

A comparative assessment of the impact of unconditional cash transfers for urban vulnerable households headed by elderly and non-elderly women in Mucheke ward 2 of Masvingo.

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ABSTRACT

In line with global trends Cash Transfers (CTs) are increasingly replacing in-kind assistance (such as food and seeds) across all sectors of humanitarian and development assistance in Zimbabwe. This study focused on assessing the impact of unconditional cash transfers in addressing the needs of vulnerable urban household headed by elderly women in Mucheke ward 2 of Masvingo. The study also sought to identify the needs and the coping strategies employed by the vulnerable urban household headed by elderly women. The study is a non-intervention descriptive study carried out on a small scale. It emerged from the study that remittances are dwindling for these households and at the same time dependency ratios are on the increase. Those receiving cash transfers are being innovative as they invest some of the cash into small income generating initiatives. It further emerged that the needs of the vulnerable urban elderly and non-elderly women are insufficiently met by the small amount of cash transfer which is more often than not unpredictable and inconsistently provided. Backdating of the cash transfer entitlements affects the labour constrained. It was also observed that utility bills for the 55% of vulnerable urban household headed by elderly women gobble more of resources that the beneficiaries generate. The introduction of cash transfers improved social cohesion and household relationships and allowed women to make decisions on the use of the money. The study concluded and recommended that: Government, NGOs and donors need to work together to identify appropriate solutions to ensure that transfer values remain consistent in all locations, for example by building in reasonable allowances for exchange rate fluctuations into budgets. This also applies to those organisations whose budgets are not formulated in US Dollars. Computations for cash transfer entitlements should consider the beneficiary needs in line with the survival and or the livelihood promotion thresholds since the current cash transfers are too small to meaningfully leverage incomes for the vulnerable urban households headed by elderly and non elderly women. The cash transfer contributes 15% to the household income for the vulnerable urban elderly women and 21% to vulnerable urban household headed by the non-elderly women. There are some positive as well as negative impacts that have been realised as a result of cash transfers but more needs to be done in terms of reviewing the cash transfer entitlements as well as the CT policy framework which is good on paper (rhetoric) to be practically applied and supported. Comparatively, for two vulnerable groups, the assessment has shown that the cash transfers are modestly contributing to these households' income but would be better if the amount is increased to a standard that can lift the beneficiaries from the survival threshold to at least the livelihood protection threshold.

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Dedication

This dissertation is dedicated to our children Lawson, Adrian and Margaret who always encouraged me to set and achieve high targets. I also pay tribute to my late parents Halidi and Margaret who showed me the way to an educational institution.

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ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
BEAM	Basic Education Assistance Module
CCZ	Consumer Council of Zimbabwe
CTs	Cash Transfers
CWW	Concern World Wide
ENA	Emergency Needs Assessments
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GPA	Global Political Agreement
HBC	Home Based Care
HDI	Human Development index
HIV	Human Immuno-Deficiency Virus
ID	Identity Document
ILO	International Labour Organisation
ISAL	Internal Savings and Lending
KI	<i>Kufuma Ishungu</i>
LIG	Low Input Garden
LIME	Longitudinal Impact Monitoring and Evaluation
MFE	Missing Food Entitlement
NGO	Non-governmental organisation
OVC	Orphaned and Vulnerable Children
PRP	Protracted Relief Programme

STPF	Social Transfer Programmes Facility
TCPL	Total Consumption Poverty Line
WFP	World Food Programme
ZECT	Zimbabwe Emergency Cash Transfer
ZESA	Zimbabwe Electricity Supply Authority
ZHSCT	Zimbabwe Harmonised Social Cash Transfer Program
ZimVac	Zimbabwe Vulnerability Assessment Committee

Definition of terms

Household economic analysis (HEA) analysis rests on being able to **quantify** food, income and expenditure, as well to quantify the initial effect of an event on production, income and prices. This process of quantification allows planners to then calculate a figure of need as well as to determine the type of need to be met (food deficit or expenditure deficit). Any resulting food or expenditure gap is calculated as the difference between how much was accessed – i.e., the outcome after an event – and how much ideally is needed. These standards of needs are not arbitrary.

Food need thresholds are based on international standards of how much food energy is required to survive – in this case 2100 kcal per person per day.

Expenditure need thresholds are based on minimum monthly expenditure baskets specific to each livelihood zone and each wealth group

The Survival Threshold, as currently defined, is the total income required to cover:

-2100 kilocalories (kcal) per person per day

-Costs associated with food preparation and consumption (i.e. firewood, salt, soap, kerosene, basic lighting

-Expenditure on water for human consumption

A livelihood is the ability to use available resources and knowledge in order to make living

The Livelihoods Protection Threshold, as currently defined, represents the total income required to sustain local livelihoods.

This means, total cost of:

-Covering **survival** plus

- Maintaining access to **basic services** (routine medical, schooling, etc.)

-Maintaining **productive activities** in the medium to longer term (agricultural inputs, vet drugs, etc.)

-Supporting a locally acceptable **standard of living** (e.g. sugar, tea, coffee, clothing, burial societies, etc.)

Community care facilitators- these are cadres male or female who were trained in home based care and palliative care that provide secondary care to community member with life threatening illnesses and are supported by the City council's social services officers.

Vulnerable urban non-elderly females categorised as single/never married, married, divorced or widowed whilst the vulnerable urban **elderly females** single/never married, married /widowed or divorced/separated whose standard of living is hovers around the survival threshold.

Chapter 1: Introduction to the study

1.0 Introduction

As an introduction, this chapter gives a background to the study and an outline of the aims and objectives of the study. The chapter also gives the statement of the problem, justification of the study and formulation of the research questions.

1.1 Background to the study

There is growing recognition that technological advances in the rural and urban sectors of developing countries may increase productivity, at the same time they undermine traditional systems of social protection, (Gilbert 1976). The changes are generating pressing needs to design social protection mechanisms that will secure the health and welfare of both rural and urban populations hence the advent of cash transfers (CTs).

Cash transfer programmes are sometimes described as ‘social assistance’ when resources either cash or in kind are transferred to vulnerable individuals or households. Social Protection and social assistance mechanisms have been used for many years in industrialised countries and are now used as well in developing countries. Social assistance is/ should be seen as a means to reduce poverty and to develop capabilities of the most vulnerable, increase social, economic participation and equality of opportunities. Social protection programmes by design need to balance the goals of: 1) preventing shocks that may have a negative impact on the poor; 2) reducing the impact of shocks that may have a negative impact on the poor; 3) helping vulnerable groups (the elderly, women, orphaned children, bedridden, disabled, and unemployed) to cope with shocks (Farrington, 2009).

However, the HIV and AIDS epidemic has changed demographics, with a rise in number of the elderly, orphans, and child-headed households and destitute families. The response has been a rise of social protection interventions such as cash transfers and other social safety nets. These have had some impact on families headed by the elderly, as well as on other households headed by women. Many social protection schemes wisely target the “chronically ill” and other needy groups and do not specifically expose the needs of vulnerable elderly women or non-elderly women headed households. The Government of Zimbabwe Harmonised Social Cash Transfer has established a maximum per household transfer of \$25. In order to align all programmes with the national framework, NGOs unconditional cash transfer interventions are not permitted to exceed this maximum per household. However, the question remains, whether, this is enough to cater for all the household priority needs for the vulnerable groups especially households headed by elderly women or non-elderly women?

The Zimbabwe Government is currently introducing a major social cash transfer program, the Harmonised Social Cash Transfer Program (ZHSCT). In order to harmonise it with other Government programs, the average transfer amount is set at US \$ 20 per household per month, with transfers to individual households varying according to household size at US\$ 5 per head, up to a maximum total amount of US \$ 25 per household. However, the question is whether this is manageable and enough to meet different vulnerable households priority needs? The problems that bedevil the vulnerable groups include inter alia;-

- Hunger due to lack of income to buy food,
- Water shortages,
- Unemployment,
- Sickness/illness as a result of poor nutrition and compromised immunity,
- Lack of accommodation and overcrowding in houses,
- Lack of funds to buy essential medicines,

- Lack of money to pay school fees,
- High medical fees and utility bills,
- Lack of money to buy clothes for orphaned and vulnerable children.
- Power cuts that worsen water crisis
- High dependency ratios,
- Landlessness.

Among the vulnerable groups the most significant manifestations have been the increased household debt. Since the introduction of the multicurrency system in 2009 many urban poor have been struggling to service their utility and rental bills – choking any significant chances for economic recovery. The exact debt stock varies from one household to another according to the Urban Assessment carried out by the Joint Initiative for Urban Zimbabwe at the beginning of 2011, in which some households reported having accrued electricity and water bills as high as US\$5,000 over the past 12 months. Household debt among the poor seems to be the biggest hurdle to effective livelihood recovery and long-term economic development. According to the Urban Livelihoods Assessment Report for 2011 conducted by the Zimbabwe Vulnerability Assessment Committee (ZimVac) in April, household utility arrears among the poor have increased by between 45 and 50 percent annually since the beginning of 2009. The Consumer Council of Zimbabwe (CCZ) reports that household debt has continued to rise between 2009 and 2011 due to extremely high bills from Zimbabwe Electricity Supply Authority (ZESA) and Council. CCZ data shows that in 2009, Zimbabwean households in the lowest income group spent 33% of their total income on food; 29.7% on rentals, water and electricity; 15.7% on education and medical costs; and the remainder on items such as transport, communication and household equipment. By contrast, during the first quarter of 2011 poor households spent 35% of their incomes on food (reflecting a 2% increase on the food basket), 47% on rentals, water and electricity (an increase of 17.3%), 11% on education

and medical costs (a reduction of 4.7%) and the rest on transport, communication and household equipment. The majority of poor women, urban Zimbabweans have little or no savings after the period of hyperinflation in 2008. The question that needs to be answered is; are there built-in mechanisms to respond to such non-static conditions in the state sponsored or NGO cash transfers (CTs)?

In line with global trends Cash Transfers (CTs) are increasingly replacing in-kind assistance (such as food and seeds) across all sectors of humanitarian and development assistance in Zimbabwe.

According to Help Age Zimbabwe, elderly people (65 years and above) comprise 7% of the total population. The elderly persons in the traditional African cultural setting were relatively secure as they had control over strategic resources such as livestock, essential skills and knowledge. They also had access to social capital. With the advent of urbanisation and the breakdown of nuclear family structures, the elder persons are increasingly getting isolated and excluded. In the case of Zimbabwe, even those that have some form of social security in terms of pensions, the economic instability over the past decade has rendered them poor pensioners. Despite their advanced ages, elderly persons have the extra burden of looking after orphaned grandchildren. Elderly people also find it difficult to participate in development initiatives due to their advanced ages and this, at times, makes them invisible to development players. The traditional forms of social protection are no longer as viable as they were before (Kaseke, 1998, Kasere, 1990). The role of traditional social protection mechanisms is being taken over by the 'modern type' of social protection which is either government or non-governmental supported.

The elderly populations are individuals aged 56 and above and are also defined as economically inactive as they are too old to work and are part of the dependent population.

The elderly are living below the livelihood promotion threshold hence the need for measures to support such households through cash or in kind transfers.

The majority of these elderly persons are retired pensioners without any other sources of income who as well take care of the bulk of OVC and the chronically ill. The old urban suburbs are dominated by elderly people who are ex-mine/railway/industry/domestic workers or people from neighboring countries (Malawi/Zambia), with no, rural home to fall back on, in difficult times (JI, 2011).

High dependency ratios were observed in elderly headed households (Nyanguru, 2007). This is now being exacerbated by the high numbers of children who are orphaned because of HIV and AIDS.

Most old high density areas that were built during the colonial era have a significant number of elderly populations who are economically inactive because of their age (Nyanguru, 2007).

While this assessment and others in Zimbabwe targeted this whole range of vulnerabilities in households, no particular attention is being given to vulnerable households headed by elderly and non-elderly women. Cash transfers have been provided across the vulnerable groups but no particular attention has been given to the vulnerable elderly and non-elderly women beneficiaries to check on the impact of the transfers considering the condition of such beneficiaries. Gender inequalities already present huge challenges for women, let alone the burdens created by the scourge of HIV and Aids. The elderly women are the ones who have become the ultimate care givers for the sick men and women before they die and at the same time take care of the orphaned children. The up-keep of the sick and children becomes burdensome at old age even though women in general and elderly women in particular soldier on.

1.2 Statement of the Problem

The introduction of unconditional cash transfers for the urban vulnerable populations is a noble idea, but the issue of, inadequacy and ineffectiveness of these cash transfers in addressing the needs of urban vulnerable households headed by elderly and non-elderly women is of great concern. The economic meltdown, high dependency ratios, rampant unemployment, high debt because of utility bills, reduced or no remittances, inability to pay for health and education are the problems that affect vulnerable urban households headed by elderly and non-elderly women. There is a yawning gap between the needs of urban households headed by elderly and non-elderly women than what the benefits of cash transfers alone can absorb.

1.3 Justification of the Study

This study looked at the adequacy and effectiveness of unconditional cash transfers in addressing the needs of vulnerable urban households headed by elderly and non-elderly women. Studies that have been carried out in Zimbabwe on cash transfers have been general in terms of identifying vulnerabilities. A study on special women's groups such as the urban vulnerable households headed by elderly and non-elderly women is required in order to identify their specific needs. The study will also help identify the coping strategies employed by the urban vulnerable households headed by elderly women who are beneficiaries of unconditional cash transfers. The study will also build the body of knowledge on cash transfers that will assist in guiding policy makers, donors and even academics. At policy level, there are no effective grass roots consultations with representative bodies for cash transfer beneficiaries to determine the impact and effectiveness of the transfers. The Government of Zimbabwe Harmonised Social Cash Transfer has established a maximum per household transfer of \$25, which is questionable? How is it determined/ computed? What

influences the figure? What has influenced the figure and categories to be supported at policy level?

1.4 Aim of the study

The aim of the study was to assess, the impact of the unconditional cash transfers, for urban vulnerable households headed by elderly women, in Mucheke high density suburb of Masvingo.

1.5 Objectives of the study: -

1. To assess the adequacy of cash transfer in meeting the needs of urban vulnerable households headed by elderly and non-elderly women.
2. To assess the effectiveness of unconditional cash transfers for urban vulnerable households headed by elderly and non-elderly women.
3. To identify the challenges faced by urban vulnerable households headed by elderly and non-elderly women.
4. To identify the coping strategies employed by urban vulnerable households headed by elderly and non-elderly women to maintain their livelihoods.

1.6 Key research questions

The study considered the following key questions:-

- a) How prevalent are the high dependency ratios in household headed by elderly and non-elderly women?
- b) What are the major challenges that households headed by elderly and non-elderly women encounter?
- c) What is the households' other socially supported source of income beside the cash transfers?
- d) Are the alternative sources of income sustainable for this age category?
- e) What livelihood coping mechanisms do the households use?

- f) How often does the household get cash through cash transfers?
- g) What are the household expenditure priorities on cash transfer supported money?
- h) What benefits is the household deriving from the cash transfer assistance?
- i) To what extent is the programme meeting its objectives and the needs of the target group?
- j) What can be done to strengthen the cash transfer programme so that it meets its social protection intentions?

1.7 Summary

The chapter managed to give a background to the study and an outline of the aims and objectives of the study. The chapter also gave the statement of the problem and the justification of the study.

CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

This chapter looks at the conceptualisation of cash transfers and the interface with social protection mechanisms that are in existence. This section will start by giving an outline of the theoretical framework for the sustainable livelihoods approach. This chapter reviews the concepts of social development, poverty, social protection and studies done in other countries as well as in Zimbabwe that illustrate the impact of cash transfers on different populations in different circumstances including the elderly. In this regard it will review literature relating to; how the cash transfers have been implemented, the conditions conducive for cash transfers and the provisions of the policy framework to support cash transfers.

2.1 Theoretical framework

In an effort to assess the impact of unconditional cash transfers for urban vulnerable households headed by elderly and non-elderly women, the study uses the sustainable livelihoods theoretical framework.

A theory can be defined as a set of assumptions, propositions, or accepted facts that attempt to provide a plausible or rational explanation of cause-and-effect or a causal relationships among a group of observed phenomenon (Business dictionary 2011).

2.2 The sustainable livelihoods framework

The sustainable livelihoods framework is a tool used to improve our understanding of livelihoods, particularly the livelihoods of the poor (Lunga, 2011). This is a framework that has been designed for development practitioners and over the years it has been adapted for assessing and analysing different livelihoods strategies or interventions. The study has chosen to use this framework as it suits the purpose of the study. The theoretical framework is well aligned with issues of poverty and deprivation.

The sustainable livelihoods framework presents the main factors that affect people's livelihoods, and typical relationships between these (Lunga, 2011). It can be used in both planning new development / relief/recovery activities and assessing the contribution to livelihoods in a sustainable manner made by existing activities. In this respect the framework is being used in the comparative assessment of the impact of cash transfers for the urban vulnerable female headed households.

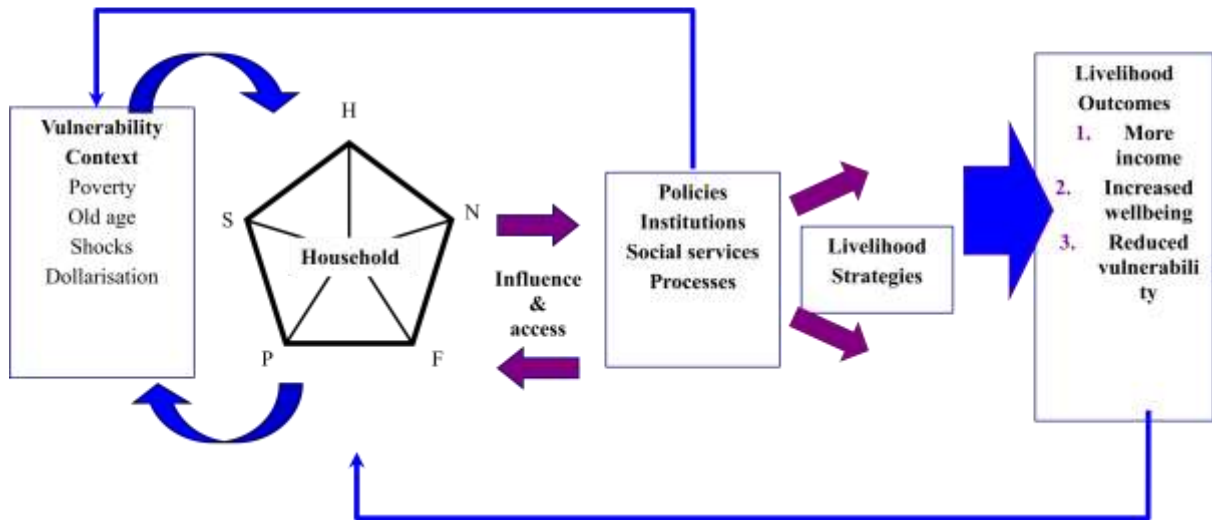
In particular, the framework:-

- provides a checklist of important issues and sketches out the way these link to each other;
- draws attention to core influences and processes; and
- emphasises the multiple interactions between the various factors which affect livelihoods.

The framework is centred on people. Thus taking advantage of the framework being people centred, it has been used to assess the core influences in people and their expenditure patterns and the way they live. It does not work in a linear manner and does not try to present a model of reality. Its aim is to help practitioners with different perspectives to engage in structured and coherent debate about the many factors that affect livelihoods, their relative importance and the way in which they interact. The approach helps the study in identifying the interaction between coping strategies, welfare interventions, gender and age. It also helps the study in establishing relationships between what the cash transfer policy framework wishes to achieve and the reality on the ground. This, in turn, should help in the identification of appropriate entry points for support of livelihoods like the cash transfers among others.

Below is a diagrammatic presentation of the sustainable livelihoods framework that has been adapted for the study with particular emphasis on social services delivery that is aimed at enhancing the coping capacities of vulnerable groups.

The Sustainable Livelihoods Framework



Key: H- Human capital, S- Social capital, N-Natural capital, F- Financial capital, P- Physical

The SLF was adapted from the DfID (Department for International Development) 2011.

The **arrows** within the framework are used as shorthand to denote a variety of different types of relationships, all of which are highly dynamic. None of the arrows imply direct causality, though all imply a certain level of influence. However, the wish is to attain the more positive livelihood outcomes.

Livelihoods are shaped by a multitude of different forces and factors that are themselves constantly shifting. People-centred analysis is most likely to begin with simultaneous investigation of people's assets, abilities, resources, their objectives (the Livelihood Outcomes which they are seeking) and the Livelihoods Strategies which they adopt to achieve these objectives.

The framework offers a way of thinking about livelihoods that helps order complexity and makes clear the many factors that affect livelihoods.

The Vulnerability Context frames the external environment in which people exist. People's livelihoods and the wider availability of capacities are fundamentally affected by critical trends as well as by shocks and seasonality – over which they have limited or no control. The factors that make up the Vulnerability Context are important because they have a direct impact on people's capacities and the options that are open to them in pursuit of beneficial livelihood outcomes.

Shocks can destroy assets directly (in the case of sudden economic down turn). They can also force people to abandon their home areas and dispose of assets (such as houses) prematurely as part of coping strategies. Recent events have highlighted the impact that international economic shocks, including rapid changes in exchange rates and terms of trade, can have on the very poor.

Trends may (or may not) be more benign, though they are more predictable. They have a particularly important influence on rates of return (economic or otherwise) to chosen livelihood strategies. This is a very important facet in this study as it relates very well with the need to understand cash transfer beneficiaries' coping strategies.

Seasonal shifts in prices, employment opportunities and food availability are one of the greatest and most enduring sources of hardship for poor people in urban areas. The effects of such changes are not an exception for cash transfer beneficiaries hence the need to use the framework to learn and understand more about the hardships the vulnerable urban elderly and no-elderly women undergo.

However, not all the trends listed above are negative or cause vulnerability. For example, economic indicators can move in favourable directions, diseases can be eradicated and new technologies may be very valuable to poor people.

However, use of the term Vulnerability Context draws attention to the fact that this complexity of influences is directly or indirectly responsible for many of the hardships faced by the poorest people in the world. It is common for there to be a vicious circle in action. The inherent fragility of poor people's livelihoods makes them unable to cope with stresses, whether predictable or not. It also makes them less able to manipulate or influence their environment to reduce those stresses; as a result they become increasingly vulnerable. And even when trends move in the right direction, the poorest are often unable to benefit because they lack capacity and strong institutions that will be working in their favour. The contexts of the urban vulnerable households headed by elderly and non-elderly women are susceptible to the same trends and in most cases the institutions that are expected to assist may not have the capacity to do so or will be unwilling to challenge the status-quo.

The Vulnerability Context is the part of the framework that lies furthest outside people's control. In the short to medium term and on an individual or small group basis there is little that can be done to alter it directly (though there are exceptions: for example, direct intervention to avert starvation).

Most externally-driven change in the Vulnerability Context is a product of activity at the level of Transforming Structures and Processes (e.g. changes in social transfer policy).

Another way of managing the Vulnerability Context is to help people to become more resilient and better able to capitalise on its positive aspects. This is a core aim of the sustainable livelihoods approach. It can be achieved through supporting poor people to build up their capacities. For example, increasing people's access to appropriate financial services – including insurance/ cash transfers – is one way of reducing vulnerability. The other approach is to help ensure that critical institutions like the social services are responsive to the needs of the poor and all vulnerable groups. This framework therefore provides a good platform for

exploring the structures and support systems that can be used to enhance resilience for the poor vulnerable groups.

The livelihoods approach is concerned first and foremost with people. It seeks to gain an accurate and realistic understanding of people's strengths (capacities or capital endowments) and how they endeavour to convert these into positive livelihood outcomes. The approach is founded on a belief that people require a range of assets to achieve positive livelihood outcomes; no single category of assets/capacities on its own is sufficient to yield all the many and varied livelihood outcomes that people seek. This is particularly true for urban poor people whose access to any given category of assets tends to be very limited. As a result they have to seek ways of nurturing and combining what assets they do have in innovative ways to ensure survival.

It is important to note that a single physical asset can generate multiple benefits. If someone has secure access to a house, they may also be well-endowed with financial capital, as they are able to use the house not only for direct productive activities but also as collateral for loans. Similarly, household effects may generate social capital (prestige and connectedness to the community) for owners. In order to develop an understanding of these complex relationships it is necessary to look beyond the assets themselves, to think about prevailing cultural practices (on gender and the use of household income) and the types of structures and processes that 'transform' assets into livelihood outcomes.

Pentagons can be useful as a focus point for debate about suitable entry points, how these will serve the needs of different social groups like the urban vulnerable households headed by elderly and non-elderly women and likely trade-offs between different assets.

The study is therefore very much influenced by the sustainable livelihood framework in its quest to understand the dynamics of cash transfers and the urban households headed by the elderly and non-elderly women.

2.3 Literature review

Social Security has been defined by the ILO (2000) as the protection which society provides for its members through a series of public measures against economic and social distress, (Kaseke, 1998). There are many contingencies which include maternity, injury, invalidity, sickness and or death. This definition presupposes that everyone earns a regular wage in formal employment which is adequate to meet basic needs, despite the fact that in 3rd world countries like Zimbabwe for example, earning a wage is an exception not a rule, (Fultz, 1997). This definition does not embrace other contingencies which are very rampant in third world countries like famines, cyclones, droughts and old age.

2.3.1 Development and poverty in the case of cash transfers

Development is where success or progress should ultimately be measured in terms of positive changes in poverty ratings, unemployment levels and inequality. Rodney, (1972) on the other hand argues that development is a many sided process. At the level of the individual, it implies increased skill and capacity, greater freedom, creativity, self-discipline, responsibility and material well-being. The achievement of these aspects of personal development is very much tied to the state of the society as a whole. Issues of material well-being and individual freedoms bring about inequalities in various forms and circumstances hence they may infringe on peaceful coexistence of people. This may not alienate cash transfers the elderly and non-elderly women hence economic development needs to be managed if it is to contribute meaningfully to poverty reduction.

Poverty on the other hand is regarded as a multi-dimensional concept that is characterized by a universally undesirable human condition of deprivation. Poverty can be absolute (income levels below which even minimum standards of health, nutrition, shelter, education (physiological) or relative (refers to the extreme differences in levels of living between the

top and bottom strata of society (social definition) (Nduna, 1995). McCaston, (2005) identifies a causal hierarchy of poverty with three levels, the underlying, the intermediate and the immediate causes of poverty. The underlying causes are related to the structural underpinnings of underdevelopment, specifically social systems, political and economic structures and environmental issues. They can include: - Economic: inequitable resource distribution (distributive justice); unchecked globalisation; unfair terms of trade; skewed structural adjustment. Political: poor governance; corruption; violent conflict; domination by regional/global superpowers. Social: marginalization, inequality, social exclusion (based on gender, class, ethnicity); harmful social customs and cultural practices; over-population. The intermediate causes are causes that affect people's wellbeing and opportunities for development and livelihood security. This can include, low livelihood (agric or income) productivity; limited livelihood opportunities; lack of skills; inadequate access to food, inadequate care for women, children and the elderly; lack of basic services, e.g. health, education, water and sanitation. The immediate causes directly relate to life and survival for example, disease, famine, environmental disasters and conflict. While improving human and social positions and conditions can be addressed through other social development interventions. It is evident from this explanation that poverty exists in a continuum ranging from absolute to relative with varied causes.

In addressing poverty related issues, inequality is one element that is outstanding and entrenches poverty in one or more ways. Gender inequalities cut across the underlying, intermediate and immediate causes of poverty hence an attempt is made to explain issues around gender. Gender refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time and have wide variations both within and between cultures. Gender along with class and race determines the roles, power and resources for females and males in any culture (CARE,

2009). Globally gender inequalities still present development challenges to the extent that at the extreme lower end of the poverty strata, there is a woman and specifically vulnerable women. Historically, attention to gender relations has been driven by the need to address women's needs and circumstances as they are typically more disadvantaged than men. Gender Equity is defined by justice in the distribution of resources, benefits and responsibilities between women and men, girls and boys. The concept recognizes that power relations between girls and boys, women and men are unequal and that such inequalities should be addressed.

Gender Equality or equality between women and men- refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male.

Women's empowerment involves awareness raising, building self-confidence, expansion of choices, increased access to and control over resources and the actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality. Empowerment comes from within; women themselves. Increase women's power through power to power with and power from within which focus on utilizing individuals and collective strengths to work towards common goals without coercion or domination (PECCN, 2011). This study also explores how elderly women control and use the cash transfer resources.

The issue of social transfers emanates from different models of social welfare provisions and this has given rise to the need to espouse a social development approach to the provision of social welfare services to promote effective, appropriate and sustainable intervention strategies that address the multi modal challenges that confront humanity across the globe.

Social Welfare is defined by Mupedziswa (1995) as a system of laws, programmes, benefits and services which strengthen or assure the provision for meeting the social needs recognized as basic for the welfare of the population and for the functioning of social order. Its areas of focus include- activities aimed at helping individuals or communities meet basic needs. Each country has some system of welfare provision, though coverage differs. Mkandawire (2001) posits that social welfare also encompasses access to adequate and secure livelihoods and income. The study helps explore how support for the elderly and non-elderly women through cash transfers fits in the whole equation of the provision of social services. In attempting to define social welfare, Midgley (1995) puts forward the argument that a condition of social welfare (or social wellbeing) is conceived of as comprising three elements which are the degree to which social problems are managed, the extent to which societal needs are met, and finally, the degree to which opportunities for advancement are produced.

Mhiribidi (2010) envisages a new dimension to social welfare, which is more holistic in meeting the needs of the community. Hence Patel (1995) in Mhiribidi (2010) uses the term social development approach to social welfare to refer to policies and programmes that meet the needs, promote rights and manage social problems and facilitate the maximization of opportunities to achieve social wellbeing and the promotion of human empowerment and social inclusion. This includes all social transfer initiatives.

The development approach, according to Patel (2005:238), is a pro-poor approach to welfare and service delivery which promotes the participation of those who are socially excluded. It aims to achieve social and economic justice through strengthening people and their communities' livelihood capabilities; it emphasizes partnership and collaboration with a range of actors and it promotes social solidarity and active social citizenship. Social development is comprehensive and universalistic- it seeks to enhance the wellbeing of the whole population. It is also dynamic and in the whole involving the whole process of growth and change.

2.3.2 Cash transfers and social development

Mohammed (1991) defined social development as concerned with society in its totality, making humanity the focus of development, seeking to develop its potentiality in a total sense. Social development thus aims at maximum improvement of the material, cultural, social and political aspects. Midgley (1995) viewed social development as a process of planned social change designed to promote the wellbeing of the population as a whole in conjunction with a dynamic process of economic development. The goal of social development in the context of modern welfare is to produce a social wellbeing that makes people capable of acting and making their own decisions in the broadest sense. Different vulnerabilities are considered in these contexts which include ageing and being female. The unconditional cash transfers are found in the social development process as one of the designs that society has put in place in order to make humanity the focus of development. As the society develops, there are other dynamic processes that also develop in both negative and positive directions.

According to Homfeldt and Reutlinger (2000), social development represents a holistic approach that is not static but process oriented. Social development policies thus involve comprehensive human resource development, raising standards of living and quality of life, improving health and human welfare, ensuring social justice and providing adequate social security for all segments of the population. Patel 2005 cited by Mhiribidi (2010) notes that social development encompasses the following aims:

- It is a pro-poor approach to welfare and service delivery,
- It promotes participation of those who are socially excluded,
- It aims to achieve social and economic justice through strengthening people and their communities' livelihood capabilities,

- It promotes social solidarity and active citizenship.

The social development theory has influenced the development of the social transfer policy framework in which the tenets of the social transfer policy are inter-alia the aims of social development.

The last stage in Midgely's theory of social development is concerned with the goals of social development. Apart from improvement of humanity, social development also seeks to provide material things such as access to, health, education, housing etc. Cash transfers are modelled around what social development seeks to achieve though in a small way.

The study takes into cognisance the social transfer policy framework that was put in place by the government in relation to the needs of the vulnerable urban elderly and non-elderly women. Cash transfer is expected to positively impact on the lives of vulnerable populations so that they are able to function and also contribute to the development of their communities.

Todaro and Smith (2009), note that development has three core values which are life sustenance, self-esteem and freedom from servitude. Cash transfers if properly implemented can make this change and aid the development process. All these values if met contribute toward the improvement of human life. On the same note, Midgely's theory is concerned with human welfare.

2.3.3 The urban context

In urban areas in particular the pace of economic and market recovery has been significantly faster than in rural areas making cash transfers presumably a viable and appropriate intervention. Urban areas are also the centre of technological developments, such as mobile money initiatives (although these are increasingly spreading to rural areas), and have more ready access to formal financial services.

Urban areas in Zimbabwe are characterised by highly monetised economies. The majority of household needs are met by cash, including rent, food, utilities, education and healthcare. Urban households in Zimbabwe have high debt levels and debt-servicing represents a significant cost for urban dwellers (Gourlay, 2011). These factors mean that the cash needs of urban households are high and that cash can be used in a number of ways to meet the basic needs of vulnerable urban households. At the same time the pace of economic market recovery has been much faster in the larger urban areas than in smaller urban centres and rural areas.

The pace of economic and market recovery has been faster in the larger urban centres than for most of the country. This presents a number of opportunities for cash transfer interventions: Urban households have greater access to financial services than rural households and many organisations have successfully delivered cash transfers through the formal banking sector. This not only provides an efficient and effective delivery mechanism for cash but reconnects urban populations with the formal financial sector. Most Zimbabweans lost confidence in the banking sector during the economic crisis, preferring to keep their savings in cash or assets. Assisting beneficiaries to create and access bank accounts restores confidence in the formal financial sector and helps to contribute to the wider economic recovery.

More people are formally employed in urban areas than rural areas, especially in the civil service. This means that there is usually a month-end rush at banks, shops and service-providers as people rush to draw their salaries and pay their bills (Gourlay, 2011). Most urban locations experience peak prices during November – December. Peak hunger periods are not as clearly defined in urban areas as in rural areas and may vary by location. Gourlay's, 2011 site reports covering six major urban centres suggest that peak hunger periods vary considerably between locations, ranging from a relatively short hungry season in January –

February in Bulawayo to a more significant period covering June – December in Mucheke. ‘Hungry seasons’ in the urban context will be affected by aspects such as the viability of urban gardening (depending on access to land and water, for example) and the post-harvest supply chains from rural relatives (Smith, 2011).

Urban communities are typically more fragmented than rural communities, without the traditional village and leadership structures (Slater, and Farrington, 2009). In urban suburbs it can be difficult to define ‘communities’ and neighbours are less likely to have extended shared family histories as in the rural areas (Gourlay, 2011).

Members of urban communities also tend to be very mobile and may move in and out of the targeted locations, or between two or more different locations following livelihood opportunities.

2.3.4 The Elderly: a brief background for Zimbabwe.

According to Ainlay, (I 989), an elderly person is one who is very old, less energetic and above 70 years of age. However, other definitions define an elderly person as one who is above 60 years and is still active.

According to Kinaird (1981), aging is both a process and state resulting from that process with profound psychological significance. In order to understand the concept of aging populations, there are quite a number of psychological theoretical perspectives that explain the concept of aging. Some of the psychological perspectives have been theorised by Rice (2008) and the researcher will only select a few of the theories. According to Rice, some of the psychological theories include; the Heredity Theory, the Wear and Tear Theory and the Cellular Aging Theory. In greater detail, the Heredity Theory explains that the theoretical length of life is hereditary and the life span of a species is set by genetic characteristics that have evolved over the years and is a process that cannot be stopped. The Cellular Aging

Theory explains that some cells in the body, particularly those in the brain system never reproduce and that aging is programmed by the limited capacities of cells to replace them. Lastly, the Wear and Tear Theory which explains that organisms simply wear out like a machine that has run for many years and if the machine has run out for many years, it has finished its tasks and therefore, it cannot be used any more. The final conclusion to the understanding of psychological theories of aging is that; aging is programmed by the limited capacities of cells to replace them and anyone cannot get off safely or stop the process of aging.

Following the above theoretical perspectives, the age at which people become ‘old’ and are unable to perform their duties and perceive different issues vary with the amount of work the person is involved in and the available medical attention accorded to the aging population (Ainlay, 1989). Heslop and Gorman (2002), added that; aging is associated with the reduced capacity to work arising from the ageing process and that it is a status which few, if any, can be expected to escape. However, all the aging populations worldwide go through the same aging process of cell degeneration. It is for this reason that, theories on aging apply to both generations in the developed and the developing countries and the most profound theorists on aging argue that, the aging population will continue to increase in numbers globally, regionally and nationally. According to Hampson (1975), the projection of world population for older persons will have increased three fold in the decades ahead and that; between 1975 and 2000, 60% of the population will be living in developing countries; which is an increase of 116%. However, population projections are not predictions, but rather illustrations of “what if scenarios” (Nankwanga et al, 2009). Aging population continues to increase worldwide and the magnitude of the problem of aging affects the entire nation, particularly in the Sub Saharan Africa.

A number of studies show that; the rate at which people are aging has been projected to increase tremendously in the decades ahead than what it is for now. For instance, Hampson views that the statistics of aging populations over the age of 60 years and above has been projected to increase from 1975 to 2000.

In Zimbabwe, the numbers of people who are in the category of the aged make up 4% of the total population (Ramji, 1990). The elderly in Zimbabwe like elsewhere in the developing world, are found in different economic sectors, namely peasant subsistence farming, commercial farming, urban retrenches, retirees and urban wage employment. The bulk of the figure of the aged is rural based and is generally poor. Hampson (1985) observed that previous reliance on household members remitting cash to their aged relatives seems to be becoming less common throughout the country. Even those who have gone to the Diasporas now find it difficult to support their kith and kin through remittances. Nyanguru, (1991) also observed that a small fraction of public assistance finds its way to the elderly. The situation has become worse since the launching of several economic adjustment programmes and the economic down turn that affected the country. The question that quickly comes to mind is how the elderly are surviving especially in urban areas. Some studies have shown that some of the elderly are engaged in informal income generation initiatives. However, Mupedziswa, (1995) notes that, in spite of all this, the elderly live in abject poverty. He further observed that most services available to the elderly are limited in scope and scale while others are not the preferred options for the generality of the Zimbabwean population since they go against the dictates of culture. Even though some of these services are available, the elderly have become the surviving guardians for children whose parents die in their 20 to 30s because of HIV and AIDS.

2.3.5 Traditional forms of social support and their influence on cash transfers

Traditional forms of support are not considered under most emergencies even though they play an important role in social protection.

Traditional social support networks constitute the different socio-economic measures that individuals, groups or communities in a given geographical area put together, either to meet a specific contingency or to ensure the general wellbeing of its community members' e.g. contingencies such as death, famine, chronic poverty, infirmity and disability (Kaseke. 1998). A variety of non-formal institutions ensure the general wellbeing of the members at each level, starting with the individual and building up through the nuclear family to the extended family, kinship groups and the community (at village level) has a specific role to play, in addition to mutual aid societies such as burial societies and credit societies (Dhemba, Gumbo and Nyamusara, 2002). This is the basis on which the support for the vulnerable groups (the elderly and women in general included) was guaranteed by society and it is the role that cash transfers and other formal social support mechanisms are gradually taking over.

Informal or traditional forms of social security and social protection have always existed in many societies. They provide the basis from which modern systems have developed (Kaseke, 1998). In Africa, the extended family was an important social security institution, providing support and protection to its members based upon culturally determined patterns of mutual assistance (Kaseke, 1998). He adds that the family provided for those who could not participate fully in its efforts to produce enough for subsistence, in this way those who were economically active supported the young, elderly, handicapped and sick whose productive capacities were limited or impaired. Usually people employed, formally or informally in urban areas send remittances in cash or in kind to their relatives in the rural areas. Persons in the rural areas also send remittances usually in kind to their urban relatives as well, (Chitiyo,

2001). This is a common scenario in developing countries like Zimbabwe. However the question is, to what extent is the informal support system meeting the needs of the vulnerable urban elderly and non-elderly women?

Many families have moved from the extended family systems and are now concentrating on their immediate nuclear family members. The nuclear is often viewed as the most important provider of security in all areas; Family members are expected to assist each other in times of need or old age (Dhemba, Gumbo and Nyamusara, 2002). If there is illness or death it is the responsibility of the family members to help and outsiders only come in to fill in gaps and to provide emotional and moral support to the bereaved family. One wonders if this is the same scenario in urban areas after the country's economic down turn and dollarisation.

According to Dhemba, Gumbo and Nyamusara, (2002), in Zimbabwe collective responsibility was historically rooted in the extended family, which always met the social security, needs of individual members. However, with the advent of the colonial state and the introduction of a cash economy, the traditional social support systems gradually weakened. The migration of able-bodied men from rural to urban areas in search of wage employment necessitated new arrangements for meeting social security needs, (Kaseke, 1998). The exodus to urban areas depleted the countryside of much needed labour and a social security arrangement, which was anchored on the land and the institution of the family. This led to the underdevelopment of rural Zimbabwe and compromised the capacity of peasants, consisting mainly of women, children and older persons, to meet their social security needs, (Dhemba, Gumbo and Nyamusara, 2002). Not much either could be accomplished in the urban areas since the economy had faltered terribly. The elderly men and women have remained at the receiving end of all the inward and outward migration of the labour active groups.

Some people still maintain ties with the extended family, especially in times of need or old age. However, due to economic hardships many people are currently facing financial challenges, hence assistance from the extended family is becoming erratic and unreliable as virtually everyone is struggling to meet their basic needs. While, there is need to strengthen the extended family system by advocating for income-tax rebates for those who are taking care of orphans and the elderly there is need to ensure sustainable government social protection systems.

Due to the extended family disintegration, and lack of access to formal social security systems, the poor have mobilized themselves to develop semi-formal social security systems to meet their social security needs and these mainly take the form of mutual aid groups (Dhemba, Gumbo and Nyamusara, 2002). However this does not substitute the role of the state in the provision of social protection to its citizens.

Third world countries are characterized by a high degree of inequality, unemployment as well as absolute poverty (Midgley, 1984). As such mutual aid arrangements systems serve as instruments to address these inequalities as arranged by society itself. Of importance to note is the fact that such systems can actually serve as the basis upon which formal social protection can be formed, (Midgley, 1984). Therefore, they serve as means to addressing people's needs when a contingency strikes and thus have been found to be very effective in meeting the needs of the community as a whole promptly (Kaseke, 1993). Therefore, do cash transfers substitute or complement these social arrangements?

Migrant workers from other countries like Malawi, Zambia and Mozambique formed the nuclear groups of the mutual aid arrangements, such as burial societies, (Dhemba, Gumbo and Nyamusara, 2002). This was mainly a way to try and curtail the inadequacies of incomes so that together as groups, people could pool resources, share risks and meet contingencies

like death, funerals and illness, (Mchomvu, Tungazara and Maghumbi ,2002). Kaseke, (1993) observes that these burial societies can be formed along kinship and family ties, but it is also very common for them to be composed of people who are not related, but of the same community as long as they share mutual needs. At old age, keeping up with monthly contributions is a challenge. Cash transfers only help to keep the aged and other vulnerable groups afloat.

Kaseke, (1997) also notes that mutual aid arrangements like burial societies are very crucial in so far as they allow and enable communities to take the initiative and responsibility of meeting social security needs for the members. Such an arrangement is very important considering that third world societies are characterized by high incidences of risks, limited coverage of public support systems, resources constraints, powerlessness as well as general low degree of formal systems of social protection, (Mchomvu, et al, 2002).

Communities have through these mutual aid arrangements taken the initiative to provide for themselves a way of responding to the negatives caused by individualistic values as a result of modernization, which has eroded the cohesiveness for traditional support systems like the family in looking after weak or sick members (Dhemba, Gumbo and Nyamusara, 2002). The family has always been a form of security on its own in as far as children were expected to look after their parents when they get old or fall sick or even other members of the family looking after each and relying on one another when a contingency strikes (Midgley, 1984).

However the HIV and AIDS pandemic has caused havoc to these mutual aid arrangements because of the rate at which members are dying. Dhemba et al (2002) noted the importance of credit and savings schemes and how they can be effective to enable people to meet contingencies. Through savings and credit schemes, people can stipulate an agreed amount and members can borrow from these resources when a contingency strikes on a rotational

basis. However, can cash transfer beneficiaries join such groups and maintain their membership?

Some developed urban micro-finance or savings and lending groups known as Kufuma Ishungu (KI) under CARE International in Zimbabwe have developed to the extent of creating social funds to cater for school fees for orphans and provision of hygiene articles to bed-ridden chronically ill members of their community.

Savings schemes are governed by a mutual constitution that has values and underpins the provision of benefits to members (Kaseke 1998). Such schemes enshrine solidarity as the group shoulders the burden when a contingency strikes (Kaseke, 1998). Can the same be done with cash transfer beneficiaries? What amount of support would be meaningful to maintain a group member?

Fultz (1997) also noted that funds that are generated from these savings clubs can actually be used as start-up funds in income generating projects. This then is promotional social security/protection as it is a hybrid of social protection and economic development.

Co-operatives are also common forms of mutual aid arrangements and self-organized systems that have been designed by groups in order to respond to the gap of the formal social security and protection systems, (Midgley, 1984). Funds contributed are directed towards income maintenance and covering members against contingencies. However, one wonders how this can be maintained by the urban elderly and vulnerable women.

Thus it is undisputed that these mutual aid arrangements and self-organized systems can actually embrace; those whom have been excluded from formal social security and protection forms. These arrangements can actually form the basis and foundation upon which formal forms of social security and protection can be based.

However, mutual aid arrangements are not spared of shortcomings as they do have their own share of problems due to mismanagement of funds, corruption and lack of transparency. Thus Dhemba, et al (2002) has suggested that it is important for burial societies to be trained in basic bookkeeping, financial management as well as record keeping. At times the idea of co-operatives has suffered greatly due to mismanagement of funds by the finance. This is a stumbling block since members are indeed not secure and covered in the event of a contingency like death striking despite the member being up-to-date with his/her contributions. Then what happens to the vulnerable urban woman who is not linked to the mutual aid group because she is receiving just \$20 as cash transfer? Contributions to the mutual aid group are mandatory and at times attract a penalty if not paid on time.

It is important to note that the extended family still continues to offer a pillar of strength to family members in financial hardships or faced with a contingency (Midgley, 1984). Co-operative family practices where people come together as groups and assist during harvesting still continue to provide the backbone of rural social security systems (Gilbert, 1976). Children still continue to look after their parents and thus it becomes imperative and rational that in order to sustain this, there is need to provide opportunities that boost employment creation like the enhancing of the productive capacity of the informal sector so that families can take care of each other (Chitiyo, 2001). However, a gap still exists in dealing with the new challenge of the growing number of the urban elderly women who are neither pensioners nor contributors to the National social security scheme.

It is crucial to note that these mutual aid arrangements do not in any way substitute state responsibility to citizens but only serve to complement it for comprehensive service provision, through policies which ensure public resources are directed towards the needy. This should be coupled with a deliberate effort by government to reduce concentration of income/wealth as well as the creation of opportunities for people to participate in national

development as well as share its benefits (Midgley 1998). Reasonable Cash transfers become handy under such circumstances. The forgoing discussion will focus specifically at cash transfers experiences in other countries.

2.3.6 Cash transfers: Observations from Sri Lanka

There were case studies done in other countries after a disaster had struck and the following summary of findings ensues. The eastern, northern, and southern coastlines of Sri Lanka suffered heavily from the tsunami in 2004, with at least 38,000 deaths, approximately 5,000 people missing, and 500,000 people displaced. Many of the worst affected areas on the east coast were fully or partially under the control of the Tamil Independence Movement and had been subjected to years of conflict and, in some areas, frequent displacement. World Bank led assessments indicated damage of around \$1.5 billion (Hailer et al, 2006). Resulting unemployment was substantial, with estimates of one million job losses. WFP started emergency food distribution within days after the tsunami struck. Initially this consisted mainly of imported food, as it was prior to the harvest and local prices were not internationally competitive at that time. However, following predictions of a good 'Maha' rice harvest, the Government of Sri Lanka discouraged rice importation. Furthermore, various non-governmental organisations (NGOs) (such as Oxfam, Save the Children UK, and the British Red Cross) raised concerns that import-based food aid, especially rice, would distort local markets. WFP Sri Lanka undertook a series of Emergency Needs Assessments (ENA) which considered the scale of the response from organisations and the Government of Sri Lanka, and the ability of households to re-establish their livelihoods hence the cash transfers.

The cash transfer programme has allowed comparative analysis of household expenditure and consumption patterns in cash receiving and food receiving households.

One of the findings was that, food related logistical costs were significantly higher and unlike cash, where a percentage is expected to be lost in ‘losses and leakages’ (Mohiddin, 2008).

The cash disbursement system was more cost-efficient (5% cheaper) than the food system in all the geographical areas of Sri Lanka. The lower cost of delivering cash was largely due to the existence of well-functioning bank network compared to the relatively high costs of moving food. The cost effectiveness of food was higher in the east in areas where the security was deteriorating, markets and banks were difficult to get to and where market prices were prone to higher fluctuations. The same scenario obtains in Southern African countries where there is relative peace and unpredictable economies (Mohiddin, 2008). Conversely, the cash was more cost-effective in areas with integrated and competitive markets, better bank access and lower market-price fluctuations. Neither food nor cash transfers reflected beneficiary transportation costs nor did cash transfer take into account price fluctuations. Both are cost elements that affect cost efficiency and effectiveness calculations. Fears that cash expenditure would lead to adverse social impact and gender inequity in resource decision-making were not realised (Haller, 2008). It was feared that the male member of the household would control the cash entitlement and would be more likely to purchase items like alcohol. The results show that these assumptions were unfounded. The level of joint decision-making between husbands and wives was slightly higher in cash- receiving households compared to food-receiving households. Alcohol consumption, although it increased marginally in both household types over the implementation period, increased less for cash households. In households with a high level of female control, there was a slightly higher expenditure on diverse food items and packaged goods, and a reduction in the purchase of alcoholic beverages compared to other households (Haller, 2008).

2.3.7 Cash transfers: some observation from East Africa and Asia

The pilot project findings are similar to those of projects elsewhere, for example in the Horn of Africa (Kenya, Somaliland, and Uganda) and Asia (Pakistan, Afghanistan, and Bangladesh)'. These projects also found that a large proportion of cash is spent on basic food and non-food items, particularly when small amounts of money are received on a frequent basis. Other studies showed that expenditure on livelihood assets is more likely to result from projects of longer duration, where larger amounts of cash are disbursed and where cash is a complement to food aid (rather than replacing food aid). In areas where markets were functioning and accessible, cash transfer was more cost-effective and preferred by beneficiaries. In those areas where markets were less functional or accessible, food assistance was more cost-effective and preferred by beneficiaries (Jaspers, 2006).

Sharma, (2009) comments, that when livelihood recovery, protection or support are project/state intervention objectives, analysis should include the identification of livelihood groups and the seasonality of their livelihood activities. Jaspers, (2006) notes that, the size of the transfer needs to be based on the value of assets that need to be rebuilt, which in turn should determine the scale and duration the intervention.

Analysis of both cost-effectiveness and efficiency of interventions should be standard practice in food and cash interventions in order to get a wider body of evidence on the relative costs and impact of these two approaches. Transport costs were significant for food beneficiaries (Haller, 2009).

Sharma, (2009) observes that, the appropriateness of CTs depends on a secure environment where markets are functioning. Communities in the more densely populated and less conflict-affected south of the island in Sri Lanka had very good market and bank access. This resulted in less time spent collecting cash and accessing markets, and as market prices were stable, the

‘value’ of the cash transfer did not depreciate as noted by Haller (2008). There were no restrictions or limitations on consumer and trader movements or products sold in the area. Almost all cash-receiving households in this area preferred receiving cash to food.

Overall, when households did receive cash, they diversified their diet. Haller (2008) observes that, they spent more on dairy products, meat, packaged foods, and non- food essentials such as clothing and footwear, and they bought cereals with a higher market value than the ones supplied by WFP. These increased expenditures were financed by reductions in the consumption of key staples (Haller, 2008).

Also as already mentioned, transaction costs imposed by remoteness and conflict had the effect of eroding the value of cash transfers relative to food transfers. A similar study by Concern World Wide in Gokwe South, on a similar intervention had similar observations (Concern WW, 2010).

This increased mobility means that beneficiary verification needs to be a more frequent exercise in urban areas (Gourlay, 2011).

While beneficiaries that are receiving cash transfers have reported increased unity amongst beneficiaries, the limited reach of most cash interventions has also triggered friction within communities between those that are selected and those that are not (Gourlay , 2011). This has also resulted in stigmatisation of beneficiaries receiving CTs, especially where physical distributions are made requiring beneficiaries to queue to receive their cash or congregate at supermarkets to access their shop card credit, thereby drawing attention to their status as beneficiaries (Harvey & Bailey, 2011).

Cash transfers are usually provided by the state and federal governments on a means tested basis or on a universal approach. Means testing the recipients of cash transfers is more politically acceptable as money is not perceived to be wasted by inclusion errors (McCord,

2009). Yet there are so many problems associated with this method as transaction costs of screening are very high and resentment of those who receive support is developed by those who do not. The universal approach on the other end does have many advantages as it increases social unity and reduces transaction cost. However, it has the danger of excluding the well deserving cases (Harvey and Bailey, 2011). One of the methods of managing a cash transfer is through the provision of money at once in a lump sum rather than in small regular amounts (Holmes and Jackson, 2008). Lump sum transfers are known to work better in post-emergency than developmental contexts as their potential to be rapidly transferred to the recipients suits the urgency of post-emergency requirement (Roberts, 2012). Success of lump sum transfers greatly depends on the local market and whether there are long term income generating investments to be made. Areas affected by illness, old age or such problems are likely to benefit from regular small payments (Slater and Farrington, 2011).

However, these surveys concentrated mainly on comparisons of the different models of delivery in times of emergency as well as other vulnerabilities. Issues to do with vulnerable urban non-elderly women and elderly women have not been given much attention.

2.3.8 Case studies in Zimbabwe

In most urban districts, the majority of the poor and vulnerable populations reside in the old high density suburbs of the city or town (such as Mbare in Harare, Makokoba in Bulawayo, Mambo in Gweru, St. Mary's in Chitungwiza, Mucheke in Masvingo among others) where cost of living is relatively low. Migrants from rural areas in search of employment opportunities add to the population density of these areas (Roberts, 2012).

Prior to 2009, cash transfers were not possible in Zimbabwe, due to the government's tight control over the maize market as well as hyper-inflationary in the economy. With the

liberalisation of the market and the January 2009 dollarisation of the economy, Concern went on a trial of cash transfers (CTs) as a response to the on-going food crisis.

The Zimbabwe Emergency Cash Transfer (ZECT) Pilot was implemented in Gokwe North, Gokwe South and Nyanga Districts. The pilot sought to enable the most vulnerable sections of the population to access their Missing Food Entitlement (MFE) by providing direct cash as well as food and cash in a second ward per district (1,900 households). The pilot was also intended to evaluate whether cash can enable Zimbabwean households to meet their food security needs and how the markets respond to such an intervention. Gokwe North has a considerable number of elderly, female and child headed households. Some of this is due to the prevalence of HIV/AIDS, but much is due to Zimbabwe's economic crisis during which time much of the formal economy collapsed.

By using cash Concern hoped to allow women too individually '(have) more influence on what happens in (their lives) and (be) able to make the choices (they) want to make'.

While there were significant differences between the effects of CTs on intra-household and intra-community relations, there were some similar findings. Both the ZECT evaluation found that overall the CTs or CTs with food all had positive impacts on intra-household relations. 'This was because the principal driver of poor intra-household relations is a lack of food at the household level, and all transfer types contributed to preventing this. The majority of beneficiaries of the CT programme reported that: It added to love in the household.

Overall many women and men said the CTs improved communication between spouses, or other family members. In some cases the CTs challenged gender stereotypes in that men started to see that women were capable of looking after cash and able to contribute to discussions on its use. Many women also appreciated that men had to request money from

them, as traditionally the opposite occurs. They felt this gave them a level of independence and authority.

Women should be consulted about what additional support they need and this should be addressed by working with existing community groups and by sensitising men and community leaders to the aims of the programmes.

Findings from another study done by Concern Worldwide and Oxfam in Zimbabwe looked at Concern Worldwide Zimbabwe Emergency Cash Transfer (ZECT) programme.

Prior to 2009, cash transfers had not been possible due to the Government tightly controlling the maize market as well as a hyper-inflationary economy. However with the liberalisation of the market and the January 2009 dollarisation of the economy, cash transfers became an option and a decision was taken to trial them.

The ZECT Pilot in Gokwe North, Gokwe South and Nyanga Districts, initially targeted approx. 3,800 households (approx. 19,000 people) over 5 months (November 2009 to April 2010). The pilot sought to enable the most vulnerable sections of the population of 2 wards in each of Gokwe North, Gokwe South and Nyanga districts to access their Missing Food Entitlement (MFE) by providing direct cash transfers in one ward per district as well as food and cash in a second ward per district. The pilot was also intended to evaluate whether cash can enable Zimbabwean households to meet their food security needs and how the markets respond to such an intervention.

Gokwe North is an area that has had enormous inward migration over many years from many areas in Zimbabwe so many villages are a mix of ethnic groups with some established households and some more recent migrants. There are also some Tonga villages which have

been in the area since the construction of the Kariba dam. In these, polygamy is more widely practiced.

Family disintegration within Gokwe North, as elsewhere in Zimbabwe, is quite common. There are a considerable number of households where elderly grandparents, often just the grandmother, are caring for young children. There are also many single woman headed households, as well as some child headed households. Support from relatives, migrant or living nearby, which might have been expected in the past, is for many now sporadic at best. This picture from the informants is corroborated by Brian Raphtopoluou et al (2009) who suggested that the economic crisis meant ‘the loss of formal-labour remittances to rural households severely impacted on the capacity of rural urban linkages to be maintained’.

Summary of findings from this study though in a rural set –up were:-

Concern’s work on cash transfers in Malawi found that giving women their own ID card helped to enhance their sense of identity and self-worth. It is therefore possible that by not allowing women without ID cards to collect cash the ZECT programme undermined these women’s sense of identity and self-worth.

Women have many other tasks and being expected to collect the money can significantly increase their work burden especially when the distribution point can be a long distance.

The ZECT evaluation found that on the whole, all of their interventions (cash, food and cash and food) were all found to have positive impacts on intra-household relations. ‘This was because the principal driver of poor intra-household relations is a lack of food at the household level, and all transfer types contributed to preventing this. In women headed households the money was usually spent in consultation with older children or grandchildren, depending on their age rather than their sex, though some decided on their own.

Women headed households in all villages reported that it improved communication with others such as siblings, grandchildren and daughters in law as they, together, discussed what to buy. For many this had a long term positive effect on the relationship.

Up to a third of women seemed to have had to deal with some kind of challenge from male relatives with regards to their control of the cash.

Overall many women and men said the cash transfer improved communication between spouses or other family members. In some cases the CTs challenged gender stereotypes in that men started to see that women were capable of looking after cash and were able to contribute to discussions on its use. They felt this gave them a level of independence and authority.

In polygamous relationships where the money went to the senior wife there was little involvement for the other co-wives who were not involved in decision-making.

Overall junior wives and daughters in law appeared to be largely excluded from any shifts in household dynamics resulting from the cash transfers.

Some further findings were that most of the money was spent on food, mainly maize. Beneficiaries said that the cash transfer money was mainly used to buy grain and some cooking oil; it was also used to grind maize. Beans or pulses were rarely purchased

The ZECT evaluation found that the net impact on consumption for households who had members able to undertake *maricho* was much lower than the value of the transfer, as most would stop doing *maricho* in favour of working in their own fields. ‘However, for labour constrained households, or where *maricho* is not regularly available, the transfers have a much more significant positive effect on recipients’ consumption, since without transfers households would ration food in the absence of alternative sources’.

2.3.9 The Social Transfer Policy Framework for Zimbabwe

The country is currently emerging from an economic crisis that hindered its national development since year 2000. GDP is estimated to have cumulatively declined by 50.3% between 2000 and 2008. The country experienced various economic challenges that included hyperinflation, mass deindustrialization, low productive capacity, high unemployment, food shortages and poverty. However, following the signing of Zimbabwe's Global Political Agreement (GPA) in September 2008, leading to the formation of the Inclusive Government in 2009 and the introduction of the multi-currency system/dollarisation in February 2009, the economy has seemingly been experiencing macroeconomic stability. GDP improved from minus 10% in 2008, to 5.7% and 8.1% in 2009 and 2010, respectively, mainly driven by agriculture and mining. The economy is forecast to continue on a recovery path with an average GDP growth rate of 7% between 2011 and 2015.

However, it is important to note that, while the multicurrency system may have stabilized the macroeconomic environment and laid the foundation for economic recovery, on its own it cannot and is not designed to correct the underlying structural rigidities in the economy.

Poverty levels in Zimbabwe continued to increase during the crisis period (2000 to 2008) on the backdrop of increasing inflation which was continuously eroding household incomes and funding for the social transfer programmes. According to the Poverty Assessment Study Survey of 2003, the proportion of the population in Zimbabwe below the Total Consumption Poverty Line ,consisting of the very poor and poor combined who could not afford both basic food and non-food items, increased from 55% in 1995 to 72% in 2003, representing a 31% increase, (MPSLSW, 2006). Poverty was higher in rural areas, with 71% of the rural population below the TCPL compared to 61% for the urban areas. The proportion of population below the Food Poverty Line constituting the very poor who cannot afford even

basic food alone increased from 29% in 1995 to 58% in 2003, an increase of 100%. The situation was exacerbated by the deepening crisis, which reached its bottom in 2008.

The Human Development Index declined to as low as 0.491 in 2006, giving the country a world ranking of 151, which effectively pushed Zimbabwe into the group of low HDI countries.

The Zimbabwean population is vulnerable to factors that arise from the social, economic, political and climatic conditions prevailing in the country. These factors include the following: Recurrent droughts, unemployment/capacity underutilisation, chronic/structural poverty, HIV and AIDS, low returns to agriculture, old age and disability.

In order to manage the negative social impacts of the deteriorating economic situation and a polarized political environment, the Government of Zimbabwe pursued social policies that had a major bearing on social protection outcomes. The policies sought to ensure that vulnerable groups were safety netted against the negative impacts of economic decline through a network of social transfer programmes. These ranged from policies on labour price controls; user fee exemptions for accessing basic social services; coordination of humanitarian assistance and regulating the work of non-governmental organizations (NGOs); among others. They also included policies that targeted specific vulnerable groups but none specifically targeting vulnerable urban elderly women or women in general.

Zimbabwe has developed legislative, policy and institutional instruments for implementing social transfers. Some of the legislative instruments in place are as follows: Social Welfare Act; Disability Act; Older Persons Act; Children's Act; Public Health Act; Education Act; and Civil Protection Act.

These key national policy instruments and international conventions with regard to Zimbabwe include the following: Medium Term Plan: This is the national five-year development plan to 2015. The Plan accords special emphasis on the need to support social

protection programmes for the protection of vulnerable groups with the aim of transforming Zimbabwe to a developmental state; this reinforces the social development approach to the provision of social services: Millennium Development Goals (MDGs): Zimbabwe adopted its Zimbabwe Millennium Development Goals 2004 Progress Report as its National Vision to 2015. Social transfers play a critical role in realising most of the MDGs, especially Goals 1 to 7.

In Zimbabwe several institutional arrangements have been put in place to deliver social transfers to the vulnerable groups. ST instruments are institutionalised in a number of key social sector government ministries and agencies. In order to operationalise the various social transfer programme instruments, institutional structures have been created at national, provincial and local levels. However, there are no institutional mechanisms for the elderly especially elderly women.

Zimbabwe has no special funded mechanism for the financing of STs. STs are funded through four main instruments: Fiscal budget, Financial Management Agents and NGOs

The rationale for developing the STPF arises from the need to consolidate and coordinate existing building blocks into a coherent and harmonised structure. These building blocks include among others that have a bearing on the area under review:

National Strategy for Transferring Incomes to Vulnerable Groups through Public Works, Harmonised Cash Transfer Framework, Food-for-Assets/Cash-for-Assets Framework Guidelines for NGOs in Humanitarian Assistance: Public Assistance Programme: National Action Plan for OVC and Livelihoods Support Programmes implemented by NGOs.

The rationale for the development of the social transfer programmes arises from a number of challenges that are reducing the impact of existing social transfer programmes.

It is also important to note that there is no comprehensive National Social Protection Strategy.

Whilst the country has over the years relied on its Enhanced National Social Protection Strategy, this has remained very limited in scope with only four key social protection components that mainly sought to cushion vulnerable households against the negative impacts of the economic decline with regards to access to basic social services and food security. These included the Basic Education Assistance Module (BEAM); The Health Assistance Programme; Public Works Programme and the Children in Especially difficult Circumstances Programme.

The broad objectives of the social transfer programmes are:

- To cushion the poor and vulnerable households against the negative impacts of shocks that can further weaken their capacities to manage risk;
- To facilitate the integration, mutual support and reinforcing of social transfer programmes for coherent and progressive synergistic impacts;
- To improve the relevance and adequacy of social transfers in order to achieve intended policy impacts whilst adhering to minimum quality standards;
- Provide for efficient and effective institutional arrangements for the initiation, coordination, implementation, monitoring and evaluation of social transfer interventions;
- Provide a coherent policy and programme framework for linking social transfers to the country's social protection and broad national development policies; and
- Provide reference guidelines to all stakeholders in the design, implementation, monitoring and evaluation of social transfer programmes;

Social transfer programmes are expected to prioritise support for the following vulnerable groups: chronically poor individuals and households, the indigent, OVC, people with disabilities, people with chronic illnesses, the elderly, households affected by chronic food insecurity due to recurrent droughts and people negatively affected by economic policy reforms.

2.3.10 Summary

The chapter has provided an insight into the sustainable livelihoods framework and how the framework has been used in the study. The influences and inter-linkages of development, social development and the traditional forms of social support on cash transfers were explored as well. The literature review which forms part of this chapter has managed to bring out findings on cash transfers from Sri-Lanka, Asia, East Africa and Zimbabwe. The Sri-Lanka, Asia and East Africa experiences are rural and urban while the Zimbabwean experiences are predominantly rural with a touch of the growth points which are to a limited extent urbanised. Provisions and inadequacies of the Social Transfer Policy Framework for Zimbabwe have been discussed, thus creating a good platform to delve into the actual study.

CHAPTER THREE: METHODOLOGY OF THE STUDY

3.0 Introduction

This chapter describes the methodological procedures and justification of the methods. Leedy (1980) views methodology as an operational framework within which the facts are placed so that their meaning can be seen more clearly. This chapter outlines the research design, population, sampling procedure and the data collection instruments that were used in the study.

3.1.0 The Research Approach

According to Bryman (2004) a research approach entails three important dimensions which are Ontology, Epistemology and Methodology. This section provides the ideological assumptions on the above three dimensions which will support this study. This study aims to assess the impact of the unconditional cash transfers for urban vulnerable households headed by elderly and non-elderly women in Mucheke high density suburb of Masvingo.

The focus is to explore the “what” and “how” questions with the goal of understanding contemporary social discourses and developing pertinent hypothesis for further inquiry on cash transfers and vulnerable urban households headed by elderly women (Yin, 2003). One community has been chosen in order to understand the perspectives of the social phenomenon.

The study employed both the quantitative and the qualitative methods (Silverman, 2005; Bryman, 2004). Quantitative information was used to measure the frequency and prioritisation of use of cash transfer resources. Qualitative information by key informants was used to triangulate the information provided by the cash transfer beneficiaries as well as getting non beneficiaries’ views.

The Ontological orientation of the study is constructivist (Bryman, 2004). However it is important to note that there are many constructive approaches. The study will lean on the constructive approach by Hayles (1995), who stresses the importance of interactivity and positionality. This is because gender is recognised as a basic organising principle that profoundly shapes the concrete condition of men and women in society (Creswell, 2007). Such assumptions are subjected to empirical scrutiny of which key concepts on household livelihoods and women are developed and interpreted into researchable entities (Bryman, 2004).

The epistemological orientation of this study is interpretative ideology (Bryman, 2004). The purpose is to obtain a valid and common understanding of societal discourses and action (Creswell, 2007). Vulnerable urban households headed by elderly and non-elderly women and cash transfer resources are of interest in the mostly male dominated community and how these resources influence the gender stereo typed behaviours.

3.1.1 The Research Design

A research design is an overall plan of a scientific investigation consisting of strategies to be used for collecting and analysing data (Polit and Hungler, 1999). Qualitative data was collected through in-depth discussions with focus group participants. Quantitative data was also collected through the detailed questionnaire relating to cash transfer beneficiary activities in the last three months.

The study was a non-intervention descriptive study carried out on a small scale. Varkevisser et al, (1993) observe that a descriptive study involves a systematic collection and presentation of data to give a clear picture of a particular situation. Nachmias and Nachmias (1982) indicate that, a research design is a programme that guides research in the process of collecting, analysing and interpreting data. Merriam and Simpson (1984) also say that, the

main aim of the descriptive study is to describe systematically the facts and characteristics of a given population.

The researcher chose to use the descriptive study because it is more reliable in that data are collected from a more natural setting. The descriptive survey method involves documenting real events, recording what people say, observing behaviour and studying written records or documents. Humans are the primary data gathering instruments and the researcher can use direct quotations from interviewees to support meaning to particular concepts derived from interviews.

According to Khan (1983), a descriptive study design describes and interprets what is concerned with, conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident, or trends that are developing. This study focused on Masvingo urban's Mucheke ward 2. The current cash transfer beneficiary number is 300 vulnerable urban household in Masvingo urban's 6 wards. The six wards have 32 community based care facilitators and two council social services officers who work with all the 300 cash transfer beneficiaries.

3.2.0 Target Population

Nachmias and Nachmias (1985) describe the target population as the aggregate of all cases that conform to some designed set of specifications, while Babbie (1992:198) defines study population as 'the theoretically specified aggregation of study elements' therefore a population can be said to be an entire group of people, objects or events all having at least one characteristic in common that is of interest to the researcher. The target Population were urban vulnerable households headed by elderly and non-elderly women who are being supported with cash transfers in Masvingo urban's Mucheke ward 2. Mucheke ward 2 has

51% (73) of the total number of the elderly women and 50% (65) non-elderly women giving a total of 138 women receiving cash transfers.

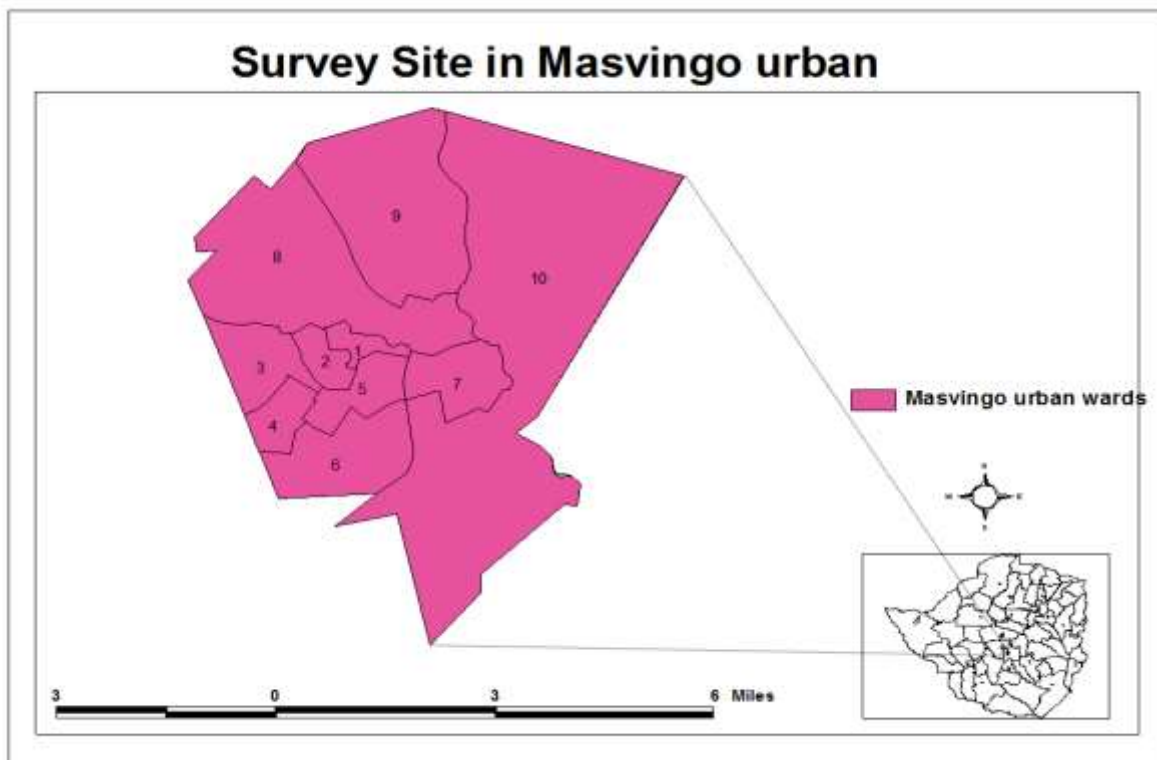
3.2.1 Sampling Approach and Methods

A sample in a research study refers to any group from which information is obtained (Frankel and Wallen 1996). A sample can also be referred to as a group of people or events drawn from a population for purposes of providing research information. According to Cohen and Manion (1980), the researcher collects information from a smaller group or subset of the population in such a way that it represents the total population under study. The researcher used simple random sampling in Muccheke ward 2 to select 40 (55%) of the urban vulnerable households headed by elderly women from a total of 73 urban vulnerable households headed by elderly women in ward 2 benefiting from cash transfers. Thereafter, purposive sampling was used to sample 40 (61%) households headed by non-elderly women cash transfer beneficiaries from the 65 households headed by non-elderly women. The researcher also used simple random sampling to select 5 (38%) community care facilitators from the 16 Community Care facilitators and one City council social services officer based in Muccheke ward 2 who would act as key informants.

Sampling methodology refers to the selection of a given number of subjects from a designed population as representatives of the population (Cohen and Manion, 1992). The benefit of drawing a sample from a large population is that it is usually not practical and economically feasible to involve all members of the study population. However, it is important to note that an important issue influencing the choice of the most appropriate sampling method is whether a sampling frame is available, that is the list of all units that comprise the study population (Varkevisser, 1991). A multi stage sampling procedure with probability sampling was also used in the study. Varkevisser (1991) observes that a multistage sampling procedure is carried out in phases and usually involves more than one method and is more often used in

community-based studies. Probability sampling involves random selection procedures to ensure that each unit of the sample is chosen on the basis of chance. All units of the study population should have an equal or at least a known chance to be included in the sample. However, in this instance, a sampling frame of individual units for the whole study population was not required. Initially a sampling frame of the wards was sufficient and only Muccheke ward 2 which was selected provided the list of individual units. The advantage with this sampling procedure is that the sample is easier to select than a simple random sample of similar size, because the individual units are physically together in groups, instead of scattered all over the study population. This advantage applies very well for this study as time and financial considerations were critical in determining which ward to work with.

Stage 1 — Selection of Muccheke Ward 2



Masvingo urban has 10 administrative wards and only six out of the ten were participating in cash transfers. The participating wards in cash transfers were Muccheke wards 1, 2,3,4,5 and Rujeko (ward 6). Wards 7, 8 ,9 and 10 were not consider for the cash transfer project hence

they were not considered as part of the target population. Simple random sampling was used to select Muccheke ward 2.

Stage 2 — Selection of respondents among the cash transfer beneficiaries

After the selection of Muccheke ward 2.

Eighty (40 elderly and 40 non-elderly women) respondents were randomly selected from the 138 female cash transfer beneficiaries available in Muccheke ward 2. The figure for the vulnerable elderly women represents 55% of the vulnerable elderly women in Muccheke ward 2 and the figure for the non-elderly women represents 61% of the vulnerable non-elderly women in Muccheke wards 2. Initially the population in the cash transfers was categorized into strata first by gender (male and female) then by age (elderly women and non-elderly women). Simple random sampling was then used to select participants from the different strata in different age groups of the elderly and non-elderly women. In the end a sample size of 80 respondents was drawn with each of the age categories providing 40 respondents. Varkevisser (1991) notes that, in stratified sampling it is important that a sample includes representative groups of study units with specific characteristics (elderly and non-elderly women) then the sampling frame must be divided into groups or strata according to these characteristics. The two groups/ strata in this instance were the vulnerable elderly and the non-elderly women beneficiaries of the cash transfers.

Focus group participants

Five focus group participants were drawn from Muccheke ward 2 using simple probability sampling of the all but two male community care facilitators of the 16 CCFs that were providing secondary care giving services to beneficiaries who were on cash transfers. One

officer from the City councils social Services department was also selected to be a participant in the focus group to make a total of six key informants.

3.3.0 Data Collection instruments

Questionnaire

The written questionnaire is a data collection tool in which written questions are presented that are to be answered by the respondents in written form. In this study the respondents were gathered in Mucheke Hall and were guided on how to complete the questionnaires on their own. The questionnaire had both open ended or closed questions (with precategoryed answers).

Focus Group discussion guide

Morgan (1988) points out that the defining characteristic of FGDs is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in the group. He further argues that the group situation can stimulate people in making explicit their views and perceptions.

Checklist for desk review

A checklist was used to collect data from proposal documents on the JI project.

Desk review of the JI (Joint Initiative) proposal documents, monitoring reports, social transfer policy documents and guidelines related to cash transfers in urban settings was undertaken. This technique is inexpensive because data are already available and allows for examination of past trends. However in this case there was little data on vulnerable urban elderly and non-elderly households headed by women.

3.3.1 Data Collection Techniques

Questionnaire administration

The administration of the questionnaire: Questionnaires were administered to 40 urban vulnerable households headed by elderly women and 40 urban vulnerable non-elderly cash transfer beneficiaries of Mucheke ward 2. The beneficiaries were gathered at Mucheke Hall where they were having their other scheduled meetings and the researcher took advantage of these gatherings. The rate of return was 100% since all the respondents were in one place and have a modest level of literacy. However, some sections were left unanswered by some of the respondents. The unanswered parts were varied among the respondents with no particular area commonly appearing.

Focus Group Discussions (FGDs)

One focus group discussion was conducted with 6 key informants from Mucheke ward 2.

It was hoped that group interaction would produce a wide range of responses allowing participants to build on each other's ideas and comments, thereby providing an in-depth view on the subject of the study. Thus a huge amount of information was collected within a short space of time and at a low cost, which was convenient to the researcher. This set up allowed the researcher and the respondents to come face to face helping to clarify questions which could have been misunderstood by respondents. In addition, the use of focus group discussions accommodated illiterate participants even though among this group there were none illiterate.

However, Booysen (2007: 3) notes that the interview technique has the challenge of reactive and investigator effect. Thus, the presence of the interviewer in this study might have

influenced responses. That is, participants might have simply said what they felt or believed pleased the interviewer/facilitator rather than what they actually believe.

The FGDs revealed some pertinent and interesting issues that needed further investigation but this particular data collection technique (FGD5) could not provide a suitable environment for such investigation.

Desk review

A desk review of project the JI (Joint Initiative) proposal document, monitoring reports, social transfer policy documents and guidelines related to cash transfers in urban settings was undertaken. This technique is inexpensive because data are already available and allows for examination of past trends. However in this case there was little data on vulnerable urban elderly and no-elderly households headed by women.

3.3.2 Pre – testing of instruments

Maxwell (1998:79) highlights that researchers could pre-test instruments to get used to the data collection exercise and to help the researcher to understand better the subject of investigation. The data collection instruments used in this study was pre-tested in Mucheke ward 3. The pre-test subjects involved were elderly women to whom the data collection instruments were at least relevant. The pre-testing helped practicing the interviewing technique. It also provided the researcher with the opportunity to probe relevant responses from the focus group participants and to identify and address shortcomings if compared to the local cultural settings. Generally, an environment that helped set the necessary mood for the discussions was preferred. The pilot study also provided the researcher with an opportunity to test the validity and reliability of the research instruments.

It also helped to adapt the questions to local cultural settings thus minimising the risk of conveying ambiguous questions and eliciting inaccurate responses from the local population.

Five elderly women, from outside the sampled area were involved in the pre-testing to determine possible changes to the questions. Only the translations from English to Shona and Ndebele were noted as the major areas to be considered in order to have the same understanding of the meanings of the different questions.

3.4.0 Data analysis

Data was analysed both manually and statistically using SPSS. Response frequencies were tallied based on similarities. Quantitative data is presented in tables, pie charts and graphs whilst the qualitative data is in narrative form to support the quantitative data.

3.4.1 Limitations of the study

- 1) The research design and the probability sampling that was used may not be statistically representative of the wider community and therefore results cannot be generalized to all urban vulnerable households headed by elderly and non-elderly women in Masvingo Province or in Zimbabwe. The research was only restricted to Mucheke ward 2 in Masvingo in particular. This was mainly due to financial limitations on the part of the researcher.
- 2) There may be confounding factors and the Hawthorne effect which were however, addressed by use of unobtrusive methods, careful design and pre-testing of instruments and gaining knowledge of the environment and events (Campbell and Stanley, 1963).

3.4.2 Ethical considerations

In order to carry out this study permission and consent was sought at various levels including the City Council and city fathers. This facilitated entry and cooperation with the research

participants. The purpose of the study, its procedures and benefits were explained before consent was obtained. The limitations of the study were also explained in order to avoid raising expectations to the research participants. Consent for both participation and recording were sought from the respondents. To gain the trust of participants their right to privacy and confidentiality was assured by taking the measures already alluded to. The autonomy of the respondents was respected and participation was voluntary. No rewards were given to induce participation. The information collected was used for the purpose of this study only.

3.4.3 Neutrality

Researcher respected the opinions of the respondents without deliberately seeking to influence them. The researcher ensured neutrality by avoiding a judgmental approach during the FGD.

3.4.4 Official Deception

The researcher observed the need to debrief respondents on the purpose of the study. The researcher sought to avoid leaving the respondents in doubt as to the use of the findings as well as raising false hope in the respondents by clearly stating the aim and objectives of the study.

3.5.0 Summary

This chapter described the methodological procedures and justification of the methods. The chapter outlined the research design, population, sampling procedure and the data collection

instruments and techniques that were used in the study. A description of how data was analysed, limitations of the study and the ethical considerations was done in this chapter.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This section presents background information of respondents, results of the research findings and discusses the impact of the unconditional cash transfers, for urban vulnerable households headed by elderly and non-elderly women.

4.1.0 Background to the cash transfer project

In line with global trends Cash Transfers (CTs) are increasingly replacing in-kind assistance (such as food and seeds) across all sectors of humanitarian and development assistance in Zimbabwe.

Urban areas in Zimbabwe are characterised by highly monetised economies. The majority of household needs are met by cash, including rent, food, utilities, education and healthcare. Urban households in Zimbabwe have high debt levels and debt-servicing represents a significant cost for urban dwellers. These factors mean that the cash needs of urban households are high and that cash can be used in a number of ways to meet the basic needs of vulnerable urban households. At the same time the pace of economic market recovery has been much faster in the larger urban areas than in smaller urban centres and rural areas. CTs therefore represent an ideal intervention for meeting a number of different programme objectives in urban areas. However, urban living also presents specific challenges – and opportunities – for CT initiatives.

Targeting of Cash transfer beneficiaries was triangulated through a number of sources to ensure that the most vulnerable are identified. A rigorous approach to targeting is essential in urban locations, not only to ensure that benefits are reaching the most vulnerable but also to demonstrate the integrity of the programme.

The Targeting Strategy employed recommended a combination of:

- Mobilisation through community-based organisations, especially those working with marginalised groups.
- Community-based wealth ranking.
- Vulnerability targeting within the poor and very poor wealth groups.
- Computer-based data triangulation to identify the priority households within the scope of the programme targets.
- House-to-house verification of community-based wealth and vulnerability ranking.

The JI through CARE International in Zimbabwe was implementing the cash transfer programme in Masvingo Urban and Gweru Urban in the poorest locations where most vulnerable households are located. CARE had a target of 600hh for the implementation of the CTs (*Masvingo – 300, Gweru – 300*). Unfortunately the number has since declined to a total 592hh (*Gweru 292, Masvingo – 300*) due to a number of reasons ranging from relocations, transfers and deaths. Due to the risks in carrying huge sums of money during distributions CARE has managed to engage Kingdom Bank to process the transfer of the amounts owed to the beneficiaries directly into their bank accounts.

A comparative assessment of the impact of cash transfers for the urban vulnerable households headed by elderly and non-women was conducted. The assessment had a thrust to research on the following key elements on Cash transfer:

1. To assess the adequacy of cash transfer in meeting the needs of urban vulnerable households headed by elderly and non-elderly women.

2. To assess the effectiveness of unconditional cash transfers for urban vulnerable households headed by elderly and non-elderly women.
3. To identify the challenges faced by urban vulnerable households headed by elderly and non-elderly women.
4. To identify the coping strategies employed by urban vulnerable households headed by elderly and non-elderly women to maintain their livelihoods

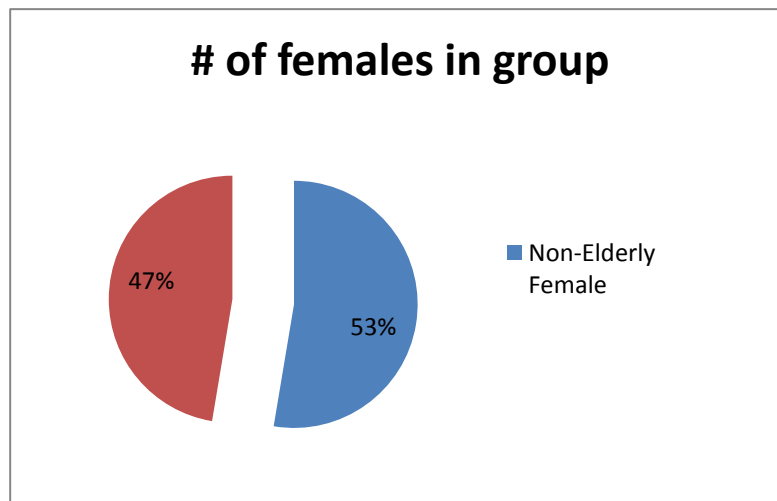
The discussion will try to address all the objectives though not in their chronological order since some variables maybe found or contribute to/ in one or two objectives.

4.2.0 Respondents' profile (marital status)

Table1: Marital status of respondents

Marital Status	Non-Elderly	
	Female	Elderly female
Married	4	8
Widowed	8	29
Divorced/Separated	14	3
Single/Never Married	14	0

Table 2: Percentage distribution of respondents



The sample size comprised of vulnerable urban **non-elderly females (53%)** categorised as single/never married, married, divorced or widowed whilst the vulnerable urban **elderly females (47%)** are mainly widowed and married or divorced/separated. The percentage of the widowed elderly is 72% of the sampled proportion. This supports the observations by Hampson (1975) and Nankwanga et al, (2009) who indicated that the population of the elderly is growing high. According to Hampson (1975), the projection of world population for older persons will have increased three fold in the decades ahead.

Table 3: Age Descriptive statistics

Age Descriptive Statistics						
Female HHH status		N	Minimum	Maximum	Mean	Std. Deviation
Non-Elderly Female	Age of HH Head	20	18	45	35.25	9.250
Elderly female	Age of HH Head	18	52	83	67.50	8.597

The vulnerable urban non-elderly females range from 18-45 years with an average of 35 years whereas the vulnerable urban elderly females range from 52-83 years with an average of 68 years. These categories comprise the chronically ill, disabled, widowed and low income earning households as well.

4.3.0 focus group respondents profile

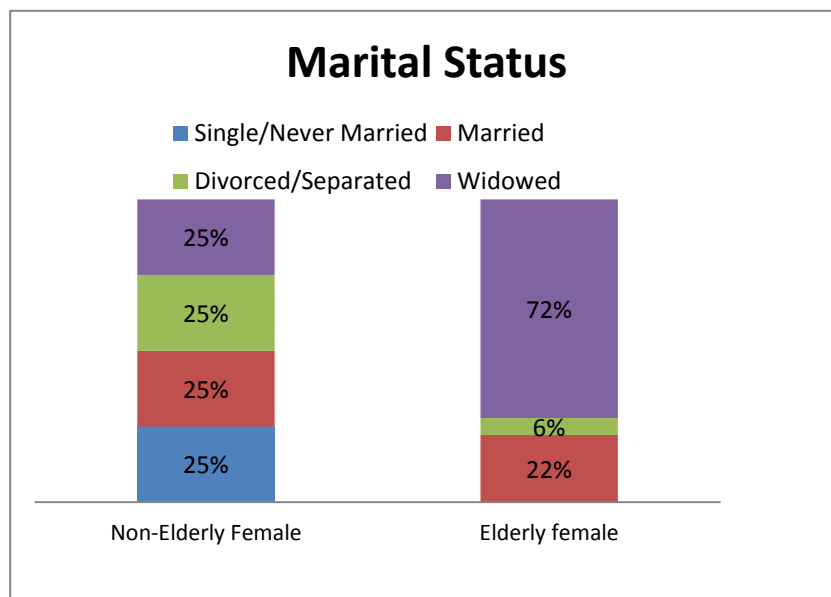
Table 4: Profile for the key informants

Marital Status	Non-Elderly Female
Married	2
Widowed	3
Divorced/Separated	1
Single/Never Married	0

The key informants were all non-elderly women who were trained in community home based care and palliative care who worked with the Mucheke ward 2 cash transfer beneficiaries. 50% of them were widowed while the rest were either married or separated. These are volunteers with various experiences in their lives and have committed their lives to work with the community.

4.4.0 Respondents by age and marital status

Table 5: Percentage distribution of respondents by age and marital status.



The majority of the vulnerable urban elderly females are widowed (72%) and these have a burden of taking care of their grandchildren left by their deceased parents due to the HIV and AIDS pandemic. Due to old age, they might not be found performing like the non-elderly women in terms of livelihood strategies. This has been noted as well by Heslop and Gorman (2002), who said that; aging is associated with the reduced capacity to work arising from the ageing process and that it is a status which few, if any, can be expected to escape. A total of 22% are married but this however does not put them at an advantage because their partners are also old and may not be in a position to provide a strong advantage in terms of livelihood strategies. Another 6% are either divorced or separated. Marital status has implications on

how the household decides on the use of income from cash transfers. It also influences expenditure patterns which in turn affect the household's coping strategies and the net impact on consumption for the household. Findings from the Gokwe study indicate that men would influence how the cash transfers entitlement would be used in the household. This has implications as well on the social support arrangements in the community as observed by the CWW study.

The vulnerable urban non-elderly females who were benefiting from the cash transfer project are characterised as single/never married (25%), widowed (25%), divorced or separated (25%) and a very small percentage are married (5%). This group has a better ability to manoeuvre around in order to sustain their families. They participate mainly in petty trade, casual labour to earn a living. This is the group that provides labour for the better off households either agric related or non agric casual labour. Since they have a higher investment in terms of IGAs and ISAL this gives them a better chance to earn extra income than the vulnerable urban households headed by elderly women. The vulnerable urban non-elderly females have also a better access to loans from the ISAL project they participate in which is a positive development that has come as a result of being a cash transfer beneficiary.

4.5.0 Comparison of household sizes

Table 6: Household sizes

	Minimum	Maximum	Mean
Non-Elderly Female	1	5	5
Elderly female	1	10	6

The urban vulnerable elderly women headed households have a burden to fend for a household size of 10 against that of the non-elderly of 5. Similar trends of high dependency

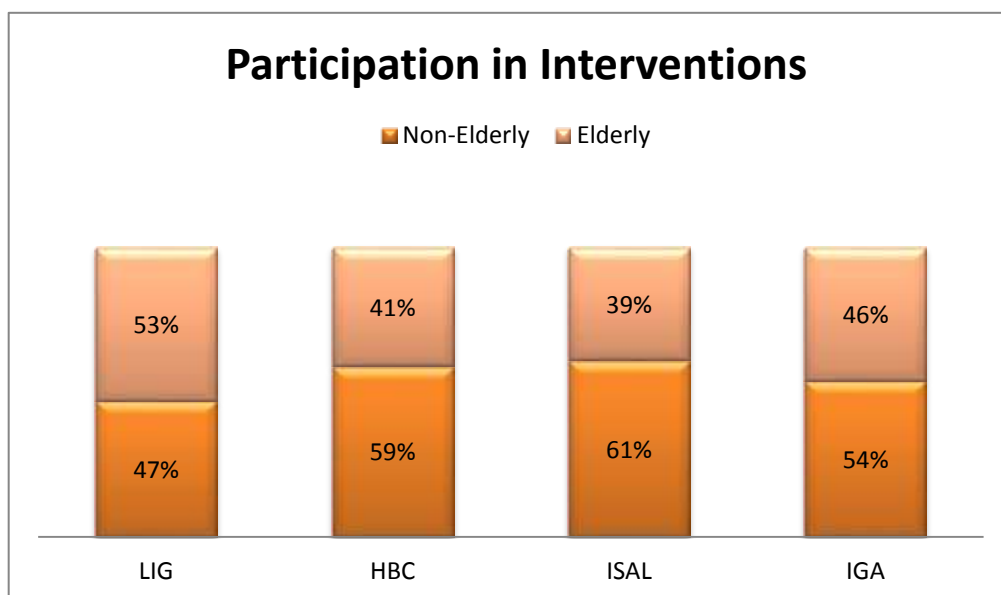
ratios were observed in elderly women headed households (Nyanguru, 2007). The cash transfer has been designed for an average household of 5 hence households with more members need more of the cash transfer support. The bigger the household size the more the burden for the already struggling elderly women hence the lesser the impact of the value of the cash transfer.

4.6.0 The coping strategies employed by urban vulnerable households

4.6.1 Participation of household in other livelihood activities

However a number of factors come into play in order to ensure that the household has sufficient food on the table ranging from Income Sources, Food sources and Expenditure patterns. These two groups have various ways in which they earn a living, that range from casual labour, petty trade, remittances, unconditional cash transfer, pension and own crop sales. They also vary in terms of the use of money (expenditure).

Table 7: Household participation in other livelihood activities



The assessment reflected that quite a number of the cash transfer beneficiaries have identified the benefit there is in reinvesting (61% vulnerable urban non elderly women and 39% vulnerable urban elderly women) the money that they receive from cash transfers into the previously promoted interventions like buying seeds and chemicals for low input gardens, buying medication to support the chronically ill, Internal Savings and lending as investment and savings, income generating activities in order to generate more income. The cash transfer amount on its own is not enough to sustain the household headed by vulnerable urban elderly women if it is not complemented with income from other sources. The cash transfer in this respect adds value to the households' coping strategies if they can participate in IGAs.

The vulnerable urban non-elderly group is participating more in the interventions than the vulnerable urban elderly women. This is due to the compatibility of the interventions. Low input gardens are more accessible since there is promotion of using locally available resources and this requires less effort for the old aged female. The urban vulnerable elderly women headed households participated less in ISALs and IGAs because of competition with the more energetic non elderly females. LIME/HEA results in the PRP (2012) report also indicate that 25% of cash transfer beneficiaries who are aged are labour constrained and hence find it difficult to participate in internal savings and lending or income generating activities. As well money for investment is another limiting factor for the urban vulnerable elderly women headed households. The urban vulnerable elderly women headed households tend to grow weary even in the dynamic marketing and economic environment and this ends up disqualifying them from the benefits of the economic activities. However, Fultz (1997) noted that funds that are generated from these savings clubs can actually be used as start-up funds in income generating projects. This then becomes promotional social security/protection as it is a hybrid of social protection and economic development. The urban vulnerable elderly women headed households also participate in HBC as a component

of providing care to clients and even orphans that are left in their custody by their late parents. The current cash transfer environment being promoted by the state observes the existence of challenges affecting the urban vulnerable elderly women headed households but seldom make an effort to address these challenges.

On a monthly basis the CT beneficiaries get a total income of USD\$20/beneficiary and it is deposited into their Kingdom Bank accounts. Gourlay (1998) observed that, this not only provides an efficient and effective delivery mechanism for cash but reconnects urban populations with the formal financial sector. Most Zimbabweans lost confidence in the banking sector during the economic crisis, preferring to keep their savings in cash or assets. Assisting beneficiaries to create and access bank accounts restores confidence in the formal financial sector and helps to contribute to the wider economic recovery. In Sri-Lanka, (Mohiddin, 2008) also observed that the cash disbursement system was more cost-efficient (5% cheaper) than the food system in all the geographical areas of Sri Lanka. The lower cost of delivering cash was largely due to the existence of well-functioning bank network compared to the relatively high costs of moving food. The same happened in this study where the disbursement of the cash transfer entitlements was via the bank. However, further findings indicate the following:-

The program has not given a provision for the covering of the bank charges and thus from the \$20, bank charges are claimed from the amount. The cash transfers were not disbursed on a monthly basis thereby distorting predictability. As well transport cost charges have not been factored in. The policy framework still maintains that \$25 is the maximum that cash transfer beneficiaries should get. In this instance, the delivery process of the cash transfers disadvantage the beneficiaries and hence negatively affected the outcome of the objective for providing the cash transfers. The beneficiaries could not predict when they would receive the cash hence they could not budget/plan or commit themselves to other social arrangements

and IGAs that require member contributions. The bank charges negatively affect the final cash transfer amount that gets to the beneficiary.

4.6.2 Household income sources in the last three months

Table 8: Household income sources

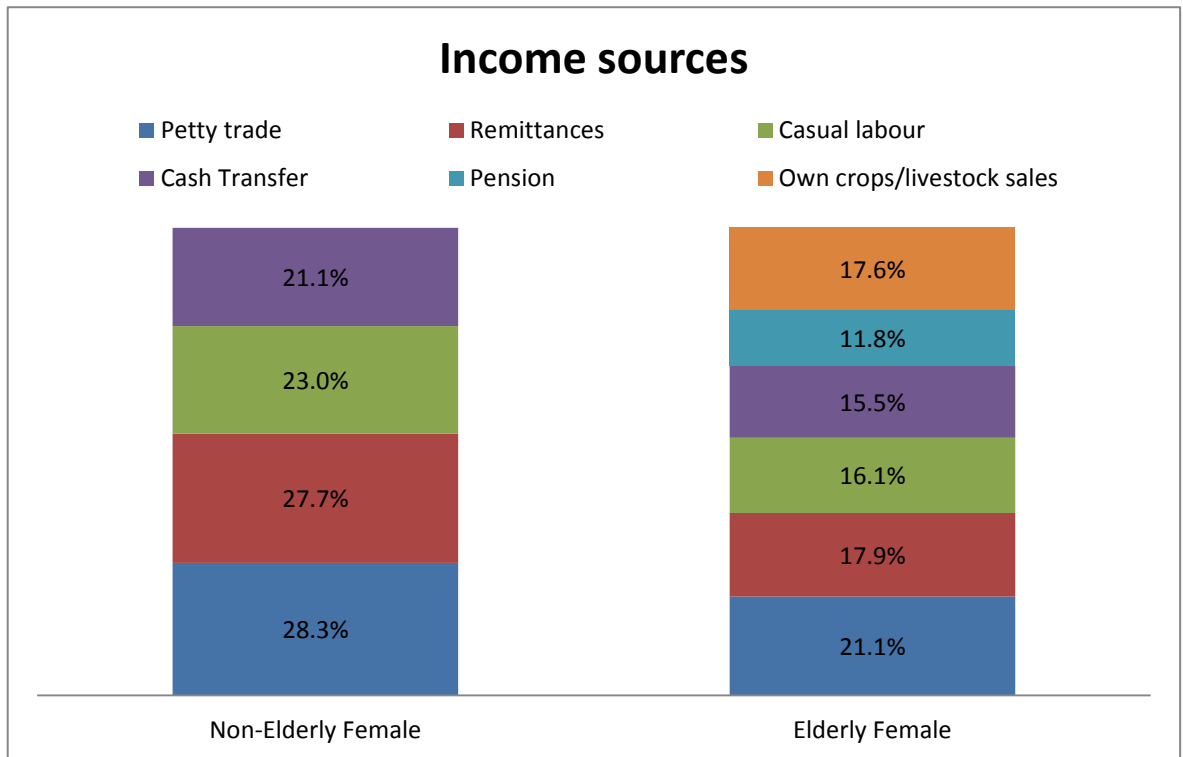


Table 9: Descriptive statistics on income sources

Income source	Non-Elderly	
	Female	Elderly Female
Casual labour	23.0%	16.1%
Petty trade	28.3%	21.1%
Cash Transfer	21.1%	15.5%
Remittances	27.7%	17.9%
Pension	.0%	11.8%
Own crops/livestock sales	.0%	17.6%

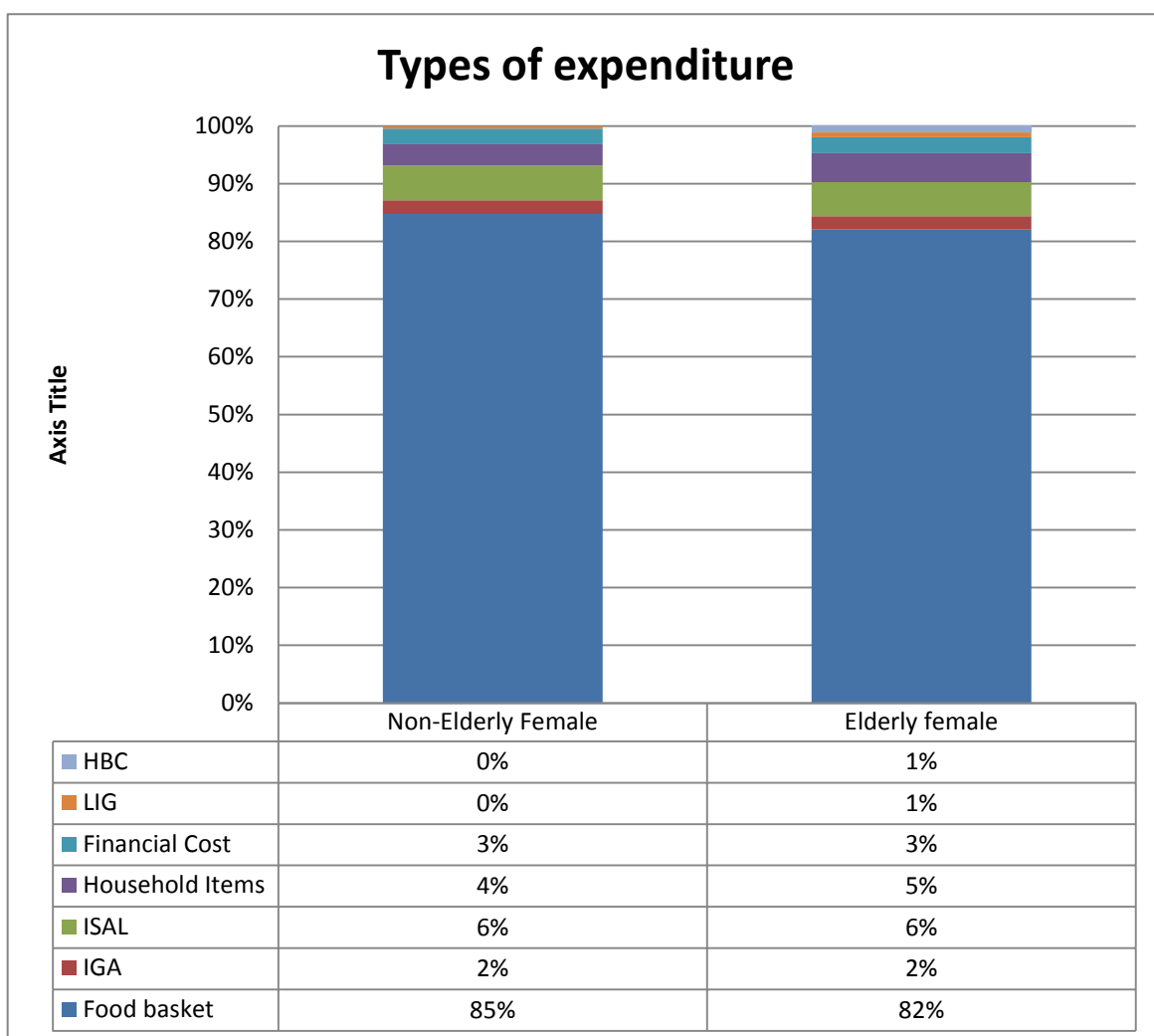
In the past 3 months 6 main sources of income were identified for the 2 urban vulnerable females groups; namely Petty trade, Remittances, Casual Labour, Cash transfer, Pension, Own crops/ livestock sales. However some sources are more reliable than others like pensions and petty trade. Remittances and casual labour are dependent on a number of factors like economic and climatic conditions and thus these sources are not reliable if these factors are affected. The urban vulnerable elderly women headed households supplement the cash transfers amounts they get with other simple income generating activities. The sustainability of such income generating activities remains a big question since they depend on a number of factors that include a favourable operating policy environment and sometimes water and electricity which are intermittently provided. Therefore cash transfers for the time being are a source of income that is guaranteed and saves a purpose in the vulnerable households.

The vulnerable urban non-elderly women have more physical strength than the vulnerable urban elderly women thus they are found getting more from casual labour in urban plots or homes where they can be hired for laundry. However , this is opposed to the ZECT

evaluation which found that the net impact on consumption for households who had members able to undertake *maricho* was much lower than the value of the transfer, as most would stop doing *maricho* in favour of working in their own fields. Instead, the urban scenario is characterised by people who endeavour to work and improve their income despite the availability of the cash transfer.

4.7.0 An assessment of the effectiveness and adequacy of unconditional cash transfers for urban vulnerable households

Table 10: Household expenditure patterns in the last three months



Expenditure on food is very high for the vulnerable urban non-elderly and elderly women headed household groups. More importance is placed on the staple food than any other cost. This also confirms the findings by Haller (2008) where he says, the overall, when households did receive cash, they diversified their diet. Haller (2008) observes that, they spent more on dairy products, meat, packaged foods, and non- food essentials such as clothing and footwear, and they bought cereals with a higher market value than the ones supplied by WFP. ISAL expenditure was the same across which ranges from between \$5-10 per client per IGA. ISAL costs were the same. The urban vulnerable elderly women headed households are the ones taking care of infected persons (children & orphans) thus the expenditure on HBC. Considering the cost of the food basket at most for 3 months elderly females are incurring 176.10 translating to \$58/ month thus the cash transfer of \$20/ client is insufficient to cater for the vulnerable households. More so considering that not only food expenditure is being taken care of, this amount is not enough to cover the needs of vulnerable urban households headed by elderly or non-elderly women. This also confirms the findings of the Gokwe study done by Concern World Wide and Oxfam as well as the WFP that most of the money from cash transfers was spent on food, mainly maize. Some further findings were that most of the money was spent on food, mainly maize meal. Beneficiaries said that the cash transfer money was mainly used to buy grain and some cooking oil; it was also used to grind maize. Beans or pulses were rarely purchased. Therefore the cash transfer has not contributed significantly to dietary diversity for the vulnerable households which mean it has not helped in improving the foods that help in nutrition enhancement.

Household related expenses (rates and other utilities require 5% of the household's income without taking into account the food requirements for the household which requires 82% of the household income. By contrast, during the first quarter of 2011 poor households spent 35% of their incomes on food (reflecting a 2% increase on the food basket), 47% on rentals,

water and electricity (an increase of 17.3%), 11% on education and medical costs (a reduction of 4.7%) and the rest on transport, communication and household equipment.

The ZECT evaluation found that the net impact on consumption for households who had members able to undertake *maricho* was much lower than the value of the transfer, as most would stop doing *maricho* in favour of working in their own fields. This could not be compared in this study because of different geophysical and socioeconomic conditions.

Exchange rate fluctuations between the two currencies has caused fluctuations in the value of transfers received by households in areas using the SARands, reducing the predictability of the transfer and ability of households to budget and plan.

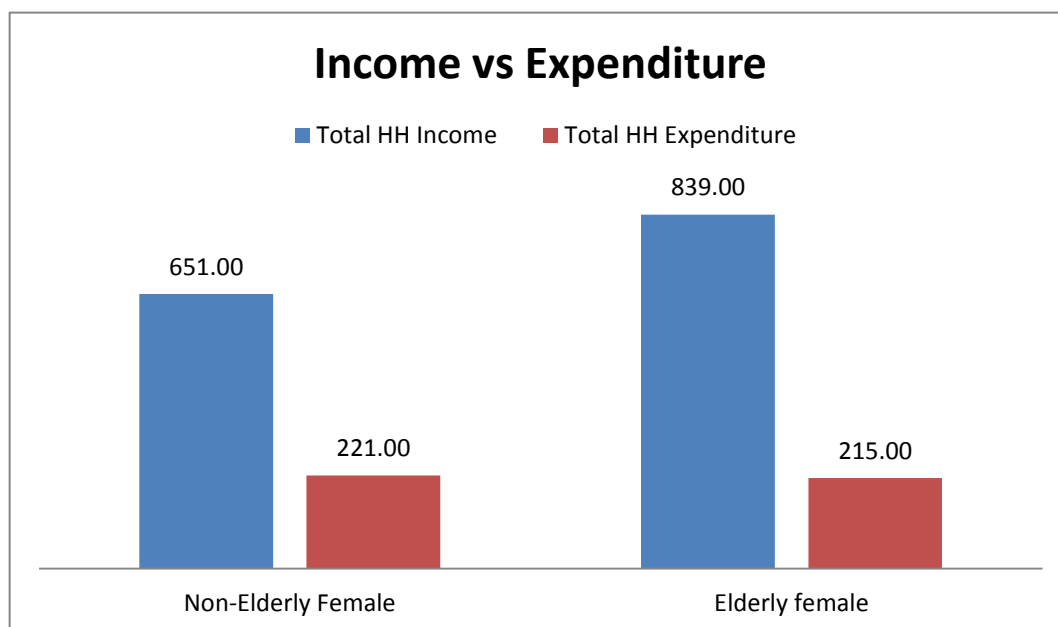
On a positive note the households are now accessing the luxury basket which may comprise but not limited to rice, bread, skimmed milk, beef, eggs, margarine and washing powder. Of the households accessing the luxury basket 43% are vulnerable urban non-elderly women household heads whilst the remainder 57% are vulnerable urban elderly women household heads. This is due to the luxury basket amount being utilised which is \$4 for the vulnerable urban non-elderly women and \$5 for the vulnerable urban elderly women. As well another contributing factor is that due to the availability of competing markets (Chitima and Tanaiwa Market places) prices and packages are now more favourable. Some units are sold as cups (500grammes) for example rice.

Expenditure Descriptive Statistics						
Female HHH status		N	Minimu m	Maximu m	Mean	Std. Deviatio n
Non-Elderly Female	Actual food basket	2 0	96.00	317.50	187.280 0	62.38848
	Luxury Basket	9	1.00	1.00	1.0000	.00000
	Household Items	2 0	.00	27.00	8.1700	7.93421
	Financial Cost - 3 months	2 0	6.00	6.00	6.0000	.00000
	HBC Expenditure	2 0	.00	.00	.0000	.00000
	LIG Expenditure	2 0	.00	5.00	.9750	1.65811
	IGA Expenditure	2 0	.00	20.00	5.2500	8.02545
	ISAL Expenditure	2 0	.00	60.00	13.3000	15.53976
Elderly female	Actual food basket	1 8	43.30	353.00	176.127 8	79.39125
	Luxury Basket	1 2	1.00	1.00	1.0000	.00000
	Household Items	1 8	.00	40.00	10.7889	10.61419
	Financial Cost - 3 months	1 8	6.00	6.00	6.0000	.00000
	HBC Expenditure	1 8	.00	23.00	2.3889	6.97170
	LIG Expenditure	1 8	.00	14.00	1.7500	3.39658
	IGA Expenditure	1 8	.00	30.00	5.0000	9.07485
	ISAL Expenditure	1 8	.00	30.00	12.6667	12.83836

Table 11: Expenditure Descriptive statistics

4.7.1 Household income versus expenditure in the last three months

Table 12: Income versus expenditure



When one considers the two graphs, there is a clear indication that both elderly and non-elderly households on cash transfers have expenditure that is **eleven times** more than the cash transfer amount they have received over the three months period. The vulnerable urban elderly women use 2% of their household income on health related expenses for the HBC. The above table indicates that elderly realised more income USD 839 per three months compared to the vulnerable urban non-elderly house holds on USD 651. However, on a closer look, the vulnerable urban elderly women headed household from all its income sources, each member generates an average of USD 83.

Table 13: Correlations Household income and expenditure

Female Household Head Status			Total Household Income	Total Household Expenditure
Non-Elderly Female	Total Household Income	Pearson Correlation	1	-.352
		Sig. (2-tailed)		.128
		N	20	20
	Total Household Expenditure	Pearson Correlation	-.352	1
		Sig. (2-tailed)	.128	
		N	20	20
Elderly female	Total Household Income	Pearson Correlation	1	-.002
		Sig. (2-tailed)		.992
		N	18	18
	Total Household Expenditure	Pearson Correlation	-.002	1
		Sig. (2-tailed)	.992	
		N	18	18

4.8.0 The adequacy of cash transfer in meeting the needs of urban vulnerable

Correlation for Income and Expenditure

There is a **negative correlation** between Income and expenditure. This means that as expenditure increases in value, the income decreases in value. The Pearson's value of -0.352 is evident for the non-elderly women and -.002 for the urban vulnerable elderly women headed households group. I can conclude that when the expenditure increases, the income elasticity rating decreases. This is standard for all the 2 groups (Non-elderly and Elderly)

There is also a **statistically significant correlation** between income and expenditure. Significant correlations of 0.128 and 0.992 are for the non-elderly and elderly women headed households respectively. That means, increases in expenditure do significantly relate to decreases in income.

4.8.1 Correlation for Cash Transfer and Actual Food Basket

Table 14: Correlations for the cash transfer and actual food basket

Female Household Head Status			Cash Transfer	Actual food basket
Non-Elderly Female	Cash Transfer	Pearson Correlation	1	.205
		Sig. (2-tailed)		.400
	N	19	19	
	Actual food basket	Pearson Correlation	.205	1
Sig. (2-tailed)		.400		
N		19	20	
Elderly female	Cash Transfer	Pearson Correlation	1	.046
		Sig. (2-tailed)		.856
	N	18	18	
	Actual food basket	Pearson Correlation	.046	1
Sig. (2-tailed)		.856		
N		18	18	

There is a positive correlation between value of Cash Transfer and Actual food basket. Pearson correlations of 0.205 and 0.46 for the non-elderly and urban vulnerable elderly women headed household groups respectively have been identified between the 2 variables. This means that as Actual food basket increases in value, Cash Transfer also should increase

in value. Similarly, as Cash Transfer decreases in value, Actual food basket also decreases in value.

There is also a **statistically significant correlation** between Cash Transfer and Actual food basket. Significant correlations of 0.4 and 0.856 are for the non-elderly and elderly women headed households respectively. I can conclude that there is a statistically significant correlation between Cash Transfer and Actual food basket. That means, increases or decreases in one variable do significantly relate to increases or decreases in the second variable.

Table 15: Descriptive Statistics of Income and Expenditure

Female Household Head status		N	Minimum	Maximum	Mean	Std. Deviation
Non-Elderly Female	Total Household Income	20	150.00	497.00	318.0500	72.09969
	Total Household Expenditure	20	107.00	361.20	220.9750	71.84377
	Unconditional Cash Transfer	19	60.00	300.00	137.1053	79.34936
	Actual Food Basket	20	96	317.50	187.28	62.33848
	IGA Expenditure	20	.00	20.00	5.2500	8.02545
	Valid N (listwise)	19				
Elderly female	Total Household Income	18	103.00	396.00	285.5000	91.75687
	Total Household Expenditure	18	53.00	374.00	214.7222	89.19711
	Unconditional Cash Transfer	18	35.00	340.00	129.6667	70.64326
	Actual Food Basket	18	43.30	353.00	176.1278	79.39125
	IGA Expenditure	18	.00	30.00	5.0000	9.07485
	Valid N (list wise)	18				

The urban vulnerable non-elderly women headed households have more disposable income than the urban vulnerable elderly women headed households and thus are at a better state. This is reflected by that after they get a total income of \$318 they can invest \$0.25 more than the urban vulnerable elderly women headed households in income generating activities. The average expenditure on the food basket is higher for the urban vulnerable non-elderly women headed households than the urban vulnerable elderly women headed households by almost \$10 but however in terms of the disposable income the urban vulnerable non-elderly women headed households have more income than the urban vulnerable elderly headed households. These observations are a pointer to the effect that cash transfers are not enough to provide for the needs of both urban vulnerable elderly and non-elderly women.

4.8.2 Collection of cash transfer entitlements

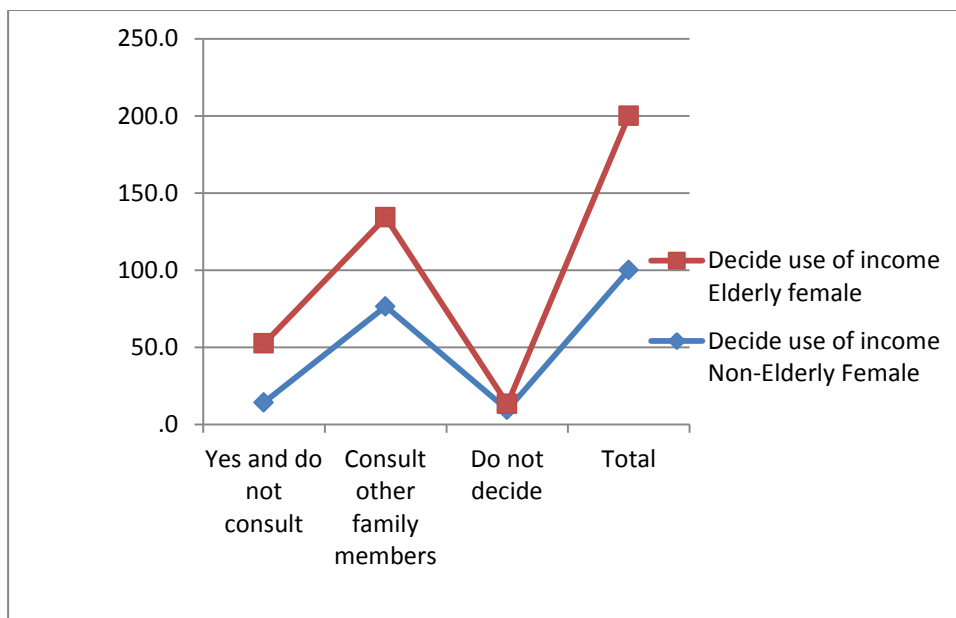
An average distance of 2.3km is travelled by every beneficiary in order to access their cash. The cash can be accessed even in supermarkets with the cell card system and this provides a very safe way of keeping cash where the beneficiary only goes to the shop and purchases goods she desires at that moment and then leave the other balance in their electronic account. According to the findings almost 96% of the vulnerable urban non-elderly reflected that they feel safe after collecting cash and are satisfied with the project delivery whilst 91.7% reflected their satisfaction with the project and that they feel safe after they collect cash. However, predictability and adequacy of benefits is not guaranteed as the beneficiaries have to pay for transport to get to the point where the cash transactions take place. Similar findings were made in Sri Lanka by Haller (2008) who indicated that neither food nor cash transfers reflected beneficiary transportation costs nor did cash transfer take into account price fluctuations.

Backdating the cash transfer entitlements making them lump-sums affected the labour constrained especially the elderly women but for some it turned out to provide capital for petty trade and income generating activities. Also as already mentioned, transaction costs

imposed by remoteness and conflict had the effect of eroding the value of cash transfers relative to food transfers. A similar study by Concern World Wide in Gokwe South, on a similar intervention had similar observations (Concern WW, 2010).

4.9.0 Effectiveness in shaping social cohesion

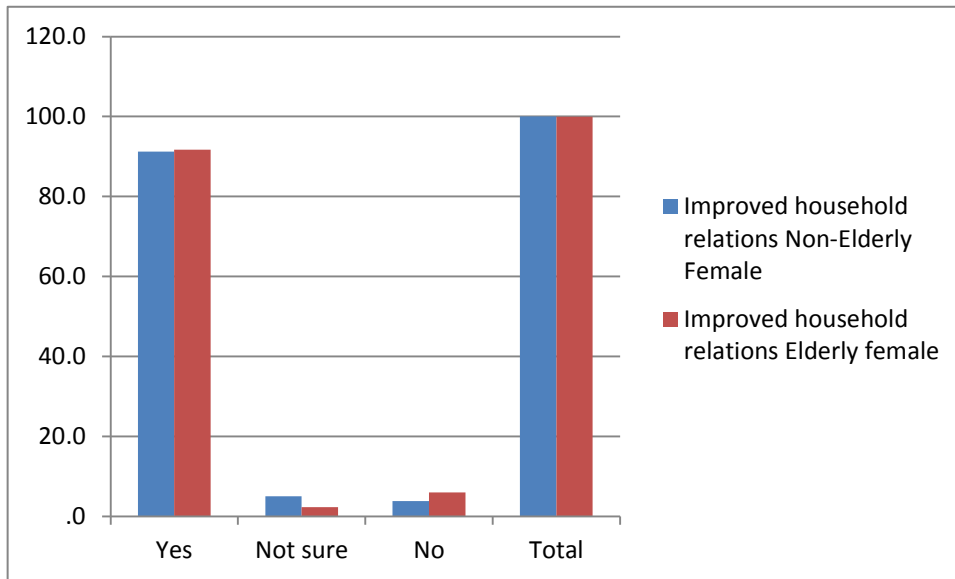
Table 16: Making decisions on income use



In elderly women headed households the money was usually spent in consultation (57%) with older children or grandchildren, depending on their age rather than their sex, though some decided on their own. This also supports the findings in the CWW survey where women headed households in all villages reported that it improved communication with others such as siblings, grandchildren and daughters in law as they, together, discussed what to buy. Overall many women and men said the CTs improved communication between spouses, or other family members. In some cases the CTs challenged gender stereotypes in that men started to see that women were capable of looking after cash and able to contribute to discussions on its use (76%).

4.9.1 Improved social cohesion

Table 17: Improved Household and community relations



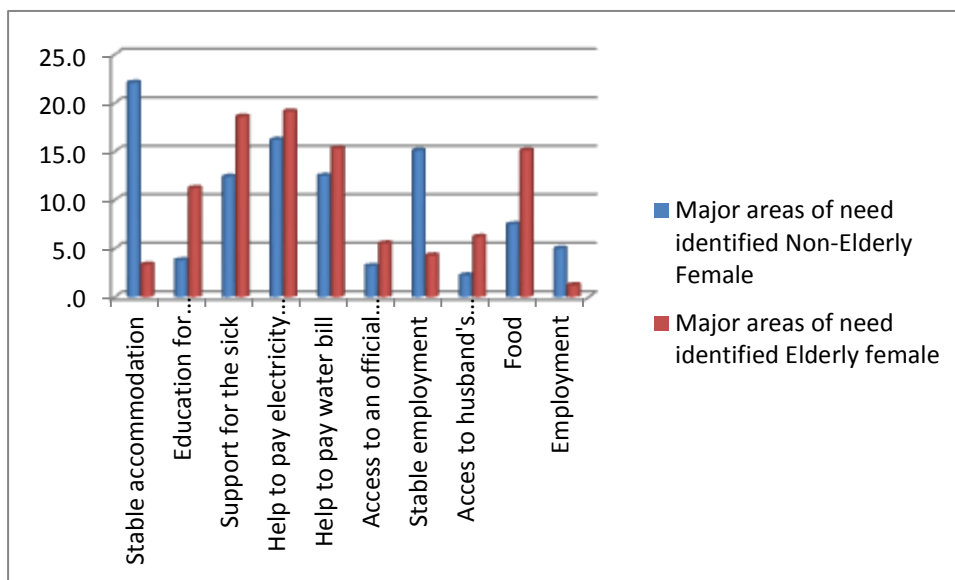
Both the elderly and non-elderly women households reported improved household relations by over 90%. While there were significant differences between the effects of CTs on intra-household and intra-community relations, there were some similar findings. Both the ZECT evaluation found that overall the CTs or CTs with food all had positive impacts on intra-household relations. ‘This was because the principal driver of poor intra-household relations is a lack of food at the household level, and all transfer types contributed to preventing this’. The majority of beneficiaries of the CT programme reported that: It added to love in the household as was tallied from the focus group discussions. The ZECT evaluation also found similar trends in that women headed households in all villages reported that it improved communication with others such as siblings, grandchildren and daughters in law as they, together, discussed what to buy. For many this had a long term positive effect on the relationship.

4.10.0 The identified challenges

Table 18: Areas of need that were identified

Major areas of need identified

Need area	Non-Elderly Female	Elderly female
Stable accommodation	22.1	3.4
Education for orphaned children	3.8	11.2
Support for the sick	12.4	18.6
Help to pay electricity bill	16.2	19.1
Help to pay water bill	12.5	15.33
Access to an official vending stall	3.2	5.54
Stable employment	15.1	4.3
Access to husband's pension	2.23	6.21
Food	7.5	15.11
Employment	5.0	1.23
Totals	100.0	100.0



The major areas of need for the two groups vary significantly in most cases. However, urban vulnerable elderly women headed households indicated the need for support more in dealing with debt in utilities (17%), support for the sick (18.6%), food (15.11%) and education (11.2%) for the orphaned children under their guardianship. The vulnerable non-elderly headed households also indicated more need for support in getting stable accommodation, dealing with debt in utilities (14.5%), support for the sick (12%) and getting stable employment(15.1%). Caring for the sick is more pronounced in urban households headed by elderly women followed by debt in utilities which has no solution in sight as it stands. The debt is pilling-up as the households are only able to pay on average USD 10 for utilities when the bills are around USD40 to USD50. Cash transfers have not changed anything in relation to servicing of debts for the utilities. However, something significant to note is that both the urban vulnerable elderly women headed households and the non elderly women have challenges accessing their late spouses' pensions and the main reasons given were bureaucracy and complex demands by the processing offices. Similar findings from other studies have the following:- Household debt among the poor seems to be the biggest hurdle to effective livelihood recovery and long-term economic development. According to the Urban

Livelihoods Assessment Report for 2011, household utility arrears among the poor have increased by between 45 and 50 percent annually since the beginning of 2009. The Consumer Council of Zimbabwe (CCZ) reports household debt has continued to rise between 2009 and 2011 due to extremely high bills from Zimbabwe Electricity Supply Authority (ZESA) and Council. CCZ data shows that in 2009, Zimbabwean households in the lowest income group spent 33% of their total income on food; 29.7% on rentals, water and electricity; 15.7% on education and medical costs; and the remainder on items such as transport, communication and household equipment.

A significant worry for the majority of focus group respondents (three quarters) was the negative impact of the cash transfers on community dynamics. This led to a general sense of community disempowerment and community jealousy with regards to the intervention as it selects a few people and not all. The respondents felt, this could have significant and damaging effects on local coping strategies, such as sharing, which could then increase household vulnerability. This also seriously limits the transformative potential of the cash transfers.

Table 19: Descriptive statistics of income contributions from various sources

Descriptive Statistics of Income contributions from various source				
FemaleHHH status		Average Income	Std. Deviation	% contribution to HH income
Non-Elderly Female	Casual Labour	149.62	78.41	21%
	Formal employment			0%
	Self Employment			0%
	Pension			0%
	Remittances	180.00	.	28%
	Own crop sales			0%
	Petty trade	184.00	81.48	28%
	Cash Transfer	137.11	79.35	21%
	Total Income	650.72		
Elderly female	Casual Labour	135.00	55.86	16%
	Formal employment			0%
	Self Employment			0%
	Pension	99.00	90.51	12%
	Remittances	149.75	84.26	18%
	Own crop sales	148.00	11.31	18%
	Petty trade	177.38	73.83	21%
	Cash Transfer	129.67	70.64	15%
	Total Income	838.79		

The 3 main income sources for the households were Pension, Remittances and Cash Transfers. It can be observed that there are no pensions for the urban vulnerable non-elderly women headed households while the urban vulnerable -elderly women headed households are receiving some pensions which contribute 12% of the total household income. The urban vulnerable non-elderly women headed households are receiving more remittances of 28% than the urban vulnerable elderly women headed households 18%. It can be inferred therefore that the urban vulnerable non-elderly women headed households are receiving remittances from surviving relatives as shown from the statistics above, most of the urban vulnerable elderly women headed households are widowed. It can also be inferred that the urban vulnerable non-elderly women headed households have more offspring dying or being

affected by the HIV and AIDS and other natural causes. Cash transfer is contributing 21% to the total income of urban vulnerable non-elderly women headed households whilst 15% is for the urban vulnerable elderly women headed households.

All the income sources are important but consideration should be made to differentiate the disbursements according to need. As observed the contribution of cash transfers is 15% for the elderly headed, had it been more it could leverage the household income to a better level.

Table 20: Descriptive statistics for electricity and water bills

Electricity and Water Bills monthly: Descriptive Statistics						
Female Household Head status		N	Minimum	Maximum	Mean	Std. Deviation
Non-Elderly Female	Electricity & Water Bills	38	10.00	30.00	19.2500	8.30161
Elderly female	Electricity & Water Bills	40	15.00	25.00	20.0000	4.08248

The focus group discussions indicated that the all the urban vulnerable households are struggling to pay their utility bills as confirmed by other studies done by the JI and the CCZ. Urban vulnerable non-elderly women headed households pay an average of USD19 for utilities while the urban vulnerable elderly women headed households pay on average USD20 for utilities monthly. Household utility arrears among the poor have increased by between 45 and 50 percent annually since the beginning of 2009. The Consumer Council of Zimbabwe (CCZ) reports household debt has continued to rise between 2009 and 2011 due to extremely high bills from Zimbabwe Electricity Supply Authority (ZESA) and Council. CCZ data shows that in 2009, Zimbabwean households in the lowest income group spent 33% of their total income on food; 29.7% on rentals, water and electricity; 15.7% on education and

medical costs; and the remainder on items such as transport, communication and household equipment.

4.11.0 Summary

The cash transfers are contributing between 15% and 20% of the urban vulnerable elderly and non-elderly women. Inter and intra-household relations have improved as a result of cash transfers. CTs have contributed to challenging gender stereotypes as men started to acknowledge that women were capable of looking after cash and able to contribute to discussions on its use (76%). However, predictability and adequacy of cash transfer benefits is not guaranteed as the beneficiaries have to pay for transport to get to the point where the cash transactions take place. The cash transfers are not adequate to cater for the household needs of both urban vulnerable elderly and non-elderly women. When the actual food basket increases in value, cash transfer also should increase in value. Similarly, as cash transfer decreases in value, actual food basket also decreases in value. The bigger the household size the more the burden for the already struggling elderly women hence the lesser the impact of the value of the cash transfer. The beneficiaries cannot predict when they will receive the cash hence they cannot budget/plan or commit themselves to other social arrangements and IGAs that require member contributions. Cash transfers have not contributed significantly to dietary diversity for the vulnerable households. Cash transfers have not changed anything in relation to servicing of debts for the utilities.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The chapter sought to highlight the outcomes of the study as well as providing explanations for emerging trends. The results were analysed and discussed in relation to the objectives of the study. Possible explanations were linked to existing literature

5.1 Conclusion

Government, NGOs and donors need to work together to identify appropriate solutions to ensure that transfer values remain consistent in all locations, for example by building in reasonable allowances for exchange rate fluctuations into budgets. This also applies to those organisations whose budgets are not formulated in US Dollars. Computations for cash transfer entitlements should consider the beneficiary needs in line with the survival and or the livelihood promotion thresholds since the current cash transfers are too small to meaningfully leverage incomes for the vulnerable urban households headed by elderly and non-elderly women. The cash transfers provide some short term relief to the vulnerable urban households headed by elderly and non-elderly woman. The cash transfer policy framework is not clear on community vulnerabilities hence it does not provide graduated cash transfer support packages to suit different categories of vulnerable groups. Social development can be achieved if social service delivery is well supported in order to deal with unemployment and poverty. Comparatively, for the two vulnerable groups, the assessment has shown that the cash transfers are modestly contributing to the vulnerable households' income but would be better if the amount was increased to a standard that can lift the beneficiaries from the survival threshold to at least the livelihood protection threshold.

5.2 Recommendations

The following recommendations have been considered in addressing observations made under each objective while others maybe crosscutting.

5.2.1 General recommendations

- Electronic transfers that can be transferred directly to the beneficiaries (such as through bank accounts, mobile money etc) are preferable to those that may still require beneficiaries to gather in a central location (such as some shop cards) in order to cut on transaction costs.

5.2.2 How to deal with challenges faced by urban vulnerable households headed by elderly and non-elderly women

- Waiver rates, water and electricity charges for the elderly who are struggling to pay off the utility bills for the past 2 years
- Introduce cash for work activities for the able-bodied and active but vulnerable urban households headed by elderly women
- Complementary programme activities, such as the financial management training, can help beneficiaries to plan for and manage the cash transfer payments as well as manage household income in the longer term.
- Review urban by-laws to promote urban agriculture as IGAs since current bylaws prohibit livestock rearing in large numbers near dwellings.

5.2.3 How to improve the adequacy of cash transfer in meeting the needs of urban vulnerable households headed by elderly and non-elderly women

- Cash transfer benefits should be predictable in terms of periodicity of disbursement and their magnitude/size should be adequate to address the beneficiary needs.
- Women should be consulted about what additional support they need and this should be addressed by working with existing community groups and by sensitising men and community leaders to the aims of the programmes.
- Implementation mechanisms should also take women's needs, responsibilities and cultural barriers into account.

5.2.4 How to improve the effectiveness of cash transfers in shaping social cohesion

- Cash transfer programmes need to be clear in terms of the way that they will deal with complex social realities/dynamics to avoid creating disharmony among communities they seek to serve.
- The inclusion of marginalised groups that include women, children, older persons, and people with disabilities, in the policy formulation and implementation processes and to deliberately target interventions on these groups is critical for their empowerment for positive policy outcomes and impacts.

5.2.5 How to improve distribution methods and the policy framework.

- One of the methods of managing a cash transfer is through the provision of money at once in a lump sum rather than in small regular amounts while promoting IGAs for the beneficiary communities.

- The design and implementation of cash transfer policy framework and programmes should progressively promote the realisation of and safeguard the human rights of the beneficiaries regardless of age and gender.
- Cash transfers should be driven by needs of beneficiary groups and communities, and not by budget instruments or political opinions.
- The social transfer policy framework document is a good guide that requires little attention so that it also includes issues affecting vulnerable elderly and non-elderly women in urban settings.

5.2.6 How to aid the coping strategies employed by urban vulnerable households

- More support to create IGAs is recommended for beneficiary groups that still have capacity to work and empower themselves so that they graduate out of cash transfer programmes.

5.3.0 Summary

This chapter has provided recommendations that began from the general going to the specifics following the order of the observations/findings of the study under each objective.

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ANNEX : 1 Focus group guideline tool

SECTION A: Background Information		
A1. Name of reporting person		Date
A2. District		Ward
A3. Members of the FGD	Males..... Females.....	
SECTION B: Views and Perceptions about the Project		
B1. What was the rationale in implementing Cash transfers (Urban livelihood challenges posing a need for Cash transfers)?		
B2. How was selection and targeting of beneficiaries done?		
B3. Are there any deserving households that were left out during the process of targeting and selection? If yes why?		
B4. Are there non deserving households that were included during the process of targeting and selection? Characterise them		
B5. Comment on how the selection and targeting could be improved in future and by whom?		
B6. How would compare food aid distributions and cash transfer. Give reasons.		
B7. Which cash transfer type was used in your area? What is your feeling about the cash transfer modality?		
B8. How much cash or voucher was received per month? What is your		

feeling about this amount?	
B9. Comment on the timing of the transfer: Was cash received at the right time or not? If not what is the right time and why?	Check effects of seasonality, rural urban linkages (remittances, food movement –rural-urban e.t.c) in relation to the hunger period.
B10. Where did you purchase most of these food and non food items? How comparable are the prices with other local potential outlets	
B11. Were the intended objectives of Cash programme met? If not why they were not met? Any Challenges identified?	

SECTION C: Use and benefits of the Cash Transfer

C1. How does cash Transfer integrate with other interventions?	
C2. Are there certain positive impacts/benefits/ changes that have happened that you can attribute to this cash transfer? Including household relations?	
C3. Are there any negative impacts or changes as a result of this cash transfer? If yes, list these and indicate possible ways of addressing them.	

SECTION D: Household Dynamics

D1. Household sizes and cash transfer; Should households of different sizes receive the same amount of cash? If yes, why? If not why?	
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D2. What spending habits have changed as a result of the cash transfer?	
D3. Coping strategies: if cash transfers had not been introduced what other survival strategies could have been used by your families both bad and good strategies?	
D4. Who were the recipients of Cash Transfer, did it created any social conflicts within HHs?	

E1. What should projects like this avoid in future?	
E2. Which other projects in your area should this project be linked to or create synergies?	

SECTION F: Barter Trade Terms

Service	a. Current Cash Price for commodity (US\$)	b. Current Cereal amounts paid on receiving service/ commodity (state unit)	c. Current Buying Price for this unit (US\$)	d. If prices sometimes go up state the occasion for this (e.g.) 1. <i>Hunger period</i> 2. <i>Month ends</i> 3. <i>CT times</i>	e. Highest Price for providing this service during such period	f. How much cereal do you need during this period to obtain the same services	g. How much does cereals cost during this period (US\$)	h. If prices sometimes go down state occasion =(e.g.) 1. <i>Soon after Harvest</i> 2. <i>Mid Months</i> 3. <i>After CT</i>	i. Lowest Price for providing this service during such period	j. How much cereal do you need during this period to obtain the same services
1. Milling/ bucket										
2. School fees /child										
3. Bus fare to nearest town										
4. Medical consultation										
5. Cooking oil /unit										
6. Bar of soap										
7. Salt /unit										

8. Sugar										
9. Paraffin										
10. Clothing pieces										

SECTION G: CHANGES OBSERVED

ANNEX 2: Household assessment interview questionnaire

The RESPONDENT should be the UCT recipient OR some household member who is either the household head or someone sufficiently knowledgeable about the household's current Cash Transactions)

First, ask the respondent(s) whether they are willing to participate in this interview. This discussion should encompass explaining a) the purpose of the assessment, b) how long the interview will take, and c), how this household was chosen for participation. It is also important to explain that this evaluation will have no bearing on whether the household will or will not receive humanitarian assistance in the future. Each household's responses will be kept confidential. If this household does not want to participate, this should be noted on the sample list, and a replacement household should be identified. If interviewer is going to take some photographs, this is also the time to obtain consent – first explain what the photographs will be used for and then request permission to take photographs.

Section A: Site and Location			
A1 Province	A2 District	A3 Enumerator's name	A4 Date
A5 Respondent Name	A6 Village/Location Name	A7 Ward Name	A8 Ward Number
Household number			1 =B 2 =NB

Section B: Demographics

B1. Sex of HH Head (1 = Male 2 = Female)	
B2. Y.O.B of HH Head	
B3. Marital Status of HH Head 1=Single/never married 2= Married 3= Divorced/Separated 4= Widowed	
B4. Number of people in the HH (at least three months, include newly married, children in boarding school)	

(Complete the table by Gender and Age group)

	<i>Please write '0' if there are none</i>	# of members under 5 years	# of members aged 5-17 years	# of Members aged 18 -59	# of Members aged 60+
B5	Male				
B6	Female				
B7	Orphans (<i>one or both parents dead</i>)				
B8	Chronically ill (<i>ill for cumulative 3 or more months in past 12 months and unable to work</i>)				
B9	Number disabled (permanent physical/mental challenge that limits ability to work or attend school in the case of children)				
B10. (For CT Beneficiaries) What is the reason for you being a CT Beneficiary?					

Section C: Interventions Mix and Contribution to HH Income – in the past 3 months

	Project Activity	1. Has money from UCT been used to support this intervention? <i>1=Yes 2= No</i>	2. Amount Income contribution from source	3. Total Cash Expenditure encountered in participating in intervention (\$)
A	Cash Transfers			
B	Low Input Garden			
C	HBC			
D	Income Savings and Lending (ISALs)			
E	Income Generating Activities (IGAs)			
F				

Section D: Physical and Administrative Considerations

	Response	Response Choices			
a) Mode of cash delivery		1. <i>Bank</i>	2. <i>Direct</i>	3. <i>Shop Card</i>	4. <i>Other, Specify</i>
b) What is the travel distance from household to cash collection point?		1. <i>Less than 1km</i>	2. <i>1 to 3km</i>	3. <i>3 to 5km</i>	4. <i>Over 5km</i>
c) Do you incur any financial costs in accessing your cash?		1. <i>Yes</i>	2. <i>No</i>	3. <i>If Yes, how much?</i>	
d) Are you the one accessing cash or there is an alternative recipient?		1. <i>I collect the cash</i>	2. <i>Somebody collects on my behalf</i>		
e) If somebody collects on behalf of recipient, who collects?		1. <i>Friend</i>	2. <i>Neighbor</i>	3. <i>Relative</i>	4. <i>Other (Specify)</i>
f) If Yes in (c)		State Reason			
g) If Yes in (d) do you feel obliged to give something to the person?		1. <i>Yes</i>	2. <i>No</i>	3. <i>If Yes, Specify nature and quantity</i>	
h) Was the cash collection time convenient to the recipient?		1. <i>Yes</i>	2. <i>No</i>	3. <i>(Explain response :)</i>	
i) How is the cash disbursement date(s) communicated?		1. <i>Announced on date of previous collection</i>	2. <i>Beneficiaries wait until word is disseminated any day</i>	3. <i>Other, specify</i>	
j) How much time is spent at the pay point?		1. <i>< 10 minutes</i>	2. <i>10 - 30 min</i>	3. <i>30 min - 1 hr</i>	4. <i>Over 1 hr</i>
k) Do you feel safe and secure after collecting cash?		1. <i>Yes</i>	2. <i>No</i>	3. <i>Explain Response</i>	

SECTION E 1: HH PURCHASE PATTERNS - Staple and Non-staple FOOD for consumption (not for trade) IN THE PAST 3 MONTHS

Commodity (e.g. cereals, pulses, oil, sugar, meat)	Was any UCT money ever used for this item?	Quantity purchased in Kg or L	Which month (s)?	Total kilos purchased in past 3 months	Total Qty Consumed in past 3 months	Price per unit	Total cost
Maize Meal							
Maize							
Cooking Oil							
Sugar							
Meat - Beef							
Dried Fish							
Fresh Fish							

Skimmed Milk							
Milk							
Margarine							
Eggs							
Bread							
Peanut Butter							
Rice							
Flour							
Soya Chunks							
Chicken/Cuts							
Total →							

SECTION E 2: OTHER EXPENDITURE ITEMS IN LAST 3 MONTHS

Main Expenditure Categories	Typical Annual Amount Spent				Was UCT money ever used for this item?
	Quantity (unit) purchased [a]	Frequency purchased [b]	Price per unit [c]	Total [a] x [b] x [c]	1=Yes, some of item 2 = Yes, all of item 3 =No
Household items					
Tea/coffee					
Salt					
Soap					
Washing Powder					
Vaseline					
Grinding of grain					
Firewood/charcoal					
Kerosene/paraffin/Candles/					
Electricity					
Ustensiles/pots					
Transport for domestic					
Water/ City rates					
Basic Clothing					
Rentals,					
Sanitary (Women)					
Kitchen and floors cleaning					
Basic toiletry – toothpaste etc					
Agric Related Inputs					

Animal drugs					
Seeds (garden and field crops)					
Fertilizer					
Water for livestock/ gardening					
Pesticides					
Labour					
Tools					
Land rental					
Business Investment					
Loan repayments					
Telephone/Airtime					
Taxes					
Council Rates					
Rentals					
Transport for business (to work/orders)					
Small business investment (for stocks)					
Vending investment (for stocks)					
Social services					
Medicine					
Other Health (e.g. Transport)					
School (fees, uniforms, transport,					
Community obligations					
Discretionary					
Gifts					
Transport (for social journeys)					
Beer/ Cigarettes/tobacco					
Perfumes, hairdo and other toiletry					
Clothing – for occasions (not basic)					
Telephone/"Air time"					
Festivals					
Other					
EXPENDITURE TOTAL					

Who decides on the use of the income in the household?

SECTION F: INCOME SOURCES/TOTALS IN THE PAST 3 MONTHS

Apart from UCT, what were your HH's other major sources of income (up to 4) in the past 3 months

Estimated Total Income In Past Three Months (State Total Including From UCT)	
Sources of income (use codes)	Amount (US) – <i>informed estimates are acceptable</i>
a	
b	
c	

d		
e		
f		
g		

Source of income - Codes

1) Casual Labour

3) Self Employment (subletting, carpentry, electrical repairs, cross border trading)

5) Remittances

- sales

7) Petty trade (Freezit-selling, hawking, juice card etc)

specify)

2) Formal Employment

4) Pension

6) Own crops/Livestock

8) other (Please

*****THE END, THANK YOU*****