

How harmonised is Zimbabwe's Harmonized Social Cash Transfer Programme?

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Since 2010, Zimbabwe has been building up a National Case Management System (NCMS) to integrate the records of the many child care and social protection initiatives available in the country. This system is expected to automate the matching of available services to potential beneficiaries. This would be a major boon to case management at the local level, since there are many small-scale, fragmented initiatives. The automation of records, however, has not yet been developed to such an extent, though a pilot started in February 2017 is expected to promote great advances in that area. Nevertheless, up to 2016 the NCMS has allowed for the training and institutional strengthening of health and social workers at the local level, empowering them to improve case management even without the support of a fully functional monitoring and information system.

One of the shortcomings of the NCMS is that it is not particularly integrated with the other main component of Zimbabwe's social protection system: the Harmonized Social Cash Transfer Programme (HSCT). Both programmes were conceived as instrumental pillars of the country's social protection system, but they are not integrated with each other. Therefore, they each have their own monitoring and information system (the NCMS only has a pilot system, with coverage limited to six districts), and there is low convergence of coverage between the HSCT and the initiatives under the NCMS umbrella.

The HSCT is derived from previous cash transfer pilot experiences dating back to 2009. Unlike its predecessors, however, the HSCT (launched in 2011 and delivering payments since 2012) chose to define its eligibility criteria to cover households with high dependency ratios, rather than defining myriad household characteristics deemed to signify vulnerability (i.e. whether a household is headed by a child, a widow or an elderly person, whether it has orphans and vulnerable children, people with disabilities and/or chronic illnesses etc.). This not only simplified the programme and increased its legitimacy but also allowed it to work equally efficiently to cover these categories and, particularly, to cover households with members living with, affected by or vulnerable to HIV, including orphans and vulnerable children.

The HSCT is intended to cover households that are both food-poor and labour-constrained (with a dependency rate of 3:1, or 2:1 if the household has at least one member with a severe disability

or chronic illness who requires intensive care). Food poverty is estimated through a proxy means test (PMT). The process for selecting beneficiaries consists of a census in districts covered by the HSCT to identify a first set of potentially eligible households, which are then subjected to a PMT. The results allow the programme's monitoring and information system to flag a list of households to be enrolled in the programme. This list is sent to district authorities, who verify a random sample of forms to validate the consistency of the PMT. In addition, since 2013, the list automatically generated by the PMT has been subjected to scrutiny by the community. The community cannot alter the list itself, but it can point to incorrect or missing information on certain households so that their PMTs can be recalculated.

The HSCT consists of a variable benefit, with increasing per capita grants—for up to four persons per household. Benefits start at USD10 per month, and increase by USD5 per person, up to a maximum of four per household. The bimonthly payments are preferably disbursed to women. In addition to the cash benefit, the HSCT also promotes the provision of social assistance and child protection services, which justifies the 'harmonised' moniker. However, the strategy of promoting such integration through an automated system, which flags HSCT beneficiaries as being eligible to benefit from other initiatives and vice versa, is not yet functional, since the monitoring and information systems of the HSCT and the NCMS are not integrated.

A possible immediate measure to ameliorate these limitations would be to link the HSCT with the country's flagship assistance programme, the Basic Education Assistance Module (BEAM), to which HSCT beneficiaries were found to have less access than their counterfactual peers.

The HSCT could also consider increasing the value of its benefit, since most households have more than five members, therefore rendering the current per capita benefit too small to achieve the programme's goal of reducing poverty.

Reference:

Arruda, P. L. 2018. "Zimbabwe's Social Protection System and its Harmonized Social Cash Transfer Programme." *IPC-IG Working Paper No. 175*. Brasilia: International Policy Centre for Inclusive Growth.