WORKING PAPER

working paper **number 172**
august, 2018

ISSN 1812-108x

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Pedro Lara Arruda,
International Policy Centre for Inclusive Growth (IPC-IG)

International Policy Centre for Inclusive Growth (IPC-IG)

SBS, Quadra 1, Bloco J, Ed. BNDES, 13º andar
70076-900 Brasília, DF - Brazil
Telephone: +55 61 2105 5000

ipc@ipc-undp.org ▪ www.ipcig.org

The International Policy Centre for Inclusive Growth is jointly supported by the United Nations Development Programme and the Government of Brazil.

Working Papers are available online at www.ipcig.org and subscriptions can be requested by email to ipc@ipc-undp.org.

Print ISSN: 1812-108X

A BRIEF HISTORY OF MALAWI'S SOCIAL CASH TRANSFER PROGRAMME (SCTP)

Pedro Lara Arruda[1]

1 INTRODUCTION

Malawi is a low-income, landlocked country in Southern Africa with a population estimated at 17.2 million in 2015. The country is divided into 28 administrative districts. Over three quarters (83.7 per cent) of Malawians live in rural areas, and 50.1 per cent of the total population are female. The country is predominantly young, with 45.1 per cent of its population being 14 years old or under, while 51.4 per cent of the population are of working age (15–64 years old). Nearly two thirds (63.5 per cent) of the people aged 15+ participate in the labour force. The overall unemployment rate is 7.5 per cent, while the youth (15–24 years old) unemployment rate is 13.8 per cent (World Bank Open Data 2018).

Poverty and extreme poverty in Malawi, however, are not limited to unemployed people, since most people work in agricultural activities that yield low and volatile incomes. Household income for these populations is often not enough to afford a minimum basket of basic food and non-food items, especially in households with a high dependency ratio. This is an unfortunate, but common, condition in the country due to the HIV/AIDS epidemics. High mortality and morbidity during the first decades of the epidemics subsequently left many orphans and widows to be cared for by elderly relatives (National AIDS Commission 2015; Angeles et al. 2016; National Statistical Office 2016).

The latest Household Income Survey (HIS3, 2010-2011) estimated that 50.7 per cent of the population were living below the national poverty line (i.e. the minimum income needed to gain access to basic food and non-food items), with almost half of them (25 per cent of the total population) living below the national extreme poverty line (i.e. the minimum income needed to gain access to basic food items). Some 10 per cent of the total population are thought to be living below the extreme poverty line in households with a high dependency ratio (with three or more dependents for every household member who is fit for work) (National Statistical Office 2012). This 10 per cent of the population is often referred to as the 'unfit-for-work poor'; it is used as a targeting reference for the country's flagship cash transfer programme, the Social Cash Transfer Programme (SCTP), and its registry tool (Angeles et al. 2016).

Malawi displays limited financial ownership of its social policies and programmes, with international donors funding the core of such initiatives. As a result, social protection programmes often end up being funded and implemented by different stakeholders in

1. International Policy Centre for Inclusive Growth (IPC-IG).

different districts, therefore duplicating efforts and challenging the harmonisation of the programmes' operations and tools among different districts (ILO 2016).

The SCTP's history is briefly described in this paper in regard to three stages of the programme. These stages are not marked by radical changes in its design, targeting or benefit structures, which have been largely the same since the launch of its pilots in 2006. Instead, what has changed over the course of the programme are the funding and governance arrangements and, subsequently, the number of districts and households covered.

In a first stage, between 2006 and 2008, the programme comprised eight pilots, solely funded by donors and without any normative basis for scaling up the initiatives into a national programme, nor to promote its state ownership. In a second stage, between 2009 and 2012, when a normative basis for engaging the State was laid out, the pilots were turned into a national programme meant to expand to other districts. Challenges related to funding, however, impeded the expansion into new districts. Finally, a third (current) stage of the programme, from 2012 onwards, has seen an expansion of funds that has led to more districts being covered (19 of Malawi's 28 districts), and the prospect of all 9 remaining districts of the country being covered in the coming years (van De Meerendonk, Cunha, and Juergens 2016; Angeles et al. 2016; ILO 2016). For two districts (and another nine meant to be covered in the short term), this became possible due to the joining of a new funding partner, the World Bank, which, however, demanded that the districts it was funding operate according to a different governance model than that guiding the SCTP in other districts (Abdoulayi et al. 2014; van De Meerendonk, Cunha, and Juergens 2016).

This paper presents some of the challenges the SCTP faced between 2006 and 2016. It starts by presenting the relevant features, actors and episodes of the social protection system for the reader to understand the SCTP and its main operational challenges. It then proceeds to describe the governance and funding changes it underwent from 2006 to 2016. Next, the article describes the SCTP's targeting and selection process and the changes it underwent in the same period, followed by the same thing for the benefit and payment structure. In the subsequent section there is a summary of the findings of impact evaluations across the different stages of the programme. Finally, the conclusion discusses some potential ways to resolve the main challenges facing the SCTP, and social protection in general in Malawi.

2 POLITICAL CONTEXT, GOVERNANCE AND FUNDING OF THE SCTP

Plans for social protection programmes in Malawi can be found in strategic documents that date back to the early 2000s. In 2002 the Poverty Reduction Strategy (GoM 2002) called for the establishment of a social protection system, but it did not really lead to any progress towards that goal at the time it was released. Then, the first Malawi Growth and Development Strategy (2006–2011) (GoM 2006) was one of the main drivers leading to the elaboration of the country's National Social Support Policy (NSSP) (GoM 2012b). The NSSP was first drafted in 2008 but only approved in 2012 (NSSP 2012–2016) (ibid.), followed by the Malawi National Social Support Programme (MNSSP 2012–2016) (GoM 2012c), which sought to operationalise the policy. Both the social support policy (NSSP) and the programme (MNSSP) only took place during the period of the second Malawi Growth and Development Strategy (2011–2016) (GoM 2012a).

TABLE 1
Core social protection documents relevant to structuring and developing the SCTP

Year	Document	Summary of its relevance to the SCTP
2002	Poverty Reduction Strategy	Call for structuring the social protection system, but without any real progress at the time it was released
2006	1st Malawi Growth and Development Strategy (2006–2011)	One of the main drivers leading to the elaboration of the country's National Social Support Policy (NSSP)
2008	Drafting of the National Social Support Policy (NSSP)	Lays out the normative grounds for government ownership of social protection initiatives, including the SCTP
2012	2nd Malawi Growth and Development Strategy (2011–2016)	Encourages more activities to strengthen monitoring and evaluation, and supports the approval of normative instruments to host social protection actions
	Approval of the NSSP (2012–2016)	Lays out the normative grounds for government ownership of social protection initiatives, including the SCTP
	Malawi National Social Support Programme (MNSSP 2012–2016)	Lays out measures to operationalise the NSSP

Source: Author's elaboration.

Angeles et al. (2016) consider the delay in getting the NSSP approved a barrier that limited donations which could have otherwise boosted the SCTP between 2009 and 2012. Understandably so, donors were apprehensive about putting money into something that lacked formal government support. During that period, the SCTP's coverage was confined to the eight districts that hosted its preceding pilots from 2006 to 2008. Even so, between 2009 and 2012, the SCTP did not reach full coverage and was not fully operational in the districts it covered.

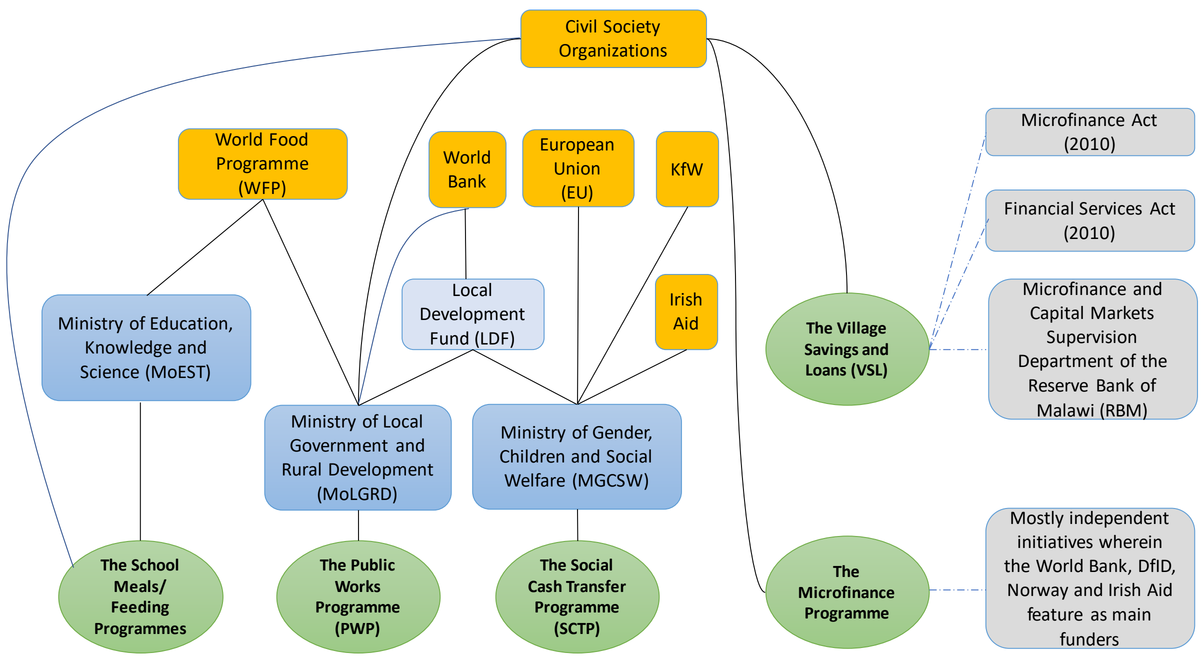
The NSSP and the MNSSP were developed as an attempt to respond to some perceived weaknesses of the Malawian social protection system, such as: poor funding and limited impact of existing initiatives; a bias towards shock-responsive, rather than sustainable, social protection interventions;[2] and overall weak coordination among the different programmes and their stakeholders. To date, however, very little has been achieved in terms of solving such problems.

The NSSP and the MNSSP are key documents for structuring the country's social protection system. They define a core of leading initiatives and appoint ministries to be responsible for them. This core of initiatives comprises the following five programmes (GoM 2012b; 2012c):

- the **Social Cash Transfer Programme (SCTP)**, under the Ministry of Gender, Children and Social Welfare (MGCSW),[3] with funding and operational cooperation from the KfW, Irish Aid, the European Union (EU) and the World Bank;

- the **Public Works Programme (PWP)**, under the Ministry of Local Government and Rural Development, with funding and operational cooperation from the EU, the World Food Programme and, mostly, the World Bank;
- the **Village Savings and Loans** initiatives, which are mostly independent from the government and dependent on donors such as the World Bank, the UK Department for International Development (DFID), Norway and Irish Aid. The Ministry of Finance, Economic Planning and Development keeps track of such initiatives;
- the **School Meals/Feeding Programmes**, funded and operated by the Ministry of Education, Knowledge and Science, the World Food Programme and civil society organisations (in particular, the Scottish charity called Mary's Meal); and
- the **Microfinance Programme**, under the Microfinance and Capital Markets Supervision Department of the Reserve Bank of Malawi, as regulated by the Financial Services Act (2010) and the Microfinance Act (2010).

FIGURE 1
Organogram of the social protection programmes listed in the NSSP



Source: Author's elaboration based on GoM (2012b) and ILO (2016).

At the subnational level, the MGCSW counts on a decentralised structure featuring District Social Welfare Offices (DSWOs). Despite not being able to conduct case management operations such as enrolment, selection and payment themselves, the offices are nevertheless responsible for organising programme-specific, volunteer-based committees that perform such operations. Within the SCTP, for instance, the DSWOs are responsible for nominating members and overseeing the activities of the Community Social Support Committees (CSSCs) in charge of the case management operations at the local level (Pozarny 2015; ILO 2016; Angeles et al. 2016; Van de Meerendonk, Cunha, and Juergens 2016).

Another relevant stakeholder in Malawi's social protection system is the Local Development Fund (LDF). The LDF was created in 2008-2009 with seed resources of USD50 million from the World Bank, which appointed the LDF responsible for overseeing the World Bank-funded PWP at the time, the Malawi Social Action Fund III (MASAF III) (GoM 2015). Most of the LDF's resources come from the World Bank and are channelled to public works programmes (mostly those sponsored by the World Bank). Recently, however, the LDF and the World Bank have become involved in the SCTP, by funding and managing it (via the LDF) in two districts that until then had not been covered (van de Meerendonk, Cunha, and Juergens 2016). Conversations with stakeholders reveal that the LDF/World Bank are in the process of enrolling another nine districts not yet covered by the SCTP.

Overall, Malawi's social protection system suffers from a lack of comprehensiveness. Selection criteria, databases, benefit formulae and overall ground operations at the local level (e.g. enumeration, enrolment, payment of benefits) do not benefit from shared standards and mechanisms that could lead to efficiency gains and enhance the progressivity of the initiatives. More strikingly, the country has very little ownership, and specifically little financial ownership, over the core initiatives of its NSSP. Instead, they are mostly funded and run by international donors and organisations. The programme that the Government of Malawi (GoM) funds the most is the Food Input Subsidy Programme (ILO 2016), which is not listed as a social programme in the NSSP and does not has a very pro-poor design.

No single donor is capable of completely funding any of the NSSP programmes in the entire country. As a result, financial and managerial responsibilities for these initiatives end up being divided between many aid partners and international organisations, each responsible for the initiative in certain districts. Though the NSSP sets out overall standardised operations for one single programme, in practice they vary a lot among districts covered by different programme sponsors. In cases such as the PWP and the School Feeding Programme, this often leads to a duplication of efforts (i.e. some districts have three PWP initiatives, while other districts have none) (ILO 2016). In cases such as the SCTP, there is no duplication, but the programme is administered and funded by different development partners in many districts, which limits a higher level of standardisation of procedures and the use of shared operational tools (ILO 2016; Hemsteede 2017). It is, therefore, difficult to change the development and mainstreaming of a single registry mechanism to enrol and monitor beneficiaries, not to mention standardising the comprehensive care services that are or could be performed by the case management teams at the local level.

Positive recent developments such as the LDF/World Bank-funded expansion of the SCTP to districts not yet covered by the programme also brings additional challenges to the enhancement of the programme's comprehensiveness. This is because it favours an additional national stakeholder to oversee the programme (the LDF), which creates ambiguity regarding the division of roles between this institution and the traditional stakeholder overseeing the SCTP (the MGCSW) (Hemsteede 2017). In the districts funded by the World Bank, the SCTP also operates using a registry (the Unified Beneficiary Registry—UBR) which is different from the registry being used by the SCTP in the other districts funded by other partners (Faruq and Chirchir, 2015).

The World Bank favours a model of registry which includes 50 per cent of the population: the first decile basically comprises poor people without working capacity, and the following four deciles comprise mostly poor people with working capacity. Most other stakeholders, however, advocate for the universalisation of the current SCTP registry, which is meant to cover only the worst-off 10 per cent of the population (Faruq and Chirchir 2015).

One can understand the World Bank position as originating from its historical role of backing the PWP in the country. In this case, the target is roughly the second to fifth deciles of the income distribution, because the first decile predominantly comprises labour-constrained poor people who are mostly the target population of the SCTP. The idea of scaling up the SCTP's registry to serve as Malawi's single registry for social policies points towards logistical challenges of disseminating a tool such as the UBR, which aims to cover 50 per cent of the population.

These kinds of administrative challenges faced by the Malawian social protection system have been aggravated by so-called 'Cashgate'. Cashgate was a corruption scandal that involved aid funds which, up to that point, used to be kept in a common basket that allowed for better coordination of the implementation of social programmes. After the scandal, however, a majority of donors decided to run the programmes they funded themselves (Hemsteede 2017). This aggravated the difficulties of standardising operational procedures and mainstreaming unified tools (ILO 2016). There has been intense debate to create standardised social protection tools and establish a common basket of aid funds, although no consensus on how to proceed has been reached yet.

Finally, it is worth mentioning a peculiarity of the SCTP: its hosting ministry contracts a consulting firm (the Ayala Consulting Group) to perform tasks for which the ministry is understaffed to execute by itself. Nationally, they manage, oversee and develop operational tools for the SCTP and support and monitor case management and other such operations at the local level. The sole exceptions are the two districts where the SCTP is funded by the World Bank, which prefers to delegate such roles to the LDF.

3 TARGETING AND SELECTION PROCESS

Since its 2006 pilot, the SCTP has been an unconditional cash transfer targeting labour-constrained, extremely poor households. Labour-constrained households are those that have no 'fit-for-work' member or whose ratio of unfit-for-work to fit-for-work members is three (3:1) or higher. People are considered unfit for work if they are younger than 18 or older than 64 years old, and/or if they have a disability or suffer from a chronic illness regardless of their age (Pozarny 2015; ILO 2016; Angeles et al. 2016; Van de Meerendonk, Cunha, and Juergens 2016). The SCTP selection process involves a combination of community-based, categorical and, since 2012, proxy means-testing (PMT) stages.

Up until 2012, poverty used to be assessed by CSSC members on a discretionary basis. The CSSC would also have the authority to decide which households they would visit to assess eligibility for the SCTP, as not all households in their catchment areas (village clusters) would have to undergo the assessment. Thus, CSSC members would present a list of some 15 per cent of households in their catchment areas that were deemed to be the poorest among those matching the categorical criteria for eligibility for the SCTP (Van de Meerendonk, Cunha, and Juergens 2016; ILO 2016).

Since 2012, however, the discretion of CSSC members has not been the only way to determine whether households meet the SCTP's categorical criteria (i.e. dependency ratio of at least 3:1) and establish the poverty ranking of households. Rather, this process has become automated, based on household information collected via a standardised form—Form 1—applied by the CSSC members. Differently from the pre-2012 period, when CSSC members would have the authority to choose which households in their catchment area they would visit to assess eligibility for the programme, with the advent of the PMT all households in the catchment area have to be visited by CSSC members to complete a Form 1 (Angeles et al. 2016; van De Meerendonk, Cunha, and Juergens 2016).

The Form 1 collects information on the demographic composition of the household, their access to meals and other consumption items, their sources of income and the health status of the family members. People who say they have chronic diseases such as HIV/AIDS or tuberculosis automatically qualify as 'unfit for work'. The completed forms are sent, in hard copy, to the MGCSW, where the information is digitised and fed into the SCTP management information system (MIS). Then, households' categorical characteristics are validated, and poverty levels are estimated through a PMT, which results in the first ranking of priority eligibility for each catchment area (village cluster) (Angeles et al. 2016; van De Meerendonk, Cunha, and Juergens 2016).

After that, a community meeting involving the CSSC and those interested in joining the SCTP is organised by the DSWO. The automated ranking of priority eligibility is discussed to correct any eventual inclusion and/or exclusion errors. The community has no power of arbitrarily altering the ranking of priority eligibility. What they can do is assess whether certain households might have had their Form 1 completed incorrectly, in which case a new Form 1 is filled for such households, and, subsequently, a new ranking priority is issued. The final list identifies the 10 per cent of households in the catchment area (village cluster) to be enrolled in the programme. The selected households are then called for another community meeting, where the programme rules are explained to them (van De Meerendonk, Cunha, and Juergens 2016).

TABLE 2
Household targeting and selection process by stage of the SCTP

Stage of the programme	Household-level targeting	Selection process
Pilots from 2006 to 2008	Households with dependency ratios of 3:1 or higher that belong to the poorest 10% of households in areas covered	CSSC members visit **some** households in their catchment area, identify those that match the categorical criteria and issue a list ranking them based on how CSSC members perceive their poverty levels. The poorest households on this list, deemed to be among the poorest 10% in the catchment area, are enrolled in the SCTP.
Underfunded from 2009 to 2012	Households with dependency ratios of 3:1 or higher that belong to the poorest 10% of households in areas covered	CSSC members visit **some** households in their catchment area, identify those that match the categorical criteria and issue a list ranking them based on how CSSC members perceive their poverty levels. The poorest households on this list, deemed to be among the poorest 10% in the catchment area, are enrolled in the SCTP.
Decent funding from 2012 onwards	Households with dependency ratios of 3:1 or higher that belong to the poorest 10% of households in areas covered	CSSC members complete the Form 1 for **all** households in the catchment area and send it to the MGCSW for automatic validation of the categorical criteria by the MIS and ranking of poverty via a PMT. The MGCSW returns a list of eligible households, which is validated by community members.

Source: Author's elaboration based on Angeles et al. (2016); and van De Meerendonk, Cunha, and Juergens (2016).

Although the SCTP has the goal of covering all the districts of the country, it is following a strategy of gradual expansion, starting from coverage limited to eight districts up until 2012. Despite the overall orientation of prioritising the poorest districts, the GoM, via its Cabinet, has always interfered to balance the coverage of districts in different provinces. Between 2006 and 2008 the SCTP pilot took place in eight districts: Chitipa and Likoma (from the North), Mchinji and Salima (from Central), and Mangochi, Machinga, Balaka and Phalombe (from the South) (van De Meerendonk, Cunha, and Juergens 2016). Originally the proposal was to launch pilots only in four districts chosen by their poverty profiles. However, the government demanded a larger number of districts to be covered and a more even distribution across the regions of the country to lend the initiative greater legitimacy (Angeles et al. 2016).

By the end of the SCTP's pilot phase in 2008 and, as a matter of fact, up until 2012, only Mchinji and Likoma (a small island) had a fully operational programme running (ibid.). This first stage of the SCTP become known as the Mchinji pilot, which was also the district chosen for the impact evaluation of the SCTP pilot (Miller, Tsoka, and Reichert 2008).

TABLE 3
SCTP coverage, donor and status of scale-up (July 2015)

District	Funding stakeholder (year of first engagement with the SCTP)	Status	Number of areas receiving the transfer	Household heads	Members
Likoma	KfW (2006)	Full scale	1	224	1,161
Chitipa	KfW (2006)	Full scale	5	3,758	15,629
Mchinji	KfW (2006)	Full scale	9	10,389	45,242
Machinga	KfW (2006)	Running	15	14,035	75,551
Mangochi	KfW (2006)	Running	9	18,298	91,173
Phalombe	KfW (2006)	Running	6	7,641	34,012
Salima	KfW (2006)	Running	10	8,822	43,197
Balaka	Irish Aid (2006)	Running	7	8,517	38,507
Thyolo	Government of Malawi (2012)	Running	7	9,629	39,606
Dedza	World Bank (2012)	Running	2	3,388	13,391
Nkhata Bay	World Bank (2012)	Running	9	3,929	18,975
Nsage	European Union (2012)	Running	9	5,569	22,460
Chikwawa	European Union (2012)	Running	11	10,151	39,939
Mzimba North	European Union (2012)	Running	4	5,477	21,400
Mzimba South	European Union (2012)	Running	7	8,864	30,751
Neno	European Union (2012)	Running	4	2,015	7,785
Mwanza	European Union (2012)	Running	3	1,946	7,165
Zomba	European Union (2012)	Running	10	15,458	67,935
Mulanje	European Union (2012)	Running	6	13,210	57,585
Current total				**151,317**	**671,473**

Source: van De Meerendonk, Cunha, and Juergens (2016).

Between 2009 and 2012 a second phase of the SCTP took place, as it was launched as a regular state programme and included in the national budget. The government, however, did not provide the promised funds, which prevented expansion towards new districts, and even challenged the continuity of the SCTP in the districts that hosted the pilots from 2006 to 2008. This could have ended the initiative if the KfW and Irish Aid had not taken over the funding of the programe for the eight districts that had hosted the pilot. As mentioned before, however, the programme was only fully functional in Mchinji and Likoma up until 2012 (Angeles et al. 2016; van De Meerendonk, Cunha, and Juergens 2016).

From the approval of the NSSP in 2012 onwards, the SCTP entered a third phase, marked by more available funding from donors such as the EU and the World Bank which, up to that point, were prevented from granting aid to an initiative that lacked a normative guarantee (Angeles et al. 2016). Currently the EU funds the SCTP in seven districts, and the World Bank funds it in two districts, and is in the process of expanding the initiative towards the remaining nine districts not yet enrolled in the SCTP. Since 2006, Irish Aid has been funding it in one district. After the SCTP's normative basis was established, in 2012, the GoM started funding it in one district (van De Meerendonk, Cunha, and Juergens 2016). By December 2015, the SCTP had reached over 163,000 beneficiary households, covering 19 of the country's 28 districts (Abdoulayi et al. 2016).

4 BENEFIT AND PAYMENT STRUCTURE

In 2015 the value of programme benefits increased in response to findings of an impact evaluation showing that 70 per cent of beneficiaries received less than what was considered the minimum amount for the programme to generate widespread impact (i.e. 20 per cent of pre-programme consumption) (Abdoulayi et al. 2014; van De Meerendonk, Cunha, and Juergens 2016). But the actual benefit formula (i.e. the set of grants each household is meant to receive depending on its composition and vulnerability factors) has never changed since the 2006 pilots. This basically consists of a grant that increases according to the number of household members, up to a limit of four persons, plus additional benefits for each child of primary-school age, and another, higher benefit for each child of secondary-school age (van De Meerendonk, Cunha, and Juergens 2016).

Table 4 presents the benefit values before and after the 2015 change in both Local Currency Units (LCUs) and in USD PPP 2011.[4] Benefit values were originally thought to cover the gap between an average-size family's (5.8 persons) consumption in the lowest income quintile (MWK5,103 per month) in 2006 and the extreme poverty line at that time for a 5.8-person household (MWK6,447 per month) (Angeles et al. 2016; Miller, Tsoka, and Reichert 2010). The benefit formula and values were also meant to cover the cost of a bag of maize at average market prices (van De Meerendonk, Cunha, and Juergens 2016).

Beneficiaries receive double these amounts every two months, since payment operations are rather too complex to carry out every month. The MGCSW sets payment days to occur in specific areas (pay points) designated by DSWOs and CSSCs. CSSC members are responsible for gathering beneficiaries on the right day and at the right time, and the MGCSW contracts a private security company to transport the money to be distributed. More recently, however, e-payment pilots have been introduced in the two districts of Balaka and Michinji. The SCTP MIS, which at first solely managed beneficiaries' socio-economic information, has incorporated a module to manage the payments disbursed since 2014 (Angeles et al. 2016).

TABLE 4
Transfer amount by household size and number of children in school

Household size	Monthly cash benefit (before May 2015)	Revised monthly benefit (after May 2015)	Primary school	Secondary school
1member	MWK1,000 (USD4.11 PPP 2011)	MWK1,700 (USD7.59 PPP 2011)	Number of children x MWK300 (USD1.23 PPP 2011) (2015: MWK500 [USD2.23 PPP 2011])	Number of children x MWK600 (USD2.46 PPP 2011) (2015: MWK1,000 [USD4.47 PPP 2011])
2 members	MWK1,500 (USD6.16 PPP 2011)	MWK2,200 (USD9.83 PPP 2011)		
3 members	MWK1,950 (USD8.01 PPP 2011)	MWK2,900 (USD12.96 PPP 2011)		
≥ 4 members	MWK2,400 (USD9.86 PPP 2011)	MWK3,700 (USD16.53 PPP 2011)		

Source: Author's elaboration based on van De Meerendonk, Cunha, and Juergens (2016).

5 IMPACT EVALUATIONS

Both the post-2012 SCTP and its preceding pilot have been subjected to impact evaluations. The Michinji pilot was evaluated between 2007 and 2008 (Miller, Tsoka, and Reichert 2008), whereas the SCTP was evaluated in 2013 and 2015 (Abdoulayi et al. 2014; 2016). Both initiatives found significant and desirable impacts on income and poverty headcount ratio, on school enrolment and dropout, on the occurrence of illness, on the quantity and periodicity of access to food (food security), on the diversification of food consumption and on productivity and asset ownership. Both initiatives helped reduce child labour outside the household, though there has been an increase in the amount of household domestic chores carried out by children. Only the Michinji pilot was evaluated regarding its impact on housing and living conditions, which was found to be positive.

Some issues were measured only for the SCTP post-2012, including the occurrence of illness, the occurrence of chronic illness for at least one member of the household, health-seeking behaviours, the occurrence of wasting, the occurrence of age-disparate sexual partnerships, and reported cases of forced sex. The SCTP was found to have a positive impact on all of these issues. Other issues, such as the use of substances (tobacco), health expenditures, age of first pregnancy, and the number of sexual acts in the three months preceding the survey, were only positively affected by the SCTP at the midline of the impact evaluation survey.

The effect on issues such as mental health and ideal education level was only slightly positive for the sample of the poorest 50 per cent of beneficiaries. The SCTP was found to have a negative impact on access to other care and referral services for children. This probably occurs because social workers responsible for the outreach of such services (including CSSC members) might deprioritise enrolling those who benefit from the cash transfer under the false assumption that SCTP beneficiaries might be in less need of these other services because they already receive a cash benefit.

Other variables that were measured for the SCTP but for which no significant impacts were found include: occurrence of stunting, weight-for-age Z-scores (WAZ), height-for-age Z-scores (HAZ), deliveries at proper health-care facilities and use of skilled birth attendants, HIV risk perception, early marriage, transactional sex, number of sexual partners, condom use, ideal age at first marriage, ideal number of desired children, and available social support.

6 CONCLUDING REMARKS

Malawi's social protection system is marked by extreme fragmentation, since the government has little financial and operational ownership of existing initiatives, which are mostly funded and run by a number of different development partners. For most initiatives listed in the NSSP, this leads to overlapping efforts in a context where coverage is far from universal and even from reaching the entire target population. For the SCTP more specifically, this results in a split in the programme, which is run by different partners in different districts; as a result, there are challenges to harmonising operational routines and standardising operational mechanisms such as the single registry of beneficiaries.

The best example of how the fragmented operation of the SCTP compromises its coordination at the national level is probably the current stalemate between the World Bank and the other funders of the SCTP. The World Bank uses a new registry (the UBR) to select beneficiaries in the districts where it funds the programme, whereas the other donors use the registry that has existed since 2012 (the MIS).

An additional dilemma regards the exact roles that each institution of the central government should have in overseeing implementation of the SCTP across the many districts. Here, once again, the World Bank diverges from other donors and development partners, since the districts it funds report to the MGCSW and the LDF for oversight, whereas the other districts covered by the programme report only to the MGCSW.

Neither the LDF nor the MGCSW is fully capable of performing oversight roles for the SCTP in all of its districts, as they both lack enough qualified staff. For the LDF, this is not yet such a great problem, since it only oversees the SCTP in two districts. Once the World Bank expands its funding via the LDF to another nine districts not yet covered by the SCTP, however, such limitations are expected to become more apparent. The MGCSW already oversees 17 districts, and shares this responsibility with the LDF in another two districts funded by the World Bank. So far the MGCSW has been remedying its lack of staff by delegating many responsibilities to a consulting firm. Despite this, it has been increasingly expanding its team of qualified professionals as part of a conditionality imposed by the funders of the SCTP.

It is a matter of concern that SCTP beneficiaries seem to be less covered by other social services and, particularly, by child health referral and nutrition services. A plausible explanation for this phenomenon is that social workers responsible for enrolling people with such social services might perceive SCTP beneficiaries as being in less need of such services, since they already receive the cash transfer. As a consequence, SCTP beneficiaries might turn out to be deprioritised by social workers promoting the outreach of other social programmes. This potential misperception by social workers fails to consider the fact that SCTP beneficiaries not only have insufficient income but also very often have health-specific needs related to disabilities and chronic disease burdens. Therefore, just as there are no normative grounds for deprioritising SCTP beneficiaries, there seems to be no moral logic that could justify this misperception.

A first step towards enhancing the comprehensiveness of Malawi's social protection system involves standardising the SCTP's operations with the many stakeholders that fund it in each district. There needs to be consensus on the selection instruments to be used and regarding the stakeholders responsible for overseeing the programme at the national level.

The way to resolve most of the structural challenges mentioned above involves organising talks and seminars so that the many different stakeholders can build consensus around unified targeting criteria and tools. Such conversations are already occurring, and they are expected to offer alternatives for enhancing the comprehensiveness of Malawi's social protection system.

If measures to prevent corruption such as the Cashgate scandal could also be agreed, this could enable the creation of a single basket of aid money for social protection. This could be the first step towards reducing the fragmentation of the social protection system caused by the fact that its initiatives are funded and run by a variety of stakeholders. Even if this does not materialise, the country could benefit if donors made arrangements among themselves to harmonise the procedures and operations of programmes that are funded and run in partnership with different stakeholders.

Finally, the country could expand its institutional capacity to run programmes and increase its financial ownership over them. This is particularly relevant for the SCTP, which only receives government disbursements to cover MGCSW staff costs and to fund the initiative in one district. Of course, the country has no fiscal space for large new budgets, but it could nevertheless consider reallocating funds spent on social initiatives marked by little equity, such as the Food Input Subsidy Programme. Even though government funds to the SCTP have consistently increased recently, they are still marginal compared to the amounts disbursed by donors.

REFERENCES

Abdoulayi, S., G. Angeles, C. Barrington, K. Brugh, S. Handa, M.J. Hill, K. Kilburn, F. Otchere, and D. Zuskov. 2014. *Malawi Social Cash Transfer Programme Baseline Impact Evaluation Report*. Chapel Hill, NC: University of North Carolina at Chapel Hill and University of Malawi. <http://www.fao.org/fileadmin/user_upload/p2p/Documents/Malawi_SCTP_Baseline_Report-rev2014July8.pdf>. Accessed 1 May 2018.

Abdoulayi, S., G. Angeles, C. Barrington, K. Brugh, S. Handa, M.J. Hill, K. Kilburn, A. Molotsky, F. Otchere, and S. Zietz. 2016. *Malawi Social Cash Transfer Programme Endline Impact Evaluation Report*. Chapel Hill, NC: University of North Carolina at Chapel Hill and University of Malawi. <https://www.unicef.org/evaldatabase/files/Malawi_Social_Cash_Transfer_Programme_Endline_Impact_Evaluation_Report_Malawi_2016-005.pdf>. Accessed 1 May 2018.

Angeles, G., S. Abdoulayi, C. Barrington, S. Handa, E. Kainja, P. Mvula, H. Mwalima, T. Spadafora, and M. Tsoka. 2016. "The Social Cash Transfer Programme of Malawi The Role of Evaluation from the Pilot to the Expansion". In *From Evidence To Action: The Story Of Cash Transfers And Impact Evaluation In Sub-Saharan Africa*, 1st ed. Oxford: Food and Agriculture Organization of the United Nations, United Nations Children's Fund, and Oxford University Press. <http://www.fao.org/3/a-i5157e.pdf>. Accessed 1 May 2018.

Faruq, K.A., and R. Chirchir. 2015. *Assessment of Malawi's Proposed Unified Beneficiary Registry and Information Management Systems for Social Protection in Malawi*. Lilongwe: International

Labour Organization, United Nations Children's Fund, Irish Aid, and Government of Malawi. <http://www.ilo.org/wcmsp5/groups/public/---africa/---ro-addis_ababa/---ilo-lusaka/documents/publication/wcms_493325.pdf>. Accessed 1 May 2018.

GoM. 2002. *Malawi Poverty Reduction Strategy (PRS)*. Lilongwe: Government of Malawi.

GoM. 2006. *First Malawi Growth and Development Strategy (MGDS 2006–2011)*. Lilongwe: Government of Malawi. <http://www.mitc.mw/attachments/article/360/Malawi%20Growth%20&%20Development%20Strategy%20August%202006.pdf>. Accessed 1 May 2018.

GoM. 2012a. *Second Malawi Growth and Development Strategy (MGDS 2011–2016)*. Lilongwe: Government of Malawi. <http://documents.worldbank.org/curated/en/399931468089371016/pdf/691340PRSP0P120Official0Use0Only090.pdf>. Accessed 1 May 2018.

GoM. 2012b. *Malawi National Social Support Policy (NSSP 2012–2016)*. Lilongwe: Government of Malawi.

GoM. 2012c. *Malawi National Social Support Programme (MNSSP 2012–2016)*. Lilongwe: Government of Malawi.

GoM. 2015. "About LDF." Local Development Fund website. <http://www.ldf.gov.mw/about-ldf/>. Accessed 1 May 2018.

Hemsteede, R. 2017. "Fragmented donor funding: Malawi's Social Cash Transfer Programme." Social Protection website. <http://socialprotection.org/learn/blog/fragmented-donor-funding-malawi%E2%80%99s-social-cash-transfer-programme>. Accessed 1 May 2018.

ILO. 2016. *Social Protection in Malawi. Summary of The Assessment Based National Dialogue Report*. Lilongwe: Government of Malawi, Irish Aid, and International Labour Organization. <http://www.ilo.org/wcmsp5/groups/public/---africa/---ro-addis_ababa/---ilo-lusaka/documents/publication/wcms_493326.pdf>. Accessed 1 May 2018.

IPC-IG and GIZ. 2018. "Managing Disaster Differently: Shock-Sensitive Social Protection in Malawi." Social Protection website. <http://socialprotection.org/managing-disaster-differently-shock-sensitive-social-protection-malawi>. Accessed 1 May 2018.

Miller, C., M. Tsoka, and K. Reichert. 2008. *Impact Evaluation Report External Evaluation of the Mchinji Social Cash Transfer Pilot*. Lilongwe: US Agency for International Development, Boston University and United Nations Children's Fund. <https://www.unicef.org/malawi/MLW_resources_impactsocialcashtrf.pdf>. Accessed 1 May 2018.

Miller, C., M. Tsoka, and K. Reichert. 2010. "Targeting Cash to Malawi's Ultra-Poor: A Mixed Methods Evaluation." *Development Policy Review* 28(4): 481–502.

National AIDS Commission. 2015. *Malawi AIDS Response Progress Report 2015*. Lilongwe: National AIDS Commission Government of Malawi. <http://www.unaids.org/sites/default/files/country/documents/MWI_narrative_report_2015.pdf>. Accessed 1 May 2018.

National Statistical Office. 2012. Integrated Household Survey 2010–2011. Zomba, Malawi: Government of Malawi. <https://goo.gl/HnTQe9>. Accessed 1 May 2018.

National Statistical Office. 2016. *Malawi Demographic and Health Survey 2015-16. Key Indicators Report*. Zomba, Malawi: US Agency for International Development, United Nations Children's Fund, Irish Aid, World Bank, Emory University, UN Women, United Nations Population Fund, National AIDS Commission and Centers for Disease Control. <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>. Accessed 1 May 2018.

Pozarny, P. 2015. "The Impacts of Malawi's Social Cash Transfer Programme on Community Dynamics." *IPC-IG One Pager Series*, No. 276. Brasília: International Policy Centre for Inclusive Growth. <http://www.ipc-undp.org/pub/eng/OP276_The_Impacts_of_Malawi_s_Social_Cash_Transfer_Programme_on_Community_Dynamics.pdf>. Accessed 1 May 2018.

Van De Meerendonk, A., N. Cunha, and F. Juergens. 2016. *Extracts from the Full Report: Assessment of Social Protection Programmes and Costing of Policy Options Programme Specific Report: Social Cash Transfer Programme*. Lilongwe: Government of Malawi, Irish Aid, and International Labour Organization.

World Bank. 2018. "World Bank Open Data." World Bank website. <http://data.worldbank.org/>. Accessed 1 May 2018.

NOTES

2 . A recent webinar, however, suggested that the MNSSP II, currently being drafted, will probably shift once again towards shock-responsiveness of social programmes (IPC-IG and GIZ 2018).

3. In the districts where the programme is funded by the World Bank, the LDF shares the oversight role of the Ministry of Gender.

4. All values presented in USD PPP 2011 derive from the following methodology. The amount of benefits in USD PPP 2011 is the value of the benefits converted to international dollars using the Purchasing Power Parity (PPP) conversion factor. Calculated by the World Bank and available in the World Development Indicators (WDI) database, the PPP for private consumption is "the number of units of a country's currency required to buy the same amounts of goods and services in the domestic market a US dollar would buy in the United States", thus measured in Local Currency Units (LCUs) per international dollar. The last PPP has 31 December 2011 as reference date; therefore, the annual Consumer Price Index (CPI) series of the WDI database was used to deflate the nominal benefit values to their real value at the price levels at the end of 2011, before conversion to international dollars:

Benefit in international $ = benefit_ LCU * CPI_2011 * 1/ (CPI_REF_YEAR * PPP)

All USD PPP 2011 values of benefits presented in Table 4 are calculated using as a reference their LCU values in 2015.

International Policy Centre for Inclusive Growth (IPC-IG)

SBS, Quadra 1, Bloco J, Ed. BNDES, 13º andar
70076-900 Brasília, DF - Brazil
Telephone: +55 61 2105 5000

ipc@ipc-undp.org ▪ www.ipcig.org