



MTUKULO PAKHOMO: TRANSFORMING LIVES

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SOCIAL PROTECTION ENGINEERING

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Paper written by: by **Francisco V. Ayala, SOPROEN**

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Technical Note

10600 Griffin Road A-103, Cooper City, Florida, USA +1 352 2176235 (USA) +593 2260950 (Ecuador) info@soproen.com

The Malawi Social Cash Transfer Programme (SCTP), locally known as the Mtukula Pakhomo, is an unconditional cash transfer programme targeted to ultra-poor, labour-constrained households. This programme is implemented by the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW). Financial support derives from various technical and financial Development Partners including KfW, Irish Aid, the European Union, World Bank and the Government of Malawi.

The SCTP began as a pilot in Mchinji district in 2006 and after the first pilot year, expanded to six other districts. Since 2012, Our company has been hired to redesign the programme's project cycle processes and provide technical assistance for its implementation (including the provision of training/capacity building of the local Malawian team, supervision and operational support), development of a Management Information System (MIS), implementation of a Monitoring & Evaluation System, procurement support and assistance in developing a Financial Management System as well as strengthening the financial team. As such, our team is responsible for the day-to-day management of the SCTP operations and implementation of the field work activities.

As stated in the Endline evaluation, executed by the University of North Carolina at Chapel Hill in October - November 2015, the programme has experienced impressive growth beginning in 2012, and most notably over the last two years. At present, the programme covers eighteen of the twenty-eight districts in Malawi and as of June 2016 has reached around 170,000 households, 757,000 household members and 459,000 beneficiary children (aged 0-17 years old). As such, without any doubt, the SCTP has significantly and positively transformed the lives of its beneficiaries. Upon completion of the evaluation, it is evident that the programme has succeeded in improving the wellbeing of its beneficiaries in every aspect that was measured; all programme objectives were reached and goals met including an increase in consumption levels, schooling, health, and investment capabilities among all households, not just among the very poorest. A resounding triumph for all involved, well-done!

The Endline evaluation describes the impacts of the programme on individuals, households, and communities, twenty-eight months after baseline data was collected (interpreted as two-year impacts of the programme on beneficiaries), providing a range of indicators covering the main objectives of the programme. Results from the Endline evaluation shows solid impacts across almost all objective areas.

Key Findings of Programme Objective Areas at Endline:

1. Impacts on Consumption, Food Security and Material Needs

With larger impacts amongst the poorest, the SCTP has achieved its primary objective of ensuring food security and consumption among the ultra-poor labour constrained households. This represents an increase of 23% over baseline and 53% amongst the poorest households.

Food security has improved with an increase by 15% in the number of meals per day, and programme households 20 percentage points less likely to worry about food.

Diet diversity has improved, with significant increases in the budget share devoted to meats, fish and poultry products.

Strong positive impacts were also generated on the material wellbeing of children, indicating that the proportion of children with a pair of shoes, access to a blanket and a change of clothes has risen from 12% at Baseline to 50%.

2. Impacts on Household Production and Assets

Significant positive impacts on the ownership of agricultural assets, household durable goods, crop production and livestock production, indicating that the transfer is being used productively. However, there is still room for further improvements in crop production attributable to the low uptake of agro-chemical, improved seed varieties and irrigation.

3. Impacts on Health

Generally, although differing in magnitude, significant impacts were generated on the occurrence of illness or injury in the past two weeks, seeking treatment at a health facility for illness/injury, and households reporting at least one member with any illness or injury within the past two weeks. As it relates to treatment-seeking behaviors and expenditure levels for illness/injury, strong impacts have been generated for the poorest 50% of beneficiary households.

4. Impacts on Young Child Health

On average, positive programme impacts were produced on the prevalence of wasting among children 6-59 months old and on treatment-seeking behaviors for beneficiary children with fever. However, as it relates to other key individual and household level health indicators, there was slight (e.g. the percentage of children that are fed solid foods at least three times per day) to no programme impact (e.g. children who had consumed vitamin A-rich foods in the past day or the incidence of child diarrhea, fever or cough during the two weeks prior to the survey) due to the fact that SCTP households have relatively few children under five.

5. Impacts on Schooling and Child Labour

There are strong effects of the programme on children's school participation across all age groups and an increase in per-child education expenditure. As such, there is an increase in enrolment as well as an increase in the regular participation in school.

As it relates to child work, the SCTP increases children's participation in household chores (although impacts on hours of household chores are limited) and participation in hazardous economic activities.

6. Transitions to Adulthood among Youth

Overall, the SCTP has potential to positively impact the transition to adulthood, particularly related to sexual debut, sexual risk taking, including sexual violence and social support. This evaluation was directed to youth ages 13 to 19 at Baseline (14 to 21 at *Midline* and 15 to 22 at *Endline*).

As it relates to subgroups, larger impacts are amongst poorer households (e.g. mental health) and are highly gendered - driven by girls (sexual risk taking) or boys (sexual debut).

7. Impacts on Subjective Welfare

The well-being of care-givers of orphans and vulnerable children have a significant positive impact on their physical health with a decrease in morbidity and an increase in the use of curative care.

Self-reported quality of life, future outlook, and stress have all improved thus showing that the SCTP has had a remarkable effect on the subjective well-being and mental health of participants; revealing a 22% increase in the quality of life score and an 11% change in the stress scale.

Nevertheless, stress and worry continue to affect beneficiary households, especially those that are labour-constrained and lack social support network.

Keeping all this in mind and using the monetized comprehensive estimates of impact provided in the Endline evaluation, it is safe to say that after two years, these impacts tend to be higher among the poorest households, emphasizing that the value of the transfer matters for both the range and depth of impact and that unconditional cash transfer programmes to the ultra-poor can be an important part of an inclusive growth strategy even in very poor countries.

References:

Abdoulayi, S.et al. (2016). *Malawi Social Cash Transfer Programme. Endline Impact Evaluation Report*. Carolina Population Center, University of North Carolina at Chapel Hill and University of Malawi.

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