

Social Cash Transfer Scale-up for Zambia

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What started as an 'experiment' on the desirability and feasibility of a social cash transfer programme in Zambia has now mutated into the national flagship social protection programme. How did this happen?

In 2003 the then Ministry of Community Development and Social Services decided to start implementing the Social Cash Transfer Programme in Kalomo district, Southern Province, targeting 159 labour-constrained, poor households. At the time, the population of the province had been experiencing high levels of hunger as a consequence of a drought and a high HIV/AIDS prevalence. Kalomo was chosen in particular because it had adequate administrative capacity to implement the programme, the main objective of which was to reduce hunger and the intergenerational transmission of poverty.

Many stakeholders were apprehensive because this was a new concept; thus, the programme's roll-out and expansion were conducted carefully. In 2005 the scheme was expanded to Kazungula district and then to Monze in 2007, reaching about 1000 households at this stage. The programme arrived in Katete via the implementation of a pension model; this is a universal model that targets older persons (aged 60 years and above) regardless of socio-economic status. Aiming to respond to child poverty, the child grant model was introduced in 2010 in Kalabo, Shangombo and Kaputa districts. The child grant programme is an unconditional cash transfer programme targeted at households with children under 5 years of age. It started in 2010, pursuing the same general objective of the Social Cash Transfer Programme with a specific focus on children's school enrolment and reducing the rate of mortality, morbidity, stunting and wasting among children under 5 years of age.

Although by 2013 the scheme was already being implemented in 19 districts—reaching 61,000 households—calls from many stakeholders, especially Members of Parliament, to expand to other districts were getting louder by the day. Thus, in 2013 the new government—which was elected on a pro-poor agenda—increased funding by an unprecedented 700 per cent (from USD2.7 million to USD23.8 million), to undertake a massive scale-up. The reasons for this scale-up were the following:

- the stubbornly high poverty levels, with extreme poverty standing at 42 per cent;
- the realisation that about 15–20 per cent of households were labour-constrained, such as those headed by elderly or chronically sick people, which depend on external support to survive;
- the generation of robust and reliable impact evaluation results, which had shown positive impacts of the Social Cash Transfer Programme on key indicators such as poverty reduction, food security and livelihoods (see Daidone et al., 2015); and
- solid experience amassed by the Ministry in implementing the scheme over the past 10 years, which made the mammoth task of expansion feasible.

The scale-up aimed to increase geographical coverage, the number of beneficiaries and to implement a harmonised scheme targeting the incapacitated households. Previously, the scheme was implementing four different targeting models, namely: labour-constrained, universal old-age

pension, child grant and multiple categorical models. An evaluation of the targeting categories of each model (OPM et al., 2015) indicated that the incapacitated (labour-constrained) model had a higher correlation with poverty. Thus, the targeting was streamlined to focus only on the incapacitated household model. An ambitious plan was set out to cover an additional 31 districts and 145,000 households in a period of six months.

The consequences of failure to implement the scale-up would have been dire, both politically and financially, as the government would be reluctant to provide additional funds for the cash transfers if the ongoing scale-up failed. As the expansion of the programme was deemed 'too big to fail', the following strategic decisions were made:

- the support from cooperating partners (Department for International Development, United Nations Children's Fund, Irish Aid and the Finnish Embassy) was now to be reoriented towards capacity-building of the Ministry by purchasing equipment and training personnel;
- three additional staff members were contracted to help with the 'burst' period (time-frame);
- teachers were engaged to be enumerators (during school holidays), to improve the quality of data capture;
- a proxy means test with elements of community-based targeting was introduced; this involved administering a questionnaire capturing data on households' living conditions to enable the determination of their poverty level; and
- multi-disciplinary teams were formed to undertake inception visits in the various new districts.

The major challenges during the scale-up process included poor terrain and poor road conditions after heavy rains, which made it difficult for the teams to reach some towns. The limited mobile phone network coverage made communication even more challenging in terms of arranging meetings at short notice in the communities. The institutional landscape in terms of vision, strategic plan and policy allowed for the scale-up. After six months, the scale-up increased from 19 to 50 districts, while the number of beneficiaries increased from 61,000 to 145,000 households. Moving forward in 2015, the Ministry hopes to consolidate its gains and will focus its attention on the use of mobile data capture technology, the design of the scheme and linkages to other sectors, such as health and education.

References:

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Note:

1. Ministry of Community Development, Mother and Child Health, Zambia.

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