

Evaluation of the Mchinji Cash Transfer

Baseline Report

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I. PURPOSE OF EVALUATION OF THE MCHINJI CASH TRANSFER PILOT

The overall goal of the Malawi Social Cash Transfer Scheme is to “protect and promote the livelihoods and welfare of the poorest and most vulnerable people.” The objectives of the cash transfer pilot are to alleviate poverty, reduce malnutrition, and improve school enrolment among the poorest 10% of households by delivering monthly cash transfers to households that are "ultra poor" and at the same time “labor constrained”. Ultra poor households are defined as being in the lowest expenditure quintile, usually consuming only one meal per day, and lacking any valuable assets. Labour-constrained households contain no able-bodied member in the 19–64 age group who are fit to work, because of chronic illness or disability, or because they must care for more than three dependents. The identification of cash transfer recipient households occurs through a multi-stage participatory targeting process.

The main objectives of Evaluation of the Mchinji Social Cash Transfer Pilot include the following: (1) Assessing the scheme’s impact on beneficiary households and communities; (2) Examining the targeting procedures used to identify recipients in order to quantify the percentage of ineligible recipients and eligible non-recipients (inclusion and exclusion errors); and (3) Investigating the systems and operational performance of the district and community groups responsible for project implementation to determine the scheme’s level of transparency, efficiency, linkages to other services, sustainability and costs. (See appendix 1 for project Timeline)

Phase I. Impact Evaluation

This is the first report from the impact evaluation and focuses on the quantitative baseline survey administered to intervention and comparison households in March 2007. At baseline, intervention and comparison households had gone through the multi-stage participatory targeting process and been identified to receive the cash transfer, but had not yet received the first transfer payment at the time of the first baseline survey. Three rounds of surveys will be collected with intervention and comparison households (i.e. baseline, mid-term, final surveys). In addition to the quantitative surveys, the qualitative research activities that are part of the evaluation consist of key informant interviews and focus group discussions with various stakeholders. These activities were implemented in November 2007 and results will be presented in future reports.

The results of the completed evaluation will provide the Government of Malawi, the Social Protection Technical Committee, and the UNICEF team with a thorough assessment of the impact of the Pilot, insight into the targeting procedures, and an analysis of the operations, which will in turn, inform future policymaking.

II. METHODS FOR BASELINE

a. Setting up the evaluation: approval and team

The first steps in launching the evaluation included gaining ethical approval from the Boston University Institutional Review Board and the Malawian National Health Research Council. Application materials included detailed protocols, the survey instrument, consent forms, and project staff CVs and human subjects training certificates. Approval from both boards was secured in February 2007.

b. Field team

At the same time, the local field team was identified. The Centre for Social Research maintains a portfolio of applications and resumes for field staff. Criteria for selection included MCSE certificates and prior field experience. Supervisors were required to have participated in five or more research studies in the past, and to have held leadership positions. All applicants were given materials describing the project, which they were allowed to study over night. A brief exam was created and applicants that successfully answered the majority of questions were selected for the evaluation team. The field team consists of the Co-Investigator, Maxton Tsoka, two supervisors, twenty interviewers, four data entry clerks, and two drivers. The research team operates under the guidance and instruction of Dr. Candace Miller, the study Principle Investigator from the Center for International Health and Development at Boston University in the U.S.

Training for the research assistants (including supervisors, interviewers, and data entry clerks) occurred over five days in March of 2007 in Mchinji and included the following modules.

- Overview of the study
- Study procedures
- Interviewing techniques, mock interviews
- Data entry
- Data management
- Quality control
- Anthropometric measurement training
- Roles and responsibilities and team dynamics
- An extended review of the survey instrument
- Human subjects protection

All research assistants were certified in the protection of human subjects as of March 2007. In addition, research assistants undergo ongoing training as supervisors, the Co-PI and the PI sit in on interviews and monitor data entry. The team leadership implements consistent performance evaluations and has initiated a feedback loop so that corrective action can be taken immediately in the event of performance concerns.

c. Development of the household survey

The household survey was adapted from existing instruments, including the Integrated Household Survey, Demographic and Health Survey, and the Multiple Indicator Cluster Survey, as well as surveys from the Amajuba Orphan Study (a research study implemented by Boston University in KwaZulu Natal, South Africa) and evaluation instruments from the Kalomo Cash Transfer Study in Zambia. The survey was widely distributed and feedback was incorporated into subsequent drafts. The research team

reviewed and commented on the survey extensively. It was then translated, back translated, and piloted among 80 households in Mchinji. Finally, the instrument was further revised to integrate important issues.

d. Procedures in the field

Project supervisors and the Co-PI approached intervention and comparison villages to collect baseline data. First, the study team conducted community consultations in each village in order to inform the communities of the study. During these meetings, we explained our purpose and plans; explained that interviews were purely confidential, and that no identifying information would be shared with anyone outside the study at anytime; and confirmed that the evaluation will not impact their recipient status. Next, we identified guides from villages who could lead us to households. Guides were members of the Community Social Protection Committees.

Two vehicles containing 10 interviewers, the supervisor, and measuring equipment were deployed to the field. One vehicle went to the intervention villages while the other went to comparison villages. Guides were picked up along the way and then dropped off with interviewers near respondent households. Using the roster prepared by the District and with the help of guides, the research team approached targeted households in both intervention and comparison villages. Once guides lead the interviewer to the household, they returned to the vehicle to lead another interviewer. Guides were not permitted to remain near the interview household. We interviewed the person who was formally registered to receive the grant or his/her deputy.

Interviews began with the research assistant describing the study to the participant and securing consent. Respondents were given a copy of the consent form. The actual interviews lasted between 1½ to 3 hours depending on the size of the household and the age and wellbeing of the respondent. The interview consisted of a 42-paged survey as well as height and weight measurements of all children and the household head.

Once interviews were complete, the interviewer returned to the vehicle. Supervisors conducted a daily review of all surveys. Interviewers also conducted a peer review of surveys as part of the quality control process. Next, surveys were reviewed and entered by data entry clerks. When problems were identified, surveys were fed back to interviewers to clarify any questions. The PI and Co-PI conducted daily debriefing sessions with supervisors to identify all concerns.

e. District and community procedures

The Mchinji District Secretariat identified the four intervention and four comparison village groups (VDGs) and assured the Evaluation leadership that the villages were comparable and that there were no extraordinary features unique to any of the villages. The village groups contain approximately 1000 households, so that each has an estimated 100 cash transfer recipients (10%). The District trained the Community Social Protection Committees in each of the villages within the Village Groups before the standard

targeting process was implemented. The intervention households received the transfer in April 2007; while the comparison households will receive the transfer in April 2008.

f. Sample

The final sample consisted of 407 intervention households and 411 control households. Two respondents died prior to the survey. Several respondents were too ill to answer questions.

g. Challenges

The research team faced several challenges in the field. First, many of the villages had not yet undergone the targeting procedures when the study began due to fuel constraints among the District Cash Transfer Secretariat. This led to delays and some confusion around sample size.

Next, comparison households were not clear about when they would receive the transfer. Many thought that they would be receiving the transfer immediately. We had to explain to them they would indeed receive it, but not until April 2008. We worked to ensure that their expectations were appropriate and not let their disappointment affect the quality of the survey information. We strongly urged the District officials to return to these villages to state clearly when they would receive the transfer.

In addition, the research team identified several occasions when respondents were misleading about the number of people living in the household. To combat this, the team paid close attention to the family surroundings and probed when records and information seemed inconsistent. Moreover, they would ask neighbors, children, and others to confirm household composition when there appeared to be disparate findings. One guide had to be let go because he was intentionally urging respondents to misrepresent their households.

Next, the age and health of some respondents inhibited their understanding of some questions. A deputy or helper was identified when respondents struggled to answer questions.

Finally, we consistently reminded participants that their answers would not impact whether they received the transfer or how much they would receive, nor would we share their information with anyone at anytime. Still, respondents were sometimes confused about our role as investigators, not committee members, which could have motivated them to misrepresent their household.

III. FINDINGS

a. Households

i. Household size and composition

Among the 818 households surveyed, on average, households contained 4 people. The range is from 1 to 14 household members. Among all households, there are 0.9 working-

aged-adults (18-64 years). However, only 57% (n=467) of households have a working-aged-adult, so that among these households, the average is 1.5 adults.

Study households contained, on average, 2.5 children under 18 years. Again, 25% of households have no child less than 18 years, so that among the 75% of households with children, there are 3.4 children per household.

Finally, households contained 0.7 older persons aged 65 and older. Forty-two percent of households did not have any older people. Among the 59% with an older person, there are 1.2 older persons per household.

Of the 3,331 people in the study population, 21% are working aged adults, 62% are children, and 17% are older adults. Among all adults, 44% are elderly (>64 years) and the remaining 56% are working aged. Twenty-seven percent of adults have a chronic illness or were sick for more than one month in the past year and 20% have a disability.

ii. Dependency ratios

In this sample of households, 40% of households have no working aged adult in the house. Fifty seven percent of these households (186 households) contain from one to eight children. On average, 2.6 children live in these households. Dependency ratios cannot be calculated for these households because there are no adults aged 18-64 who are eligible to work. These households tend to be elderly-headed. The dependency ratio is calculated using the following equation:

$$\text{Dependency Ratio} = \frac{(\% \text{ under } 18) + (\% \text{ over } 64)}{\% \text{ between } 18 \text{ and } 64}$$

In addition, once adult illness or disabilities are included in the dependency ratio definition, then 55% of households contain no adults aged 18-64 who are eligible to work (449 households). In short, if an adult has a chronic illness (for more than one month) or disability, then they are counted as a dependent, rather than a provider. Of these households, 63% contain children. On average, there are 2.8 children per household.

$$\text{Dependency Ratio} = \frac{(\% \text{ under } 18) + (\% \text{ over } 64) + (\text{adults w/ chronic illness or disability})}{\% \text{ between } 18 \text{ and } 64 \text{ who are not ill or disabled}}$$

Among the households where a dependency ratio can be calculated (there is one or more working age adults).

- First definition: Not including illness and disability (n=490, 60% of the sample), the dependency ratio is 2.7

- Second definition: Including illness and disability (n=369, 45% of the sample) , the dependency ratio is 3.2

Note that the higher the number, the less favorable the scenario, as there are more people whose needs must be met and fewer adults able to work.

b. Household Demographics (Adults)

Household heads

The average age of household heads is 62 years. Among all household heads, 1% is 24 years and under; 43% are 25-64 years; and 56% are 65+ years. More than one in four households is headed by someone 75 years and older.

Sixty-four percent of household heads are female headed. Twenty-seven percent of household heads are married, 16% divorced and over half, 54% are widowed. While 93% of household heads have educational attainment below standard eight, 54% have no schooling at all. Sixty-nine percent of household heads cannot read at all, while one in four can only read part of a sentence.

All Adults

The average age of all adults in the study population is 54 years and 63% of all adults are female. Eighteen percent of all adults are single, 33% are married, 12% are divorced and 36% are widowed. Among the full adult population, 87% have educational attainment below standard eight and 48% have no formal schooling at all.

i. Adult Employment

While 19% of all adults reportedly worked in the past year, only 17% of household heads worked. However, household heads reported that 59% of all adults engaged in ganyu or casual labor over the past year. On average, adults worked 8 days per month. More specifically, 37% worked 0 – 3 days, 16% worked 4 – 5 days, 24% worked 6 – 10 days, 15% worked 11 – 20 days, and 9% worked 21 – 31 days. Among those who report not working, reasons included the following: 15% illness, 47% cannot find work, and 24% said they were too old.

ii. Adult Health: Household heads

Household heads described their perceived health status on a continuum from poor to excellent. While only 1 in 4 said that their health was ‘excellent’ or ‘good’, 3 out of 4 said their health was ‘fair’ or ‘poor’. Eighty-seven percent of household heads reported having an illness in the past month. The most frequently cited illnesses were a cough, stomach pains, and malaria. Respondents reported that these illnesses limited their activities such that 73% had to stop normal activities. The most common duration of illness was 7 days. Moreover, 40% of household heads needed someone else to stop their activities in order to provide care during this illness for, on average, 10 days.

Interviewers measured body weight and height for all household heads. Then, we calculated BMI or Body Mass Index for all household heads, as it is a recognized measure of under and overweight, which are both indicators of health. The equation to calculate BMI is below:

$$\text{BMI} = \frac{\text{Weight in kilograms}}{\text{Height in meters}^2} \text{ (kg/m}^2 \text{)}$$

The average, among all household heads, was 19.7. More specifically, 37% are underweight (BMI<18.5); 60% are normal weight (BMI 18.5-24.9); 3% are overweight (BMI 25-29.9); and <1% are obese (BMI of 30 or greater). Interviewers had difficulty measuring several respondents who were severely stooped over.

One third of household heads suffer with a long-term illness that has lasted for longer than one month in the past year. Ninety-six percent of the illnesses cited are chronic, and include arthritis, TB, asthma, and AIDS.

The majority of household heads sought healthcare during their last illness (83%). Government hospitals, health centres and local groceries were most frequently sought for care. Respondents purchased medicines at local groceries. Those who did not seek treatment cited a lack of money and transport as the main barriers to seeking care.

Many household heads have limited functionality. Three out of four household heads reported that they would have difficulty or cannot walk 5 kilometers while 44% would have difficulty or cannot sweep the floor.

iii. Adult Health: All Adults

Compared to household heads, health status is better among the full adult study population. Household heads rated health status for all adults in their households and reported that 35% of adults had ‘excellent’ or ‘good’ health, while 65% had ‘fair’ or ‘poor’ health.

Among all adults, 80% had an illness in the past month and cited a cough, stomach pains, and malaria as the main ailments. Seven out of ten adults needed to stop activities for an average of 7 days and 42% required someone else to stop activities to provide care.

More than one in four adults reportedly were ill for more than one month in the past year. Chest pains, TB, asthma, AIDS and anemia were most frequently cited as the cause of illness.

Although 80% of adults sought some treatment for their last illness, of those that did not seek care, 60% (145 out of 240) adults reported that a lack of money or transport inhibited their seeking treatment.

Among all adults, 63% would have difficulty or cannot walk 5 kilometers and 36% would have difficulty or cannot sweep the floor.

iv. Adult Migration

Nearly all household heads, (96%), had not moved in the past year. However, death of a spouse and the house falling apart were the most common reasons for moving among the remaining 4%. Among all adults, 95% had not moved in past year. The remaining 5% reportedly moved in order to care for children, or because of an illness or a family quarrel or divorce.

v. Children by Age

The study population consists of 2,003 children. They fall into the following age groups (Table 1):

Table 1. Age groups

| <i>Children by age group</i> | | | |
|------------------------------|------|-------|--------|
| <5 | 6-10 | 11-14 | 15-<18 |
| 19% | 35% | 29% | 16% |

vi. Orphan status

Three out of five children in the study population have lost their mother, father or both parents. The percentage of children by orphan status and age is displayed in Table 2 and 3. Maternal orphans have survived their mothers. Paternal orphans have survived fathers and double orphans have outlived both parents.

Table 2. Orphan status

| <i>Orphan status among all children</i> | | | |
|---|-----------------|-----------------|---------------|
| Non orphan | Maternal orphan | Paternal orphan | Double orphan |
| 39% | 9% | 30% | 22% |

The study households contain an unusually high percentage of children under five who have lost one or both parents. Typically, orphans tend to be older. This represents a particularly vulnerable group.

Table 3. Percentage of children orphaned by age group (orphan of any type)

| <i>Orphans by age group</i> | | | |
|-----------------------------|------|-------|-----|
| <5 | 6-10 | 11-14 | 15+ |
| 13% | 37% | 31% | 17% |

vii. Living situation of children

Four out of five children in the study population live with their mothers. Of the remaining children, whose mothers are alive but not living with their children, reasons for not living together include 40% mother moved to marry, 3% illness, 13% mother followed her spouse, and 11% are due to divorce.

Forty-eight percent of children, whose father is still alive, live with their fathers. Of those whose fathers are alive, but living separately, 49% cited divorce, 16% are due to desertion, and 9% of fathers migrated for work.

Eleven percent of children are living apart from siblings. In 41% of cases, children are living apart from siblings because the family found it was too expensive to keep them together, while 17% of cases were so a sibling could help with chores.

Among all children, 57% have always lived in their current residence. Of the remaining, 43%, two-thirds came to house because of parental death.

viii. Child health

Household heads reported on the health and illnesses of each child in the household. Respondents reported that 67% of children have had an illness in past month. Of these, 52% had a cough, 17% malaria, and 10% stomach pains. Eight percent of children had been sick for more than one month in past year and TB, asthma, anemia, and skin infections were most frequently cited as the cause of illness.

Among all children, an estimated 4% have a disability, such as being deaf, lame, or mentally retarded. Household heads reported that many children might be able to resume normal activities with medication, tutoring, or mental health services.

ix. Child Education

The majority of children are currently enrolled in school (86%). Enrolment by age is such that 84% of 6 – 10 year olds are in school (there is a slight gender bias favoring girls); 91% of 11 – 14 year olds are in school; and 81% of 15 – 17 year olds are in school (with a gender bias favoring boys). However, these differences were not statistically significant. (Table 3a)

Table 3a. Percentage of children in school by gender and age group

| <i>Age</i> | <i>Boys</i> | <i>Girls</i> |
|-----------------|-------------|--------------|
| 6-10 year olds | 81% | 88% |
| 11-14 year olds | 93% | 89% |
| 15-18 year olds | 83% | 79% |

On average, children missed 3 days of school in the past month. Reasons for missing school include the following: 44% illness; 8% child needed at home; 6% not interested in school and <1% fees not paid.

Among all school-aged children, 49% have repeated a grade. Two-thirds of children have repeated a grade once while 33% have repeated 2 or more times. Reasons that household heads reported for repeating include poor grades (78%); illness (6%); and child not interested in school (6%).

Among the 14% of children who are out of school, the reasons for leaving school include lack of money for fees or supplies; the child is needed to care for a family member, and the child is needed for ‘ganyu’ or casual labor. However, according to household heads, of the 233 children not in school, 63% want to return.

x. Child activities and labor

Household heads were asked about children’s normal daily activities and work patterns. The percentages of children who engaged in work activities are listed in Table 4 (n=1269 children who worked), along with the average number of hours spent doing the activity. On average, children worked 5 hours per week. However, 26% of children worked 5-10 hours per week, while 10% worked more than 11 hours per week

Table 4. Child activities

| <i>Activity</i> | <i>Percent in activity</i> | <i>Hours per week</i> |
|--|----------------------------|-----------------------|
| Chores such as shopping, collecting firewood, cleaning or fetching water | 71% | 2.3 |
| Caring for other children | 31% | 2.5 |
| Caring for adults | 22% | 2.2 |
| Domestic service outside the home | 10% | 3 |
| Self-employed making or selling things | 5% | 2.8 |
| Family work or business | 27% | 2.3 |
| Leisure activities | 84% | 3.2 |

c. The situation of households

i. Housing type

The housing characteristics further indicate the level of poverty in the study population. Among 818 households:

- 98% live on customary land
- 78% live in a single dwelling
- 22% live in several structures
- 51% have compacted earth for outside walls
- 41% mud or burnt bricks
- 95% have a grass roof
- 97% have a smoothed mud floor
- 84% have 1-3 rooms; 21% one room only
- 43% get water from a borehole, 49% get water from a vendor
 - 21 minutes is the average time it takes to collect water
- 64% have no sanitary facilities
- 36% have a pit latrine without ventilation
- 99% use wood as fuel for cooking
 - 82 minutes is the average time it takes to collect firewood

ii. Asset ownership

Households reported owning few assets. Equipment for working on farms is the most commonly owned items (Table 5.)

Table 5. Assets

| | | | |
|----------------|-----|---------------|-----|
| Bed / mattress | 3% | Cell phone | - |
| Table | 3% | Bicycle | 1% |
| Chair | 7% | Motorcycle | - |
| Hot plate | 2% | Land | 15% |
| Hoe | 88% | Cattle | <1% |
| Axe | 30% | Chicken | 11% |
| Sickle | 22% | Goats | 1% |
| Radio | <1% | Other animals | 2% |
| Tape player | 1% | Ox cart | - |

iii. Food and nutritional status

Households report eating fewer than the required number of meals needed for health and human development and for carrying out daily activities. Only 2% of households report eating 3 meals per day during the day prior to the interview. Forty-five percent of households reported consuming 2 meals per day. Over half (52%) ate one meal per day and 2% of households reported not eating any meals the previous day. Among all households, 72% went 8 or more days in the last month without enough to eat and 79% reported that household members felt ‘hungry’ or ‘very hungry’ after taking their meals.

iv. Food expenditures

Household heads were asked to recall the various foods they ate over the past week, along with information on which foods they bought and how much they paid per week. Of 105 different foods, Table 6 lists foods that more than 7% of households reported eating. Of the remaining non-listed food items, the majority of items were only eaten by 0-4% of households. Households experience restricted diversity in their diets due to the cost of food items. The food groups are separated by shading in Table 6.

Table 6. Dietary diversity and food expenditures.

| <i>Food</i> | <i>% that eat</i> | <i>% that buy</i> | <i>MK per week: All households</i> | <i>MK per week: Households reported to buy item</i> |
|---------------------------|-------------------|-------------------|------------------------------------|---|
| Maize ufa mgaiwa (normal) | 72% | 20% | 165.15 | 167.27 |
| Maize ufa refined | 47% | 6% | 167.85 | 173.20 |
| Maize ufa (bran flour) | 37% | 7% | 105.58 | 105.58 |
| Green Maize | 80% | 1% | 85.63 | 85.63 |
| Cassava Tubers | 21% | 6% | 23.12 | 23.12 |
| Beans | 44% | 6% | 53.96 | 53.96 |
| Groundnut | 39% | 3% | 32.30 | 32.20 |
| Nkhwani | 91% | 2% | 35.8 | 40.32 |
| Tomato | 45% | 8% | 14.30 | 14.37 |
| Pumpkin | 51% | 2% | 36.43 | 39.23 |
| Okra | 84% | 1% | 9.60 | 9.60 |
| Dried Fish | 9% | 5% | 42.25 | 42.25 |
| Banana | 33% | 7% | 11.12 | 11.12 |
| Guava | 47% | 3% | 17.88 | 17.88 |
| Wild fruit | 21% | 0% | 0 | 0 |
| Sugar Cane | 37% | 4% | 2.11 | 17.26 |
| Salt | 93% | 61% | 19.54 | 19.56 |

Weekly average food expenditures for all households was an estimated MK108.93. Annual food expenditure is, on average, MK 5,664 in all households. However, we also calculated food expenditures for households where the expenditure was greater than 0, because it is not clear whether households that reported not spending any money on food truly did not, or could not recall what they ate or the cost due to age or illness. It is plausible that they were given or grew all of the food they consumed. The average weekly food expenditure in households where the reported expenditure was greater than 0 (n=699) was MK141.66 and the annual expenditure was MK7,366. Still, further investigation is required.

v. Non-food expenditures

Interviewers asked household heads to recall non-food expenditures purchased on a weekly, monthly and annual basis, and the costs of these goods (see Table 7, 8, and 9).

Table 7. Weekly non-food expenditures

| <i>Item</i> | <i>% purchased</i> | <i>Weekly expenditure MK</i> |
|-------------|------------------------|----------------------------------|
| Charcoal | <1% | 63 |
| Paraffin | 19% | 20 |
| Tobacco | 2% | 43 |
| Matches | 30% | 7 |
| Newspapers | <1% | 28 |
| Transport | <1% | 594 |

Among all households, on average, weekly non-food expenditures were an estimated MK13 per week or MK676 per year. Among households where expenditures were reportedly greater than 0, weekly non-food expenditures were estimated at MK35 or MK1,820 per year.

Table 8. Monthly non-food expenditures

| <i>Item</i> | <i>% purchased</i> | <i>Monthly expenditure MK</i> |
|--------------------|------------------------|-----------------------------------|
| Milling fees | 78% | 82 |
| Bar soap | 65% | 42 |
| Clothes soap | 1% | 35 |
| Glycerin, Vaseline | 15% | 46 |
| Other personal | 5% | 42 |

| | | |
|---------------------|-----|-----|
| Donation to church | 32% | 29 |
| Repairs to dwelling | 2% | 360 |

Less than 1% of households purchased toothpaste, toilet paper, stamps, or petrol, or paid for bike repairs, electricity, telephone units, landlines, or wages to servants. Among all households, on average, monthly non-food expenditures came to MK122 or MK1,464 per annum. Among households where reported monthly non-food expenditures were greater than 0, monthly expenditures were estimated at MK140 or MK1,680 per year.

Table 9. Annual non-food expenditures

| <i>Item</i> | <i>% purchased</i> | <i>Annual expenditure MK</i> |
|-----------------------------------|--------------------|------------------------------|
| Carpets / rugs | 1% | 223 |
| Linens (towels, sheets, blankets) | 16% | 428 |
| Mat | 32% | 146 |
| Mosquito net | 4% | 93 |
| Building materials | 3% | 420 |
| Funeral costs | 17% | 244 |
| Gifts | 3% | 118 |

Less than 1% of households purchased a mattress, hobby or sports equipment, or insurance, or paid lobola or marriage ceremony costs. Among all households, the average annual non-food expenditures was MK175.13. Among households where annual non-food expenditures were greater than 0, the average annual amount spent was MK382.

Among households with children in school, 2% pay school fees or tuition, 30% pay for uniforms and shoes and 50% pay for other school supplies. On average, households that pay fees pay MK2,426 per year, although the median is MK1,650. In addition, average annual expenditures on uniforms and shoes is MK585; and MK147 per year for other school supplies. Average annual expenditures for schooling are MK463 per household with children in school and MK650 for households with children in school where annual expenses are reportedly greater than 0. The same caveats listed before apply here too.

Total non-food expenditures were estimated at MK2,432 per year among all households and MK2,652 per year among households where reported expenditures are greater than 0.

Finally, total household expenditures, including food, non-food items, health, and educational expenditures were calculated (Table 10).

Table 10. Total household expenditures

| | <i>Annual MK</i> | <i>Annual Per capita MK</i> | <i>Daily Per capita MK</i> |
|--------------------------|----------------------|---------------------------------|--------------------------------|
| All households | 8,095 | 2,330 | 6.38 |
| Households >0 (n=766) | 8,646 | 2,488 | 6.82 |

Food costs represent 70% of all household expenditures. Among households that reported spending more than MK0, food costs represented 85% of all expenditures.

vi. Income

Among all households in the study population, 86% report earning income from at least one source. Households reported which income sources they receive and the average income they receive per day, per week, per month or per year. Among households earning income, the most common sources of income are gifts or remittances from family (39%); domestic jobs (38%); selling agriculture (32%); ganyu (35%); and loans from family (14%). Annual average income was calculated by summing all income sources that were reported by year, which accounted for the overwhelming number of households. Few households reported income by day, week or month. However, the second calculation is another estimate of income. Daily income was multiplied by 96, given that, on average, respondents reported 8 days of work per month. Weekly income was multiplied by 40, which is a moderately conservative estimate for the number of weeks worked during a year or whereby gifts may be given. Finally, monthly income was multiplied by 12 because it is likely to be more stable than daily or weekly income. These estimates were totaled to produce the second average income estimate.

Table 11. Income from all sources

| <i>Income Type</i> | <i>Percent earning</i> | <i>Annual Average MK Income (reported annually)</i> | <i>Annual Average MK (reported daily, weekly, monthly, annually)</i> |
|-------------------------|----------------------------|---|--|
| Wages | 3% | 1,349 | 1,403 |
| Rental profit | 3% | 1,779 | 1,952 |
| Domestic job | 38% | 1,311 | 1,784 |
| Self-employment | 15% | 896 | 1,106 |
| Work on farm | 8% | 1,596 | 2,020 |
| Selling own agriculture | 32% | 1,253 | 1,328 |
| Grant from government | 1% | 1,115 | 1,273 |
| Interest, dividends | 0% | 0 | 0 |
| Pension | <1% | 70 | 70 |
| Remittances from family | 7% | 763 | 796 |
| Gift from family | 35% | 442 | 554 |

| | | | |
|--------------------------|-----|-------|-------|
| Loan from family | 14% | 792 | 821 |
| Grant from NGO, CBO, FBO | 2% | 372 | 551 |
| Loan from NGO, CBO, FBO | 1% | 746 | 746 |
| Sale of assets | 3 | 976 | 976 |
| Ganyu or other | 35% | 1,274 | 2,050 |

Using the second income indicator from Table 11, total annual income for all households was calculated, along with annual income for all households where reported income is greater than 0. In addition, annual per capita income and daily per capita income were also calculated (Table 12).

Table 12. Total Income from all sources

| | <i>Annual MK</i> | <i>Annual Per capita MK</i> | <i>Daily Per capita MK</i> |
|--------------------------|----------------------|---------------------------------|--------------------------------|
| All households | 2,609 | 786 | 2 |
| Households >0 (n=769) | 2,775 | 836 | 2 |

vii. Credit

Among all study households, 17% reported borrowing money in previous year (136 households). Of these, 68% borrowed money from relatives and neighbors and 4% borrowed from money lenders. Respondents cited reasons for the loans including: 24% to buy food; 18% for healthcare or transport to health facilities; 16% for the maize mill; 14% for school expenses. On average, households borrowed MK581, and still owe MK519 from the loan. Among the 83% of households that did not borrow money, reasons for not borrowing include the following: 37% have no assets for collateral; 28% are afraid the loan cannot be paid back; 14% do not like to be in debt; and 11% think borrowing money is too much trouble.

viii. Social Safety Nets

Household heads were asked which social safety nets they currently or recently benefited from. Few households reported currently receiving additional support (Table 13). Free food and maize are the most frequently cited safety net, yet fewer than 1% of households currently receive this support. These households most likely received the free food during the last famine.

Table 13. Social Safety Nets

| <i>Safety Net</i> | <i>Yes, still receiving</i> | <i>Yes, but no longer</i> |
|-------------------|---------------------------------|-------------------------------|
| Free food / maize | <1% | 27% |
| Food for work | - | 2% |

| | | |
|---|-----|-----|
| Inputs for work | - | <1% |
| Targeting Nutrition Program | <1% | 2% |
| Supplementary feeding at rehabilitation unit | <1% | 2% |
| Starter Pack (TIP) | - | 6% |
| Direct cash transfers from Gov. or NGO | - | 1% |
| Inputs subsidy coupons | 2% | 40% |
| School feeding | <1% | 1% |
| Bursaries for secondary or tertiary education | <1% | - |
| Other (cooking oil and peas) | 1% | 4% |

ix. Support for orphans and chronically ill

Despite the large percentage of households caring for orphans (51%) and someone who is chronically ill (34%), few households receive assistance. Of the households that do receive support, it mainly comes from an NGO or church. Few households report any support from their community. While some households do receive various forms of assistance, more than half of households report that financial support for orphans, and financial and other support for chronically ill household members is insufficient.

Table 14. Support for orphans (414 or 51% of households)

| | <i>Yes</i> | <i>Report that support is adequate</i> |
|---|------------|--|
| Medical care | 3% | 50% |
| Emotional or psychological care | 4% | 67% |
| Financial support | 11% | 47% |
| Other support (with household work, caregiving, legal services) | 1% | 40% |

Table 15. Support for the chronically ill (282 or 34% of households)

| | <i>Yes</i> | <i>Report that support is adequate</i> |
|---|------------|--|
| Medical care | 12% | 53% |
| Emotional or psychological care | 22% | 86% |
| Financial support | 18% | 42% |
| Other support (with household work, caregiving, legal services) | 3% | 78% |

x. Household shocks

Household heads were asked to recall the shocks that impacted their households in the previous two years (Table 16). They were also asked whether the shocks diminished household resources and / or forced children to leave school for more than a week at a time. Twenty-nine percent of household heads reported that crop failure was the most serious shock, followed by 15% who reported that illness was the most serious. Thirteen percent reported damage to their house, 12% reported a death in the household, and 11% reported that the price of food was the most serious shock.

Table 16. Household Shocks

| <i>Shock</i> | <i>Percent reporting incident as a shock</i> | <i>Caused loss of income</i> | <i>Caused child to leave school for >1 week</i> |
|--------------------------------------|--|------------------------------|--|
| Lower crop yield | 48% | 83% | 26% |
| Crop disease | 28% | 74% | 8% |
| Livestock died/stolen | 19% | 83% | 2% |
| Rise in price of food | 54% | 64% | 18% |
| Illness/accident of household member | 42% | 78% | 22% |
| Death in household | 17% | 72% | 40% |
| Damage to house | 38% | 50% | 12% |

xi. Hygiene

Households were asked about hygiene practices because of the association between good hygiene and health and poor hygiene and illness, especially given the large percentage of children in the study population (58% of all household members) and the relatively high percentage of chronically ill household members (27% of adults).

When asked about the frequency of using soap to bathe, 24% reported never using soap, while 57% used soap 1 to 3 times per week and 19% used soap 4 to 7 times per week. In addition, 57% of household heads reported never brushing their teeth, 12% reported brushing 1 to 3 times per week and 31% reported brushing 4 to 7 times per week.

More than 1 in 3 household heads (36%) reported owning 0 to 1 changes of clothing. More than half (54%) reported owning 2 to 3 changes, 7% reported 4 to 5 changes, and 3% reported 6 or more changes of clothing.

Household heads reported bathing children more frequently. In fact, 68% of household heads reported bathing children 4 to 7 times per week and 10% bathed children only 1 to 3 times per week.

xii. Deaths

Nearly 1 in 3 households, (31%), reported at least one death in the past five years. Of these, 20% experienced more than one death of a household member. Ninety-three percent of deaths were reportedly caused by an illness. It is estimated that 50% of these deaths may have been AIDS related due to the reported symptoms that the deceased suffered from. Frequent causes of death included AIDS, pneumonia, and stomach illness or diarrhea. Moreover, in the past 5 years, 32% of household deaths were among 25-44 year olds and 21% were among under 5-year-olds. The average length of illness follows:

- 33% 1 week or less
- 22% >1 week - 1 month
- 19% 1+ – 6 months
- 15% 6+ – 12 months
- 9% 1+ – 2 years
- 2% 2+ years

Of note, 62% of <5 year olds were sick for less than one month (31% were sick for one week) indicating that households are unable to provide care themselves or seek and be provided adequate treatment for sudden illnesses in children. In addition, 56% of 25-44 year olds were sick for one month to more than two years, which represents a tremendous burden on households, given that other household members would need to cease normal activities in order to provide care. Deaths spiked in February and March during the rainy season, and in October, one of the hottest months.

xiii. Households affected by AIDS

The study population is heavily impacted by AIDS and other illnesses. First, 51% of households contain orphans, although these children may have been orphaned for any reason. Given that the majority of deaths are due to illnesses, it can reasonably be inferred that illnesses are responsible for the largest percentage of orphans. Sixteen percent of households manage a double burden of caring for both a chronically ill person and at least one orphan. Nearly 7 out of 10 households (69%) care for either a chronically ill person or an orphan. An estimated 50% of households have experienced an AIDS related death. Finally, while an estimated 75% of households care for orphans or a chronically ill person or have had a death, 7% have experienced all three.

xiv. Coping Strategies

Respondents reported various coping mechanisms or strategies to get food or money. Thirty-nine percent resorted to begging; 46% said that children worked for food money; 2% reported selling household items and less than 1 percent admitted to prostitution or stealing.

xv. Assessment of wellbeing

In one of the final modules of the survey, household heads were asked about their perceptions of the household's wellbeing. Household heads reported the following:

- 91% reported that “Household food consumption is less than enough”
- 65% reported that “Housing is less than adequate”

- 90% reported that “Healthcare is less than adequate”
- 73% reported that “Economic situation is worse off than last year”
- 33% think water for drinking/bathing is not clean enough

When asked what income level they would consider to be absolutely minimal, below which they could not make ends meet, household heads said on average (Mean) MK1,117 per month (US\$8). The most frequent response was MK600 per month (US\$4.29).

Household heads were not particularly hopeful that their situation would improve. For example, 32% said they were not hopeful that their situation would improve (despite being targeted for the cash transfer). Almost 1 in 5 were a little hopeful; 27% were hopeful and 23% did not know what to expect.

Overall, 25% of respondents reported being very unsatisfied with life; 56% were unsatisfied; 6% were neither satisfied or unsatisfied; and 14% were very satisfied.

In regards to social support, 70% of households reported having close friends and 39% thought they had someone they could borrow money from if they were in need. Only 6% felt as though their household was not accepted in the community. About 20% thought they were only slightly accepted, while 70% felt as though they were definitely accepted.

V. Interviewer perceptions

The interviewers were asked to comment on the hygiene of the house and compound. Overall, interviewers felt that 48% of houses were adequate and 51% were inadequate, while 57% of compounds were adequate and 43% were inadequate. Interviewers found that 88% of respondents understood the survey well, while 12% did not understand too well. Forty-six percent of respondents did not need assistance with the survey questions; 47% needed a little assistance; and 7% required a lot of assistance.

VI. Next steps

This is the preliminary report of the baseline study. The External Evaluation team will also produce reports from Round 2, Round 3, Targeting Evaluation and Operations Evaluation. Please see the evaluation website <http://www.childresearchpolicy.org> for further reports. Questions and comments are welcome and should be sent to Dr. Candace Miller at Candace@bu.edu.