Malawi Social Cash Transfer Programme Impact Evaluation: Overview of the Study Design

The Programme

The Government of Malawi's (GoM's) Social Cash Transfer Programme (SCTP) is an unconditional cash transfer programme targeted to ultra-poor, labour-constrained households and administered by the Ministry of Gender, Children and Social Welfare (MoGCSW) with additional policy oversight provided by the Ministry of Economic Planning and Development (MoEPD). As of February 2015, the programme operates in 13 of the 28 districts in the country (Balaka, Chitipa, Likoma, Machinga, Mangochi, Mchinji, Mwanza, Mzimba North, Neno, Phalombe, Salima, Thyolo and Zomba) and serves over 80,000 households. Additional expansion to five new districts is underway. Full scale-up is nearly complete in eight districts and significant expansion is expected, with a target of 175,000 households by the end of 2015.

Eligibility criteria are based on a household being ultra-poor (unable to meet the most basic urgent needs, including food and essential non-food items such as soap and clothing) and labour-constrained (defined as having a ratio of 'fit to work' to 'not fit to work' of more than three). Household members are considered unfit if they are below 19 or above 64 years of age, or if they are age 19 to 64 but have a chronic illness or disability or are otherwise unable to work. A household is labour-constrained if there are no fit to work members in the household, or if the ratio of unfit to fit exceeds three.

Beneficiary selection in the SCTP is done through a mixed approach, combining community-based selection and Proxy Means Testing (PMT), with oversight provided by the local District Commissioner's Office and the District Social Welfare Office (DSWO). Community members are appointed to the Community Social Support Committee (CSSC) and the CSSC is responsible for identifying households that meet the eligibility criteria. The list of households includes roughly 12 per cent of the households in a Village Cluster. Finalised beneficiary lists have a target coverage rate of ten per cent. Transfer amounts vary based on household size and the number of children enrolled in primary and secondary school. The value of the monthly transfer is MKW 1000, 1500, 1950 and 2400 for single, two-, three and four or more person households respectively. The top-up for children in school is MKW 300 for primary school and MWK 600 for secondary school.

Impact Evaluation Overview

The impact evaluation is a three-year, mixed methods study implemented by The University of North Carolina at Chapel Hill (UNC-CH) and the Centre for Social Research at University of Malawi (CSR UNIMA), under contract to UNICEF-Malawi. Baseline quantitative data was collected in July and August and qualitative interviews conducted in November 2013; the first quantitative follow-up was December 2014 to January 2015 with qualitative interviews in February 2015. End line data collection is scheduled for June 2015; final results will be available by January 2016. Ethics approval for the study was granted by the UNC-CH Institutional Review Board (IRB) and Malawi's National Commission for Science and Technology (NCST), National Committee for Research in Social Sciences and Humanities.

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Written by: Sudhanshu Handa

The research questions guiding the evaluation are:

1. Does the SCTP improve consumption, reduce food insecurity and increase diet diversity?
2. Does the SCTP affect economic productivity and wealth accumulation?
3. Does the SCTP affect health and nutrition of young children?
4. Does the SCTP affect schooling and child labour among older children?
5. Does the SCTP affect the safe transition into adulthood among adolescents?
6. Does the SCTP affect the health and wellbeing of caregivers?

Figure 1 illustrates a conceptual framework to understand the pathways through which the SCTP can affect the indicators described above as well as potential moderators. The diagram is read from left to right, that is, from inputs to impacts. It shows a direct effect of the cash transfer on household consumption (food security, diet diversity), on the use of services and possibly on productive activity after some time. The impact of the cash may work through mechanisms (mediators) such as the degree to which the household is forward looking and the expectations the household has about the quality of life in the future (which could determine investment and other choices with longer term implications). Similarly, the impact of the cash transfer may be smaller or larger depending on local conditions in the community (moderators), such as access to markets and other services, prices and shocks. The next step in the causal chain is the effect on young children and adolescents. The diagram focuses on indicators related to children under five and adolescents ages 13 to 19. Any potential impact of the programme on these groups must work through the household, by way of spending or time allocation decisions (including use of services). The link between the household and children can be moderated by environmental factors, such as distance to schools or health facilities, as indicated in the diagram, and household-level characteristics themselves, such as the mother's literacy.

Quantitative Study Design

The quantitative evaluation is a longitudinal cluster randomized control design consisting of a baseline and two follow-up surveys. The baseline and first follow-up are funded by UNICEF, the German Government through KfW, Irish Aid and FAO-Rome, while the International Initiative for Impact Evaluation (3ie) and the European Union (EU) are providing additional funding for the second follow up survey.

Figure 1. Conceptual Framework for Impact Evaluation of Malawi SCTP

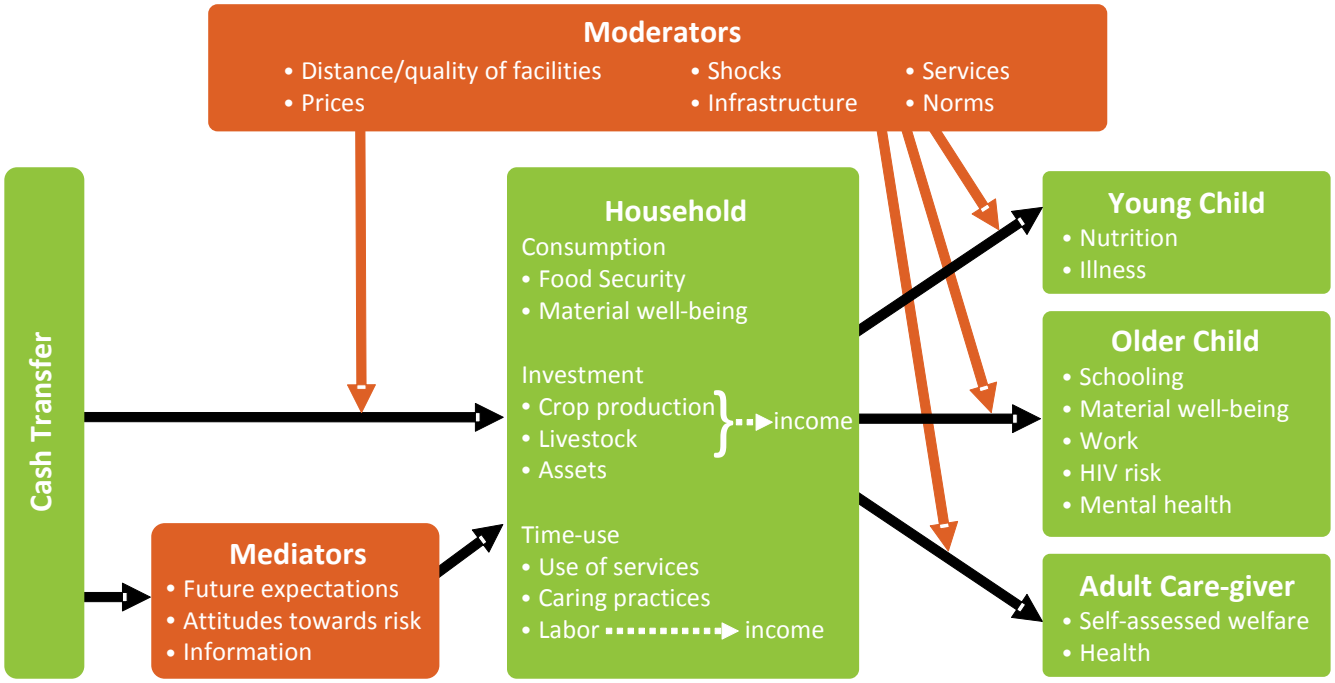
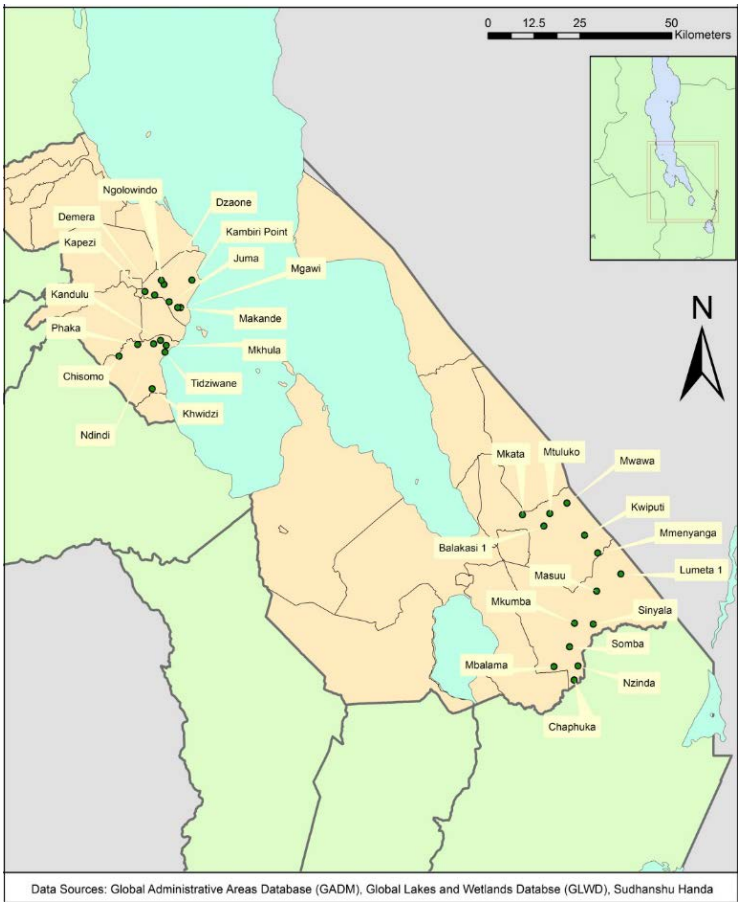


Figure 2. Malawi SCTP Impact Evaluation Study Areas



The MoGCSW planned to expand the SCTP, scaling-up existing districts in 2013 and expanding to 18 districts over three years, starting in 2014. The districts scheduled for scale-up in 2013 were Salima and Mangochi, so the MoGCSW took this opportunity to integrate the impact evaluation into the planned expansion activities. Subsequently, the Ministry, in collaboration with the research team and cooperating partners, randomly selected two study TAs in each district (Maganga and Ndindi TAs in Salima, and Jalasi and M'bwana Nyambi TAs in Mangochi) to participate in the evaluation. Figure 2 shows a map of the study areas highlighting the Village Clusters included in the study.

A total of 3,531 eligible households were interviewed in July-August 2013 prior to enrolment into the programme (baseline).[1] An innovative component of the evaluation is a Young Person's Module that is administered face-to-face to up to three residents ages 13 to 19, covering topics such as mental health, aspirations, social support and sexual activity. The survey also collected anthropometric measures for children under five. All survey instruments are available at www.cpc.unc.edu/projects/transfer/countries/malawi.

After baseline data collection was concluded, the District Commissioner's Office in each of the two districts convened meetings of local and national level government officials, local traditional leaders and CSSC members to determine which VCs would enter delayed-entry control status. At these meetings, a coin toss was conducted and half of the VCs in each TA were randomly assigned to the treatment group. Beneficiaries in these VCs began receiving cash in May 2014. The other half of the VCs were randomly assigned to the delayed-entry control group. Treatment and control VCs are shown in Table 1.

[1] Additionally, the FAO, with direct funding from the Department for International Development-United Kingdom (DFID-UK), is building a simulation model to predict the potential of the SCTP to generate local economy-wide effects. Those results, which are based on an additional sample of 900 non-beneficiaries from the same TAs, will be reported separately to the Government of Malawi in 2015.

Table 1. Results of Random Assignment of Treatment and Control for Village Clusters

District	Traditional Authority	Treatment (T)	Control (C)
Salima	Maganga	Demera	Mgawi
		Juma	Makande
		Dzaone	Ngolowindo
		Kapezi	Kambiri Point
	Ndindi	Khwidzi	Chisomo
		Phaka	Mkhula
		Kandulu	Ndindi
			Tidziwane
Mangochi	Jalasi	Mkata	Mwawa
		Kwiputi	Mmenyanga
		Balakasi 1	Mtuluko
	M'bwana Nyambi	Chaphuka	Sinyala
		Lumeta 1	Mkumba
		Masuku	Somba
		Mbalama	Nzinda

Qualitative Design

The qualitative impact evaluation consists of three parts. The first is an embedded longitudinal component consisting of in-depth interviews (IDIs) of the caregiver and a young person (aged 13 to 19 years at baseline) in 16 treatment households. These IDIs were conducted at baseline and the same care-giver/youth pair will be followed and interviewed during both waves of follow-up. Interview topics include health, coping mechanisms, support systems and livelihood strategies for the care-giver, and peer networks, friends, romantic relationships and social support for the youth.

The second component consists of focus group discussions (FGDs) at baseline utilizing the "Stages of Progress" approach to understand how the community defines poor households, how households are stratified, and how households move into and out of poverty.

Eight FGDs were conducted, two in each of the four TAs, one for men and one for women. Both the IDIs and FGDs for baseline were completed in November 2013.

The third part of the qualitative work consists of FGDs and semi-structured interviews with Key Informants (KIs) at follow-up. The FGDs will cover topics related to perceptions about programme targeting and social relationships within the community after commencement of the program—these will be conducted with beneficiaries and non-beneficiaries in separate groups. The KI interviews will be done with health and social workers, teachers, and shopkeepers to understand how the programme has affected the use of services in the community.

For additional briefs on Malawi's SCTP, visit www.cpc.unc.edu/projects/transfer/countries/malawi.

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