on 19 January 1995.

OVC in Zimbabwe highlighted the existence of gaps and contradictions since the issues of child headed households, houses headed by grandparents and the extent of the orphan problem were not anticipated when the laws and policies were made.<sup>13</sup> Consequently, the social protection strategies that were put in place did not cover these unanticipated issues. This research is important because it identifies the consequences suffered by children in these categories as they are included in the existing protection strategies that were initially not meant to include them. Furthermore, this research is important since it highlights the fact that the traditional coping mechanisms and the current social protection strategies have been overstretched and become inadequate with the escalating number of OVC in Zimbabwe. There is thus a need for new ways to respond to this problem. This research is useful for investigating how other countries have adapted their social protection strategies for the benefit of OVC by introducing social cash transfers. The researcher intends to provide practical suggestions as to how to fill the gaps mentioned above by suggesting the introduction of social cash transfers for OVC in Zimbabwe.

There is increasing emphasis on the fact that social cash transfers, as a form of social protection, are a key instrument in reducing poverty, deprivation and vulnerability among OVC and their families.<sup>14</sup> The researcher will introduce and explore the concept of social cash transfers as a social protection strategy that is now being highly regarded worldwide as an effective strategy of dealing with the inflating number of OVC. There are several Southern African countries that have introduced cash transfers as part of their social security systems. Notable examples are South Africa,<sup>15</sup> Zambia<sup>16</sup> and Malawi.<sup>17</sup> This research will discuss the cash transfers that have been introduced in these three countries and the impact they have had in improving the lives of OVC.

The motivation of using South Africa is that it has a comprehensive social protection system which can provide useful guidelines for Zimbabwe. Although South Africa is a middle income country, Zimbabwe has relied on South African legislation in the formulation of its

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<sup>13</sup> Government of Zimbabwe (2005) *National Plan of Action for Orphans and Vulnerable Children*. Harare: Government of Zimbabwe 15.

<sup>14</sup> Barrientos A & Dejong J (2007) *Child poverty and cash transfers* Childhood Poverty Research and Policy Centre Report No 4 9-10.

<sup>15</sup> South Africa has three children grants, namely the Child Support Grant, the Foster Care Grant and the Care Dependency Grant.

<sup>16</sup> Kalomo Pilot Social Cash Transfer Scheme (discussed in Chapter 4 of this paper).

<sup>17</sup> Mchinji Pilot Social Cash Transfer Scheme (discussed in Chapter 4 of this paper).

own laws.<sup>18</sup> Zambia and Malawi have been chosen for this research because both countries, like Zimbabwe, are low income countries but have managed to introduce social cash transfers within their social protection systems. These countries have also been selected for this research because, along with Zimbabwe, Lesotho and Rwanda, they have the world's highest proportion of orphaned children with 17-18% of all children under the age of 15 having lost one or both parents.<sup>19</sup> Thus, evidence from these countries will be used to suggest that the introduction of social cash transfers is possible even in low income countries. Moreover, the abovementioned countries, like Zimbabwe, have ratified some of the international conventions like the CRC and the ICESCR and have not made any reservations to the provisions pertaining to social security, thus like Zimbabwe, these countries are bound by this provision.

## 1.2 OBJECTIVES

The research has three main objectives, as indicated below.

The first objective of this research is to explore the issue of social cash transfer as a form of social protection. Chapter 3 will provide an understanding of why cash transfers are now being highly regarded worldwide as an effective social protection mechanism for OVC. In this Chapter, the researcher will define what cash transfers are; distinguish various forms that cash transfers can take; discuss how beneficiaries can be targeted and evaluate the impact of cash transfers on the lives of OVC. This will provide an understanding of how social cash transfers can be implemented as a form of social protection.

The second objective is to discuss how other African countries have introduced cash transfers for OVC within their jurisdiction. Focus will be on Zambia, Malawi and South Africa. Chapter 4 will contain an evaluation of the impact of social cash transfers on the lives of OVC in the abovementioned countries. This analysis will reveal not only the successes of social cash transfers in these countries but also the shortcomings in the implementation of these social assistance measures. The aim of this Chapter is to identify best practices from other African countries which Zimbabwe can draw lessons from in introducing cash transfers for OVC.

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<sup>18</sup> A notable example is the Domestic Violence Act of Zimbabwe which is almost a replica of the South African Domestic Violence Act 116 of 1998.

<sup>19</sup> Government of Zimbabwe (note 13 above) 9.

The third objective is to critically analyse the effectiveness of the current social protection mechanisms available for OVC in Zimbabwe. The aim of this analysis is to assess whether these current mechanisms have been successful in improving the situation of OVC. This will provide a basis for understanding the gaps and shortfalls in the current social protection mechanisms for OVC in Zimbabwe and the need for innovative mechanisms like social cash transfers. The researcher will furthermore, propose the route that Zimbabwe should take in introducing social cash transfers for OVC using lessons of good practises from other African countries.

### 1.3 METHODOLOGY

From a methodology point of view, this is library-based research. A large variety of national and international sources have been used. These range from primary sources, such as international treaties, national legislation, reports, and international cases; to secondary sources such as academic writings, media reports, NGO publications and internet sources.

The researcher submitted an ethical clearance form and got the approval to begin the study on the 23<sup>rd</sup> of July 2010.

## CHAPTER 2: AN ANALYSIS OF THE DEFINITION OF 'ORPHAN AND VULNERABLE CHILDREN' AND THE LEGAL FRAMEWORK FOR THEIR SOCIAL PROTECTION

### 2.1 INTRODUCTION

Before discussing the specific issues on which this research focuses, this research will highlight and analyse various definitions for OVC. This undertaking is important because it identifies the group of population which the cash transfers discussed below should be addressed. Moreover, it enables policy makers to identify the needs of this category of children for the purposes of making policy decisions on implementation. It is also important to discuss the legal framework for the social protection of OVC. This will assist in advocating for the introduction of social protection mechanisms for the protection of OVC.

#### 2.1.1 Definition of 'Orphan'

The term 'orphan' is defined differently from country to country. The main variables are age<sup>20</sup> and parental loss.<sup>21</sup> Generally, an 'orphan' is a child who has lost both parents. The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (Framework for the Protection of OVC) defines an 'orphan' as 'a child below the age of 18 whose mother, father or both parents has died from any cause.'<sup>22</sup> This definition is the one adopted in Ethiopia, Malawi, Zimbabwe and Rwanda.<sup>23</sup> Namibia, in addition to loss of one or both parents, considers the death of the primary care giver to warrant orphanhood.<sup>24</sup> Botswana, in addition to the loss of biological parents, defines an orphan as a child who has lost his adoptive parents.<sup>25</sup> The definition of 'orphan' by the Framework for the Protection of OVC will be adopted for the purposes of this research.

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<sup>20</sup> Some definitions limit the age of an orphan to 15 years while others include all children up to 18 years. For example, the Joint United Nations Programme on HIV/AIDS (UNAIDS) defines an orphan as a child under the age of 15 years of age who has lost their mother (maternal orphan) or both parents (double orphan) to AIDS. On the other hand, the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS defines an 'orphan' as a child below the age of 18 whose mother, father or both parents have died from any cause.

<sup>21</sup> Some definitions consider whether it is the mother, father or both parents who have died. See Smart, R (2003) *Policies for orphans and vulnerable children: A framework for moving ahead* POLICY Project, USAID 3.

<sup>22</sup> UNICEF (2005) *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS* UNICEF, UNAIDS and PEPFAR 4.

<sup>23</sup> Smart (note 21 above) 3.

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

### 2.1.2 Definition of 'Vulnerability'

Vulnerability has been held to be difficult to define.<sup>26</sup> The way vulnerability is defined by the community may vary from the definitions given by governments and external agencies.<sup>27</sup> Whereas the definition by governments and policy makers tend to endorse particular age limits, community-generated definitions use social indicators like disability and destitution.<sup>28</sup> The working definition of a vulnerable child according to the Rapid Appraisal in South Africa is 'a child, under the age of 15 who has lost his/her mother (or primary caregiver) or who will lose his/her mother within a reasonably short period.'<sup>29</sup> On the other hand, the communities in South Africa define vulnerable children as those 'children who are neglected, destitute or abandoned; children with terminally ill parents; children born to single mothers; children with unemployed caretakers; children abused or ill-treated by caretakers; or disabled children.'<sup>30</sup> Zambia has the following indicators for vulnerable children; children not at school, children from households headed by females, old aged or disabled persons, children in families where there is insufficient food and children who live in poor housing.<sup>31</sup> Botswana on the other hand considers children in the following circumstances to be vulnerable; street children, child labourers, children who are sexually exploited, children who are neglected, children with handicaps and children in remote areas who are part of indigenous minorities.<sup>32</sup> A study done in Botswana, South Africa and Zimbabwe, found that the definition of vulnerability is conceptualised by community as being centred on material problems, emotional problems and social problems.<sup>33</sup> Zimbabwe defines vulnerable children to include

children with one parent deceased (in particular the mother), children with disabilities, children affected and/or infected by HIV and AIDS, abused children (sexually, physically, and emotionally), working children, destitute children, abandoned children, children living on the streets, married children, neglected children, children in remote areas, children with chronically ill parents, child parents and children in conflict with the law.<sup>34</sup>

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<sup>26</sup> Skinner, D, Tsheko, N, Mtero-Mnyati & Others 'Towards a definition of orphaned and vulnerable children' (2006) 10 *AIDS Behav* 619, 620. See also Smart (note 20 above) 5.

<sup>27</sup> *Ibid.*

<sup>28</sup> Smart (note 21 above) 5-6.

<sup>29</sup> *Ibid* 6.

<sup>30</sup> *Ibid.*

<sup>31</sup> *Ibid* 3-4.

<sup>32</sup> *Ibid* 6.

<sup>33</sup> Material problems include 'access to money, food, clothing, shelter, health care and education.' Emotional problems include, 'experience of caring, love, support, space to grieve and containment of emotions. 'Social problems include, 'lack of supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment.' See Skinner, Tsheko. Mtero-Mnyati & Others (note 26 above) 624.

<sup>34</sup> Government of Zimbabwe (note 13 above) 8.

From the above definitions, it is clear that ‘vulnerability involves more complex factors than those associated with the child’s basic needs.’<sup>35</sup> Moreover, vulnerability is not only limited to individuals but may as well be used to refer to households.<sup>36</sup>

### 2.1.3 Definition of ‘Orphans and Vulnerable Children’

The concept of Orphans and Vulnerable Children (OVC) is a social construct which varies from culture to culture. As a construct, the term OVC “has no implicit definition or clear statement of inclusion or exclusion. It therefore works as a theoretical construct but requires an explanation and definition at ground level.”<sup>37</sup> The concept ‘OVC’ is not clear enough in guiding the development of an accurate definition of the distinct population of children. The definition of OVC is critical since it provides the basis upon which to understand the range and nature of the needs of OVC. UNAIDS defines OVC as, ‘a child below the age of 18 who has lost one or both parents or lives in a household with an adult death (age 18-59) in the past 12 months or is living outside of family care.’<sup>38</sup> This definition is vague since it does not clarify what ‘adult death’ entails. Mushunje and Mafico define OVC as ‘children who are in need of care because of their circumstances which may be orphanhood and neglect, among other things.’<sup>39</sup> This study suggests that the last mentioned definition is a better one since it does not limit the circumstances for the identification of OVC.

The concept of ‘OVC’ came into operation after a realisation of the bias by programme implementers towards children orphaned by HIV and AIDS at the expense of other children. It was realised that many children are made vulnerable by HIV and AIDS but are not orphans, thus focus on orphans was too narrow.<sup>40</sup> Focusing on orphans alone at the expense of other vulnerable children would lead to the inclusion of orphaned children who are taken good care of by the extended families such that they may not be in need of social assistance while excluding vulnerable children who are not orphans. This is so because not all orphans are vulnerable and not all vulnerable children are orphans. OVC include ‘not only children

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<sup>35</sup> Kumar, A & Schofield, T ‘Orphan and Vulnerable Children: Health policy interventions in India.’ (2008) 4 (1-4) *Journal of Health and Development* 21, 24.

<sup>36</sup> Smart (note 21 above) 5.

<sup>37</sup> Skinner, Tshoko, Mtero-Munyati & others (note 26 above) 619.

<sup>38</sup> UNAIDS/UNICEF (2003) *Report on the Technical and Consultations on Indicators Development on children orphaned and made vulnerable by HIV/AIDS (2-4 April 2003) Gaborone Botswana* UNICEF, UNDP, UNFPA, UNDCP, ILO, UNESCO, WHO and World Bank 4.

<sup>39</sup> Mushunje and Mafico (note 4 above) 262.

<sup>40</sup> Dawes, A, Van der Merwe, A & Brandt, R (2006) ‘A monitoring dilemma: orphans and children made vulnerable by HIV/AIDS’ HSRC Press 360.

who are biological orphans following parental death, but also children considered vulnerable to shocks jeopardising their health and well being, such as parental illness and other household factors.<sup>41</sup> Moreover, the term OVC was introduced to ensure that all vulnerable children, regardless of whether they are affected or not by HIV/AIDS or them being orphans are included into programmes by policy makers.<sup>42</sup> In addition, the term OVC was invoked to avoid the potentially stigmatising effect of labelling children as ‘orphans’ while at the same time ensuring that their provision and needs are taken care of.<sup>43</sup>

In conclusion, it can be argued that the concepts ‘orphanhood’, ‘vulnerability’ and ‘OVC’ are defined differently by governments, organisations and communities. There are many definitions of the term ‘orphan’ which vary in terms of age and parental loss. This study will adopt the definition of an ‘orphan’ as a child under the age of 18 who has lost one or both parents due to any cause. Unlike other definitions which limit parental death to HIV/AIDS, the above definition acknowledges that parental death may result due to other causes apart from HIV/AIDS. Moreover, unlike other definitions which consider only the death of the mother or both parents to warrant orphanhood, thus suggesting that a child who has lost a father is not an orphan, the above definition does not distinguish parental loss. As discussed above, definition of ‘vulnerability’ needs to be centred on material, emotional and social problems. For the purposes of this study the definition of ‘vulnerability’ in Zimbabwe will be used.<sup>44</sup> The term ‘OVC’ was introduced to avoid the narrow focus on orphans at the expense of other vulnerable children. This study will adopt the definition of ‘OVC’ by Mushunje and Mafico, who define OVC as those children who are in need of care because of their circumstances which may be orphanhood and neglect, among other things.<sup>45</sup> While it is important to define OVC focus must mostly be on how to adequately provide for their needs.

OVC face a lot of challenges which affects their well being. These challenges include material, social and psychological challenges.<sup>46</sup> It is apparent that OVC, thus require a wide

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<sup>41</sup> Schenk, K, Ndlovu, L, Tembo, S & Others ‘Supporting orphans and vulnerable children affected by AIDS: using community-generated definitions to explore patterns of children’s vulnerability in Zambia’(2008) 20 (8) *AIDS Care* 894, 895.

<sup>42</sup> Sherr, S, Varrall, R, Mieller, J & Others ‘A systematic review on the concept ‘AIDS orphan’: confusion over definitions and implications for care’ (2008) 20 (5) *AIDS Care* 527, 527.

<sup>43</sup> *Ibid* 258.

<sup>44</sup> *Supra* 8-9.

<sup>45</sup> Mushunje & Mafico (note 4 above) 262.

<sup>46</sup> Material challenges include problems in accessing money, clothing, food, education, health care and shelter. Social problems include lack of role models to follow, or of guidance in difficult situations. Psychological problems include stigmatisation, discrimination and emotional stress.

range of social protection mechanisms so as to deal with the abovementioned challenges. It should be noted, however that this research is centred only on one type of social protection, namely social cash transfers, without prejudice to other social protection mechanisms.

## 2.2 THE LEGAL FRAMEWORK FOR THE SOCIAL PROTECTION OF ORPHANED AND OTHER VULNERABLE CHILDREN

The researcher will discuss the provisions regarding the right of OVC to social protection in international instruments like the CRC and the ICESCR. Other global instruments like the UN Summit on the Millennium Development Goals, 2000, the UN General Assembly Special Summit on HIV/AIDS, 2001 and the UN General Assembly Special Session on Children, 2002 will also be discussed. Moreover, this part will also contain an analysis of the provisions in regional instruments such as the ACRWC and other regional commitments like the November Regional Meeting on Orphans and other Vulnerable Children (OVC) in Eastern, Southern Africa, 2001, the Regional Workshop on Children Affected by HIV/AIDS, 2002 and the Livingstone Call of Action on Social Protection, 2006. The researcher will discuss the obligation placed upon State Parties by the abovementioned instruments regarding the implementation of the right of children to social protection.

### 2.2.1 GLOBAL COMMITMENTS

#### (i) The UN Convention on the Rights of the Child of 1989

The United Nations Convention on the Rights of the Child (the CRC) was adopted on 20 November 1989. Zimbabwe, Zambia, Malawi and South Africa ratified the CRC.<sup>47</sup> The right of children to social security or social protection is provided for in Article 26 (1) which states that ‘State Parties shall recognise for every child the right to social security, including the right to social insurance, and shall take the necessary measures to achieve the full realisation of this right in accordance with national law.’ The abovementioned countries made no reservations to this right thus, they are bound to fulfil it. To implement the rights in the CRC, including the right to social security, Article 4 obliges state parties to

Undertake all legislative, administrative and other measures for the implementation of the rights recognised in the present convention. With regard to economic, social and cultural rights, State Parties

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<sup>47</sup> Zimbabwe ratified on 2 January 1991, Zambia on 6 December 1991, Malawi on 2 January 1991 and South Africa on 16 June 1995.

shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation.<sup>48</sup>

There is an acceptance that lack of financial and other resources can hinder effective implementation of socio-economic rights, including the right to social security.<sup>49</sup> This does not however exempt the State Parties from implementation regardless of their economic circumstances, since ‘States are required to take all possible measures towards the realisation of the rights of the child, taking special attention to the most disadvantaged groups.’<sup>50</sup> This implies that even low- income countries are obliged to take measures to ensure the provision of social protection to vulnerable children within their jurisdiction.

## (ii) The International Covenant on Economic Social and Cultural Rights of 1996

The International Covenant on Economic Social and Cultural Rights (ICESCR) was adopted on the 16<sup>th</sup> of December 1996 by the UN General Assembly and entered into force on 29 March 1976.<sup>51</sup> Zimbabwe, Zambia and Malawi acceded to the ICESCR; South Africa only signed the ICESCR but has not yet ratified it.<sup>52</sup> The ICESCR provides a range of socio-economic rights, including the right to social security. Article 9 of the ICESCR provides for State Parties to the present convention to recognise the right of everyone to social security, including social insurance. Moreover, Article 11 of the ICESCR recognises the right of everyone ‘to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.’<sup>53</sup> The word ‘everyone’ can be interpreted to include OVC. Similar to Article 4 of the CRC with regards to implementation of socio-economic rights, is Article 2 (1) of the ICESCR which provides in that

Each State Party to the present Convention undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieve progressively the full realisation of the rights recognised in

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<sup>48</sup> Article 4 of the CRC.

<sup>49</sup> Committee on the Rights of the Child (2003) *General Comment No 5: General measures of implementation of the Convention on the Rights of the Child (arts 4, 42 and 44, para 6)* United Nations 3.

<sup>50</sup> *Ibid.*

<sup>51</sup> Kapindu, R E (2009) *From the global to the local enforcement of socio-economic rights in South Africa Socio Economic Rights Project 6*, Community Law Centre, University of Western Cape 13.

<sup>52</sup> Zimbabwe acceded on 13 May 1991, Zambia on 10 April 1984, Malawi on 22 December 1993. South Africa signed the ICESCR on 3 October 1994.

<sup>53</sup> Article 11 of the ICESCR.

the present Convention by all appropriate means, including particularly the adoption of legislative measures.<sup>54</sup>

Like with the CRC, lack of resources is not an exemption for non-implementation of the rights in the ICESCR. The obligation still remains for a State party to ‘strive to ensure the widest possible enjoyment of the relevant rights under the prevailing circumstances.’<sup>55</sup>

### (iii) The UN Summit on the Millennium Declaration, 2000

The Millennium Summit was held in September 2000, whereby 8 Millennium Development Goals (MDGs) were identified, including some related to the rights of children.<sup>56</sup> Participating countries signed declarations of commitment to reach a certain target in achieving the MDGs by 2015. The most important MDGs for children generally are MDG 1 which seeks to eradicate poverty and hunger, MDG 2 which seeks to achieve universal primary education and MDG 4 which seeks to reduce child mortality. The above MDGs are related to the education, nutrition and health of vulnerable children. For these goals to be achieved there is need for social protection mechanisms to be provided to vulnerable children and their households. Social cash transfers may be a desirable option.<sup>57</sup>

### (iv) The UN General Assembly Special Session Declaration of Commitment on HIV/AIDS, 2001

The UN General Assembly Special Summit on HIV/AIDS was held in June 2001, where signatory nations signed a declaration of commitment to satisfy specific goals dealing with the impacts of HIV/AIDS.<sup>58</sup> Zimbabwe, Zambia, Malawi and South Africa signed declaration of commitment at this summit. Children who are orphaned and made vulnerable by HIV/AIDS are directly targeted in goals 65, 66 and 67.<sup>59</sup> Goal 65 which is directly linked to the social protection of OVC and provides for signatory nations to

By 2003, develop, and by 2005 implement national policies and strategies to build and strengthen governmental policies, family and community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV/AIDS, including providing appropriate counselling and psychological support, ensuring their enrolment in school and access to shelter, good

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<sup>54</sup> *Ibid* Article 2 (1).

<sup>55</sup> Committee on Economic, Social and Cultural Rights (1990) *General Comment No 3 The nature of State Parties' obligations (article 2, paragraph 1 of the Convention)* Office of the High Commissioner for Human Rights para 11.

<sup>56</sup> Smart (note 21 above) 9.

<sup>57</sup> Kunnemann, R & Leonhard, R (2008) *A human rights view of social cash transfers for achieving the millennium development goals* Brot fur die Welt and Evangelischer Entwicklungsdeinst, Germany 11.

<sup>58</sup> Smart (note 21 above) 10.

<sup>59</sup> United Nations (2001) *Declaration of Commitment on HIV/AIDS United Nations General Assembly Special session on HIV/AIDS (25-27 June 2001)* United Nations 29.

nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation discrimination, trafficking and loss of inheritance.<sup>60</sup>

Goals 66 and 67 provide for non-discrimination of OVC in programmes and for the international community to complement national programmes for OCV respectively.<sup>61</sup>

Signatory nations are required not only to develop laws and policies for the protection of OVC but also implement such through governmental policies. It is suggested that provision of social protection generally, and social cash transfers, in particular will provide a supportive environment for the caregivers to fulfill the abovementioned goals.

#### (v) The UN General Assembly Special Session on Children

The UN General Assembly Special Session on Children (UNGASS on Children) was held in May 2002 as a follow up to the World Summit for Children.<sup>62</sup> At this summit, world leaders including those of Zimbabwe, Zambia, Malawi and South Africa signed a declaration of commitment to a time-bound (2002-2010) set of specific goals for children.<sup>63</sup> Signatory nations, among other things, committed themselves to ‘strengthen health and education systems and expand social security systems to increase access and integrated health, nutrition, and childcare in families, schools and primary health care facilities, including prompt attention to marginalised boys and girls.’<sup>64</sup> ‘Marginalised boys and girls’ may be interpreted to refer to OVC. Although social cash transfers are not specifically mentioned they are very important as a mechanism of achieving the goals set in the declaration of commitment.

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<sup>60</sup> *Ibid.*

<sup>61</sup> Goal 65 requires signatory nations to ‘Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS.’ And Goal 66 provides for signatory nations to ‘Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effective national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa. See *Ibid.*

<sup>62</sup> UNICEF ‘A world Fit For Children: An agenda both visionary and concrete’  
<http://www.unicef.org/specialsession/wffc/index.html> accessed on 20 October 2010.

<sup>63</sup> Government of Zimbabwe (note 9 above) 12.

<sup>64</sup> UN General Assembly (2002) *Resolution adopted by the General Assembly [on the report of the Ad Hoc committee of the Whole (A/S-27/19/Rev.1 and Corr.1 and 2 S-27/2 A world fit for children* United Nations 13

## 2.2.2 REGIONAL COMMITMENTS

### (i) The African Charter on the Rights and Welfare of the Child of 1990

The African region, to further its commitment to upholding children's rights, adopted the African Charter on the Rights and Welfare of the Child (ACRWC) in 1990 to address children's rights and welfare issues in familiar African language. Zimbabwe, Malawi and South Africa ratified the ACRWC.<sup>65</sup> Social protection is provided for in Article 20(2)(a) which obliges State Parties, in accordance with their means and national conditions, 'to take appropriate measures to assist parents and other persons responsible for the child and in case of need provide material assistance and support programmes particularly with regard to nutrition, health, education, clothing and housing.' The abovementioned countries made no reservations to this provision.

### (ii) The Regional Meeting on Orphans and other Vulnerable Children in Eastern and Southern Africa, 2000

The Regional Meeting on OVC was held in Zambia in November 2000 where delegates from 14 countries in Eastern and Southern Africa, including Zimbabwe, Zambia, Malawi and South Africa, came together to discuss the crisis faced by children.<sup>66</sup> The objectives of the Regional Meeting on OVC were 'to investigate ways of building capacity of communities to respond to the needs of OVC, and scaling up of OVC activities so they reach a far greater proportion of the millions of children needing help.'<sup>67</sup> At this meeting, strategic essentials of an effective national response to OVC problems were proposed and debated. It was agreed at this meeting that institutionalized care is not a preferred option for children and resource mobilization was encouraged towards strengthening extended families and communities to care for orphans and other vulnerable children.

### (iii) The Regional Meeting on Children Affected by HIV/AIDS, 2002

The Regional Meeting on Children Affected by HIV/AIDS in Eastern and Southern Africa (Regional Meeting on HIV/AIDS) was held in 2002 and was attended by countries, including

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<sup>65</sup> Zimbabwe ratified on 19 January 1995, Malawi on 16 September 1999 and South Africa on 7 January 2000.

<sup>66</sup> Williamson, J (2000) *Workshop Report* UNICEF/USAID Zambia

<http://www.unicef.org/programme/hiv/assets/workshop.pdf> accessed on 20 October 2010.

<sup>67</sup> *Ibid.*

Zimbabwe, Zambia, Malawi and South Africa.<sup>68</sup> At the workshop, country action plans were prepared, whereby lists of commitments were made by each country ‘to accelerate and focus action in their respective countries in order to achieve the UNGASS goals in their own countries.’<sup>69</sup> It was established at this workshop that huge amounts of money is required to respond to the plight of OVC.<sup>70</sup> It was recommended that governments use NGOs and FBOs as a mechanism to channel funds while provincial and local governments lobby the central government on budgets for OVC.<sup>71</sup>

#### (iv) The Livingstone Call of Action on Social Protection, 2006

The Livingstone Call of Action (Livingstone Meeting) was held in Zambia in March 2006.<sup>72</sup> Representatives from African countries including, Zimbabwe, Zambia, Malawi and South Africa met with a view of ‘examining new ways to tackle poverty and to promote the human rights of the poorest people in Africa.’<sup>73</sup> At the Livingstone Meeting, it was concluded that there must be integration of social protection interventions into national strategies for effective delivery.<sup>74</sup> Moreover it was realised that cash transfers were currently under-utilised, yet an affordable intervention to address poverty.<sup>75</sup> It was thus agreed that social protection in the form of social cash transfers should be a more utilised policy option and should be provided to vulnerable children, older persons and vulnerable households.<sup>76</sup> African governments were urged to commit themselves to social protection and to put together costed national cash transfer plans that are integrated with the national budget and other national development plans.<sup>77</sup>

A discussion of the legal framework above highlights that there is an acknowledgment that children, particularly OVC face difficulties and require social protection to improve their well being. It should be noted that parents or other persons responsible for the child have the

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<sup>68</sup> Loudon, M (2002) *2002 Eastern and Southern Regional Workshop on Children Affected by HIV/AIDS* ( 25-29 November 2002) UNICEF, USAID, FHI, Hope for African Children Initiative, UNAIDS, Save the Children, NORAD, Sida & the Government of Namibia ,Windhoek 1.

<sup>69</sup> *Ibid* 2.

<sup>70</sup> *Ibid* 3.

<sup>71</sup> *Ibid*.

<sup>72</sup> Schubert, B & Beales, S (2006) *Social cash transfers for Africa: A transformative agenda for the 21<sup>st</sup> century, Intergovernmental regional conference report Livingstone, Zambia 20-23 March 2006* HelpAge International 4.

<sup>73</sup> *Ibid*.

<sup>74</sup> *Ibid*.

<sup>75</sup> *Ibid* 16.

<sup>76</sup> *Ibid* 31.

<sup>77</sup> *Ibid*.

primary responsibility of the upbringing and development of the child.<sup>78</sup> Thus, parents or guardians are primarily responsible to provide material and other needs for their children. Only if such parents or guardians are having difficulties in providing material assistance to their children will the state parties be obliged to provide such assistance and support programmes, especially in regard to education, health, clothing and housing.<sup>79</sup> This research, however, focuses on situations whereby families cannot provide for the basic needs of children such that the government has to intervene.

Although some instruments refer to all children generally, this study suggests that OVC are more disadvantaged than other children hence, the need for social protection measures directed at them. This is so because OVC are at increased risk of losing opportunities for health care, school, nutrition, growth and development than other children.<sup>80</sup> OVC and their households thus, need urgent social assistance to enable them to access these services. Although there is a wide range of social protection mechanisms to assist OVC and their households, this research suggests that social cash transfers should be prioritised over other mechanisms. Social cash transfers may be an effective way of reaching OVC and their households since cash improve access to income and can be used as a way of directing funds for immediate disposal.

### 2.3 CONCLUSION

The concept 'OVC' is useful in delineating this category of children. Although the concept 'OVC' is difficult to define, it is useful since it ensures that all vulnerable children, regardless of whether they are affected or not by HIV/AIDS or them being orphans are included into programmes by policy makers. However, focus should be more on developing a social protection framework to adequately assist OVC rather than defining the concept.

As indicated above, OVC are more disadvantaged than other children hence, the need for social protection measures directed at them. Although some instruments refer to all children generally, priority should be given to OVC for the reason mentioned above. There is increasing emphasis on the fact that social cash transfers, as a form of social protection, are a key instrument in reducing poverty, deprivation and vulnerability among OVC and their families. Thus, although there is a wide range of social protection mechanisms to assist OVC

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<sup>78</sup> Article 18 (1) of the CRC and Article 20 (1) of the ACRWC.

<sup>79</sup> Lloyd, A 'The African regional system for the protection of children's rights' in Sloth-Nielsen, J. (ed) *Children's Rights in Africa* (2008) Burlington: Ashgate 39. See also Article 20 (2) of the ACRWC and Article 18 (2) of the CRC.

<sup>80</sup> Smart (note 21 above) 7-8.

and their households, this research suggests that social cash transfers should be prioritised over other mechanisms. The advantages of social cash transfers over other social protection strategies will be highlighted in Chapters 3 and 4 of this research.

## CHAPTER 3: SOCIAL CASH TRANSFERS: CONCEPT AND USE

### 3.1 INTRODUCTION

In many developing countries, social cash transfers are emerging as an important social assistance strategy to combat poverty and other vulnerability that are faced by OVC and their families.<sup>81</sup> Mushunje and Mafico submit that ‘government and other international development partners are now giving increasing recognition to the role that cash transfers can play in supporting development objectives’.<sup>82</sup> Social cash transfers are ‘regular non-contributory payments of money provided by government or non-governmental organisations to individuals or households, with the objective of reducing chronic or shock-induced poverty, addressing social risk and reducing social vulnerability.’<sup>83</sup> Social cash transfers are important for states to meet their obligations under national and international law to fulfil the right to an adequate standard of living.<sup>84</sup>

The aim of social cash transfers is to provide basic protection to sections of the population who are not able to provide for themselves due to reasons beyond their control.<sup>85</sup> The reason for the increase in interest in cash transfers, as identified by UNICEF, is two-fold.<sup>86</sup> First, it is the failure of traditional social protection mechanisms including public works, price subsidies and food-based safety nets as efficient mechanisms to provide income to the poor; also, the mechanisms are not suitable for the chronically poor who require long term social assistance which is predictable. Second, it is the availability of considerable evidence to demonstrate that cash transfers provide support that is more effective and efficient in supporting vulnerable families.<sup>87</sup>

This Chapter explores the concept of social cash transfers as a social protection strategy. Different forms of social cash transfers will be analysed and compared. The advantages of preferring social cash transfers to other social protection strategies like in-kind transfers and public works programmes will be highlighted. This Chapter will also highlight and discuss all the factors that should be considered when anticipating the introduction of social cash

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<sup>81</sup> Samson M, (2009) *Social cash transfers and pro-poor growth* Economic Poverty Research Institute 43.

<sup>82</sup> Mushunje & Mafico (note 4 above) 267.

<sup>83</sup> Samson, Mac Queen, & Van Neikerk (note 7 above).

<sup>84</sup> Kunnemann & Leonhard (note 57 above) 5.

<sup>85</sup> Schubert B, (2005) ‘Social cash transfers: Reaching the poorest’ GTZ 8.

<sup>86</sup> Blank, L (ed) (2008) *Social protection in Eastern and Southern Africa: A framework and strategy for UNICEF* UNICEF 25.

<sup>87</sup> *Ibid.*

transfers, like the targeting mechanisms, amount to be paid to beneficiaries and designing issues of monitoring and evaluation.

Social cash transfers may take the form of conditional cash transfers and unconditional cash transfers, as discussed below. The researcher will discuss the advantages and disadvantages of the two types of transfers with a view of highlighting the most suitable for the protection of OVC in Africa, and Zimbabwe, more specifically. In addition, the researcher will discuss the four main forms of targeting beneficiaries for social cash transfers namely categorical, self-targeting, geographical and individual or household assessment. The associated benefits and costs of each form of targeting will be highlighted. The researcher will, moreover, discuss the advantages that cash transfers have over other social protection strategies like food aid and public works. Lastly, the researcher will discuss the difficulties that are inherent in implementing social cash transfers.

### 3.2 TYPES OF SOCIAL CASH TRANSFERS

This dissertation distinguishes two types of social cash transfers namely unconditional cash transfers and conditional cash transfers. Unconditional cash transfers are common in Africa while conditional cash transfers are popular in middle-income Latin- American countries. The origin of the debate between the supporters of unconditional and conditional cash transfers lays in the question of whether poor households know how best to utilize recourses for household wellbeing and whether they act accordingly or not.<sup>88</sup>

#### 3.2.1 Unconditional Cash Transfers

Unconditional cash transfers are ‘regular non-contributory payments of money provided without active conditionalities by governments (or non-governmental organisations) to individuals or households, with the objective of decreasing chronic or shock induced poverty, providing social protection, addressing social risk or reducing social vulnerability.’<sup>89</sup> ‘Without active conditionalities’ means that there is no activity which the recipient is required to undertake, like school attendance or immunisation, in exchange for the transfer.<sup>90</sup> With unconditional cash transfers there are no restrictions on how cash is to be spent and there are no other requirements beyond the eligibility criteria. Unconditional cash transfers

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<sup>88</sup> Schubert, B & Slater, R ‘Social cash transfers in low-income countries: Conditional or unconditional’ (2006) 24 (5) Development Policy Review 571, 537.

<sup>89</sup> Samson, Mac Queen, & Van Neikerk (note 7 above) 8.

<sup>90</sup> *Ibid.*

include child support grants, social pensions, family assistance and grants for people with disabilities

### 3.2.2 Conditional Cash Transfers

Conditional cash transfers are

regular payments of money (or in some cases in-kind benefits) by government or non-governmental organisations to individuals or households in exchange to active compliance with human capital conditionalities, with the objective of decreasing chronic or shock induced poverty, providing social protection, addressing social risk or reducing economic vulnerability, while at the same time also promoting human capital development.<sup>91</sup>

Such human capital conditionalities may include behavioural compliance by recipients such as school attendance by children, meeting nutritional objectives, immunisation of children and health visits or attending adult education programmes. The aim of conditional cash transfers is addressing short term poverty by providing poor households with income, and in the long term, breaking the inter-generation transmission of poverty by building children's human capital, through health and education related behaviour.<sup>92</sup> Conditional cash transfers assume that cash is the constraint that keeps recipients from, for example, attending school and health clinics, thus cash is an appropriate incentive to access such services.<sup>93</sup>

The main motives of conditional cash transfers, as identified by Schubert and Slater are threefold.<sup>94</sup> Firstly, financing agencies associate poverty with inadequate access to services and believe that utilizing expenditure on such services is desirable in reducing poverty, thus, link transfers to recipients spending them as intended.<sup>95</sup> Secondly, programme designers have their beliefs on what behaviour and attitude is conducive to poverty reduction, thus, influence the target beneficiaries to behave and act in the manner they consider appropriate.<sup>96</sup> Thirdly, the perception by programme designers is that poor people behave irresponsibly and require close supervision. Thus conditional cash transfers are more acceptable to policy makers and tax payers.<sup>97</sup>

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<sup>91</sup> Samson, Mac Queen, & Van Neikerk (note 7 above) 82.

<sup>92</sup> Lund, F, Noble, M, Barnes, H & Wright, G (2008) 'Is there a rationale for conditional cash transfers for children in South Africa?' Working Paper 53 3.

<sup>93</sup> *Ibid* 4.

<sup>94</sup> Schubert and Slater (note 88 above) 572-573.

<sup>95</sup> *Ibid* 573.

<sup>96</sup> *Ibid*.

<sup>97</sup> *Ibid*.

Whether to condition social cash transfers or not depends on a number of factors. Firstly, one of the important issues to consider is the availability of services on which to condition these transfers.<sup>98</sup> In addition to availability, the services should be sufficient in terms of quantity and quality to absorb all the beneficiaries. One of the concerns raised against conditional cash transfers in Africa is that ‘there will not be sufficient quantity and quality of schools and clinics, within a reasonable distance or with adequate transportation, with reliable and sufficient staffing, skills and supplies.’<sup>99</sup> Where resources are scarce, increased expenditure on education, health, transportation may thus be required for the effective implementation of conditional cash transfers.

Secondly, another issue to be considered in introducing conditional cash transfers is the availability of adequate administrative capacity.<sup>100</sup> Conditional cash transfers require additional administrative capacity than unconditional cash transfers because there is need for co-ordination among multiple ministries and government departments like health, education and social development.<sup>101</sup> Monitoring and enforcing conditions introduce a significant additional burden on the administration personnel. Programme designers have to be satisfied that they have sufficient administrative capacity before introducing conditional cash transfers.

Thirdly, it is also important to consider the cost-benefit of conditionalities.<sup>102</sup> It should be noted that conditional cash transfer programmes, like unconditional cash transfers, require substantial expenditure including targeting costs, monitoring and evaluation expenses, logistical costs of delivering cash. However, there are additional costs that are inherent with conditional cash transfers like costs of supporting the supply of human capital services and the private costs from participating in the programme, like costs of compliance.<sup>103</sup> Thus it should be determined beforehand whether benefits resulting from imposing conditions outweigh these additional costs.

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<sup>98</sup> *Ibid.*

<sup>99</sup> Adato, M & Basset, L (2008) *What is the potential of cash transfers to strengthening families affected by HIV and AIDS? A review of the evidence and impacts and key policy debates* International Food Policy Research Institute 75.

<sup>100</sup> Schubert and Slater (note 88 above) 575.

<sup>101</sup> Samson, Mac Queen, & Van Neikerk (note 7 above) 82.

<sup>102</sup> Adato & Basset (note 99 above) 78.

<sup>103</sup> *Ibid* 97.

### 3.3 CONDITIONAL OR UNCONDITIONAL TRANSFERS? AN EVALUATION

A weighing up of conditional and unconditional cash transfers in Africa is in favour of unconditional cash transfers. Conditional transfers have been popular and successful in the Latin American countries. Notable examples of successful conditional transfers are Mexico's Oportunidades Programme (formerly PROGRESSA)<sup>104</sup>, Brazil's Bolsa Escola<sup>105</sup> and Jamaica's Programme for Advancement Through Health and Education. There is however little evidence in Africa on the effectiveness of conditional cash transfers. The evidence that is available supports and recommends unconditional cash transfers. Schubert and Slater argue that the differences in underlying conditions in low-income African countries and middle-income Latin American countries means that Latin American experiences cannot 'directly serve as a blueprint for African countries'<sup>106</sup>

Unconditional cash transfers have been supported for upholding human dignity, self esteem and autonomy.<sup>107</sup> Conditionality 'deprive the poor on freedom to choose appropriate services- and to freely make decisions to improve household welfare.'<sup>108</sup> Moreover, there is concern that conditional cash transfers impose beneficiaries' consumption of items preferred by the funder.<sup>109</sup> Another point raised against conditionality is that they can be 'expensive, inflexible and inefficient' and that 'they are potentially stigmatising'.<sup>110</sup> In Latin America, poverty has been attributed to lack of responsibility and effort by the poor thus conditionality make programmes more acceptable to taxpayers and policy makers.<sup>111</sup> This point has, however, been criticised by the fact that 'attitudes towards poverty are culture-specific; programme designers should investigate the attitudes of policy-makers and taxpayers in African countries towards the perceived causes of poverty.'<sup>112</sup> It should also be noted that in some countries, especially in low-income African countries, causes of poverty

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<sup>104</sup> This programme imposes health, education and nutrition conditions on recipients. It provides a monetary benefit of \$13/family/month for children 21 years and younger. An assessment of this programme revealed an increase in school enrolment, particularly at secondary level, better nutrition and improved health.

<sup>105</sup> Bolsa Ecsola transfers to poor households a monthly amount of \$5 per child age 6-15 enrolled in grades 1-8 on condition of 85% school attendance.

<sup>106</sup> Schubert & Slater (note 88 above) 577.

<sup>107</sup> Adato & Basset (note 99 above) 71.

<sup>108</sup> Samson (note 81 above) 51.

<sup>109</sup> Adato & Basset (note 99 above) 72.

<sup>110</sup> Samson (note 81 above) 52.

<sup>111</sup> Adato & Basset (note 99 above) 75.

<sup>112</sup> Schubert & Slater (note 88 above) 576.

are more attributed to structural factors rather than behaviour of the poor, thus conditionalities may not be desirable.<sup>113</sup>

Lack of services upon which to condition cash transfers has also been another factor against conditional cash transfers in Africa. A study in Zambia (Chipata) by Schubert and Mwiinga revealed that primary schools were turning away children because they did not have the capacity to absorb all of them.<sup>114</sup> Another example is the condition that was initially imposed for the Child Support Grant in South Africa which required applicants to sign up for development projects. Such conditionality was held to be completely unreasonable since it was realised that poverty was prevalent in places where no such projects existed.<sup>115</sup> Most African countries social welfare personnel lack the required experience, guidance and motivation to take on the additional workload required by monitoring conditions, which would overburden the already overstretched administrative capacity available.<sup>116</sup>

Conditionalities have also been held to increase the burden on women and children since they have to bear the burden of programme implementation.<sup>117</sup> Evidence from Nicaragua's Red de Proteccion Social Programme (RPS) where social cash transfers were made to the mother of children on condition of fulfilment of targets related to child health and nutrition confirm this position. An evaluation done on RPS proved that whilst the programme had a significant positive impact on women and children, women bore the burden of ensuring that their children attend schools and had to attend sessions on health.<sup>118</sup> This undermined their ability to fulfil their responsibilities.

With regards to unconditional and conditional cash transfers, it can be concluded that whether to condition or not is an empirical and political issue. For conditional cash transfers, the empirical case is based on evaluations in several Latin American countries which confirm that they are effective in the human capital development of children and are effective in poverty reduction.<sup>119</sup> However, empirical evidence for unconditional cash transfers in Africa

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<sup>113</sup> Samson (note 81 above) 51.

<sup>114</sup> Schubert, B & Mwiinga, R (2005) *The feasibility of conditional social cash transfers for destitute households in the Municipality of Chipata, Zambia*. Lusaka: Care International 8.

<sup>115</sup> Lund, Noble, Barnes, & Wright (note 82 above) 17.

<sup>116</sup> Schubert & Slater (note 84 above) 575.

<sup>117</sup> Bradshaw, S & Viquez, Q A (2009) *Even if conditionalities work, women do pay the price* IDS Knowledge Services Publications December 2009 Issue (80) 6.

<sup>118</sup> *Ibid.*

<sup>119</sup> Devereux, S (2009) *Cash transfers: To condition or not to condition?* IDS Knowledge Services Publications December 2009 Issue (80) 2.

confirms that beneficiaries invest some of the cash transfers in education and health, thus there is no need to compel them in doing so. Moreover, lack of quality services upon which to condition transfers makes conditional transfers undesirable. The political argument for conditional cash transfers is based on the fact that social protection that is financed domestically requires support from tax-payers who prefer a guarantee that the beneficiaries make good use of the transfers. Conversely, political argument against conditional cash transfer is that ‘they are paternalistic and interfere with the people’s right to choose how they allocate their resources.’<sup>120</sup>

### 3.4 TARGETING BENEFICIARIES OF SOCIAL CASH TRANSFERS

Targeting can be defined as ‘the process of identifying the intended beneficiaries of a programme, and then ensuring that, as far as possible, the benefits actually reach those people and not others.’<sup>121</sup> By targeting, ‘resources are directed towards a particular group based on socio-economic and demographic characteristics.’<sup>122</sup> The aim of targeting is to allocate scarce resources more efficiently to the poor and most vulnerable.<sup>123</sup> The justification of targeting beneficiaries for social cash transfers lies in the fact that ‘social returns for a given level of transfer are higher for households at the lower end of the income distribution than the higher end, thus maximizing the welfare impact of a given population means targeting the poorest.’<sup>124</sup> In addition, targeting beneficiaries can be justified by the fact that ‘targeting saves budgetary resources, giving more of these resources to the poorest who need them most, and avoiding more taxation.’<sup>125</sup>

There are four main forms of targeting namely categorical, self targeting, individual or household assessment and geographical. The researcher will discuss each of these forms highlighting their characteristics, advantages and disadvantages. It should be noted that the choice of targeting approach influences significantly the effectiveness and efficiency of a programme.<sup>126</sup> Thus it is crucial to identify which targeting approach is most appropriate for a given programme so as to attain the maximum benefits.

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<sup>120</sup> *Ibid.*

<sup>121</sup> Ellis, F, Devereux, S & White, P (2009) ‘Social Protection in Africa’ Edward Elgar Publishing Ltd UK 40.

<sup>122</sup> Adato & Basset (note 99 above) 34.

<sup>123</sup> Samson (note 81 above) 49.

<sup>124</sup> Adato & Basset (note 99 above) 34.

<sup>125</sup> *Ibid.*

<sup>126</sup> Samson (note 81 above) 50.

### 3.4.1 Categorical Targeting

Categorical targeting requires the identification of distinct groups of people who are more vulnerable than others or generally poor.<sup>127</sup> There are easily observed traits in this form of targeting, which may be geographic or demographic which are associated with poverty.<sup>128</sup> Geographic indicators identify a particular region or village on the basis that poverty is known to be chronic in that area; or the assessment may be based on other criteria, including, the proneness of the area to natural disasters like earthquakes.<sup>129</sup> The demographic trait focuses on individuals belonging to a specific social or demographic group such as disabled people, children, women and older people. The identification of the appropriate category requires a systematic classification of groups that have common traits and quantifying the degree of poverty for each group.<sup>130</sup>

Categorical targeting is popular because it is simple and cheap. This argument in favour of categorical targeting has, however, been reversed by the suggestion that categorical targeting is not as simple as it appears.<sup>131</sup> This is because there is a need to define the category and verify whether applicants fit in that category as defined.<sup>132</sup> Moreover, there are other qualifying conditions which may be required for a certain category to be eligible as beneficiary which require careful monitoring and assessment.<sup>133</sup> For example, a programme may be made available for children who are orphans and live with caregivers who have no means to support themselves. This requires firstly identifying children and then investigating whether they are orphans; thereafter an assessment of whether the caregivers taking care of the orphans have any means of support. Categorical targeting is also subject to the error of including non-needy members of a certain category.<sup>134</sup> Another disadvantage of categorical targeting is that it has the potential of neglecting other vulnerable people who do not fit in a particular category (error of exclusion).<sup>135</sup> Moreover, categorical targeting can cause stigmatisation and community division when targeting is done using social categories. A

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<sup>127</sup> Ellis, Devereux & White (note 121 above) 43.

<sup>128</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 58.

<sup>129</sup> Slater, R & Farrington, J (2000) *Targeting of social transfers: A review of DFID Overseas Development Institute* 14.

<sup>130</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 58.

<sup>131</sup> Ellis, Devereux & White (note 121 above) 43.

<sup>132</sup> *Ibid.*

<sup>133</sup> *Ibid.*

<sup>134</sup> The error of including non-needy beneficiaries is often referred to as the inclusion error.

<sup>135</sup> An example would be the age threshold of the South African old Age Pension which sets an age threshold of 60+ for women and 65+ for men. This has the potential of excluding other vulnerable and needy old aged who have not yet reached the age threshold.

good example of categorical targeting which may result in stigma is targeting OVC where children are orphaned as a result of HIV/AIDS.<sup>136</sup>

### 3.4.2 Self Targeting

In self-targeting, access to participate in a programme is not restricted but people with better alternatives are discouraged from participating by the programme design.<sup>137</sup> The self-targeting mechanism consists of raising the cost of accessing the resource relative to its benefit by either lowering the value of the transfer or raising the cost of accessing the transfer.<sup>138</sup> An example is a public works programme whereby wages are set at very low values, thus discouraging people with better alternatives from joining the programme, while the poor people with no other alternatives join the programmes. The advantage of self targeting is that it is less expensive and requires less administrative capacity because groups can easily be identified. Self targeting has however been criticised because it can create stigma. High inclusion and exclusion errors have also occurred.<sup>139</sup>

### 3.4.3 Individual or Household Assessment

This form of targeting involves testing the means of survival of an individual or household with procedures which verify the individual's or household's assets or income.<sup>140</sup> Information is gathered from interviewing the applicant, requesting information or documentation on income and assets.<sup>141</sup> Means testing is an accurate targeting mechanism but is, however, expensive, complicated, susceptible to falsifying of information by applicants and testing.<sup>142</sup> Moreover, means testing also has the potential of encouraging behaviour modification by applicants so as to become eligible for the transfers.<sup>143</sup>

The alternatives of individual or household assessment are the use of proxy means tests and community-based targeting. Proxy means testing involves the identification of easily observed measurable indicators associated with poverty which cannot be easily manipulated

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<sup>136</sup> UNICEF (2009) *Child poverty: A role for cash transfers? West and central Africa* Overseas Development Institute 42.

<sup>137</sup> Adato & Basset (note 99 above) 35.

<sup>138</sup> Devereux, S (2002) *Social protection for the poor: Lessons learnt from recent international experience* IDS Working paper 142, 9.

<sup>139</sup> A good example is a public works programme which is designed with requirements and low wages so as to discourage the non poor. There is a possibility that the non poor will still join this programme for sustenance especially in poor countries. There is also a risk of the programme excluding the poor who are unable to supply labour like children and the disabled. See Samson, Mac Queen & Van Neikerk (note 7 above) 68.

<sup>140</sup> Samson (note 81 above) 50.

<sup>141</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 55.

<sup>142</sup> Samson (note 81 above) 51-53.

<sup>143</sup> *Ibid.*

by applicants to be eligible for benefits.<sup>144</sup> Such proxies include, but not limited to, the demographic structure of the household, education, types of work and location of the household's residence. Proxy means tests are applied to avoid the complexity and costs of income assessment by the identification of local indicators of poverty that are considered easier to observe or more accurate than the income.<sup>145</sup> Although proxy means testing tend to avoid some challenges highlighted regarding means testing, they are not without challenges of their own as identified by Samson, Mac Quene and VanNeikerk.<sup>146</sup> Proxy means work best where there are easily observable proxy variables to predict well the living standards. They also pose practical challenges relating to the degree of transparency, the frequency of updating identification formulas, and require considerable administrative capacity.

#### 3.4.4 Community-Based Targeting

Community-based targeting can be defined as 'a state policy of contracting with community groups or intermediary agents to have them carry out one or more of the following activities: 1) identify recipients for cash or in-kind benefits, 2) monitor the delivery of those benefits, and/or 3) engage in some part of the delivery process.'<sup>147</sup> The underlying assumption of this mechanism is that community representatives are in a better position to more appropriately assess poverty in their local context and have access to better information about the poor with whom they live.<sup>148</sup> Community-based targeting is considered to be cheap in terms of administrative costs, which are borne privately by the local community members who do not get remunerated for their work. This mechanism has the potential of strengthening ownership and control of the programme, empowers disadvantaged groups, facilitates community mobilisation and legitimises social transfer programmes with positive consequences.<sup>149</sup>

However, community-based targeting produces tension and is subject to elite influence (a situation whereby committees exclude socially marginalised groups while favouring their relatives and friends).<sup>150</sup> Moreover, using community wealth ranking to identify the poor may lead to varying benefit levels for the same groups in different regions since this is a subjective criterion which is not comparable across communities.<sup>151</sup> For community-based targeting to

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<sup>144</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 56.

<sup>145</sup> *Ibid* 44.

<sup>146</sup> *Ibid* 57-58.

<sup>147</sup> Conning, J & Kevane, M (2000) *Community based targeting mechanisms for social safety nets* Centre for Development Economics 2.

<sup>148</sup> Samson (note 81 above) 50.

<sup>149</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 68.

<sup>150</sup> Adato & Basset (note 99 above) 39.

<sup>151</sup> Samson (note 81 above) 46.

be effective, there is need for community members to understand the targeting process; information should be made available to the community about rules and allocations of the programme, community representatives should be accountable for their actions and there should be an appeal procedure available for left-out applicants and independent auditing of the whole targeting process.<sup>152</sup> Another limitation of community-based targeting is that many people who are most in need of social protection are socially excluded individuals, not belonging to a well defined community, like street children.

### 3.4.5 Geographical Targeting

In geographical targeting, the location of the beneficiary's residence determines eligibility for benefits. A region is selected because of its poverty, demographic or other characteristics. Geographical targeting is most popular in emergency programmes where vulnerability is caused by natural disasters or conflicts affecting a certain identifiable area.<sup>153</sup> Geographical targeting can mean that everyone within the geographical region will benefit. Although it is quick and can be easily administered, there is a high possibility of awarding transfers to people who do not strictly require them. Geographical targeting also has the risk of politicising the programme in that assistance may be given to areas which support the government or funder or may be used to buy votes in areas that are hostile to the funder.<sup>154</sup>

With regards to targeting beneficiaries for social cash transfers, it can be concluded that every targeting mechanism has its own strengths and weaknesses.<sup>155</sup> Thus, there is no single best approach to targeting beneficiaries for social cash transfers.<sup>156</sup> Appropriate combinations of targeting mechanisms can have useful complementary effects. A case by case approach should be applied in selecting the most appropriate targeting mechanism rather than prescribing a certain mechanism for all cash transfer programmes in all contexts. All in all, the most appropriate targeting mechanism in a given programme is one which minimizes leakages and avoids under-coverage.

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<sup>152</sup> Devereux (note 138 above) 11.

<sup>153</sup> Ellis, Devereux & White (note 121 above) 41.

<sup>154</sup> *Ibid.*

<sup>155</sup> Devereux (note 138 above) 11.

<sup>156</sup> Ellis, Devereux & White (note 121 above) 52.

### 3.5 MANAGING SOCIAL CASH TRANSFERS PROGRAMMES

Another important aspect to be considered for introducing effective social cash transfer programmes is the issue of management of a social cash transfer programme. Management of social cash transfers involves, firstly, deciding the amount of transfer to be paid to beneficiaries. Determining the most appropriate level of transfer requires an analysis and understanding of, among other things, the socio-economic status of the beneficiaries, capacity of the government and donors and the purpose for which the transfer is intended. In some instances, a smaller transfer that is broadly distributed may be more effective in assisting beneficiaries than a larger grant with stricter targeting conditions.<sup>157</sup> Most low income African countries set the amount payable as transfer at the smallest affordable amount on the assumption that ‘even a smallest amount of cash in the hands of a poor mother will do wonders.’<sup>158</sup> Benefit levels should not be static so as to adjust them depending on inflation level and country circumstances. When a programme involves conditionalities, the transfer value must be greater so as to cater for the cost of compliance with the conditionality and the provision of social protection.

Secondly, it is also important to consider whether the transfer should be directed at a particular person in the household. Transfers can be paid to the caregiver, head of household or may be directly paid to the targeted individual. Many of the programmes targeting children prefer paying the mother, grandmother or female caregiver with the belief that they are likely to utilize the transfer to meet basic household needs. Social policy researchers, however argue that it does not matter which member of the household receives the transfer as long as it is utilised for the intended objective.<sup>159</sup> Conditional cash transfer programmes in Mexico, Nicaragua and Honduras have, however, proved that paying women results in greater improvement of the children’s well-being.<sup>160</sup>

Thirdly, programme designers should consider how regular and for how long cash transfers should be paid to beneficiaries. Regular payments provide security to beneficiaries and the most effective social cash transfers are those that endure as long as the purpose they intend to address exists. Most social cash transfer programmes make payments on a monthly basis. Such monthly payments provide regularity in ensuring that households replenish their cash stocks relatively frequently.

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<sup>157</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 32.

<sup>158</sup> *Ibid.*

<sup>159</sup> *Ibid.*

<sup>160</sup> *Ibid.*

Fourthly, programme designers should also consider how the social cash transfer is to be delivered to the beneficiaries. Payment points should be easily accessible to all beneficiaries irrespective of their geographical location. Fifthly, before implementing cash transfer programmes, the monitoring and evaluating mechanisms should be designed so as to achieve greater impact and sustainability of the programme.

### 3.6 BENEFITS OF SOCIAL CASH TRANSFERS

Social cash transfers have a direct impact on poverty reduction. They improve access to income and can be used as a way of directing funds for immediate disposal. Evidence shows that cash transfers have positive impacts on reducing children's poverty regardless of whether transfers are targeted directly at children or their households.<sup>161</sup> Financial barriers of access to basic social services are overcome by the provision of cash transfers. As demonstrated in country studies in Chapter 4 of this dissertation, cash transfers have a positive impact on children's education, health, food consumption and nutrition.

The fact that cash transfers are often used to pay for health care and education demonstrates their potential to enable poor families to invest in their children thereby promoting human capital development. Cash transfers increase school attendance.<sup>162</sup> Cash transfers enhance children's well-being and maintain the dignity of the vulnerable. Moreover, cash transfers empower poor households to have flexibility over household expenditure. Unlike other standardised social protection mechanisms like in-kind benefits, cash transfers enable recipients to purchase immediately urgent services and products that they consider as priority. In addition, cash enables recipients to purchase a wide range and more appealing food items than a standard food aid basket. Cash transfers contribute to improved food security, children's nutritional status and dietary diversity.<sup>163</sup> They also provide capital for investment in productive activities and enable the poor to protect themselves against selling their assets or engaging in risky business activities.

Cash transfers help in reducing child rights violations such as child labour.<sup>164</sup> An evaluation of the Mchinji Pilot Project in Malawi recorded a 36% decline in child labour as a result of

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<sup>161</sup> UNICEF (note 136 above) 18.

<sup>162</sup> In Brazil, social pensions to the elderly poor resulted in a significant increase in school enrolment of girls aged 12-14 years. In Zambia, absenteeism declined by 16% in the first 9 months of Kalomo Pilot Project,

<sup>163</sup> In Zambia's Kalomo project, the number of families living on one meal a day decreased from 19% to 13%.

<sup>164</sup> *Ibid* 20.

the receipt of social cash transfers.<sup>165</sup> They also reduce inequality within communities thereby building social cohesion and reducing conflict.<sup>166</sup> Another positive consequence of providing the vulnerable with cash is that they are most likely to spend it locally, thereby, ‘stimulating local markets, promoting trade and production, and thus leading to a wider community-level economic benefit through the multiplier effect.’<sup>167</sup> In terms of institutional capacity, cash transfers are less demanding and are easier to budget than in-kind benefits.<sup>168</sup> Cash transfers are easier to control and transfer even in remote locations and mitigate opportunities for corruption and misappropriation. The administrative expenses of delivering cash transfers is lower than other transfer programmes since moving cash around is cheaper than transporting, storing, and distributing food or materials.<sup>169</sup> In a study done in Ethiopia it was confirmed that importing and distributing food costs 39-46% more than cash transfers.<sup>170</sup> Cash transfers can be used as a mechanism for achieving the Millennium Development Goals and comply with various other child protection instruments outlined in Chapter 2.

Unlike public works programmes which potentially exclude the poor who are not able to provide labour (like children, the disabled and the old aged) cash transfers accommodates all the poor families, including those in labour constrained households. Cash is easier to scale up and requires lower inputs. This is unlike livelihood programmes and microcredit programmes which demand more capacities on the part of the beneficiaries and programme designers, more inputs like materials and training and are complicated and take longer to scale up.<sup>171</sup>

The evidence highlighted in the above paragraphs indicates that social cash transfers are a very beneficial social protection mechanism for the protection of OVC and their families. It has been shown that cash transfers have greater positive impact beginning at the level of the recipient, extending to other household members, to community and national level. It is, however, imperative to note that despite the availability of evidence to suggest the effectiveness of social cash transfers they are not without controversies as will be shown in the paragraphs below.

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<sup>165</sup> Handa, S and Webb, B (2008) *Social cash transfers to mitigate the impact of AIDS in Eastern and Southern Africa* UNICEF-ESARO 2.

<sup>166</sup> Samson (note 81 above) 44.

<sup>167</sup> Vincent, K & Cull, T (2009) *Impacts of social cash transfers: case study evidence from across Southern Africa* IESE Conference Paper No 47, 10.

<sup>168</sup> Barriendos & Dejong (note 14 above) 11.

<sup>169</sup> Blank (note 86 above) 28.

<sup>170</sup> Kebede, E ‘Moving from emergency food aid to predictable cash transfers: Recent experiences in Ethiopia’ (2006) 24 (5) *Development Policy Review* 579, 580-581.

<sup>171</sup> Adato & Basset (note 99 above) 17.

### 3.7 CONTROVERSIES REGARDING SOCIAL CASH TRANSFERS

One of the criticisms to social cash transfers is the high exclusion rate as a result of targeting. Targeting a defined subset of the poor, for example the poorest 10% results in high level of exclusion of the poorest that do not fit in that category.<sup>172</sup> There is also a concern among policy makers that the additional purchasing power which is resultant from social cash transfers may be inflationary since it may take time for markets to respond to the increase in demand of certain commodities.<sup>173</sup> Cash has also been held to be prone to misappropriation by managing and implementation staff and misuse by recipients.<sup>174</sup> Social cash transfers have also been criticised for creating dependency. This concept of dependency, however, has been seen to emerge from ‘heavily targeted social welfare programmes’ which are popular in most developed countries.<sup>175</sup> The dependency in these countries is attributed to the rigidly applied means tests and the huge amount of transfer, which are believed to create welfare traps thereby discouraging incentives to work. There has been a suggestion by some authors that in low income countries, ‘as persons in family, community or society, all of us are dependent in some way.’<sup>176</sup> This suggests that the dependency associated with social cash transfers cannot be overstated. It is further argued that depending on the state is better than depending on a rich relative or husband or on begging.<sup>177</sup> Evidence available for social cash transfers in low income countries rather suggests that cash transfers motivate recipients to seek work and make future investments. A study conducted in South Africa revealed that able-bodied people in households receiving social grants ‘look for work more intensively and extensively and find employment more successfully than workers in comparatively poor households that do not receive the grants.’<sup>178</sup> Even in the industrialised countries, dependency is not seen to be the resultant of the cash transfer but the targeting mechanism.<sup>179</sup>

Other issues of concern raised against social cash transfer are affordability and sustainability. It can be argued that social transfers can be expensive, hence, beyond the reach of low income countries.<sup>180</sup> This argument has however been criticised; there are many options

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<sup>172</sup> McCord, A (2009) *Cash transfers: Affordability and sustainability* Overseas Development Institute Project Briefing No 30 1.

<sup>173</sup> Farrington, J & Slater, R ‘Cash transfer: Panacea for poverty or money down the drain?’ (2006) 24 (5) *Development Policy Review* 499, 507.

<sup>174</sup> Kebede (note 170 above) 581.

<sup>175</sup> *Ibid* 46.

<sup>176</sup> Kunnemann & Leonhard (note 57 above) 23.

<sup>177</sup> *Ibid*.

<sup>178</sup> Samson (note 81 above) 47.

<sup>179</sup> *Ibid* 46.

<sup>180</sup> For example, it would take South Africa more than 10% of its government national spending to fund social grants. See Samson (note 81 above) 47.

available in terms of transfer level, target population or group and type of programme that is implemented.<sup>181</sup> This suggests that there is always a choice for a country to adapt a programme that is within its capabilities. Evidence has proved that social cash transfers are affordable even in low income countries. A good example is the Kalomo Pilot Project in Zambia which can be scaled up to the poorest 10% of the population for less than 0,36% of the national income and 1,3% of government spending.<sup>182</sup> The same pilot programmes in other African countries like Cameroon, Ethiopia, Kenya, Senegal and Guinea would cost less than 3% of government's national spending.<sup>183</sup> This suggests, therefore, that cash transfers need not involve large sums of money.<sup>184</sup>

Samson argues that 'affordability is multi-dimensional.'<sup>185</sup> It involves not only the economic capacity of the government to fund social cash transfers but also its political commitment. Political commitment entails policy makers giving the required priority to maintain a programme.<sup>186</sup> The availability of political commitment and resources to finance a cash transfer programme determines its sustainability. The sustainability of many social cash transfer programmes in developing countries relies on the incorporation of such programmes into the budget of government at national scale.<sup>187</sup> This incorporation, however, takes a very long time to be done. In many low income countries, government allocations to cash transfer programmes is very low and continued operation and extension of such programmes relies heavily on continuous external donor support.<sup>188</sup> Low budgetary allocations to cash transfers is not a reflection of the amount of available resources, but is a policy choice which is susceptible to political priorities.<sup>189</sup> The reliance on external donor support for funding cash transfer programmes implies that they are not a national policy priority. There is a high possibility that heavy reliance on donor support means that the design of the programmes is likely to be influenced by the donor's priorities and agendas.<sup>190</sup>

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<sup>181</sup> DFID (2005) Can low-income countries in Africa afford social transfers DFID Social Protection Briefing Note Series Number 2, 3.

<sup>182</sup> Samson (note 81 above) 47.

<sup>183</sup> DFID (note 181 above) 2.

<sup>184</sup> Mushunje & Mafico (note 4 above) 269.

<sup>185</sup> Samson (note 81 above) 47.

<sup>186</sup> *Ibid.*

<sup>187</sup> *Ibid.*

<sup>188</sup> The Zambian government in 2005 only contributed about 5% cost of the cash transfer programme. In Malawi, the government only intends to make a financial contribution of 12% in 2011-2012.

<sup>189</sup> The Kenyan government allocated more cash for the funding of social cash transfers to the poor to promote stability and to retain power.

<sup>190</sup> McCord (note 172 above) 3.

### 3.8 CONCLUSION

Social cash transfers are considered an effective means to deal with OVC.<sup>191</sup> Although other social assistance programmes like food subsidies and public works programmes have been useful in assisting vulnerable families, they have failed to address efficiently the ever increasing number of OVC worldwide, particularly in Africa. Social cash transfers emerge as a way of responding to OVC situation and have proved to be an efficient form of social protection to respond to this problem. Although conditional cash transfers have been used in developed countries and have proved to be effective in the human capital development of OVC in those countries, they have not been the preferred means of support in African countries. There are several reasons highlighted above as to why conditional cash transfers have not been encouraged in African countries. Unconditional cash transfers have proved to be effective in Africa as indicated by the country studies in Chapter 4 of this research.

With respect to targeting, it has been shown that different types of targeting mechanisms involve varying degrees of financial resources and administrative capacities and other implications like risks of stigma, exclusion and inclusion errors. Whichever targeting approach is selected, there is a possibility that people who should not be in the programme are included while those who should not benefit are included.<sup>192</sup> This is so because minimizing exclusion error by loosening the targeting criteria may unfortunately result in inclusion error. Targeting social cash transfers is difficult and should thus be kept as simple and robust as possible and should promote beneficiaries awareness of, and capacity to exercise their rights.<sup>193</sup> The practical solution that has been suggested by Farrington and Slater is that targeting should be 'appropriate, achievable and acceptable.'<sup>194</sup>

Effective designing and implementation of social cash transfers require attention to technical factors like payment arrangements, frequency of transfers, and monitoring and evaluation. Payment arrangements should be carefully designed since they affect the regularity and reliability of the transfers.<sup>195</sup> Regular payments provide more security to beneficiaries. Moreover, the positive impact of social cash transfers in stabilising consumption is largely determined by the frequency of the transfer. Prior to implementation of cash transfer

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<sup>191</sup> Mushunje & Mafico (note 4 above) 267.

<sup>192</sup> Slater & Farrington (2009) *Targeting of social transfers: A review for DFID* Overseas Development Institute 21.

<sup>193</sup> Farrington & Slater (note 173 above) 509.

<sup>194</sup> Slater, R & Farrington, J (2009) *Appropriate, achievable, acceptable: A practical tool for good targeting* Overseas Development institute Toolsheet 1.

<sup>195</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 80.

programmes, there is need to prepare monitoring and evaluating mechanisms. This will impact on the effectiveness and sustainability of the programme.

Social cash transfers are a very beneficial social protection mechanism for the protection of OVC and their families. The benefits of social cash transfers as highlighted above begin at the level of the recipient, extending to other household members, the community and national level. Social cash transfers are very effective in improving the well-being of OVC as will be proved in by country studies in Chapter 4 of this dissertation. Beneficiaries of cash transfers mostly use the money to access health and education services for children, thus promoting the human capital development of children. It should be noted, however, that although there are a lot of benefits associated with social cash transfers, they are not without controversies. The major controversies of social cash transfers are, among others, the possibility of creating dependency and disincentive to work, as well as the affordability and sustainability. Although there are controversies regarding cash transfers, this chapter concludes by highlighting the fact that social cash transfers are a very effective means of assisting OVC and their families.

## CHAPTER 4: SOCIAL CASH TRANSFERS FOR THE PROTECTION OF ORPHANS AND VULNERABLE CHILDREN IN ZAMBIA, MALAWI AND SOUTH AFRICA

### 4. 1 INTRODUCTION

Social cash transfers play an important role in the improvement of the lives of OVC. Chapter 3 of this research has provided theoretical evidence on the impact of cash transfers. In the present Chapter, the researcher will move from theory to practise by using evidence to show the effectiveness of cash transfers in Zambia, Malawi and South Africa. The researcher will discuss how each of these countries has introduced social cash transfers for OVC within their social protection strategy. Moreover, this Chapter will contain a discussion and evaluation of the targeting mechanism of beneficiaries, the mode of payment of the cash transfers, monitoring and evaluation techniques of social cash transfer programmes employed in each of these countries. Furthermore, the researcher will provide practical evidence on how social cash transfers have impacted on education, health, nutrition and poverty reduction in the three countries mentioned above. The challenges experienced in the three countries in the introduction of cash transfers will also be highlighted. The researcher will conclude this Chapter by identifying lessons for Zimbabwe from the three countries under discussion.

### 4.2 THE KALOMO PILOT SOCIAL CASH TRANSFER SCHEME OF ZAMBIA

#### 4.2.1 INTRODUCTION

Zambia is a landlocked country in Southern Africa with a population of about 12 million people.<sup>196</sup> In 2009, according to the United Nations Development Programme (UNDP) human and income poverty index Zambia was ranked 164 out of 182 countries.<sup>197</sup> Drastic political and economic changes which have occurred within the last two decades have increased the rate of poverty in the rural areas and urban slums.<sup>198</sup> There is a high incidence of poverty in Zambia with 64% of the population living in poverty.<sup>199</sup> 51% of the population are extremely poor with 67% of them living in rural areas.<sup>200</sup> The other causes of the high rate of poverty in Zambia are the high prevalence rate of HIV/AIDS, increasing unemployment due to the stagnation of the economy in the past decade and recurrence of droughts in the past

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<sup>196</sup> Kunnemann & Leonhard (note above 57) 35.

<sup>197</sup> United Nations Development Programme (2009) 'Human Development Report 2009'.

<sup>198</sup> *Ibid.*

<sup>199</sup> Chiwele, DK (2010) *Assessing administrative capacity and costs of cash transfer schemes in Zambia- Implications for roll-out* International Policy Centre for Inclusive Growth Country Study Number 20, 9.

<sup>200</sup> *Ibid.*

two decades.<sup>201</sup> For the abovementioned reasons, there has been a need for greater attention to the social protection of vulnerable households. Various interventions with varying instruments, objectives and coverage have been tried to reach vulnerable households, with pilot social cash transfers as one of them. The Kalomo Pilot Social Cash Transfer Scheme (Kalomo Pilot Scheme) was the first social cash transfer programme in Zambia.<sup>202</sup>

#### 4.2.2 HISTORY, RATIONALE AND BACKGROUND

The idea of the Kalomo Pilot Social Cash Transfer Scheme (Kalomo Pilot Scheme) was based on the research conducted in March/April 2003 by the Ministry of Community Development and Social Services (MCDSS), with technical and financial assistance from a donor- the German Technical Cooperation (GTZ).<sup>203</sup> The research was conducted at national, district, village and household level under a programme entitled Social Safety Net Project.<sup>204</sup> Primary data was collected from six villages in Choma District of the Southern Province.<sup>205</sup>

The research findings as documented by Schubert<sup>206</sup> were, firstly, that 10% of all households were critically poor<sup>207</sup> and labour-constrained<sup>208</sup> and urgently required social welfare interventions. The research revealed that there was no provision for the most basic needs for children in these households in terms of education, nutrition, medical services and clothing.

Secondly, the research revealed that the assistance targeting labour-constrained and other incapacitated households was insignificant.<sup>209</sup> This was so because organisations were preoccupied with AIDS prevention, development and health care related activities at the expense of designing programmes targeting incapacitated households.<sup>210</sup> Thirdly, it was observed that the MCDSS Public Welfare Assistance Scheme (PWAS), which was established in most districts to distribute in-kind transfers to poor households, though with potential, had no significant impact on the welfare of such households due to extreme

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<sup>201</sup> *Ibid.*

<sup>202</sup> The other cash transfer schemes in Zambia apart from the Kalomo Pilot Scheme, include Kazungula Pilot Scheme which was established in 2005, Chipata Pilot Scheme which was established in 2006 and Monze and Katete Pilot Projects which were established in 2007. See Chiwele (note 199 above) 1.

<sup>203</sup> *Ibid* 18.

<sup>204</sup> *Ibid.*

<sup>205</sup> Schubert, B (2005) *The pilot social cash transfer scheme Kalomo District- Zambia Chronic Poverty Research Centre Working Paper* 52, 6.

<sup>206</sup> Schubert (note 85 above) 18-19.

<sup>207</sup> Households surviving on one meal per day.

<sup>208</sup> These are households with breadwinners who are sick or have died, or have no able bodied person of working age, or is composed solely of old, very young, or sick individuals and has a high dependency ratio. See Schubert (note 85 above) 20.

<sup>209</sup> *Ibid* 18-19

<sup>210</sup> *Ibid.*

underfunding.<sup>211</sup> Fourthly, another finding of the research was that, instead of receiving in-kind transfers, cash transfers were favoured by critically poor households.<sup>212</sup> The reasons for the preference of cash were, among others, that cash could be used more flexibly, had lower administrative and logistical costs of implementation and would ensure survival and reduce suffering of incapacitated and needy households.<sup>213</sup>

The Kalomo Pilot Scheme was launched in May 2004 by the Minister of MCDSS.<sup>214</sup> It is administered by the PWAS of the MCDSS.<sup>215</sup> It was designed ‘to verify whether a social cash transfer scheme would be the most cost-effective means of facilitating the economic empowerment of destitute and incapacitated households.’<sup>216</sup> The Kalomo Pilot Scheme has two main objectives. The first objective is ‘to reduce starvation and extreme poverty in the ten percent most destitute and incapacitated (non-viable) households in the pilot region (approximately 1000 households).’<sup>217</sup> Consequently, the scheme focuses mainly on elderly-headed households caring for OVC because breadwinners are chronically sick or have died due to HIV/AIDS or other reasons.<sup>218</sup> The second objective of the scheme is to ‘generate information on the feasibility, cost and benefits and all positive and negative impacts of a social cash transfer scheme as a component of social protection strategy for Zambia.’<sup>219</sup>

#### 4.2.3 TARGETING BENEFICIARIES

Social cash transfers in the Kalomo Pilot Scheme target the 10% neediest households who are either critically poor<sup>220</sup> or incapacitated.<sup>221</sup> A community-based targeting mechanism is used to identify beneficiaries. The use of community based targeting is ideal because Zambia is a vast and sparsely populated country and has some areas that are difficult to access.<sup>222</sup> This makes it impossible to register all households and to obtain sufficient and verifiable information on households at an affordable cost.<sup>223</sup> Moreover, 61% of the households live in

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<sup>211</sup> *Ibid.*

<sup>212</sup> *Ibid.*

<sup>213</sup> *Ibid.*

<sup>214</sup> Schuring, E. Boonstoppel, E. Michelo, S. *Final Evaluation Report: Kalomo Cash Transfer Scheme* (2007) Ministry of Development and Social services & Germany Technical Cooperation, Lusaka Zambia 7.

<sup>215</sup> Kunnemann & Leonhard (note 57 above) 36.

<sup>216</sup> Schubert (note 85 above) 19.

<sup>217</sup> *Ibid.* 18.

<sup>218</sup> Schubert (note 205 above) 8.

<sup>219</sup> *Ibid.* 19.

<sup>220</sup> A person is considered to be chronically poor if he is either undernourished, survives on begging or is in danger of starvation. See Schubert (note 205 above) 9.

<sup>221</sup> A household is incapacitated if it has no household members who are fit to work and are in the working group (19 – 64) or has a very high dependency ratio of over 3 people: Schubert (note 205 above) 12.

<sup>222</sup> *Ibid.* 12.

<sup>223</sup> *Ibid.*

rural areas and have similar poverty levels thus making the use of a standardised questionnaire may not identify the meaningful differences among these households.<sup>224</sup> Lastly, Zambia already has the PWAS in place operating on a voluntary basis, which coordinates social welfare interventions at grass-root level and has experience with community-based processes for the identification of beneficiaries.<sup>225</sup> For the abovementioned reasons, community-based targeting is considered to be the most appropriate means of identifying beneficiaries.

Community-based targeting in the Kalomo Pilot Scheme operates in a hierarchical framework. The Community Welfare Assistance Committee (CWAC) operates on a village level.<sup>226</sup> The CWAC are elected or approved by the community.<sup>227</sup> Between 5-10 CWASs are coordinated by the Area Coordinating Committees (ACCs).<sup>228</sup> The ACCs are in turn coordinated by the District Welfare Assistance Committee (DWAC).<sup>229</sup>

The community is briefed at the outset about the programme, targeting system and criteria so that people understand the basis of the selection.<sup>230</sup> The CWAC then makes a list of potential households, interviews them and fills in application forms.<sup>231</sup> Thereafter, the CWAS selects potentially eligible households and decides which of the households fall within most destitute 10% in the community and ranks them taking into consideration the problems that the households faces, livelihoods strategies, and external support of the households.<sup>232</sup> Thereafter, the application forms are submitted to the ACC who checks if the forms have been completely and correctly filled in and then forwards them to the District Social Welfare Officer (DSWO) who reviews the application and either approves or rejects them. After this stage, DWSO informs the CWAC, the bank and the pay-points of the approved beneficiaries. The CWAC in turn informs the applicants whether their applications have been approved or rejected. Retargeting takes place every year and it serves to reassess changes in the situation

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<sup>224</sup> Adato & Basset (note 99 above) 52.

<sup>225</sup> *Ibid.*

<sup>226</sup> Schubert (note 85 above) 20.

<sup>227</sup> Schubert (note 205 above) 10.

<sup>228</sup> *Ibid.*

<sup>229</sup> *Ibid.*

<sup>230</sup> Adato & Basset (note 99 above) 52.

<sup>231</sup> This includes destitute and incapacitated households which, either have no self-help potential or have no valuable assets or no steady source of substantial income. See UNICEF (note 22 above) 15.

<sup>232</sup> *Ibid* 16.

of beneficiaries so as to exclude graduating beneficiaries and include new beneficiary households that have become destitute and incapacitated.<sup>233</sup>

#### 4.2.4 LEVEL OF TRANSFER, DELIVERY OF TRANSFER AND THE INTENDED USE OF THE TRANSFER

The monthly transfer of the Kalomo Pilot Scheme is 30 000 Zambian Kwacha (ZMK) (equivalent to US\$6) per household without children and an additional 10 000 ZMK (US\$8) for households with children.<sup>234</sup> The transfer amount was calculated to allow one additional meal per day.<sup>235</sup> For those beneficiaries living within 15km of Kalomo Town, payment is made through individual bank accounts.<sup>236</sup> Beneficiaries living further from town receive the transfers through pay points that have been established at rural health centres and schools.<sup>237</sup> The pay points are managed by pay point managers who are government employees working either at the school or health centre. Beneficiary households go to the pay points every month to collect their transfer. For security reasons, there is no regular day of payment.<sup>238</sup> The CWACs are informed by the district when the money is due and in turn inform beneficiaries when they can collect their money from the pay points.<sup>239</sup> Beneficiaries who are unable to walk or for some reason are unable to go and collect the transfer can appoint a deputy to do so on their behalf.

The Kalomo Pilot Scheme applies no conditions upon beneficiaries on how to spend the transfers.<sup>240</sup> Beneficiaries are thus free to decide how they spend the money. The scheme assumes that the beneficiaries will spend the money wisely for the benefit of the whole household.<sup>241</sup> Household heads are, however, not supposed to misuse the transfer by gambling or spending the money on drinking at the detriment of other household members. The assumption is that household heads spent a larger portion of the transfer on OVC within their households.<sup>242</sup>

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<sup>233</sup> Schuring, Boonstoppel & Michelo (note 214 above) 17.

<sup>234</sup> Schubert (note 85 above) 20.

<sup>235</sup> The amount of 30 000 ZMK is equivalent to the price of a 50kg bag of maize thus allowing beneficiary households at least one meal per day. See Kunnemann & Leonhard (note 57 above) 38.

<sup>236</sup> Schuring, Boonstoppel, Michelo (note 214 above) 28.

<sup>237</sup> *Ibid.*

<sup>238</sup> Kunnemann & Leonhard (note 57 above) 38.

<sup>239</sup> *Ibid.*

<sup>240</sup> Schubert (note 85 above) 20.

<sup>241</sup> *Ibid.*

<sup>242</sup> *Ibid.*

#### 4.2.5 STATISTICAL COVERAGE OF THE KALOMO PILOT SCHEME

The Kalomo Pilot Scheme is meant to apply to vulnerable households including households with elderly persons, OVC, female heads with more than three dependants, chronically-ill and disabled persons and child headed households.<sup>243</sup> An evaluation of the Kalomo Pilot Scheme reflected that a higher proportion of the young and elderly persons benefits from the transfers.<sup>244</sup> Of the beneficiary households, most of them are elderly headed and 56% women headed households. An average of 68,4% of the beneficiaries are orphaned children with 83% of them staying with their grandparents.<sup>245</sup> About 15,6% of the beneficiary households have disabled persons.<sup>246</sup>

#### 4.2.6 MONITORING AND EVALUATION

The Kalomo pilot Scheme has both internal and external monitoring and evaluation mechanisms. Internally, as mentioned earlier on, Kalomo Pilot Scheme operates in a hierarchical framework. The CWAC works at grassroots level and is monitored by the ACC which ensures that the CWACs fulfil their roles.<sup>247</sup> The DSWO, personnel of the DWAC, plays an oversight function of ensuring the smooth running of all processes, that quality training is given to members of the CWAC and the ACC, that the CWAC and the ACC are doing their assigned tasks and that the money reaches beneficiary households on a regular basis and in full.<sup>248</sup> At a provincial level, the Provincial Social Welfare Officer (PSWO) regularly monitors the performance of the DSWO through control visits.<sup>249</sup>

In addition to the internal monitoring system, the Kalomo Pilot Scheme has an external Monitoring and Evaluation (M+E) System implemented by an independent consultant.<sup>250</sup> The M+E System provides information on effectiveness of targeting, reliability, timeliness and costs of the scheme, how households use transfers and which household members benefit, impact of the transfer on household-level welfare indicators, impact on community and other positive and negative impacts.<sup>251</sup>

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<sup>243</sup> Kunnemann & Leonhard (note 57 above) 44.

<sup>244</sup> Schuring, Boonstoppel & Michelo (note 214 above) 26.

<sup>245</sup> *Ibid.*

<sup>246</sup> *Ibid.*

<sup>247</sup> *Ibid* 33.

<sup>248</sup> *Ibid.*

<sup>249</sup> *Ibid.*

<sup>250</sup> Schubert (note 85 above) 21.

<sup>251</sup> *Ibid.*

## 4.2.7 AN EVALUATION OF IMPACT OF THE KALOMO PILOT SCHEME

### (i) The Impact on Education

Cash transfers have a great potential to increase children's education through using it to pay school fees, buying uniforms and paying for other school related expenses.<sup>252</sup> Due to the receipt of the transfer in Kalomo, school enrolment rates of 7-18 years old children increased by 3% from 76,1% to 79,2%.<sup>253</sup> The number of households not sending at least one child to school decreased from 41,4% to 33,8%.<sup>254</sup>

### (ii) The Impact on Health and Nutrition

Incidents of illness amongst the beneficiaries of social cash transfers in Kalomo reduced from 42,8% to 35%.<sup>255</sup> An evaluation of the Kalomo Pilot Scheme also recorded a marked improvement in dietary diversity of beneficiaries in recipient households.<sup>256</sup> There was a decrease from 19% to 13% of households living with one meal per day, whereas the percentage of households having three meals per day increased by 18%.<sup>257</sup> There was also an improvement in the quality of the food intake.<sup>258</sup> In terms of nutrition, the cash transfers resulted in a decrease from 41% to 32 % in the number of underweight children.<sup>259</sup>

### (iii) The Impact on Poverty Reduction

The introduction of the Kalomo Pilot Scheme led to an increase in household income.<sup>260</sup> There was an increase in asset ownership amongst beneficiaries with households owning 5 or more assets increasing from 41,3% to 67,6%.<sup>261</sup> On the contrary, the percentage of households selling assets decreased from 17% to 13%.<sup>262</sup> Beneficiaries of the Kalomo Pilot Scheme reported to spending 29% of the transfer income on investment in either purchasing livestock, farming inputs or informal enterprise.<sup>263</sup>

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<sup>252</sup> Adato & Basset (note 99 above) 95.

<sup>253</sup> Kunnemann & Leonhard (note 57 above) 42.

<sup>254</sup> Schuring, Boonstoppel & Michelo (note 214 above) 37.

<sup>255</sup> Vincent & Cull (note 167 above) 8.

<sup>256</sup> Kunnemann & Leonhard (note 57 above) 41.

<sup>257</sup> Schuring, Boonstoppel & Michelo (note 214 above) 41.

<sup>258</sup> There was an increase in the number of days maize was consumed from 5,5 to 6,5 days a week. Households consuming cooking at least once a week rose from 17,8% to 48,2%. Households consuming vitamins everyday increased from 72% to 84% while the consumption of proteins by households increased from 36% to 54%. See Schuring, Boonstoppel & Michelo (note 214 above) 42-43.

<sup>259</sup> Adato & Basset (note 99 above) 146.

<sup>260</sup> Kunnemann & Leonhard (note 57 above) 41.

<sup>261</sup> Schuring, Boonstoppel & Michelo (note 214 above) 48.

<sup>262</sup> *Ibid* 54.

<sup>263</sup> Vincent & Cull (note 167 above) 9.

#### (iv) The Impact on the Community

The introduction of social cash transfers in Kalomo eased the burden upon community members who supported fellow members who had no means of sustenance. A decrease of 86% to 65% in the incidence of begging was recorded.<sup>264</sup> Cash provided to vulnerable households has been spent locally, thereby stimulating local markets and promoting trade and production.<sup>265</sup> An evaluation of the Kalomo Pilot Scheme highlighted that 81,3% of the social cash transfers was spent locally.<sup>266</sup> The receipt of social cash transfers in Kalomo raised the self-esteem and status of vulnerable households enabling them to participate actively in community activities with 24,4 % more people reported to have hope for the future.<sup>267</sup>

With regards to the impact of the Kalomo Pilot Scheme, evidence highlighted in the above paragraphs has proved that it is beneficial to the recipients, their households and the community at large. The evaluation has also proved how the Kalomo Pilot Scheme positively impacts on the lives of OVC by ensuring their access to basic services like education, health and nutrition.

#### 4.2.8 EFFECTIVENESS OF THE TARGETING AND DELIVERY MECHANISM OF THE KALOMO PILOT SCHEME

Community-based targeting is an appropriate mechanism in the Kalomo Pilot Scheme for the reasons cited above.<sup>268</sup> The hierarchical framework applied in the targeting process which is highly participatory ensures transparency.<sup>269</sup> The accuracy and efficiency of selecting eligible households by the CWAC has reportedly been high although there have been very few incidences where households that did not meet the targeting criteria were included.<sup>270</sup> The perceptions of the community and the beneficiary households on the quality of targeting was positive with only 7,4% reporting otherwise.<sup>271</sup> The only problem that was raised the 10% limit since in some villages the eligible beneficiaries exceeded the limit which consequently resulted in some eligible households being excluded.<sup>272</sup> An evaluation of the performance of the CWAS showed that the number of unsatisfied households had increased by the time of

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<sup>264</sup> Kunnemann & Leonhard (note 57 above) 41.

<sup>265</sup> Vincent & Cull (note 167 above) 10.

<sup>266</sup> Schuring, Boonstoppel & Michelo (note 214 above) 56.

<sup>267</sup> *Ibid* 60.

<sup>268</sup> *Supra* 39-40.

<sup>269</sup> Kunnemann & Leonhard (note to 57 above) 37.

<sup>270</sup> Schuring, Boonstoppel & Michelo (note 214 above) 22.

<sup>271</sup> *Ibid* 24.

<sup>272</sup> *Ibid*.

the evaluation and this was attributed to the biased answers by households that have been disqualified as beneficiaries during retargeting.<sup>273</sup>

The payment system of the Kalomo Pilot Scheme is the most appropriate considering the limited infrastructure and accessibility problems. 90% of the beneficiaries were satisfied with the method of payment.<sup>274</sup> Beneficiaries who were not happy with the method of payment cited long distances to pay points and long waiting times at the bank as the main reason for the dissatisfaction. Moreover, some beneficiaries indicated having to spend money on transport to the banks to collect the transfers. Allowing beneficiaries to collect transfers on behalf of others who find it difficult to do so, due to for example old age and the conversion of individual bank accounts into pay points, have smoothed the delivery mechanism.<sup>275</sup>

#### 4.2.9 FINANCIAL SUSTAINABILITY

Various agencies, donors and NGOs play an important role in funding social cash transfers alongside the government in Zambia.<sup>276</sup> The initial design and starting of the cash transfer scheme in Zambia was donor-driven with little commitment from the government.<sup>277</sup> The government made financial assistance available to the cash transfer scheme for the first time in 2007 by budgeting US\$350 000 towards transfers and administration costs; this amount has remained unchanged.<sup>278</sup> The government of Zambia contributes a small proportion of approximately 5% of the total costs of the cash transfer program.<sup>279</sup> Thus, cash transfers programmes in Zambia depend on continued donor funding.<sup>280</sup>

Government allocation to social protection in Zambia has largely been a function of donor commitment rather than government budgetary allocations.<sup>281</sup> In addition, there is lack of support from the Ministry of Finance on the sustainability of cash transfers, hence low resource mobilization towards cash transfer programmes since they are considered as expenditure without economic returns.<sup>282</sup> The above assertions imply that sustainability of cash schemes in Zambia is still uncertain until a time when the programme is fully

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<sup>273</sup> *Ibid* 26-27.

<sup>274</sup> *Ibid* 30.

<sup>275</sup> *Ibid* 29-30.

<sup>276</sup> Chiwele (note 199 above) 34.

<sup>277</sup> Kunemann & Leonhard (note to 57 above) 37.

<sup>278</sup> *Ibid*.

<sup>279</sup> McCord (note 172 above) 3.

<sup>280</sup> *Ibid*.

<sup>281</sup> Habasonda, L (2009) *Zambia, political economy of cash transfers*. A report for Overseas Development Institute 6.

<sup>282</sup> *Ibid*.

understood and mainstreamed by the government.<sup>283</sup> Thus long term sustainability is dependent on government taking over financing of the programme through government budgetary allocation.<sup>284</sup> It is recommended that the Government of Zambia progressively take over the financing of the cash transfer programmes through government budgetary allocations. In 2006, the MCDSS adopted an Implementation Framework for Scaling Up a National System on Cash Transfers which outline a plan to roll out a national cash transfer scheme in Zambia to cover the whole country over a period of 4 years from 2009 to 2012.<sup>285</sup>

#### 4.2.10 CONCLUSION

The growing acceptance of the positive impact of social cash transfers as a means of assisting OVC and their households worldwide has led to the adoption of cash transfer programmes in Zambia. The researcher has discussed how Zambia integrated social cash transfers within its broader social protection strategies.

There is evidence to support that social cash transfers impact positively on the lives of OVC and their households. An evaluation of the Kalomo Pilot Scheme revealed positive impact of cash transfers amongst participating households with respect to improved health, increase in school enrolment and reduction in poverty levels. There is also evidence to support the impact of social cash transfers on beneficiaries including, increase in food consumption, reduced incidence of begging, rise in self-esteem and increase in asset ownership.

The greatest challenge faced by social cash transfer programmes in Zambia is the issue of financial sustainability. As alluded to, there has been little financial commitment by the Zambian government towards social cash transfers. It is recommended that the Government of Zambia progressively take over the financing of the cash transfer programmes through government budgetary allocations. Other challenges emerging out of the cash transfer schemes in Zambia include low levels of benefits and low targeting limits. Despite these challenges, it can be concluded that cash transfers in Zambia have the ability to provide for OVC and vulnerable children.

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<sup>283</sup> *Ibid* 8.

<sup>284</sup> *Ibid*.

<sup>285</sup> Chiwele (note 199 above) 6.

## 4.3 THE MCHINJI PILOT SOCIAL CASH TRANSFER SCHEME, MALAWI

### 4.3.1 HISTORY, RATIONALE AND BACKGROUND OF THE MCHINJI PILOT SOCIAL CASH TRANSFER SCHEME

Malawi is one of the poorest countries in the world. In 2009, according to the United Nations Development Programme (UNDP) human and income poverty index Malawi was 160 out of 182 countries.<sup>286</sup> As a landlocked country, Malawi is without any significant agricultural potential or mineral resources.<sup>287</sup> Malawi's population in 2008 was estimated at 12,6 million people with 47% being under the age of 15.<sup>288</sup> 80% of Malawi's population lives in the rural areas and depend on subsistence farming for consumption.<sup>289</sup> There is high income inequality, unequal land distribution and inadequate social development which resulted from colonial rule and a thirty-year regime that favoured estate owners over the population's social and economic development.<sup>290</sup>

The prominence of social protection in general and social cash transfers in particular in Malawi was attributed to, among other things, dissatisfaction with the implementation of disjointed safety net programmes, acceptance that social protection is a tool to achieve a higher level of developmental objectives and that social protection, especially cash transfers is seen as a means of upholding the human-rights based approach to development.<sup>291</sup> Moreover, section 30(1) of the Constitution of Malawi provides that 'all persons and peoples have a right to development and therefore to the enjoyment of economic, social cultural and political development and women, children and the disabled in particular shall be given special consideration in the application of this right.'<sup>292</sup> The Malawian Government in s 30(2) undertook to take measures to ensure the realisation of the right to social protection.<sup>293</sup>

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<sup>286</sup> United Nations Development Programme (note 197 above)

<sup>287</sup> Kunnemann & Leonhard (note to 57 above) 42.

<sup>288</sup> *Ibid.*

<sup>289</sup> Miller, C, Tsoka, M & Reitchet K 'Targeting cash to Malawi's ultra-poor: A mixed methods evaluation' (2010) 28 (4) *Development Policy Review* 481, 482.

<sup>290</sup> *Ibid.*

<sup>291</sup> Chisinga, B (2009) *Political economy of cash transfers in Malawi: A report prepared for the Overseas Development Institute* ODI 1.

<sup>292</sup> Republic of Malawi (Constitution) 1994.

<sup>293</sup> Section 30(2) provides that 'The State shall take all necessary measures for the realization of the right to development. Such measures shall include, amongst other things, equality of food opportunity for all in their access to basic resources, education, health services, food, shelter, employment and infrastructure.'

The Mchinji Pilot Scheme was launched in September 2006.<sup>294</sup> The Mchinji Pilot Scheme is a decentralised scheme and is implemented by the Government of Malawi at the level of the District Assembly (DA).<sup>295</sup> The Ministry of Women and Child Development (MoWCD), the Ministry of Economic Planning and Development (MoEP&D), at national level and UNICEF provides technical assistance to the District.<sup>296</sup> The objectives of the Mchinji Pilot Project are three-fold.<sup>297</sup> The first objective is ‘to reduce poverty, hunger and starvation in all households living in the pilot area which are ultra-poor and at the same time labour constrained.’<sup>298</sup> The second objective is, ‘to increase school enrolment and attendance for children living in the target group households.’<sup>299</sup> The third objective is ‘to generate information on the feasibility, costs and benefits and on the positive and negative impacts of a Social Cash Transfer Scheme as a component for Social Protection Programme for Malawi.’<sup>300</sup>

#### 4.3.2 TARGETING BENEFICIARIES

The targeting criteria of the Mchinji Pilot Scheme are the same as the ones used in the Kalomo Pilot. A community-based mechanism which is multi-stage and participatory in nature is used to target beneficiaries.<sup>301</sup> The Mchinji Pilot Scheme targets ultra-poor and labour constrained households.<sup>302</sup> ‘Labour constrained’ criterion is used to ensure that focus is given to households that are unable to access labour based interventions like public works.<sup>303</sup>

The targeting process is as follows: a Community Social protection Committees (CSPCs) is elected by village members at village level and undergoes a two-day training conducted by the District Social Transfer Committee (DSTC). The CSPC, after training, records, visits and

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<sup>294</sup> Miller, C, Tsoka, M & Reitchet K (2008) *Operation Report: External evaluation of the Mchinji Social Cash transfer Pilot* Centre for International Health and Development, Boston University and Centre for Social Research, University of Malawi 1.

<sup>295</sup> Miller, C, Tsoka, M and Reitchet K (2008) *Executive Summary: External evaluation of the Mchinji Social Cash Transfer Pilot* Centre for International Health and Development, Boston University and Centre for Social Research, University of Malawi 2.

<sup>296</sup> *Ibid.*

<sup>297</sup> Schubert, B & Huigbregts, M (2006) *The Malawi Social Cash Transfer Pilot Scheme: Preliminary Lessons Learned* Paper prepared for the conference on ‘Social Protection Initiative for Children, Women and Families: An Analysis of Recent Experiences’, New York 30-31 October 2006.

<sup>298</sup> *Ibid.*

<sup>299</sup> *Ibid.*

<sup>300</sup> *Ibid.*

<sup>301</sup> Miller, Tsoka & Reichert (note 289 above) 484.

<sup>302</sup> Ultra poor means that ‘they are in the lowest expenditure quintile and under the poverty line (only one meal per day...’ A labour constrained household is one where there is no able bodied house member aged 19-64 who is fit to work or where the household with a member who is fit to work has more than three dependants. See Schubert (note 1 above) 19.

<sup>303</sup> *Ibid.*

interviews all households that seem to meet the targeting criteria.<sup>304</sup> The correctness of the information is checked and verified by signature by the headman. The application forms are then forwarded to the District Social Welfare Officer (DWSO) who recommends approval or otherwise. Successful applicants are then notified.

#### 4.3.3 LEVEL OF TRANSFER, DELIVERY OF TRANSFER AND THE INTENDED USE OF THE TRANSFER

The Mchinji Pilot Scheme provides monthly unconditional cash transfers that vary according to household size and consider if the household has children enrolled in primary or secondary school.<sup>305</sup> An additional bonus is given to households with children enrolled in school of 200MK and 400 MK for children in primary and secondary schools respectively.<sup>306</sup> This additional bonus is meant to encourage school enrolment and attendance and to discourage premature drop-outs and child labour as well as to enable caregivers to meet school-related expenses.<sup>307</sup> The values of the transfers were determined considering that the minimum figure must be sufficient to meet the minimum survival requirements,<sup>308</sup> should be above the ultra poverty line<sup>309</sup> and should not exceed the minimum value of a monthly pension for a retired person.<sup>310</sup>

#### 4.3.4 STATISTICAL COVERAGE OF THE MCHINJI PILOT SCHEME

In terms of coverage, the Mchinji Pilot Scheme is meant to target vulnerable households including households with elderly persons, OVC, female heads with more than three dependants, chronically-ill and disabled persons and child-headed households. Evidence from evaluation indicated that 63% of household heads in beneficiary households are elderly persons aged 65 years and above and 65% are women headed.<sup>311</sup> Most children in beneficiary households are orphans, 21% of them having lost both parents.<sup>312</sup>

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<sup>304</sup> Schubert & Huigbregts (note 297 above) 10.

<sup>305</sup> A household with one person receives 600 Malawian Kwacha (US\$4), a household with 2 persons receives 1 000MK (US\$7), a 3-persons household receives 1 400MK (US\$10) whereas a household with four or more persons receive 1 800MK(US\$13). See *Ibid* 12.

<sup>306</sup> *Ibid*.

<sup>307</sup> Schubert (note 1 above) 20.

<sup>308</sup> The price of a 50kg bag of maize was used which was valued at 500MK.

<sup>309</sup> The ultra-poverty line is 27MK per head per day.

<sup>310</sup> Chisinga (note 291 above) 11.

<sup>311</sup> Miller, C, Tsoka, M & Reitchet K (2008) *Impact Evaluation Report External Evaluation of the Mchinji Social Cash Transfer Pilot* Centre for International Health and Development, Boston University and Centre for Social Research 16.

<sup>312</sup> *Ibid* 19.

#### 4.3.5 MONITORING AND EVALUATION

Apart from internal monitoring associated with the hierarchical structure of the Mchinji Pilot Scheme, there is also external monitoring and evaluation. The activities of the CSPS which operates at community level are monitored by the DSTC which operates at district level. This is done so as to ensure transparency. The external monitoring and evaluation of the Mchinji Pilot Scheme funded by the US Agency for International Development through the Child and Family Applied Research Project and by UNICEF.<sup>313</sup> External evaluation

serves as a (1) source of evidence to help policymakers, donor partners and other stakeholders in Malawi make informed decisions (2) as a tool to help program implementers improve on current activities and (3) as a resource for stakeholders throughout the world who are interested in the operations of the cash transfer scheme in sub-Saharan Africa.<sup>314</sup>

The external evaluation of the Mchinji Pilot Scheme comprises three components, namely operations evaluation, targeting evaluation and impact evaluation.<sup>315</sup> The operation evaluation evaluates the district's implementation of the of the pilot cash scheme so as to determine whether the program will achieve its objective of alleviating poverty and hunger by targeting the poorest households.<sup>316</sup> The targeting evaluation examines and evaluates the methods used in the identification and approval of recipients of cash transfer so as to determine the effectiveness of the methodology.<sup>317</sup> The impact evaluation examines and evaluates the impact of the cash transfer scheme using a range of indicators at different levels starting at beneficiary, household, and community levels.<sup>318</sup>

#### 4.3.6 AN EVALUATION OF THE IMPACT OF THE MCHINJI PILOT SCHEME

##### (i) The Impact on Education

As a result of the Mchinji Pilot Scheme, there was an increase in school enrolment and investment in schooling; and the number of absenteeism from schools decreased.<sup>319</sup> New enrolment in intervention households (which received the transfers) in schools between March 2007 and March/April 2008 was 8,3% as compared to comparison households (which did not receive the transfers) which only increased by 3,4%.<sup>320</sup> Moreover, days of

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<sup>313</sup> Miller, Tsoka & Reitchet (note 295 above) 2.

<sup>314</sup> *Ibid* 2.

<sup>315</sup> *Ibid*.

<sup>316</sup> *Ibid*.

<sup>317</sup> *Ibid*.

<sup>318</sup> *Ibid*.

<sup>319</sup> Miller, Tsoka & Reitchet (note 294 above) 30.

<sup>320</sup> *Ibid*.

absenteeism from school for intervention households were 1,3 days fewer.<sup>321</sup> There was an increase in the average annual expenditure on school expenses by 454MK amongst intervention households.<sup>322</sup>

#### (ii) The Impact on Health and Nutrition

The Mchinji Pilot Scheme had a significant impact on the health and nutrition of the intervention households. There was a 7,9% and 10,9% decrease in reported sicknesses among adults and children respectively.<sup>323</sup> Results of the evaluation of the Mchinji Pilot Scheme also recorded an improvement in food consumption amongst intervention households.<sup>324</sup> Greater food diversity was also reported amongst beneficiaries of the Mchinji Pilot Scheme.<sup>325</sup>

#### (iii) The Impact on Poverty Reduction

Social cash transfers do not only alleviate poverty but also provide necessary inputs for investment in income generation projects for ultra poor households.<sup>326</sup> Due to the receipt of the transfers, there was an increase in household income amongst intervention households. This led to an increase in investment and ownership of assets by beneficiary households.<sup>327</sup> The transfer enabled beneficiaries to purchase assets including farming implements and livestock. There was an improvement in agricultural production among intervention households which improved consumption and resulted in additional income due to sale of surplus farming products.<sup>328</sup>

#### (iv) The Impact on the Community

There was a mixed feeling of the impact of the Mchinji Pilot Scheme on the community.<sup>329</sup> While other members in the community reported feeling improvements and poverty reduction due to the transfers, others indicated that the impact could only be felt by the few people who

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<sup>321</sup> *Ibid.*

<sup>322</sup> *Ibid.*

<sup>323</sup> Miller, Tsoka & Reitchet (note 295 above) 3.

<sup>324</sup> The number of households taking 3 meals a day increased from 8% to 44% while the number of people reported feeling satiated after meals was recorded at 77% amongst the intervention households. See Miller, Tsoka & Reitchet (note 294 above) 35.

<sup>325</sup> Intervention households were able to consume food from 8,1 different groups per week as compared to 4,9 groups for comparison households. Intervention households ate meat, chicken or fish with meals on 2.1 days as compared to 0.3 days in comparison households. See *Ibid* 36.

<sup>326</sup> Miller, C (2009) *Economic Impact Report of the Mchinji Social Cash Transfer Pilot* Centre for International Health and Development, Boston University and Centre for Social Research 15.

<sup>327</sup> Miller, Tsoka & Reitchet (note 311 above) 38.

<sup>328</sup> Miller, C, Tsoka, M & Reitchet K & Hussain, A 'Interrupting the intergenerational cycle of poverty with the Malawi social Cash Transfer' (2010) 5 (2) *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research* 108, 118.

<sup>329</sup> Miller, Tsoka & Reitchet (note 311 above) 50.

received the transfers.<sup>330</sup> Beneficiaries also highlighted that their social status in the community improved due to the receipt of the transfers.<sup>331</sup> Beneficiaries of transfers in Mchinji reported making nearly all purchases locally in the village markets and trading centres thus injecting back into the local economy.<sup>332</sup> This was confirmed by vegetable sellers, fish mongers and grocers, who indicated the sizeable contribution that the transfer had on their sales.<sup>333</sup>

#### 4.3.7 Effectiveness of the Targeting and Delivery Mechanism of the Mchinji Pilot Scheme

An evaluation of the effectiveness of community-based targeting in the Mchinji Pilot Scheme was done using the examination of the planning process, the operationalisation of key concepts, implementation and the outcome of the scheme.<sup>334</sup> To determine which households are eligible the operational definitions of ultra-poverty<sup>335</sup> and labour constrained<sup>336</sup> are used. It was noted that the operational definitions of ‘ultra-poverty’ and ‘labour constrained’ are not clearly understood at village level.<sup>337</sup> Although community-based targeting in the Mchinji Pilot Scheme increases programme transparency since community members know the households in their villages, it was however realised that lack of clarity on the eligibility criteria results in subjectivity and bias in deciding which households to include.<sup>338</sup>

The results of the targeting evaluation of the Mchinji Pilot Scheme highlight that the inclusion and the exclusion error rates are within the globally acceptable range.<sup>339</sup> The targeting evaluation established that the cut-off point of 10% is too low to cover all households in need thus it should be increased to 16%-20%.<sup>340</sup> It is argued that the inclusion and exclusion rates could be reduced in the Mchinji Pilot Scheme if there are, among other

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<sup>330</sup> *Ibid.*

<sup>331</sup> Miller, Tsoka, Reitchet & Hussain (note 328 above) 118.

<sup>332</sup> *Ibid* 16.

<sup>333</sup> *Ibid.*

<sup>334</sup> Miller, Tsoka & Reitchet (note 289 above) 484.

<sup>335</sup> Miller, C, Tsoka, M & Reitchet K (2009) *Targeting Report External Evaluation of the Mchinji Social Cash Transfer Pilot* Centre for International Health and Development, Boston University and Centre for Social Research 16.

<sup>336</sup> Labour- constrained households are those which are ‘elderly headed with no adults between the ages of 19-64 that are fit for work or child headed households and/or have dependency ratios that are incalculable or worse than three so that one able-bodied adult must care for >3 dependence, and/or contain adults that are chronically sick or disabled who are counted as dependants, pushing up the dependency ratio.’ See *Ibid.*

<sup>337</sup> *Ibid.*

<sup>338</sup> Miller, Tsoka & Reitchet (note 295 above) 5.

<sup>339</sup> Miller, Tsoka & Reitchet (note 335 above) 16.

<sup>340</sup> *Ibid* 5.

<sup>340</sup> *Ibid.*

things, better definition of targeting concepts, improved monitoring and quality of CSPPs and training of CSPPs.<sup>341</sup>

#### 4.3.8 FINANCIAL SUSTAINABILITY

Finances for the Mchinji Pilot Scheme and other social cash transfer pilot schemes in Malawi have so far been provided by UNICEF and the Global Fund through National AIDS Commission (NAC).<sup>342</sup> The government of Malawi has not yet started appropriating money for the funding of the cash transfer scheme but only provides salaries and costs for its employees in the ministries.<sup>343</sup> The Malawian government only anticipates making financial contribution in 2011-2012 and intends to contribute only 12% of the total costs per annum.<sup>344</sup> This suggests that cash transfers in Malawi depend on continued and increasing donor funding, without which the continuity of the cash transfer programme is questionable.<sup>345</sup> On a positive note however, there has been an interest by other donors like the European Union (EU),<sup>346</sup> Irish Aid,<sup>347</sup> Australian Aid,<sup>348</sup> World Bank,<sup>349</sup> Department of Foreign and International Development (DFID)<sup>350</sup> and United States Agency for international Development (USAID)<sup>351</sup> to fund certain components of the scheme. Since its inception, the cash transfer scheme has been scaled up to 6 more districts out of 28 in the country.<sup>352</sup>

#### 4.3.9 CONCLUSION

The Mchinji Pilot Scheme was designed to alleviate poverty, improve school enrolment and reduce hunger among beneficiaries. An impact evaluation of the Mchinji Pilot scheme highlights that cash transfers in Malawi plays an important role in promoting the lives of OVC and their households. There is evidence of positive impact of cash transfers amongst participating households in Mchinji District with respect to improved health, increase in school enrolment and reduction in poverty levels. The receipt of cash transfers also resulted in reduced child labour. There is also evidence to support the impact of social cash transfers

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<sup>341</sup> *Ibid* 5-6.

<sup>342</sup> Chisinga (note 291 above) 21.

<sup>343</sup> *Ibid*.

<sup>344</sup> McCord (note 172 above) 3.

<sup>345</sup> Chisinga (note 291 above) 21.

<sup>346</sup> To fund cash transfers and operational costs.

<sup>347</sup> To fund capacity development.

<sup>348</sup> To fund capacity development.

<sup>349</sup> To fund information management system.

<sup>350</sup> To fund the delivery mechanism.

<sup>351</sup> To fund the monitoring and evaluation.

<sup>352</sup> Chisinga (note 291 above) 4.

on beneficiaries including, increase in food consumption, and rise in self-esteem and increase in asset ownership.

As with the Kalomo Pilot Project, the long term financial sustainability of the Mchinji Pilot Project is uncertain since the government of Malawi has not made any financial contribution towards the cash transfer programme. Donors have been responsible for financing the Mchinji Pilot Scheme. It is recommended that the programme design of the scheme be improved and there is need for capacity building for the implementation and management of the scheme. Despite these challenges, it can be concluded that cash transfers in Malawi have the ability to provide for OVC and vulnerable children.

#### 4.4 SOCIAL CASH TRANSFER SCHEMES IN SOUTH AFRICA

##### 4.4.1 HISTORY AND RATIONALE

According to the United Nations Development Programme (UNDP) human and income poverty index South Africa is ranked 129 out of 182 countries.<sup>353</sup> The total population of South Africa in mid-2008 was estimated at 48,7 million people of whom 18,7 million were children (below the age of 18).<sup>354</sup> In 2008 there were approximately 3,95 orphans in South Africa, equivalent to 21% of the total number of children.<sup>355</sup> The rate of child poverty is high in South Africa, wherein in 2008, 64% of children lived in households below the poverty line<sup>356</sup> with 18% of the total number of children living in households with hunger.<sup>357</sup> With regards to access to school and other educational facilities, of the total 7,3 million children in primary school in mid-2008, only 21% of these children did not have to travel more than thirty minutes to the nearest primary school whereas only 33% of the total 4,3 million in secondary school did not have a high school within thirty minutes walking distance.<sup>358</sup> This influences regular attendance to schools by children. These statistics indicate the need for new or improved social protection mechanisms for children in South Africa.

South Africa has both international and constitutional obligations with regards the provision of social protection for children. The Constitution of the Republic of South Africa 1996 (The

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<sup>353</sup> UNDP (note 197 above).

<sup>354</sup> Hall, K (2010) 'Demography- Children in South Africa' Children's Institute <http://childrencount.ci.org.za/indicator.php?id=1&indicator=1> accessed on 16 August 2010.

<sup>355</sup> Meintjes, H (2010) 'Demography- Orphanhood' Children's Institute <http://childrencount.ci.org.za/indicator.php?id=1&indicator=4> accessed on 16 August 2010

<sup>356</sup> *Ibid.*

<sup>357</sup> Hall, K (2010) 'Income and social grants- Children living in poverty' Children's Institute <http://childrencount.ci.org.za/indicator.php?id=1&indicator=14> accessed on 10 August 2010.

<sup>358</sup> De Lannoy, A, Pendlebury, S & Hall, K (2010) Education- Children living far from school' Children's Institute <http://childrencount.ci.org.za/indicator.php?id=1&indicator=46> accessed on 10 August 2010.

Constitution) provides in Section 28(1) (c) that ‘every child has the right to, basic nutrition, shelter, basic health care services and social services.’ Section 28 is further supported by Section 27 (1) (c) of the Constitution which states that, ‘everyone has the right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.’ The word ‘everyone’ in Section 27(1)(c) should be interpreted to include children.

The implementation of the right to access to social security requires that beneficiaries, including children receive social assistance.<sup>359</sup> The government so as to comply with the constitutional and international obligations has passed the Social Assistance Act 13 of 2004 which provides the national legislative framework for the provision of social assistance in the form of grants from government to those who are unable to support themselves.<sup>360</sup> Section 4 of the Social Assistance Act specifies grants available to economically disadvantaged people, three of which are specifically for children, namely, the Child Support Grant (CSG)<sup>361</sup>, Foster Care Grant (FCG)<sup>362</sup> and the Care Dependency Grant (CDG).<sup>363</sup> It should be noted that although the FCG and the CDG are useful in assisting households to care for children, they address special kinds of vulnerabilities.<sup>364</sup> This study focuses on the CSG which is the largest social assistance programme in South Africa targeting vulnerable children.

Provincial governments were responsible for the administration and implementation of the social assistance grants in South Africa until 1 April 2006.<sup>365</sup> There were, however, a number of problems associated with provincial administration, including fraudulent grants, difficulties in accessing payment and delays in approving applications.<sup>366</sup> This led to the establishment of the South Africa Social Security Agency (SASSA) to administer and implement grants in terms of the South African Social Security Agency Act.<sup>367</sup> The key functions of the agency include effective administration, management and payment of social

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<sup>359</sup> Mirigi-Mukundi, G (2009) *Realising social security rights of children in South Africa, with particular reference to the child support grant* Socio-Economic Rights Project, Community Law Centre 2009 2.

<sup>360</sup> Delany, A, Ismail, Z, Lauren, G & Ramkissoon, Y (2008) *Review of the child support grant: Uses, implementation and obstacles* UNICEF 6.

<sup>361</sup> Section 4 (a).

<sup>362</sup> Section 4 (c).

<sup>363</sup> Section 4 (b).

<sup>364</sup> The aim of the of the FCG is to provide some monetary assistance to persons other than biological persons who care for the child while the state and private institutions search for a more permanent placement. The aim of the CDG is to assist, through cash transfers a legal parent, custodian, guardian or foster parent of a child aged between 1 and 18 years who is severely mentally or physically disabled and must receive permanent home care.

<sup>365</sup> Overseas Development Institute (2006) *Social Grants: South Africa* ODI Policy Brief 1, 2.

<sup>366</sup> *Ibid.*

<sup>367</sup> South African Social Security Agency Act 9 of 2004.

assistance grants.<sup>368</sup> The SASSA has the responsibility to ensure the smooth running of the social assistance system in South Africa.<sup>369</sup>

Monitoring and evaluation of the South African social security system is conducted by diverse stakeholders including the Monitoring and Evaluation Unit, the National Treasury, Research Institutes and civil society organisations.<sup>370</sup>

#### 4.4.2 THE CHILD SUPPORT GRANT

The Child Support Grant (CSG) is South Africa's largest social assistance programme and is the key strategy for alleviation of poverty targeting children.<sup>371</sup> The CSG commenced on 1 April 1998 and it replaced the State Maintenance Grant.<sup>372</sup> The primary objective of the CSG is 'to ensure that caregivers of young children living in extreme poverty are able to access financial assistance in the form of a cash transfer to supplement rather than replace income.'<sup>373</sup>

The grant is payable to the primary care giver of a child or children<sup>374</sup> A primary care giver is defined as a person more than 16 years whether or not related to the child, who takes primary responsibility for meeting the daily needs of that child.<sup>375</sup> The grant is payable in respect of an unlimited number of own children of the primary care giver and in respect of six other children. The grant is not payable to a person who is formally or informally paid to care for a child and for a child who is resident in an institution funded by the state.<sup>376</sup> The grant is also not payable if the primary care giver, the child or any other person is in receipt of any other

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<sup>368</sup> Department of Social Development (2009) 'Annual Report for the year ended 31 March 2009' DSD 12.

<sup>369</sup> The functions of the agency are highlighted in s4 of the South African Social Security Agency Act which are, among others, to administer social assistance in terms of the Social Assistance Act, to collect, maintain and administer necessary information for the payment of social security and to establish a compliance and fraud mechanism to ensure that the integrity of the social security system is maintained.

<sup>370</sup> Overseas Development Institute (note 365 above) 2.

<sup>371</sup> Delany, Ismail, Lauren & Ramkissoo (note 360 above) 6.

<sup>372</sup> Budlender, D, Proudlock, P & Jamieson, L (2007) *Formulating and implementing socio-economic policies for children in the context of HIV/AIDS: South Africa case study* Paper prepared for Joint Learning Initiative on Children and HIV/AIDS December 2007, Community Agency for Social Enquiry & Community Law Centre 10.

<sup>373</sup> Delany, Ismail, Lauren & Ramkissoo (note 360 above) 7.

<sup>374</sup> The CSG when it commenced initially benefited children up to 7 years, the coverage of the grant was extended gradually and is being rolled out to poor children up to the age of 18 over the next 3 years: National Treasury (2010) Social Security and Health Care Financing *Budget Review 2010* Pretoria: National Treasury 104. <http://www.finance.gov.za/documents/national%20budget/2010/review/chapter7.pdf> accessed on 28 August 2010.

<sup>375</sup> Section 1 of the Social Assistance Act.

<sup>376</sup> Regulations relating to the application for and payment of social assistance and the requirements and conditions in respect of eligibility for social assistance GNR 898 in GG 31356 dated 22 August 2008 6 (c) and (d).

grant on behalf of the child.<sup>377</sup> The primary care giver and the child must both be resident in South Africa at the time of the application and must both be South African citizens or permanent residents.<sup>378</sup> The child must be in possession of a valid birth certificate and the primary care giver must have a valid identity document.

The CSG targets children in poor households. To access the CSG, a means test criterion is used to identify eligible beneficiaries.<sup>379</sup> The Child Support Grant lapses when the child in respect of whom the grant is paid dies, attains the age of 18 years or is no longer in the custody of the primary care giver.<sup>380</sup>

As of 1 April 2010, the cash value of the grant is R250 per month per child.<sup>381</sup> The CSG is intended to provide income for the provision of the child's basic needs. In terms of take up, there has been an increase in the number of people accessing the grant. In 1998 the number of beneficiaries was 632 631, in 2003 the number increased to 2 630 826 and 8 825 824 in 2009.<sup>382</sup> The number of beneficiaries is expected to increase to 11,5 million in 2013 considering the increase in the coverage of the grant to all children up to 18 years.<sup>383</sup>

#### 4.4.3 AN EVALUATION OF THE IMPACT OF THE CHILD SUPPORT GRANT IN SOUTH AFRICA

##### (i) The Impact on Education

The receipt of the grants in South Africa has had a positive impact on school enrolment and attendance for children. In 2002, a study indicated that the receipt of the CSG was associated

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<sup>377</sup> *Ibid* Section 6 (e).

<sup>378</sup> The inclusion of permanent residence was discussed in the case of *Khosa v Minister of Social Development; Mahlaule v Minister of Social Development* 2004 (6) SA 505 CC where some sections of the Social Assistance Act 59 of 1959 were challenged for disqualifying non-citizens from receiving social grants. The Constitutional Court held that to exclude permanent residents from benefiting from social assistance schemes because they lack citizenship is not reasonable as set out in section 27(2) of the Constitution and thus ordered that the legislation be amended to include them.

<sup>379</sup> The primary care giver must satisfy the financial criteria as determined by the Minister of Social Development from time to time. Thus the applicants are required to disclose information about their income so that SASSA personnel can determine if household's total income is below the stipulated amount. The income threshold is calculated using a formula **A=Bx10, wherein, A=annual income threshold and B=annual value of the child support grant**. Thus the income threshold according to the formula is R30 000 for a single parent and R60 000 for a married couple since the amount payable is R250 per month per child. GNR 898 in GG 31356 (note 376 above) annexure B.

<sup>380</sup> Amendment: Regulation relating to the application for and payment of social assistance and the requirements and conditions in respect of eligibility for social assistance GNR 193 in GG 32917 dated 12 March 2010 at 6 (1)(a).

<sup>381</sup> Increase in respect of social grants GNR 261 in GG 33078 dated 31 March 2010.

<sup>382</sup> Van Der Berg, S & Siebrits, K (2010) *Social assistance reform during a period of fiscal stress* Stellenbosch Economic Working Papers: 17/10 Department of Economics, Stellenbosch University & Bureau for Economic Research 8.

<sup>383</sup> National Treasury (note 374 above) 104.

with a 8,1% and 1,8% increase in school enrolment amongst the 6year olds and the 7year olds respectively.<sup>384</sup> Further evidence indicates that due to the receipt of the CSG there was a decrease in school non attendance by 25%.<sup>385</sup>

#### (ii) The Impact on Health and Nutrition

Social grants in South Africa have a positive impact on nutrition and health. Several studies done indicated that the receipt of grants boosts food spending of beneficiaries.<sup>386</sup> The receipt of the CSG resulted in an increase in expenditure on all food items and basic food items by 1,5% and 1,2% respectively.<sup>387</sup> Based on the research done in Kwa-Zulu Natal using children's height-for-age ratios found that children significantly benefited from receiving the CSG during the first 3years of their lives.<sup>388</sup> An increase in nutrition associated with the receipt of grants resulted in lowering the age of starting school; an increase in the grade reached and reduced grade repetition amongst children.<sup>389</sup> With the receipt of social grants, the percentage of children that went hungry reduced from 76,9% in 2002 to 56,5% in 2006.<sup>390</sup>

#### (iii) The Impact on Poverty Reduction

The social grants that are available for children in South Africa have a significant impact in mitigating poverty.<sup>391</sup> In 2005 a study indicated that South African social grants raised income of the poorest from 4.7% to 7,8% and reduced incidence of poverty among households from 55,4% to 47,1%.<sup>392</sup> Evidence suggests that the CSG makes a significant contribution towards household income of approximately 40% of the total household income.<sup>393</sup>

#### (iv) The Impact on livelihoods

Cash grants in South Africa have a positive effect in improving the lives of the poor and vulnerable people, including OVC. There have, however, been concerns raised that cash grants in South Africa are a disincentive to seeking work among recipients and increase the

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<sup>384</sup> Adato & Basset (note 99 above) 96.

<sup>385</sup> *Ibid.*

<sup>386</sup> Van Der Berg & Siebrits (note 382 above) 22.

<sup>387</sup> Adato & Basset (note 99 above) 138.

<sup>388</sup> *Ibid.*

<sup>389</sup> *Ibid.*

<sup>390</sup> Van Der Berg, S, Siebrits, K & Lekezwa, B (2010) *Efficiency and equity effects of social grants in South Africa* Stellenbosch Economic Working Papers: 15/10 Department of Economics, Stellenbosch University & Bureau for Economic Research 49.

<sup>391</sup> *Ibid* 30.

<sup>392</sup> Armstrong, P, Lezekwa, B & Siebrits, K (2008) *Poverty in South Africa: A profile based on recent household surveys in Africa* Stellenbosch Economic Working Papers: 04/08 Department of Economics, Stellenbosch University & Bureau for Economic Research 21-2.

<sup>393</sup> Delany, Ismail, Lauren & Ramkissoo (note 360 above) 30.

fertility levels amongst women, especially teenagers.<sup>394</sup> Research done on the CSG indicated that 70,6% of the interviewed respondents disagreed with the proposition that the CSG discouraged job-seeking.<sup>395</sup> This is corroborated by a number of studies that have established that ‘workers in households receiving social grants look for work more intensively and extensively and find employment more successfully than do workers in comparatively poor households that do not receive the grants.’<sup>396</sup> Moreover, factors reducing the chances of employment in South Africa have been attributed to structural conditions of the labour market and the wider economy and not to the eligibility to access the grants.<sup>397</sup>

A study done on the relationship between increase in teenage pregnancy and the CSG concluded that ‘there is no support whatsoever for the belief that CSG induces teenage pregnancy.’<sup>398</sup> The above assertion is supported by the fact that teenage pregnancy has not only been on the increase among eligible beneficiaries for the CSG but in all sections of the society suggesting that other factors than the CSG determine fertility.<sup>399</sup> Moreover, it has been suggested that if the increase in teenage pregnancy was associated with accessing the CSG, this would have resulted in the increase in the take-up rate of the CSG amongst teenage mothers, this has however, not been the case.<sup>400</sup>

#### 4.4.4 Effectiveness of the Targeting/Eligibility Criteria and Delivery Mechanism of the Cash Schemes in South Africa

Social grants in South Africa have been considered to be well targeted because they reach most of the poor, including OVC, physically and mentally disabled people, the aged and those who depend on specialised care.<sup>401</sup> The means test criterion is applied to determine the eligibility of applicants to access the CSG. An evaluation done on the effectiveness of the eligibility criteria concluded that the targeting was relatively accurate with reasonable levels of inclusion and exclusion errors.<sup>402</sup> The evaluation indicated that only approximately 13% of recipients with an income higher than the income threshold received the grant.<sup>403</sup> The reasons

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<sup>394</sup> Biyase, ME (2005) *A simple analysis of the impact of the Child Support Grant on the fertility rate in South Africa* Paper delivered at the Economic Society of South Africa Conference 2005, 7.

<sup>395</sup> Noble, M, Ntshongwana, P & Surender, R (2008) ‘Attitudes to work and social security in South Africa’ Pretoria Human Science Research Council 15.

<sup>396</sup> Samson (note 81 above) 47.

<sup>397</sup> Surender, R, Noble, M, Wright, G & Ntshongwana, P ‘Social assistance and dependency in South Africa: An analysis of attitudes to paid work and social grants’ (2010) 39 (2) *Journal of Social Policy* 218.

<sup>398</sup> Biyase (note 394 above) 9.

<sup>399</sup> Van Der Berg & Siebrits (note 382 above) 25.

<sup>400</sup> *Ibid.*

<sup>401</sup> Van Der Berg, Siebrits & Lekezwa (note 390 above) 31.

<sup>402</sup> Delany, Ismail, Lauren & Ramkissoon (note 360 above) 34.

<sup>403</sup> *Ibid* 18.

for the inclusion error include that the means test does not take into consideration seasonal or *ad hoc* earnings and the test only takes into account income at the time of application and fails to appreciate that income fluctuates over time.<sup>404</sup> The evaluation also indicated that 21% of eligible beneficiaries were not receiving the CSG.<sup>405</sup> Possible reasons for this were identified as being the lack of awareness of the grant, lack of interest considering the little amount payable and lack of required documentation.<sup>406</sup>

With regards to the delivery mechanism of grants, most recipients are satisfied with the payment of money into their individual bank accounts or collecting cash from pay points. However, some administrative problems have been identified at grants pay points, such as poor conditions, resulting in some recipients not receiving assistance timeously.<sup>407</sup>

#### 4.4.5 FINANCIAL SUSTAINABILITY

The cash grants in South Africa are financed by the government through tax revenues collected on a national basis.<sup>408</sup> There has been an increase in government's spending on social grants payments from R16 027 million in 1998 to R71 161 million in 2009.<sup>409</sup> Rapid growth of government spending on social grants payments in South Africa has increasingly become an area of concern regarding the long term sustainability, considering the limited size of South Africa's tax base.<sup>410</sup> The period between 1994 until 2008 has not caused any fiscal constraints on social assistance spending and this was attributed to an overhaul of tax administration and collection and sustained positive economic growth.<sup>411</sup> However, the global financial crisis changed the fiscal situation in South Africa resulting in the deterioration of the national government's budget.<sup>412</sup> Revenue growth will be a key factor in determining the expansion of the social assistance system in South Africa and this will only occur with the full recovery of the economy from global recession.<sup>413</sup> Consequently, there is no room for introducing new social assistance initiatives between 2011 and 2013 with the exception of the extension of the CSG to cover all children up to 18years.<sup>414</sup>

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<sup>404</sup> *Ibid.*

<sup>405</sup> *Ibid* 19.

<sup>406</sup> *Ibid.*

<sup>407</sup> Mirugi-Mukundi (note 359 above) 32.

<sup>408</sup> Overseas Development Institute (note 365 above) 1.

<sup>409</sup> *Ibid* 6-7.

<sup>410</sup> *Ibid.*

<sup>411</sup> *Ibid* 10.

<sup>412</sup> *Ibid* 11.

<sup>413</sup> *Ibid* 12.

<sup>414</sup> *Ibid* 13.

#### 4.4.6 CONCLUSION

The South African government has over the past decade introduced and implemented a number of poverty alleviating measures including social assistance in the form of social grants. In terms of impact, social grants in South Africa have had positive impacts on education, health and nutrition. The success of the South African social assistance system has been attributed to among other things, commitment by the government and civil society and the constitutionalisation of the right to social security. Moreover, the South African social security system is financed by the government through tax revenues, thus the sustainability of the social grants in South Africa is more secure than that of Zambia and Malawi. The main obstacle to the implementation of the cash grants in South Africa is the means test which has been subjectively interpreted due to lack of guidance. There is need for clarity on the means test so as to ensure that it is uniformly applied countrywide. It can be concluded that cash grants in South Africa have the ability to provide for OVC and vulnerable children.

#### 4.5 LESSONS LEARNED AND CONCLUSIONS

Using evidence from Zambia, Malawi and South Africa, it can be concluded that cash transfers are a beneficial social protection mechanism for the protection of OVC and their families. OVC needs can either be reached by focusing on children or by considering children's needs when determining the size of transfer.<sup>415</sup> The Kalomo and the Mchinji Pilot Schemes target ultra-poor and labour constrained households and pays additional amounts for households with children. Evidence shows that cash transfers have positive impacts on reducing children's poverty regardless of whether transfers are targeted directly to children or their households.<sup>416</sup> By targeting the poorest households, vulnerable children are reached, especially where provision is made for children within the households in the targeting criteria.<sup>417</sup>

Impact evidence of cash transfers in the three countries under study proves that cash transfers are an important tool for realising children's rights. Cash transfers have a positive impact on school enrolment and attendance. Cash transfers also have a positive impact on nutrition and health of children as has been shown in the country studies above. Cash provides capital for

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<sup>415</sup> Schubert (note 1 above) 33.

<sup>416</sup> UNICEF (note 136 above) 18.

<sup>417</sup> Schubert & Pelham (note 2 above) 43.

households to invest and purchase assets. Cash transfers raise the self-esteem and status of vulnerable households enabling them to participate actively in community activities.

Evidence from the three countries under study indicates that cash transfers do not need to be conditional for them to have positive effects on children's well-being and the evidence on their positive impact on children's education, health and nutrition in these countries is overwhelming. Evidence from the countries under study indicates that recipients allocate a substantial amount of the transfer towards the children's needs. Considering that conditional cash transfers are expensive in terms of administration, it can be argued that it is not necessary to introduce them.

With regards to the determination of targeting mechanism, it should be noted that the geographical characteristics and financial characteristics of a country play a major role. Zambia and Malawi use community-based targeting to identify beneficiaries. Community-based targeting in these two countries has proved to be effective considering that the countries are vast and sparsely populated and have areas that are difficult to access. Community-based targeting is also cheap and thus recommended to low income countries.

Financial sustainability of cash transfer schemes poses great challenges. Of the three countries under study, only South Africa finances its cash transfer programmes from local resources. Malawi and Zambia heavily rely on donors for the finance of cash transfer programmes, with little assistance from the government. Long-term sustainability of cash transfer schemes is thus reliant on continued donor support. Ideally, cash transfer programmes should depend on public funds with donors financing only a tiny part of the budget.<sup>418</sup>

In Chapter 5 the researcher will indicate how Zimbabwe can implement a social cash transfer programme targeting OVC.

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<sup>418</sup> Habasonda (note 281 above) 12.

## CHAPTER 5: THE CASE FOR CASH TRANSFERS FOR OVC IN ZIMBABWE

### 5.1 INTRODUCTION

Zimbabwe made commitments- global, regional and national- towards the fulfilment of the right to social protection for OVC by ratifying international conventions and other regional instruments mentioned and discussed in Chapter 1. Whilst such commitments are commendable, Zimbabwe has faced challenges in translating such commitments into actual deliverables.<sup>419</sup> Moreover, Zimbabwe experiences the negative impact of HIV/AIDS, economic hardships and recurrent droughts. These have resulted in untold challenges for families, especially those taking care of OVC. Furthermore, political contestations within the nation have had the effect of pushing to the periphery the issue of child protection<sup>420</sup> and have led to creation of policies that have little regard for children.<sup>421</sup>

The 2002 Zimbabwe census recorded a total population of about 11,6 million people, of which 5,6 million were children.<sup>422</sup> Zimbabwe defines an ‘orphan’ as ‘those aged 0-18 whose parents have died.’<sup>423</sup> There are more than 1,3 million orphans in the country.<sup>424</sup> A survey indicated that the proportion of orphaned children in Zimbabwe has more than doubled from 9% to 22% during the period from 1994 to 2006.<sup>425</sup> Moreover, the survey also indicated an increase in the number of paternal orphans<sup>426</sup> from 7% to 19%, maternal orphans<sup>427</sup> from 3% to 9% and double orphans<sup>428</sup> from 1% to 6%.<sup>429</sup> Zimbabwe has approximately 318 000 children living in child headed households.<sup>430</sup>

A survey on the social and economic situation of OVC in Zimbabwe indicated that OVC may be at greater risk of dropping out of school for reasons such as the need to assist with household labour, inability to pay school fees or to care for younger siblings and sick

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<sup>419</sup> Mushunje M ‘Child protection in Zimbabwe: Yesterday, today and tomorrow’ (2006) 21 (1) *Journal of social development in Africa* 12, 20.

<sup>420</sup> Makoni, C (2007) *Harmonisation of laws relating to children in Zimbabwe* The African Child Policy Forum, Addis Ababa, 7.

<sup>421</sup> Mushunje (note 419 above) 25.

<sup>422</sup> Census 2002, Government of Zimbabwe, Central Statistics Office 15.

<sup>423</sup> Government of Zimbabwe (note 13 above) 8.

<sup>424</sup> Lewness, A & Monasch, R (2008) *A partnership making a difference: Zimbabwe’s Programme of Support to the National Plan of Action for Orphans and Other Vulnerable Children* Australian Government, DFID, European Commission, New Zealand’s International and SIDA 1. See also Makoni (note 415 above) 34.

<sup>425</sup> Central Statistics Office (CSO) Zimbabwe & Macro International Inc (2007) *Zimbabwe Democratic and Health Survey 2005-2006* Claretton, Maryland and Macro International Inc 285.

<sup>426</sup> Those children whose father had died.

<sup>427</sup> Those children whose mother had died.

<sup>428</sup> Those children with both parents dead.

<sup>429</sup> Central Statistics Office (CSO) Zimbabwe & Macro International (note 425 above) 285.

<sup>430</sup> Makoni (note 420 above) 34.

parents.<sup>431</sup> Moreover, an assessment of whether or not the minimum basic needs of children<sup>432</sup> were being met identified that OVC were more disadvantaged than other children.<sup>433</sup> With regard nutritional status, the survey indicated that 25% of OVC under the age of 5 were underweight as compared with 16% of other children.<sup>434</sup> There was also an indication that teenage OVC may be at higher risk of early sexual activities than other children due to lack of adult guidance.<sup>435</sup> Evidence suggests that around 7 in 10 OVC lived in households that did not receive any form of support.<sup>436</sup> These statistics indicates that OVC are more disadvantaged than other children hence, the need for social protection measures directed at them.

The Constitution of Zimbabwe does not provide for children's rights, including the right to social assistance. This gap in national law makes it difficult to advocate for the provision of social assistance for children. South Africa has a comprehensive social assistance system for children, including OVC, because this right is entrenched in the Constitution.<sup>437</sup> Including this right in the constitution makes it obligatory for the state to take measures to fulfil it. Zimbabwe has implemented some social protection mechanisms without a constitutional provision. It is, however, recommended that the right be entrenched in the Constitution for effective implementation. Children's Act (the Act)<sup>438</sup> is the main legal instrument protecting children's rights in Zimbabwe. The Act has well defined provisions that protect children from physical or mental violence, neglect, injury, abuse and maltreatment as well as providing for the adoption of minor children. Social assistance of children is provided for in section 86 (1) (c) (1) which states that 'The Minister, with the approval of the Minister of finance, may, out of money appropriated for the purpose by Act of Parliament, make grants-in-aid towards the maintenance of any child or young person by his parent, step-parent or guardian or the person with whom he has been placed in terms of this Act or any other enactment.'<sup>439</sup>

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<sup>431</sup> Central Statistics Office (CSO) Zimbabwe & Macro International (note 420 above) 288.

<sup>432</sup> Basic material needs were considered to have been met if a child had two sets of clothes, one pair of shoes and a blanket. See *Ibid* 289.

<sup>433</sup> Basic material needs for OVC were being met for 52% as compared to 66% for other children. See *Ibid* 291.

<sup>434</sup> *Ibid* 291.

<sup>435</sup> Evidence indicated that the percentage of teenage girls who had sexual intercourse before the age of 15 was 6% for OCV as compared to 3.4% for other children. See *Ibid* 292-293.

<sup>436</sup> *Ibid* 296.

<sup>437</sup> Section 27 and 28 of the Constitution of the Republic of South Africa, 1996.

<sup>438</sup> Children's Acts Chapter 5:06 of 2002.

<sup>439</sup> Section 86 (1) of the Children's Act Chapter 5: 06 of 2002.

In this Chapter, the researcher will discuss the current social protection mechanisms for OVC in Zimbabwe. In this discussion the researcher will highlight the gaps in the current social protection mechanisms in sufficiently dealing with the OVC situation. This might suggest the need to introduce social cash transfers to replace some of the current social protection mechanisms. The researcher will discuss the National Action Plan for OVC (NAP for OVC) which is an instrument launched to intensify the implementation of national legislation and policies for OVC. It will be imperative for the researcher to discuss the institutional structure for the NAP for OVC because this structure might be useful for the introduction and implementation of social cash transfers in Zimbabwe. The researcher will conclude this Chapter by highlighting the route that Zimbabwe should take in introducing cash transfers using lessons of good practice from the countries studied in Chapter 4.

## 5.2 CURRENT SOCIAL PROTECTION MECHANISMS IN ZIMBABWE

Social protection mechanisms in Zimbabwe are provided for in the Enhanced Social Protection Project (ESPP) which was launched in the year 2000.<sup>440</sup> The ESPP has five components namely the Basic Education Assistance Module (BEAM), Public Works component, Children in Especially Difficult Circumstances Module, Essential Drugs and Medical Supplies component and the development of a long term social protection strategy.<sup>441</sup> The ESPP was launched as a short term social safety net ‘to alleviate irreversible losses to human capital in education, food security and health.’<sup>442</sup> Other traditional approaches to combating poverty and hunger include food subsidies and food aid programmes.<sup>443</sup> The Ministry in charge of social protection programmes is currently the Ministry of Labour and Social Welfare.

BEAM is currently the most common form of support for OVC implemented in all districts. It is implemented by the government of Zimbabwe and is funded from the national budget and other government funds channelled through the National Aids Council (NAC).<sup>444</sup> BEAM targets OVC aged 6-19 years by paying school fees, examination fees and levies for children who are unable to do so.<sup>445</sup> This payment is made directly to schools. The targeting process of BEAM is done by the Community Selection Committee (CSC) at local level using eligibility

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<sup>440</sup> Marongwe, N (2007) *Observatory case studies: The Basic Education Assistance Module in Zimbabwe*, A paper for the United Nations and Partners’ Alliance on Orphans and Vulnerable Children (OVC) 1.

<sup>441</sup> *Ibid.*

<sup>442</sup> Government of Zimbabwe (note 13 above) 5.

<sup>443</sup> Mushunje & Mafico (note 4 above) 266.

<sup>444</sup> Marongwe (note 440 above) 26.

<sup>445</sup> *Ibid* 1.

guidelines provided by the Ministry of Labour and Social Welfare.<sup>446</sup> The BEAM has been evaluated positively in terms of targeting OVC.<sup>447</sup> It should be noted however, that BEAM has not been without criticisms. It has been identified that although the BEAM assists children with the payment of school fees, the problems of children dropping out of schools has not subsided.<sup>448</sup> This indicates that there are other factors that hinder OVC from accessing education apart from lack of school fees. Corruption has been reported in the BEAM targeting system resulting in 5% of non-poor households benefiting from the programme.<sup>449</sup> BEAM has also been criticized for paying only fees-related costs whilst neglecting other non-fees costs which represent a larger proportion of education expenses to parents.<sup>450</sup> Payment of school fees is not sufficient for many of the poorest to access education.<sup>451</sup> There is need for school uniforms, stationery and other expenses, which constitute a bigger proportion of education expense. Since the BEAM does not pay for these expenses, these are left for caregivers to settle. The fact that the caregivers of the BEAM beneficiaries cannot pay for their school fees may mean that they are likely unable to afford to pay for the non-fees expenses. Consequently, some caregivers may sell their assets so as to raise funds to pay for them, or worse of all, children may drop out of schools. This may suggest that there is need for direct financial assistance to poor families to meet non-fees expenses. Social cash transfers may be a better option to keep children in schools than the BEAM to avoid the above mentioned consequences. Regular cash transfers may provide capital for parents to invest in some business ventures to secure the payment of non-fees related expenses and to prevent the selling of assets as household income will be guaranteed.

Another major problem with the BEAM is the late payments of funds.<sup>452</sup> This may result in beneficiaries being suspended from school until the fees have been paid, prompting some parents to pay the fees. Moreover, lack of consolidation and coordination amongst BEAM and other various interventions has diluted the impact of BEAM since BEAM alone cannot

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<sup>446</sup> *Ibid* 2.

<sup>447</sup> Marongwe (note 440 above) 9.

<sup>448</sup> *Ibid* 11.

<sup>449</sup> Government of Zimbabwe (note 13 above) 31.

<sup>450</sup> Marongwe (note 440 above) 10.

<sup>451</sup> Stolte, M & Erne, S (2006) *Social cash transfers: Examining ways to address child poverty in times of HIV/AIDS* Report on the expert meeting by the Netherlands CABA Working Group 11 May 2006 STOP AIDS NOW 7.

<sup>452</sup> Murenha, A (2006) 'Report on the study on cost and community co-financing of basic education in Zimbabwe' (Unpublished report for UNICEF and the Ministry of Education Sports and Culture, Harare) as cited in Marongwe (note 440 above) 14.

bring the desired impact.<sup>453</sup> There is need for consolidation of BEAM with other programmes like those providing food, learning materials and health services.<sup>454</sup> Another criticism against the BEAM is that it only provides for OVC of school-going age while neglecting OVC not yet attending school (0 – 5 years). In addition, it is suggested that like conditional cash transfers, the BEAM reinforces the misconception by programme designers is that poor people behave irresponsibly and require close supervision.<sup>455</sup> This is because the money is directly paid to the schools rather than being given to parents who in turn may be trusted to use it to pay school fees. It is suggested that the BEAM is worse off than conditional cash transfers because with conditional transfers, at least cash is given to caregivers although they are told how to use it. This is unlike the BEAM where cash is not payable to caregivers, yet payment is made conditional on school attendance. Thus, the BEAM undermines the capability of parents or caregivers to fulfil their responsibilities. It is suggested that social cash transfers may be a desirable option than the BEAM in providing for the educational needs of OVC. Unlike the BEAM, cash transfers empower caregivers to make independent decisions on the well being of children. Moreover, providing vulnerable families with cash transfers ensures that all OVC are included regardless of whether or not they attend school.

The other programme targeting OVC is the National Strategy on Children in Difficult Circumstances (CDC) through which the government provides resources to local authorities to reach out to children in difficult circumstances.<sup>456</sup> The CDC budget provides financial assistance for the maintenance of children in institutional or foster care.<sup>457</sup> Payment is made for foster fees, school fees and uniforms for foster or committed children, institutional or maintenance grants to children's homes, and administrative grants to children's institutions.<sup>458</sup> The CDC only provides for children in institutional or foster care.<sup>459</sup> Most OVC are cared for, in an informal setting, by relatives- especially grandparents, while some are cared for by older siblings.<sup>460</sup> Thus, the CDC neglects the larger proportion of OVC who are not in institutional or foster care. This may result in the placement in institutional care of OVC who could be taken care of by other family members. It is argued that institutional

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<sup>453</sup> Marongwe (note 440 above) 28.

<sup>454</sup> *Ibid* 28.

<sup>455</sup> *Supra* 21.

<sup>456</sup> Government of Zimbabwe (note 13 above) 15.

<sup>457</sup> MASDA & ATIKU Associates (2006) *Status of social protection in Zimbabwe: with special focus on Orphans and Vulnerable Children (OVC) and Health Shocks Affecting the Very Poor* World Bank and Government of Zimbabwe 38.

<sup>458</sup> *Ibid*.

<sup>459</sup> *Ibid*.

<sup>460</sup> *Ibid*.

placement of children is not the best option and should be a measure of last resort, and that OVC should be absorbed and cared for within their families.<sup>461</sup> This study, however acknowledges that the CDC is an important social protection mechanism for a category of OVC in institutional or foster care. The continuation of the CDC is recommended. The introduction of social cash may be a better option to provide for those households caring for OVC in an informal setting. Cash transfer provides direct financial assistance to enable the caregiver to provide for the household.

Another social protection mechanism that targets vulnerable households generally in Zimbabwe is the Public Works Programmes (PWP.) Through the PWP, cash and, or food is transferred to poor and vulnerable households on condition that able-bodied members provide labour. Although the PWP can help reduce vulnerability among poor households, they only target households with able-bodied members. This means that labour constrained households are not eligible for the PWP, yet these households contain the majority of OVC. It can, however, be argued that the PWP addresses a special kind of vulnerability, where households are poor and vulnerable yet they are able to provide labour. The PWP are useful in assisting vulnerable households which are not labour constrained in Zimbabwe considering high unemployment levels. Thus, the PWP should be retained as a social protection strategy. Measures should, however, be put in place to ensure that children are not recruited in the programme since their inclusion would amount to a violation of children's rights. Cash transfers to child-headed households may be a desirable option to avoid child labour. Thus, households which are not eligible for the PWP like labour constrained households and child-headed households should be provided with cash or in-kind transfers in addition to other services not conditional on labour provision.

Food aid programme is another form of social protection for vulnerable households in Zimbabwe. Through this programme, vulnerable households are provided with food, mostly in the form of maize and other basic commodities. This programme has been helpful in providing families with at least a meal per day. However, food transfers have been criticized for not affording households with the flexibility over household expenditure because they assume that all household needs are the same.<sup>462</sup> Moreover, the programme fails to

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<sup>461</sup> Family Health International & USAID (2001) Care for orphans, children affected by HIV/AIDS and other vulnerable children: A strategic framework FHI & USAID 9.

<sup>462</sup> Mushunje & Mafico (note 4 above) 269.

acknowledge that some children may have their own dietary needs.<sup>463</sup> The food aid programme fails to appreciate that food alone is not sufficient for household needs. Cash on the other hand, enables households to purchase other essentials and invest in education, health care and other productive activities.<sup>464</sup> Unlike food or other in-kind transfers, cash transfers enables recipients to purchase immediately urgent services and products that they consider a priority. In addition, cash enables recipients to purchase a wide range and more appealing food items than a standard food aid basket.

The current social protection mechanisms as discussed above do not sufficiently meet the needs of OVC in Zimbabwe. The inflating number of OVC in Zimbabwe and the failure of current social protection mechanisms to adequately deal with the situation calls for an urgent need to protect these children by creating innovative ways to provide for their social protection.<sup>465</sup> Research reveals that although national strategies may be developed, their impact does not automatically benefit OVC, thus, the need for direct interventions like social cash transfers.<sup>466</sup>

The rationale for advocating for the introduction of cash transfers in Zimbabwe lies in the fact that they directly provide funds for immediate use to vulnerable households. As Mushunje and Mafico allege, ‘families and communities are the first port of call for assisting orphans and vulnerable children, but in many instances they do not have the necessary financial resources for material support.’<sup>467</sup> Thus, cash transfers are an effective means of empowering these families and communities to care for OVC. Moreover, cash secures the well being of vulnerable children and their families. Cash transfers empower household heads, caring for OVC to have control over household expenditure. Cash transfers are potentially an effective mechanism for the protection of OVC since they address the needs of specific identified households not those imposed by programme designers.<sup>468</sup> Another positive consequence of providing the vulnerable with cash is that they are most likely to

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<sup>463</sup> Children under the age of five may be in need of food with special nutrients for them to grow healthy. This is however not considered by the programme since it gives all eligible families standardized food regardless of the special needs that children may have.

<sup>464</sup> DFID (note 6 above) 9.

<sup>465</sup> Mushunje & Mafico (note 4 above) 267.

<sup>466</sup> *Ibid* 267.

<sup>467</sup> *Ibid* 269.

<sup>468</sup> *Ibid* 270.

spend it locally, thereby, ‘stimulating local markets, promoting trade and production, and thus leading to a wider community-level economic benefit.’<sup>469</sup>

A study comparing the cost of food transfers and cash transfers concluded that the costs of food transfer delivery programme would be almost four times more than the costs of national cash transfer programme.<sup>470</sup> Moreover, despite the provision of food to vulnerable families, the problem faced by OVC and their households may still exist since they are not empowered to enable to provide for themselves. Cash transfers, however, may provide capital to these households to engage in income generating projects which may sustain them in the future. Cash transfers in Zimbabwe can be used as a mechanism towards achieving various instruments which the government signed including the National Action Plan for OVC which is briefly described below.

Based on the discussion above, it can be concluded that cash transfers may be a better option to effectively protect the well being of OVC than the BEAM and the food aid programme. Social cash transfers can be introduced to replace these two social protection mechanisms.

### 5.3 THE NATIONAL ACTION PLAN FOR ORPHANS AND VULNERABLE CHILDREN

In view of the rising number of orphans and vulnerable children, the National Action Plan for Orphans and other Vulnerable Children (NAP for OVC) was launched in Zimbabwe on 8 September 2005 to ‘intensify the implementation of national legislation and policies for children.’<sup>471</sup> The NAP for OVC ‘seeks to prioritize and address the urgent issues facing OVC, their families and communities’.<sup>472</sup> The formation of a NAP for OVC began with reviewing of existing policies and legislation. This review revealed, among other things, that although there has been a response to the plight of children by the government and other organisations, the resultant interventions are fragmented and there is lack of coordination between various stakeholders. The review also highlighted that the issues of child-headed households, houses headed by grandparents and the extent of the orphan problem were not anticipated when laws were made, hence the existence of gaps and contradictions.<sup>473</sup>

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<sup>469</sup> Vincent & Cull (note 167 above) 10.

<sup>470</sup> *Ibid* 22.

<sup>471</sup> Government of Zimbabwe (note 13 above) 7.

<sup>472</sup> *Ibid* 9.

<sup>473</sup> *Ibid*, 10.

The NAP for OVC was established to provide psychological and material support and educational assistance to OVC. The NAP for OVC ‘seeks to ensure that OVC are able to access education, food, health services, and birth registration, and are protected from abuse and exploitation through coordinated efforts by the government and civil society....’<sup>474</sup> This will be achieved through seven objectives including, increasing new school enrolment while ensuring retention of OVC in primary and secondary schools and increasing access to food and health services, water and sanitation for all OVC.<sup>475</sup>

It is important to discuss the key institutional players of the NAP for OVC since the researcher is of the view that they could be important players in the introduction and implementation of social cash transfers. The key institutional players for the NAP for OVC start at grassroots level up to national level. The key institutional players of the NAP for OVC are depicted in table 1 below:

Table 1: The Institutional Structure of the NAP for OVC<sup>476</sup>

INSTITUTIONAL KEY PLAYERS	ROLE	SECRETARIAT SERVICES
<p><b>Community Level Child Protection Committees</b></p> <p>Coordinated by the Ward/Village Development Committees/Assemblies chaired by councillors; Village Development Committees chaired by Village Heads; Representatives from community, traditional leaders and healers, extension workers for the government and NGOs, churches, CBOs, child representative</p>	<p>Activity coordination and OVC identification, implementation, and monitoring</p>	<p>Ward/Village Development Committees appointed</p>
<p><b>District Child Protection Committees (DCPC)</b></p> <p>Coordinated by District Social Services offices, working with LAs, reporting to the RDDCs, chaired by the District Administrators (58 RDCs and 27 Urban Councils). Representatives from line ministries, LAs, NGOs, FBOs, CBOs, traditional leaders, child representatives</p>	<p>Activity coordination, planning, budgeting supervision, and monitoring and evaluation</p>	<p>Local Authorities with support from DSS (District Secretariat)</p>

<sup>474</sup> Mushunje M & Mafico M (2007) ‘Walking the talk: Zimbabwe’s experience in implementing the National Action Plan for orphans and other vulnerable children’ *Journal of Social Development in Africa* 22 (2) 44.

<sup>475</sup> Government of Zimbabwe (note 13 above) 17.

<sup>476</sup> *Ibid* 19.

<p><b>Provincial Child Protection Committees (PCPCs)</b></p> <p>Coordinated by Provincial Social Services Office, reporting to Provincial Development Committees, chaired by Provincial Administrators.</p> <p>Representatives from line ministries, NGOs, FBOs, private sector, local authorities (LAs), child representatives</p>	<p>Implementation, coordination, and monitoring and evaluation</p>	<p>Department of Social Services (DSS) (Provincial Secretariat)</p>
<p><b>Working Party of Officials (WPO)</b></p> <p>- 7 government line ministries (MoPSLSW*, MoHCW, MoJLPA**, MoYDGECE***, MoFED****, MoLGPWNH*****, MoESC)</p> <p>- 1 repr from each of the National AIDS Council, UNICEF, Zimbabwe Red Cross Society, NANGO, private sector</p> <p>- 2 repr from each of the Local NGOs/CBOs, FBOs, donors (SIDA and USAID)</p> <p>- 3 repr from International NGOs and 3 child Representatives</p>	<p>Resource mobilisation, implementation, supervision, policy formulation, and technical back stopping</p>	<p>MoLSW (National Secretariat)</p>
<p><b>Social Services Action Committee of the Cabinet (SSACC)</b></p> <p>Cabinet ministers of children's line ministries, with representatives of rural and urban councils association and National AIDS Council</p>	<p>National coordination mechanism and monitoring of programmes</p>	<p>MoLSW</p>
<p><b>Cabinet of the Republic of Zimbabwe</b></p> <p>Members of Parliament and the Executive</p>	<p>Approves policies and commit the State</p>	<p>Cabinet</p>

\*Now split into Ministry of Public Service and Ministry of Labour and Social Welfare.

\*\* Now split into Ministry of Justice and Legal Affairs and Ministry of Constitutional and Parliamentary Affairs.

\*\*\* Now split into Ministry of Youth Development, Indigenisation and Empowerment and Ministry of Women Affair, Gender and Community Development.

\*\*\*\* Now split into Ministry of Finance and Ministry of Economic Planning and Investment Promotion.

\*\*\*\*\*Now Split into Ministry of Local Government, Urban and Rural Development and Ministry of National Housing and social Amenities.

The NAP for OVC is an important instrument for the implementation of laws and policies for OVC. It provides for multidisciplinary action in the care and protection of OVC. The NAP for OVC, however, does not make explicit reference to the terms 'social assistance' as a strategy for dealing with the OVC problems. There is thus a need to look in-depth at the

programmes and activities proposed within the plan so as to understand how it incorporates social assistance concerns.<sup>477</sup> Moreover, it should be noted that the NAP for OVC does not include social cash transfers as a strategy for implementing the goals of the NAP for OVC. This is not unique to Zimbabwe's NAP for OVC since only a limited number of NAPs for OVC in Africa incorporate cash transfers as part of their social protection strategies.<sup>478</sup> This may be attributed to the fact that cash transfers are a recent phenomenon and were probably not popular as a social protection mechanism when the NAPs for OVC were drafted.<sup>479</sup>

The failure to specify the social protection mechanisms to achieve the objectives of the NAP for OVC 'has a danger of leading to inaction whereby NPAs will remain government documents that fulfil their role in terms of rhetoric policy frameworks, but are not operationalised.'<sup>480</sup> On a positive note, however, this non-specificity may be interpreted to afford programme designers the discretion to select social protection mechanisms which they feel is the most appropriate to achieve the desired results. It also allows for a collaboration of many social protection mechanisms and the introduction of new ones, like social cash transfers, as long as they achieve the objectives of the NAP for OVC. Thus, the non-specificity of social protection mechanisms, in general, or social cash transfers, in particular, in the NAP for OVC may not necessarily imply that there is no space for such programmes to be pursued.<sup>481</sup>

Some of the objectives of the NAP for OVC can be achieved through social protection provision in general and cash transfers may particularly be a desirable option.<sup>482</sup> Health and education objectives may be achieved through empowering households by providing them with cash transfers to enable children to access these services. Although the NAP for OVC does not in its activities prescribe direct social protection mechanisms, it establishes an institutional structure on which social protection mechanisms could be built. Thus, the institutional framework for the NAP for OVC may be used for the implementation of social cash transfers. Thus, the implementation of the NAP for OVC should give way for the

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<sup>477</sup> For example, one of the strategies for the NAP for OVC is 'strengthening community based initiatives and social safety nets.' This can be interpreted to be referring to social protection.

<sup>478</sup> Sebates-Wheeler, R & Pelham, L (2006) *Social Protection: How important are the National Plans of Action for Orphans and Vulnerable Children?* UNICEF and Institute of Development Studies 10-11.

<sup>479</sup> *Ibid* 11.

<sup>480</sup> *Ibid*.

<sup>481</sup> *Ibid*.

<sup>482</sup> For example, the objectives to increase new school enrolment and retention of OVC while ensuring retention of OVC in primary and secondary schools and increasing access to food and health services, water and sanitation for all OVC.

introduction of social cash transfers and other social protection mechanisms which may be useful for OVC and their households.

#### 5.4 INTRODUCING CASH TRANSFERS FOR OVC IN ZIMBABWE

As mentioned earlier on, cash transfers can be used as a vehicle towards implementing the NAP for OVC and other instruments for child protection. Concluding from the current social protection strategies for OVC in Zimbabwe as discussed above, it is imperative that cash transfers be introduced to replace some of the already existing mechanisms, like the BEAM and the food aid programme which have proved to be inadequate. From the discussion above, it is the researcher's suggestion that Zimbabwe already has in place an institutional framework which can be conducive to the introduction and implementation of cash transfer for OVC. The paragraphs below will propose the steps that Zimbabwe should take in introducing a social cash transfer programme for OVC using lessons of best practices from other African countries discussed in Chapter 4.

##### 5.4.1 POVERTY ASSESSMENT

Before introducing social cash transfers, it is crucial to understand the nature of vulnerability, poverty and social backlogs in the country, aspects which inform policy choice.<sup>483</sup> Understanding the nature of poverty in a country will assist policymakers in the identification of the country's social needs and predict the impact that the social transfer programme is likely to have.<sup>484</sup> Poverty can be measured using the poverty headcount<sup>485</sup> or the poverty gap.<sup>486</sup> Zimbabwe already has a Poverty Assessment Department within the Ministry of Labour and Social Welfare which can be utilized for doing a poverty assessment survey so as to determine the percentage of households in urgent need of social protection. This will inform programme designers on how to design a social cash transfer programme. For example, a poverty assessment may give an indication that some areas in Zimbabwe have households which are more vulnerable and need urgent assistance than others. This may make it necessary to introduce pilot projects to provide those areas first while a plan for

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<sup>483</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 10.

<sup>484</sup> *Ibid* 23.

<sup>485</sup> This reflects the proportion of the population whose income or expenditure falls below a specified level called the poverty line. *Ibid* 21.

<sup>486</sup> This measures the additional amount of income each person requires to meet the poverty line expressed as a percentage of the poverty line. For the Kalomo and Mchinji pilot projects, poverty headcount was used to categorize households into different groups for the determination of households which required urgent assistance. From the categories both pilot projects came to a conclusion that approximately 10% of the households were critically poor and needed urgent social protection interventions. 10% was thus used for the Kalomo and Mchinji pilot projects as a cut-off point for selecting eligible ultra poor and labour constrained households. *Ibid* 22.

scaling up is being put in place to cover all households in need. A poverty assessment may also enable the government to determine, among other things, the level of benefit of cash transfer. After the poverty profile is done, it is necessary to analyse existing social protection programmes in the country so as to identify the gaps and determine how to fit in the proposed programme.

#### 5.4.2 EVALUATION OF EXISTING SOCIAL PROTECTION PROGRAMMES

Before introducing a new social protection programme, it is essential to have information on the existing social protection programmes in the country. An evaluation of existing programmes will provide information on what has been done and what still needs to be done with regards to social protection. This will be useful in providing guidelines on how to fit in the new programme to fill in the gaps identified in the current programmes. An evaluation of the current social protection mechanisms for OVC in Zimbabwe, among other things, reported inadequate interventions as highlighted above. This may call for new innovative social protection mechanisms, like cash transfers, to replace some of the current mechanisms so as to adequately provide for OVC. In Malawi, the prominence of social cash transfers was attributed to, among other things, dissatisfaction with the implementation of disjointed safety net programmes.<sup>487</sup> This conclusion was based on the evaluation of existing social safety net programmes. Thus cash transfers were introduced as a viable strategy to deal with the problem. The approach taken by Malawi might be useful to provide guidelines for Zimbabwe. Cash transfers may be introduced to replace other social protection mechanisms, like the BEAM and the food aid programme, to effectively deal with the OVC problem.

#### 5.4.3 BUDGETING AND RESOURCE MOBILISATION

It has been shown in Chapter 4 that cash transfer programmes in Africa, in general, and in Zambia and Malawi, in particular, are largely dependent on donor financial support, with little or no assistance from the governments.<sup>488</sup> Long-term sustainability of cash transfer programmes in these countries thus, heavily relies on continued donor support. As mentioned earlier on, cash transfers should depend on public funds with donors financing only a tiny part of the budget. Social assistance in South Africa has been effective because it is financed locally through government revenue. Before establishing a cash transfer program, an audit should be done in Zimbabwe on the available resources. This audit will determine the feasibility of introducing a cash transfer programme in Zimbabwe and will determine the

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<sup>487</sup> Chisinga (note 291 above) 1.

<sup>488</sup> South Africa is an exception since the government funds cash grants through budgetary allocation.

designing of the cash transfer scheme and the level of benefit. It cannot be denied that Zimbabwe has limited resources. However, since it is the suggestion of this study to replace the BEAM and the food aid programme with cash transfers, resources that were directed to these programmes can be diverted to finance the introduction of a cash transfer programme for OCV and their households. This makes the introduction of a cash transfer programme more feasible in Zimbabwe since taking this route would not increase a burden on the already overstretched resources.

A Programme of Support (PoS) for the NAP for OVC was developed through which money from donors is pooled together into a single account managed by UNICEF in coordination with the Ministry of Labour and Social Welfare and NAC.<sup>489</sup> The pooled funds are used for the funding of interventions aimed at supporting OVC. Registered organizations which deal with OVC apply for funds to implement their OVC programmes from the pooled funds. Since cash transfers may be an effective intervention for supporting OVC, a portion of the pooled funds may, if necessary, supplement government funds in introducing cash transfers

#### 5.4.4 TARGETING BENEFICIARIES

As highlighted in Chapter 4, the geographical and financial characteristics of a country play a major role in the determination of which targeting mechanism to use to identify beneficiaries. Whereas South Africa uses means-test criterion to identify beneficiaries for cash transfers, Malawi and Zambia use community-based targeting. It seems that Zimbabwe's social protection system is in favour of community-based targeting. BEAM which is currently the largest social protection mechanism for OVC, uses, for example, a decentralized community-based form of targeting to identify beneficiaries through the CSC. Moreover, the institutional structure of the NAP for OVC starts at community level, with one of the CLCPC's role being the identification of OVC at community level. This suggests the acceptance by policy-makers in Zimbabwe of the importance of involving community members in the selection process since they know the poor households in the community. Considering the fact that some areas in Zimbabwe are sparsely populated and difficult to access, it would be most appropriate to use community-based targeting to identify beneficiaries of a cash transfer programme since this has proved to be effective in Malawi and Zambia, which have the same characteristics.

Using the means test criterion based on income in Zimbabwe may be difficult considering that the majority of people are self-employed and some rely on agriculture for survival. In

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<sup>489</sup> Lewness & Monasch (note 424 above) 11.

such scenario, it will be difficult to come up with proxy indicators measuring income that will apply to all people. Targeting households that are ‘ultra poor’ and ‘labour constrained’, as done in Malawi and Zambia, may be easier in Zimbabwe and may enable the identification of the correct households to target. This is so because, ultra poor and labour constrained households are at the greatest disadvantage and are non-viable. Moreover, almost all OVC are to be found in these households, thus many OVC are most likely to be identified and reached. Zimbabwe can thus use the concepts ‘ultra poor’ and ‘labour constrained’ for identifying eligible beneficiaries. However, these concepts should be clearly defined and uniform guidelines should be provided to avoid subjective interpretations, which may lead to increased inclusion and exclusion errors.

To target eligible beneficiaries, eligibility criteria should be set by the governing Ministry providing specific eligibility guidelines. The Kalomo and Mchinji pilot project provide cash transfers to households which are considered to be ‘ultra poor’ and ‘labour constrained’. Although these concepts have been subjected to criticism as being prone to subjective interpretations, they have been effective in identifying eligible households.<sup>490</sup> The targeting evaluation team of the Mchinji project recommended that the concepts ‘ultra poor’ and ‘labour constrained’ be better defined so as to give more guidance in selecting eligible households.<sup>491</sup> It is suggested that Zimbabwe can adopt ‘ultra poor’ and ‘labour constrained’ criteria to select beneficiaries. The Ministry of Labour and Social Welfare, as the governing ministry in Zimbabwe should document eligibility guidelines in selecting social cash transfers beneficiaries so as to avoid problems highlighted above. It should provide a uniform definition of the concepts ‘ultra poor’ and ‘labour constrained’ taking into consideration different perceptions of these concepts in communities. The guidelines may also include a list of conditions which fall under the categories ‘ultra poor’ or ‘labour constrained’. For example, an ultra poor household may be identified by indicators including, hunger, begging, undernourishment, no valuable assets.<sup>492</sup> A labour constrained household may be identified by indicators including, sickness or death of breadwinners, non-availability of able-bodied

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<sup>490</sup> Miller, Tsoka & Reitchet (note 335 above) 6.

<sup>491</sup> *Ibid.*

<sup>492</sup> There should be clarity as to what constitutes, for example, hunger (whether it should be interpreted as to refer to non-availability of food or it should include inadequate quantities of food), lack of assets (clarity should be given as to what constitutes assets.)

persons of working age, disability and a high dependency ratio.<sup>493</sup> This will provide guidance to the selection committees on how to select eligible beneficiaries.

It has also been established in Chapter 4 that cash transfers have a positive impact on reducing children's poverty regardless of whether transfers are targeted directly to children or their households. It is, however desirable to target households instead of individual children directly to reduce stigmatization.<sup>494</sup> This moreover empowers the caregiver who might not have enough to take care of himself or herself and strengthens the household's coping mechanisms.<sup>495</sup> It is thus suggested that households be targeted instead of targeting the child directly. If OVC are targeted through their households, it is desirable that provision be made for children within these households in considering the level of transfer so as to achieve the maximum benefit of the transfer. For example, an additional amount may be given to households with children attending school. Vulnerable households not receiving any form of assistance should be targeted first if they are labour constrained and ultra poor.

#### 5.4.5 LEVEL AND DELIVERY OF TRANSFER

After identifying the intended beneficiaries, the next step is to consider the size of the transfer.<sup>496</sup> This entails balancing available resources with the range of possible benefits.<sup>497</sup> There should be a basis for settling on a certain amount.<sup>498</sup> The NAP for OVC estimated the costs to provide a basic package<sup>499</sup> of services for one year to a single vulnerable child at US\$106, 56.<sup>500</sup> This suggests that the estimated cost per month is US\$8,88 per child. This amount was calculated taking into account the rise in inflation rate and was projected to cover the next several years.<sup>501</sup> This amount, however includes US\$3,12 which is meant to cover educational expenses per month. Thus, the amount sufficient to provide for a vulnerable child not going to school per month is at least US\$5,76 per child. On this basis, it is the

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<sup>493</sup> Clarity should be given as to what degree of, for example, sickness or disability qualifies a person to be classified as labour constrained.'

<sup>494</sup> Mushunje and Mafico (note 4 above) 272.

<sup>495</sup> *Ibid.*

<sup>496</sup> Samson, Mac Queen & Van Neikerk (note 7 above) 31.

<sup>497</sup> *Ibid.*

<sup>498</sup> When the CSG was introduced in South Africa, the level of transfer was R100 per month per child. This was based on the fact that the Household Subsistence Level at that time was R75 and the State Maintenance Grant was R125 per month so it was agreed that R100 would be the ideal amount. The Kalomo cash transfer was estimated to cover the cost of a meal a day. 30 000ZMK was sufficient to buy one 50kg bag of maize. See Lund F (2008) 'Social Policy: The child support grant in South Africa' HSRC Press 59-61. See also Devereux & Pelham (note 2 above) 25.

<sup>499</sup> A basic package of services comprises of food, education, health, psychosocial support, financial assistance, legal protection and capacity building. See Government of Zimbabwe (note 13 above) 21.

<sup>500</sup> Government of Zimbabwe (note 13 above) 21.

<sup>501</sup> *Ibid.*

researcher's suggestion that the level of transfer for OVC not going to school in Zimbabwe be set at a minimum of US\$5,76 per month per child with an additional US\$3,12 being given for children enrolled in school. This amount will be sufficient to cater for all the expenses of OVC considering it was calculated taking into consideration all the basic needs of survival for a child.

The transfers should be paid on a regular basis. South Africa, Malawi and Zambia provide monthly cash transfers to the care giver or household head. Monthly cash transfers have been held to offer security to beneficiaries on the choice of use of the benefit. Since monthly transfers have proved to be appropriate, Zimbabwe can also provide cash transfers on a monthly basis.

As shown in Chapter 4, payments can be made in individual bank accounts of beneficiaries or beneficiaries can collect them at specified pay points. Considering that Zimbabwe has limited infrastructure and accessibility problems in some areas, the establishment of pay points at government institutions will be ideal for those areas where there are no nearby banks. This approach has proved to be effective in Zambia and can provide good lessons for Zimbabwe. Thus pay points should be established in nearby schools, clinics or other government institutions, under the management of CLCPC, for the disbursements of cash transfers. Government institutions in rural areas in Zimbabwe have been used as distribution points for the food aid programme and this has proved to be effective in reaching all beneficiaries. Thus, government institutions can be adapted to be pay points for cash transfers.

Alternatively, as recommended by Mushunje and Mafico, local communities can open community bank accounts where money is deposited to a trusted agent in the community, who could be a local chief or local child protection committee.<sup>502</sup> Since the NAP for OVC institutional frame work has a local committee operating at village level, each committee can open a bank account where payments for cash transfers are deposited. These agents can in turn disburse the funds to the beneficiaries.

#### 5.4.6 MONITORING AND EVALUATION

There is need for monitoring and evaluation mechanisms in place before social protection programmes are introduced. Through monitoring and evaluation, the impact of a programme can be measured. Monitoring and evaluation also assists in the identification of areas for

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<sup>502</sup> Mushunje & Mafico (note 4 above) 272.

improvement. Zambia, Malawi and South Africa all have external and internal monitoring and evaluation mechanisms in place. These monitoring and evaluation mechanisms have been useful in providing evidence on how cash transfers are an effective means of dealing with the OVC problem. There is thus a need for Zimbabwe to put in place a monitoring and evaluation unit to assess the success of the social cash transfer programme. The Ministry of Labour and social welfare should put in place a monitoring and evaluation strategy for cash transfers. It is suggested that this monitoring and evaluation system should operate at all levels, national, provincial, district and village level. The mandate of the monitoring and evaluation team should be clearly laid out in the operation manual. The monitoring and evaluation team should assess the impact of cash transfers interventions, whether the programme is meeting its objectives and whether the correct beneficiaries are being identified in the targeting process.

## 5.7 CONCLUSION

From the above discussion, it is apparent that there is need for careful planning before a cash transfer programme can be established. Although challenges are inevitable, they should not be of such magnitude that they destroy the objective of the programme. Introducing a cash transfer programme in Zimbabwe will not be an easy road but is one which is worth trying considering the impact of cash transfers has been positive worldwide. Moreover, the evidence in the paragraphs above suggests that cash transfers for OVC and their households may be a better option to replace the BEAM and the food aid programme which have been inadequate in providing for OVC in Zimbabwe because of their intrinsic value. Zimbabwe should consult other countries who have taken the same route like South Africa, Malawi and Zambia for lessons and recommendations on how to implement the cash transfer programme.

## CHAPTER 6: CONCLUSIONS AND RECCOMENDATIONS

### 6.1 CONCLUSIONS

The number of OVC in Africa has led to the need for innovative social protection mechanisms that protect OVC and their households. There is increasing emphasis on the fact that social cash transfers, as a form of social protection, is a key instrument in reducing poverty, deprivation and vulnerability among OVC and their families.<sup>503</sup> The researcher has provided evidence to this effect using practical examples of Zambia, Malawi and South Africa.

In conclusion it can be argued that cash transfers are an effective means of reducing poverty and vulnerability among OVC and their households. Although other social assistance programmes like food subsidies and public works programmes have been useful in assisting vulnerable families, they have failed to efficiently address ever increasing numbers of OVC worldwide, particularly in Africa. Social cash transfer programmes have been preferred over other social protection mechanisms because they are cheaper and easier to administer. It has been shown that cash transfers have greater positive impact beginning at the level of the recipient, extending to other household members, the community and national level. This dissertation has shown that social cash transfers are very effective in improving the well-being of OVC. Evidence in Chapter 4 suggests that beneficiaries of cash transfers mostly use the money to access health and education services for children, thus promoting the human capital development of children.

Although conditional cash transfers have been favoured in the middle-income Latin-American countries, they are not popular in Africa. Conditional cash transfers are not only expensive but also limit the freedom of beneficiaries on how to use their transfers. Moreover, lack of resources upon which to condition transfers has been another factor against introducing them in Africa. This research has established that cash transfers do not need to be conditional for them to have positive effects on children's well-being. Cash transfers programmes in Zambia, Malawi and South Africa are not conditional, yet the evidence of their impact on education, health and nutrition is impressive. It is thus not necessary for Zimbabwe to make cash transfers conditional.

This research has established that there are a lot of factors which need to be considered before a social cash transfer programme can be established. For implementation of a social cash

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<sup>503</sup>Barrientos & Dejong (note 13 above) 9-10.

transfer programme, there is need for adequate and sustainable financing, political commitment and adequate administrative and management capacity. There is need to decide on how to target beneficiaries, the level of transfer to be paid, regularity of payment, and monitoring and evaluation mechanisms. It is also necessary to audit the available resources, financial or otherwise, so as to measure the feasibility of implementing a cash transfer programme. Monthly transfers provide beneficiaries with security in deciding how they allocate their expenditures.<sup>504</sup> Zimbabwe can also introduce social cash transfers on a monthly basis. As for the level of transfer, the researcher has established that most low income African countries set the amount payable as transfer at the smallest affordable amount.

To ensure that OVC benefit from cash transfers does not mean that transfers have to be directly targeted to them. By targeting the poorest households, vulnerable children are reached, especially where provision is made for children within the households in the targeting criteria.<sup>505</sup> To increase the impact of cash transfers, they should be linked or complimented with other social protection and delivery mechanisms like measures promoting access to health and psychological support.<sup>506</sup>

## 6.2 RECOMMENDATIONS

Following from the above discussion, this research makes the following recommendations;

It is recommended that Zimbabwe constitutionalise children's rights, including the right of children to social assistance. One of the reasons for the success of the social assistance system in South Africa is that it has national legal support. The right to social security, being a right in the constitution means that the state has an obligation to fulfil it. Zimbabwe may consider the phraseology of this right from the South African Constitution in section 28 (1) (c) as read together with section 27 (1) (c) and (2).<sup>507</sup> The researcher recommends that the right for children to social security in Zimbabwe be phrased as follows: Every child has the right to basic nutrition, shelter, basic health care services, social services and social security.

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<sup>504</sup> *Supra* 27.

<sup>505</sup> Schubert and Pelham (note 2 above) 43.

<sup>506</sup> Mushunje & Mafico (note 4 above) 272.

<sup>507</sup> Section 28 (1) (c) provides that 'Every child has the right to basic nutrition, shelter, basic health care services and social services.' Section 27 (1) (c) provides that 'Everyone has the right to have access to social security, including, if they are unable to support themselves and their dependants.' Section 27 (2) provides that 'The state must take legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.'

The state must take legislative and other measures, within its available resources, to achieve the progressive realisation of this right. This phraseology will ensure that the state will fulfil this right since it becomes an obligation upon it. Including phrases like ‘within its available resources’ and ‘progressive realisation’ will be ideal since resources in Zimbabwe are limited and providing for ‘progressive realisation’ makes this right more realistic and acceptable since it does not put pressure on government resources.

It is recommended that Zimbabwe replace the BEAM and the food aid programme with the introduction of unconditional cash transfers on a monthly basis for OVC in Zimbabwe. This research has established that the BEAM and the food aid programme, though with good intention, have failed to adequately deal with the OVC situation in Zimbabwe. The researcher has provided evidence to support that social cash transfers will be a better option. Evidence from country studies in Chapter 4 has also proved that unconditional social cash transfers are a better option for improving the well being of OVC in low income countries like Malawi and Zambia. Replacing the BEAM and the food aid programme will make cash transfers feasible in Zimbabwe since the resources that were directed at these programmes will be diverted to the funding of a social cash transfer programme. This will ensure the affordability and long sustainability of a cash transfer programme in Zimbabwe since substantial funding will be from the government. Should additional resources be required, a portion of the pooled funds from the PoS may be utilised to augment government funding.

Replacing the BEAM and the food aid programme should be done after careful planning to avoid prejudicing vulnerable families. A good transition process should, thus be in place. It should be borne in mind that social cash transfer programmes take time to implement and scale up.<sup>508</sup> Thus, until a cash transfer programme is established, there should be some form of emergency assistance for vulnerable households. The route that Zimbabwe can take is to introduce cash transfers as pilot projects. Social cash transfers may be introduced first in, for example, some provinces and be progressively rolled out to cover all the provinces. While cash transfers are implemented in some provinces, the other provinces may continue to receive the BEAM and the food aid grant until cash transfers are scaled up to include them. The selection of which provinces to start with in the implementation of cash transfers should be made by the Ministry of Labour and Social Welfare which is in charge of social protection in Zimbabwe.

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<sup>508</sup> DFID (note 6 above) 22.

It is recommended that the institutional structure of the NAP for OVC be used to implement a cash transfer programme in Zimbabwe. This will ensure that implementation start at grassroots level (the community) to the highest level (the Cabinet). This will be ideal because evidence from Zambia and Malawi has proved that the communities play an important role in certain aspects of the implementation of a cash transfer programme like targeting. A community based, multi-stage, participatory targeting process should be used to identify beneficiaries for cash transfers. This targeting mechanism will enable community volunteers to determine which households in their villages are the poorest, as well as labour constrained. To identify these households, uniform guidelines should be provided by the Ministry of Labour and Social Welfare on how to distinguish households which are ultra poor and labour constrained.

It is recommended that households be targeted for social cash transfers rather than targeting individual orphans and vulnerable children.<sup>509</sup> This will avoid stigmatisation of children. The researcher suggests that the targeting process be as follows: The Village Head should, with the assistance of the Village Development Committee (VDC) should identify, interview and list all vulnerable households which are ultra poor and labour constrained within the village. The list should be forwarded to the Community Level Child Protection Committee (CLCPC) who should be responsible for monitoring the activities of the VDC so as to ensure that the identification of vulnerable households is conducted in a transparent manner. The CLCPC should then forward application forms of the identified households to the District Social Service Officers (DSSO) to review the applications and accept or reject them. There should be room for appeal to applicants who are not satisfied with the decision of the DSSO. The successful applications should be forwarded to the Provincial Child Protection Committee (PCPC) who should be in charge of implementation and coordination of the cash transfer programme at provincial level. The CLCPC should also be informed of the successful applicants and should, in turn relay the results to the applicants. Applicants with bank accounts within a reasonable walking distance can have the money transferred into their bank accounts. Pay points should be established in government institutions under the management of CLCPC for those beneficiaries living far away from banks.

In addition to the abovementioned duties of the personnel of the NAP for OVC, the CLCPC be responsible for identifying and managing government institutions which can be used as

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<sup>509</sup> Mushunje & Mafico (note 4 above) 272.

pay points. They should also be responsible for disbursing payments to beneficiaries. The PCPC should be responsible for disbursing funds for social cash transfers to the pay points. The DCPC should also be in charge of monitoring and evaluating the conduct of the CLCPC. The PCPC should be in charge of the implementation and coordination of the cash transfer programme on a provincial level. They should also be responsible for monitoring the conduct of the DCPC and evaluating the impact of the cash transfer schemes in the province. The DCPC should report to the Working Party Officials (WPO) whose role should be, among others, to oversee the implementation of the cash transfer programme at national level, for the purposes of mobilizing resources and deciding on programme design. The WPO should report its findings to the Social Service Action Committee of the Cabinet who should be in charge of coordination and monitoring of all social protection strategies in Zimbabwe. They should be responsible for formulating policies and lobbying for the budgetary allocation of social protection policies to the Cabinet of Zimbabwe. The Cabinet of the Republic of Zimbabwe should be responsible for approving policies, like the suggested cash transfer programme.

Mushunje and Mafico submit that ‘support needs are greater than cash alone.’<sup>510</sup> OVC face a lot of challenges which affects their well being. These challenges include material, social and psychological challenges.<sup>511</sup> It is apparent that OVC thus require a range of social protection mechanisms apart from social cash transfers so as to deal with the abovementioned challenges. In addition to cash transfers, there should be other programmes in place to deal with these social and emotional problems. It is thus recommended that a cash transfer programme be introduced to complement some of the already existing social protection mechanisms which provide for the social and psychological needs of children.

The introduction of social cash transfers for OVC and their households in Zimbabwe will not be an easy road but is one which is worth taking considering that the current social protection mechanisms, in the absence of social cash transfers, have failed to adequately deal with the OVC problems. The future of Zimbabwe is in the hands of children. Promoting the child’s well being ensures Zimbabwe of a better future.

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<sup>510</sup> Mushunje & Mafico (note 4 above) 271.

<sup>511</sup> Material challenges include problems in accessing money, clothing, food, education, health care and shelter. Social problems include lack of role models to follow, or of guidance in difficult situations. Psychological problems include stigmatisation, discrimination and emotional stress.

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