

https://dspace.org/

Experiences of the Wellbeing of Households with Severe Disability on Zambia's Social Cash Transfer Programme

Mwamba, Most

2025
University of the Witwatersrand, Johannesburg
https://hdl.handle.net/10539/50210

Mwamba, Most. (2025). Experiences of the Wellbeing of Households with Severe Disability on Zambia's Social Cash Transfer Programme [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/50210

Downloaded from a DSpace repository. https://dspace.org/

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

EXPERIENCES OF THE WELLBEING OF HOUSEHOLDS WITH SEVERE DISABILITY ON ZAMBIA'S SOCIAL CASH TRANSFER PROGRAMME

Most Mwamba

A research report submitted to the Faculty of Commerce, Law and Management, University of Witwatersrand, in partial fulfilment of the requirement for degree of Master of Management (in the field of Public and Development Sector Monitoring and Evaluation

March 2025

Abstract

This research report explores the experiences of households with severe disabilities participating in Zambia's Social Cash Transfer (SCT) Programme. The study aims to explore experiences beyond cash value that are essential for maximizing the effectiveness of Cash Transfer Programmes (CTPs) for people with disabilities. The primary objective is to contribute to the evidence on the impact of cash transfer programmes in enhancing the wellbeing of people with disabilities, focusing on outcomes beyond financial support.

An inductive, qualitative approach was employed, rooted in interpretative paradigms, to gain insights into participants' experiences. The study was conducted in Lusaka and Chongwe districts, involving interviews with households with persons with disabilities and focus group discussions with heads of beneficiary households.

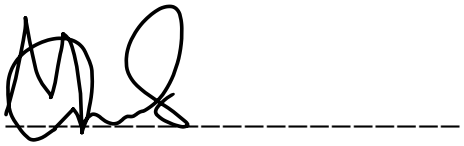
Findings highlight the significant positive impact of cash transfers on household economic stability, educational opportunities, healthcare access, empowerment, mental health, and small business investments. However, challenges such as insufficient amounts, payment delays, administrative barriers, inadequate support for special needs, and limited long-term impact were also identified. Participants suggested additional support measures, including free or subsidized healthcare, provision of assistive devices, accessible education and vocational training, and access to savings and credit facilities.

In summary, this research provides a comprehensive analysis of the impact of CTPs on people with disabilities, offering insights for theory, policy, practice, and social inclusion. It informs policy development and promotes the design of more effective and inclusive social protection programmes.

Key words: Disability, Wellbeing, Social Cash Transfer Programme, Cash Transfer Programmes

Declaration

I hereby declare that this study is entirely my own original work. It is submitted in partial fulfilment of the requirement of the degree of Master of Management (in the field of Public and Development Sector monitoring and Evaluation) in the University of the Witwatersrand. I further affirm that it has not been submitted, either in whole or in part, for any other degree or examination at any other university.



Most Mwamba

March 2025

Dedication

This research report is dedicated to my loving family, whose unwavering support and encouragement have been my greatest source of strength. To my mother and father, thank you for always believing in me and cheering me on. I am deeply grateful to my mentors, whose invaluable guidance and inspiration have shaped this work. Lastly, to all those who have contributed to this journey, your support has been truly appreciated.

Acknowledgments

The completion of this report was made possible by the following individuals and organizations:

- My supervisors, my deepest gratitude goes to Dr. Odile Mackett and Prof. Alex Van Den Heever. Your guidance and support throughout the research process were invaluable. I also extend my thanks to the Ministry of Community Development and Social Services for their cooperation and for making their staff available. This research would not have been possible without your collective support.
- To my beloved family, this work is dedicated to you. Your unwavering love and support have been my anchor throughout this challenging journey. Your words of encouragement and belief in me kept me going, and for that, I am eternally grateful.
- To all the participants who generously gave their time for this study, I am deeply thankful. Your contributions were crucial to this research.
- I am profoundly grateful to the Almighty God for giving me the strength and perseverance to complete this research. Your guidance has been my constant companion.

List of Abbreviations

AIR	American Institutes for Research
CCT	Conditional Cash Transfers
CSO	Central Statistical Office
CT	Cash Transfer
CTP	Cash Transfer Programmes
FAO	Food and Agriculture Organization
FGD	Focus Group Discussions
ICF	International Classification of Functioning
MCDSS	Ministry of Community Development and Social Services
NHIMA	National Health Insurance Scheme
SCT	Social Cash Transfer
SDT	Self Determination Theory
UCT	Unconditional Cash Transfers
UN	United Nations
WHO	World Health Organization
ZMW	Zambia Kwacha

List of Figures and Tables

Figure 1Conceptual Diagram: Theoretical Framework for Assessing the Impact of CTPs on People with Disabilities 15

Table 1:Researcher participants who were interviewed. 30

Table 2:Summary table of key results by theme. 46

Table 3:Summary table of key results by theme. 54

Table of Contents

Abstract i
Declaration ii
Dedication iii
Acknowledgments iv
List of Abbreviations v
List of Figures and Tables vi
Chapter 1: Introduction 1
1.1. Background 1
1.2. Problem Statement 3
1.3. Purpose Statement 4
1.4. Research Question 5
1.5. Structure of the Report 5
Chapter 2: Literature Review 6
2.1. Introduction 6
2.2. Brief history of the definition of disability 8
2.3. Concept of disability 9
2.4. Theoretical framework 10
Maslow's theory of Needs 12
Self Determination Theory 12
Social Exclusion Theory 13
Synthesis 14
Conceptual Framework Diagram Linking the Four Theories 15
2.5. Empirical Findings 18
Poverty and Disability 18
Impact of Cash Transfer Programmes 19
Cash Transfers and People with Disabilities 20
Summary of Key Empirical Findings 23
Conclusion 24
Chapter 3: Research Strategy, Design, Procedure and Methods 25

3.1. Introduction 25
3.2. Research Approach 25
3.3. Research Tools and their application 26
3.4. Sampling 29
3.5. Processing of Interviews 30
3.6. Limitations 31
3.7. Ethical considerations 32
3.8. Validity, reliability and dependability 33
Chapter 4: Data Analysis 35
4.1. Introduction 35
4.2. Data Analysis Procedures 35
4.3. Presentation of the Study Results 38
Experience with SCT Programme 39
Summary 45
Unmet needs and Priorities 47
Summary 53
Complementary Support 55
4.4. Conclusion 57
Chapter 5: Discussion of Results 58
5.1. Introduction 58
5.2. Themes Identified from the Findings and Theoretical Frameworks 58
Economic Impact 59
Psychological Impact 59
Social Impact 60
Capability Enhancement 61
Hierarchical Needs Fulfilment 61
Holistic Wellbeing 62
Areas Where Findings Complicate Established Understandings 62
5.3. Limitations 63
5.4. Knowledge Gaps 63

5.5. Future Research 64
5.6. Conclusion 65
Chapter 6: Conclusion and Recommendations 66
6.1. Introduction 66
6.2. Summary of the findings 67
6.3. Recommendations 68
7.1. References 71
7.2. Appendix 77
Interview schedule 77
Participant Consent Form 80
Permission Letter 82
Ethics Committee Clearance 83

Chapter 1: Introduction

1.1. Background

According to the 2011 World Report on Disability (WHO, 2012), approximately 15.6% of the world's population, or more than 1 billion people, have disabilities. Although they have the right to participate fully in society, many individuals with disabilities encounter significant attitudinal and environmental barriers that limit access to essential services such as health care, education, employment, and social protection (WHO & World Bank, 2012; WHO, 2011; CSO & MCDSS, 2018). Building inclusive societies is therefore essential for ensuring equal opportunities and meaningful participation (Banks & Polack, 2014). The links between poverty and disability are well established and mutually reinforcing. Households that include a person with disabilities are more likely to be poor (Mitra, Posarac, & Vick, 2013; WHO & World Bank, 2012), while poverty-related deprivations—poor health care access, inadequate living conditions, limited education, and poor nutrition—also increase the risk of disability (Groce et al., 2011; Mitra et al., 2013). People with disabilities additionally face exclusion from education, employment, and income opportunities, and incur extra disability-related costs, increasing their vulnerability (WHO, 2011; Trani, 2012; Mitra et al., 2013).

Cash transfer programmes (CTPs) have proven effective in reducing poverty and improving wellbeing in sub-Saharan Africa (Barrientos & Hulme, 2008; Barrientos, 2011; Taaffe, Longosz, & Wilson, 2017; Bastagli et al., 2019). These may be conditional or unconditional (Stampini & Tornarolli, 2012), and many studies demonstrate positive effects on income security, asset accumulation, education, and health outcomes.

Zambia's Social Cash Transfer (SCT) programme is an unconditional cash transfer programme aimed at eradicating extreme poverty and the intergenerational transfer of poverty among extremely poor and vulnerable households (MCDSS, 2018). The SCT programme started as a small, donor-funded pilot in 2003 and by 2014 had become a government-run and funded social assistance programme, now reaching over 1 million households across the country (MCDSS,2023). It is implemented through the Ministry of Community Development and Social Services. The SCT programme is Zambia's flagship social assistance programme within the Social Assistance Pillar of the National Social Protection Policy. Unlike other cash transfer programmes, the SCT accounts for additional disability-related costs by providing a higher cash value—double the value of the regular transfer. Eligible beneficiary households receive a monthly payment of ZMW 200 (approximately US$7). Households that include a severely disabled member receive a higher monthly payment of ZMW 400 (approximately US$14) (MCDSS, 2018).

To be eligible for the SCT, a household must fall into one of the following categories: have an elderly member aged 65 years and above; have a certified chronically ill member on palliative care; have a certified severely disabled member; have a head aged 18 years and below; and/or be a female-headed household with three or more children (MCDSS, 2018).

Impact evaluations of the SCT show reductions in poverty, increased asset ownership, and positive education and health outcomes, including community-wide economic multiplier effects (AIR, 2013; 2014; 2016; FAO, 2016; Seidenfeld & Handa, 2011).While extensive research documents the effects of cash transfers on poverty and wellbeing overall, evidence regarding their impact on people with disabilities—including on social participation (e.g., community

involvement, social acceptance, access to opportunities and resources)—is more limited (Banks et al., 2016; Saran & White, 2020; Wang, 2022). Some relevant studies suggest improved food security, access to health care, and material wellbeing among households with disabilities (Banks et al., 2018a; 2018b; Groot et al., 2021), and findings from Zambia's Child Grant Programme point to differential effects for children in households with and without a disabled member (Silverstein, 2022). Similar evidence from Kenya shows positive impacts on income and health care access (Abdille & Mbataru, 2019; Mutiga & Wanyike, 2016). However, these studies do not consistently assess social participation outcomes, and programme design differences limit generalisability.

1.2. Problem Statement

Although cash transfer programmes—including Zambia's SCT—have demonstrated strong impacts on poverty reduction and wellbeing among vulnerable populations, there remains limited evidence on their specific effects on the social participation and broader wellbeing of people with disabilities. Most existing evaluations of the SCT focus on the general population and do not systematically disaggregate impacts by disability status (Mitra, Posarac, & Vick, 2013; Banks et al., 2016; Saran & White, 2020; Silverstein, 2021; Wang, 2022). As a result, it is unclear whether the SCT's disability-sensitive design—particularly the higher transfer value—adequately addresses the unique barriers faced by households with disabilities.

People with disabilities often face higher living costs, social stigma, and exclusion from economic and social opportunities (Banks & Polack, 2014; WHO & World Bank, 2012). These additional constraints may limit the extent to which cash transfers translate into improvements in social participation, even when income support increases. Without disability-disaggregated evidence, it is difficult to

determine whether the SCT is meeting the needs of people with disabilities or whether programme adjustments are required to enhance its inclusiveness.

The absence of robust research on how the SCT affects social participation, inclusion, and wellbeing among persons with disabilities represents a significant gap. If unaddressed, this gap risks perpetuating social exclusion and economic vulnerability and may undermine the ability of policymakers to design social protection systems that effectively respond to the diverse needs of people with disabilities. Targeted research is therefore essential to understand these dynamics, inform policy, and strengthen the SCT's role in promoting inclusive social development.

1.3. Purpose Statement

Previous studies have highlighted the need for higher cash values and complementary activities to enhance the impact of cash transfer programmes on people with disabilities (Abdille & Mbataru, 2019; Groot et al., 2021; Bank et al., 2018b). Zambia's SCT programme has taken a proactive step by increasing cash values to address both income needs and disability-related costs.

The purpose of this research is to contribute to the evidence base on the effectiveness of cash transfer programmes in improving the wellbeing of people with disabilities, focusing on outcomes beyond the increased cash value. Specifically, this study examines whether Zambia's SCT programme enables households with people with disabilities to achieve a life they value, beyond mere financial support.

This research is timely as the Zambian government plans to expand the programme's coverage to more households with people with disabilities (MCDSS, 2023).

1.4. Research Question

The main research questions that this study intended to answer include;

1. How does Zambia's Social Cash Transfer programme improve the wellbeing of households with people with disabilities?
2. What are the gaps in Zambia's Social Cash Transfer programme with respect to households with people with disabilities?

1.5. Structure of the Report

This outline provides a structured framework for the research report, systematically presenting the research process from the initial background and literature review to the methodology, data analysis, and final conclusions.

The report is organised as follows:

Chapter 2: Literature Review - explores existing literature, presenting key concepts, theoretical frameworks, and identifies gaps that the current study aims to address.

Chapter 3: Methodology - details the research design, sampling procedures, data collection methods, data analysis techniques and the limitations of the research. It also addresses ethical considerations relevant to the study.

Chapter 4: Data Analysis - presents the findings from the collected data, using thematic analysis for qualitative studies.

Chapter 5: Discussion - interprets the findings, comparing them with existing literature, and discusses the implications of the study.

Chapter 6: Conclusion and Recommendations - summarises the key findings, draws conclusions, and offers recommendations for practice and future research.

Chapter 2: Literature Review

2.1. Introduction

Here the literature relevant to the effectiveness of CTPs in improving the wellbeing of people with disabilities supported by the SCT programme in Zambia and other countries is examined. Cash transfer programmes are widely implemented as social protection measures to reduce poverty and enhance the quality of life for vulnerable populations. However, it is essential to specifically understand their impact on individuals with disabilities, who often face unique challenges and barriers.

This review systematically examines existing research and studies on cash transfer programmes, focusing on their outcomes for people with disabilities.

The first step involved reformulating the research question and objectives to guide the review of relevant literature. The primary research question was: *What is the effectiveness of cash transfer programmes in improving the wellbeing of people with disabilities in Zambia?* The objectives included:

- Evaluating the overall impact of cash transfer programmes on the well-being of people with disabilities.
- Identifying specific outcomes in health, education, economic stability, and social inclusion.
- Assessing the challenges and barriers faced by people with disabilities in accessing and benefiting from cash transfer programmes.

The methodology involves a comprehensive search of academic databases, government reports, and relevant publications from non-governmental organisations.

Key criteria for inclusion are studies that provide empirical evidence on the impact of cash transfers on various aspects of wellbeing, such as health, education, economic stability, and social inclusion.

The review followed a detailed protocol based on PRISMA guidelines. The inclusion criteria were studies that provide empirical evidence on the impact of cash transfers on people with disabilities and publications in peer-reviewed journals, government reports, and relevant publications from non-governmental organizations.Databases such as PubMed, PsycINFO, and the Cochrane Library were searched using keywords like "cash transfer programmes," "disabilities," "wellbeing," and "Zambia." Boolean operators were used to refine the search.

Titles and abstracts were initially screened, followed by a full-text review of potentially relevant studies. Two independent reviewers conducted the screening and resolved discrepancies through discussion. Data were extracted using a standardized form that included: study characteristics (e.g., sample size, study design); intervention details (e.g., type of cash transfer, duration) and outcomes (e.g., health, education, economic stability).

The quality of the included studies was assessed using the Cochrane Risk of Bias tool for randomized controlled trials and the Newcastle-Ottawa Scale for observational studies.

The review included 15 studies, comprising randomized controlled trials, observational studies, and qualitative research. By synthesising the findings from these sources, this review aims to provide a better understanding of the current evidence base, identify

gaps in the literature, and thereby build a bridge to the methodology of this study.

The review begins with a brief overview of the concept of disability, including a history of the social cash transfer definition of disability. Understanding the relationship between poverty and disability is crucial before discussing the effects of cash transfers on these aspects. The study will also discuss the theoretical frameworks underpinning the research.

2.2. Brief history of the definition of disability

Since its inception, the definition of disability within Zambia's SCT programme has evolved alongside changes in eligibility criteria and transfer amounts (Kidd, 2019). In 2012, during the scaling up of the SCT programme, households with members who were regarded as unable to work or not fit for work were targeted (MCDSS, 2018). At the same time, the programme was modified to double the transfer (cash) value for households with people with disabilities, regardless of severity. However, the identification of people with disabilities was conducted by social welfare officers and community members without standardised tools, leading to false disability claims with disproportionately high numbers of people identified as having disabilities in some areas (Kidd, 2019).

In 2016, the eligibility criteria were refined to target only those with severe disabilities (MCDS, 2018). This change was driven by the recognition that using disability as a broad eligibility criterion was impractical, coupled with budget constraints and the need to prioritise those with severe limitations. Under the new criteria, only a medical officer could assess and classify a person as severely disabled, aiming for a more reliable assessment than those previously conducted by community members or social welfare officers (MCDSS, 2018).

Consequently, the SCT programme's definition of disability has been narrowly defined as 'unfit for work,' with assessments conducted by medical officers using the medical model. Disability is therefore equated with incapacity in relation to labour market activity. This is the definition that this study uses to define households with people with disabilities on the SCT programme.

2.3. Concept of disability

Disability is a controversial concept with many different perspectives, resulting in a lack of consensus on its definition (Mitra, 2006; Beaudry, 2016). Historically, disability has been understood through two main approaches: the medical model and the social model.The medical model conceptualizes disability as a problem or condition within an individual's body, requiring medical intervention (Beaudry, 2016). However, this model has been criticised for its comparative approach, which views people with disabilities in relation to those without disabilities (Mitra, 2006; Haegele & Hodge, 2016).

In response to these criticisms, the social model emerged. This model views disability as a social phenomenon caused by society's failure to include people with impairments. It argues that disability results from societal barriers and inadequate accommodation, rather than individual impairments (Beaudry, 2016; Haegele & Hodge, 2016).

The International Classification of Functioning, Disability and Health (ICF) integrates both the medical and social models. The ICF is an interaction model that focuses on limitations in activities and social participation, offering a broader understanding of the disability and disablement process. It recognises that functioning depends on the level of the body or body part, the whole person, and the person within a social context. Disability, therefore, involves dysfunction at one or more of these levels (WHO, 2002). The ICF model posits that disability

originates from a health condition leading to impairment, which then causes activity limitations and participation restrictions within contextual factors (Mitra, 2006).

Many disability researchers acknowledge that no single model can fully explain all aspects of disability (Pfeiffer, 2001).

Therefore, while the Zambian Cash Transfer programme narrowly defines disability as being unable to work, the ICF broadens this definition to include the social context in which a person lives. This broader definition, if accepted, has significant policy implications for addressing the needs of people with disabilities, including social participation, access to employment, health, and education.

2.4. Theoretical framework

Understanding the impact of Cash Transfer Programmes (CTPs) on people with disabilities requires a comprehensive theoretical foundation that reflects the multidimensional nature of wellbeing, motivation, and social inclusion. This chapter draws on four interrelated theories—the capability approach, Maslow's hierarchy of needs, self-determination theory, and social exclusion theory—to provide an integrated framework for analyzing how CTPs influence the wellbeing and participation of persons with disabilities. Capability approach

The capability approach, first formulated by Amartya Sen (1985), provides a powerful framework for conceptualizing disability. Unlike traditional welfare economics, which focuses on income, consumption, or happiness, the capability approach emphasizes what people are able to do and be, and the freedoms they have to live the life they value (Robeyns, 2005; Mitra, 2006).

Capabilities refer to the opportunities individuals have, while functionings describe their achieved outcomes. The ability to convert available resources into valued functionings depends on a combination of personal characteristics, environmental conditions, and economic resources (Mitra, 2006). Disability is therefore understood as a deprivation of capabilities—an approach elaborated by Sophie Mitra, who explains disability as the interaction between impairment, resource constraints, and environmental barriers (Mitra, 2006; Silverstein, 2022).

Mitra (2006) identifies three factors that contribute to capability deprivation:

1. Personal characteristics, including the type and severity of impairment.
2. Environmental barriers, such as physical inaccessibility, discriminatory social norms, or limited-service provision.
3. Economic conditions, including the additional costs associated with disability.

Sen (1992) further argues that disability may reduce both the ability to earn income and the ability to convert income into wellbeing, highlighting the compounded disadvantage faced by persons with disabilities. This approach highlights the link between poverty and disability, showing how each reinforces the other (Banks & Polack, 2014; WHO & World Bank, 2011; Elwan, 1999).

The capability approach is relevant to this study for two reasons. First, it allows examination of both economic resources and social needs, recognizing that wellbeing extends beyond cash income. Second, it provides a conceptual lens for understanding the poverty–disability

cycle, an important consideration in assessing how CTPs may enhance the capabilities of people with disabilities.

Maslow's theory of Needs

Maslow's hierarchy of needs (Maslow, 1943, 1954, 1968) proposes that human motivation is structured in a progression from basic physiological needs to safety, love and belonging, esteem, and ultimately self-actualization. Physiological and safety needs—such as food, shelter, financial security, and health—form the essential foundation for achieving higher-level psychological needs (Steere, 1988; Abdille & Mbataru, 2019).

CTPs have demonstrated positive impacts on meeting these basic needs by enabling households to increase spending on food, clothing, shelter, and essential services (Maitra & Ray, 2003; Oxfam, 2005; Devereux, 2007; Croome et al., 2007; Kugel, 2007; Samson et al., 2004). For households with persons with disabilities, cash transfers help cover both basic needs and additional disability-related costs, enabling progression towards social belonging, esteem, and self-actualisation.

Maslow's theory is therefore relevant for understanding how CTPs can support the holistic development of individuals with disabilities by satisfying basic needs that must be met before higher needs can be pursued.

Self Determination Theory

Self-Determination Theory (SDT), proposed by Ryan and Deci (2006, 2017), posits that wellbeing depends on the fulfilment of three innate psychological needs: autonomy, competence, and relatedness. Autonomy refers to the ability to make choices aligned with one's values; competence involves feeling effective and capable; and

relatedness concerns meaningful connection and acceptance within one's community (Ryan et al., 2008).

SDT conceptualizes wellbeing as living with vitality, awareness, and the ability to exercise one's capacities (Ryan & Deci, 2017). For people with disabilities, the ability to meet these psychological needs may be constrained by both economic and social barriers.

CTPs can support psychological wellbeing by:

- Enhancing autonomy, through financial resources that support independent decision-making.
- Strengthening competence, by enabling individuals to undertake valued activities and meet personal goals.
- Promoting relatedness, by facilitating participation in community life and reducing social isolation.

SDT thus provides another important lens for understanding how non-material dimensions of wellbeing are influenced by CTPs.

Social Exclusion Theory

Social exclusion theory examines the systematic ways in which individuals or groups are denied access to the resources, rights, and opportunities necessary for full participation in social, economic, political, and cultural life (Silver, 1994; Silver, 2007). Exclusion is shaped by societal norms and perceptions of what is considered "normal" and can occur at multiple levels—family, community, national, and global (Duffy, 1995; Muddiman, 2000).

The theory emphasizes the multidimensional nature of exclusion, which encompasses:

- material deprivation,
- limited social participation,

- restricted access to education, healthcare, and services, and
- lack of power or voice (Silver, 2019).

For people with disabilities, social exclusion manifests through physical inaccessibility, stigma, discrimination, and economic insecurity. Studies such as Mitra (2010) and Banks et al. (2016) highlight these barriers and demonstrate the need for social policies that address both the structural and individual dimensions of exclusion.

CTPs may help reduce social exclusion by providing financial resources that enable access to services, support community participation, and enhance social standing. This theory is therefore crucial for analyzing how the SCT programme contributes to the inclusion and wellbeing of people with disabilities in Zambia.

Synthesis

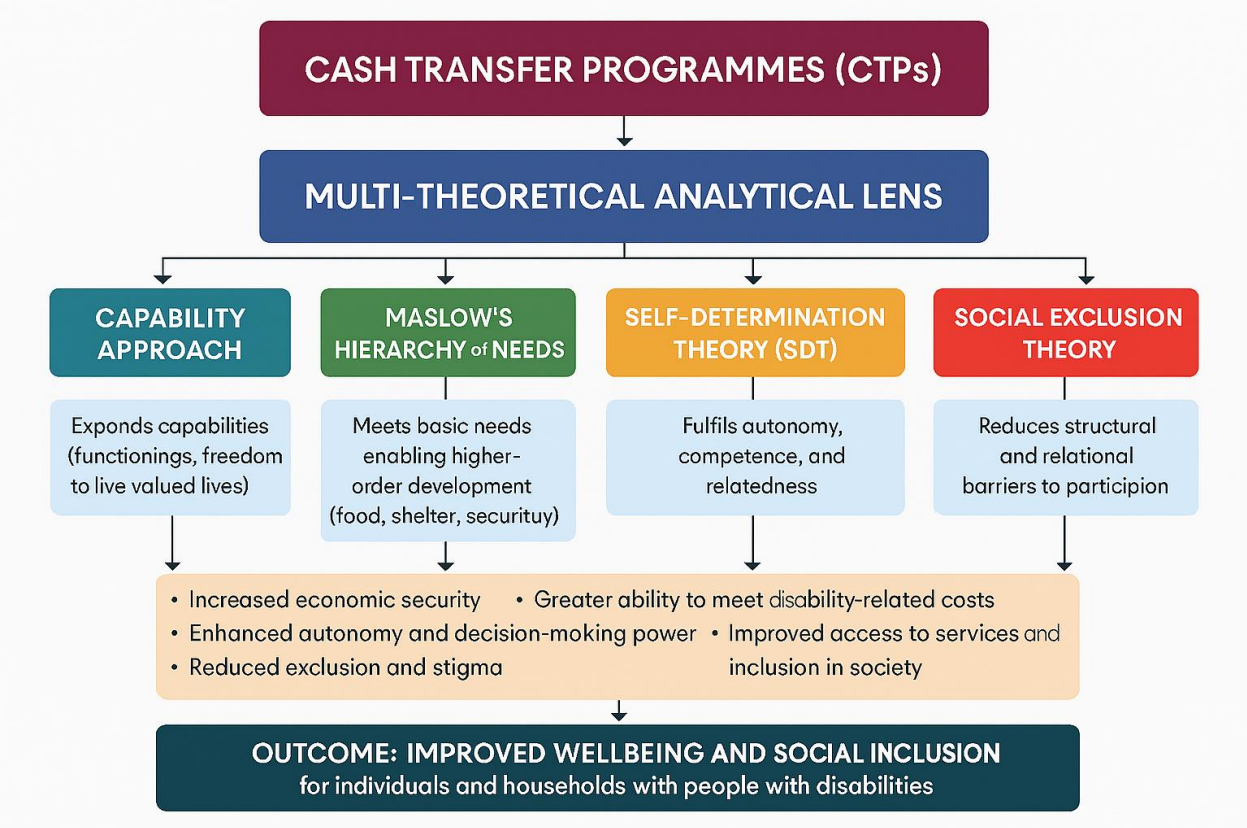
Together, these four theories provide a coherent and multifaceted framework for examining the impact of CTPs on people with disabilities.

- The **capability approach** highlights how economic and social resources influence freedoms and opportunities.
- **Maslow's hierarchy** emphasizes the foundational role of basic need satisfaction in enabling higher-level wellbeing.
- **Self-determination theory** focuses on psychological needs—autonomy, competence, and relatedness—that shape quality of life.
- **Social exclusion theory** underscores the systemic barriers that limit participation and inclusion.

Integrating these perspectives allows for a holistic analysis of how CTPs influence both material and non-material dimensions of wellbeing for people with disabilities.

Conceptual Framework Diagram Linking the Four Theories

Figure 1: Conceptual Diagram: Theoretical Framework for Assessing the Impact of CTPs on People with Disabilities



Adapted from multiple theoretical sources: Sen (1985), Maslow (1943), Ryan & Deci (2006), and Silver (1994).

The conceptual model illustrates how the impact of Cash Transfer Programmes (CTPs) on the wellbeing and social inclusion of people with disabilities is understood through a multi-theoretical analytical lens. The model integrates four complementary theoretical perspectives—the capability approach, Maslow's hierarchy of needs, self-determination theory, and social exclusion theory—to capture the

diverse pathways through which CTPs influence both material and non-material aspects of wellbeing.

At the centre of the model, CTPs are positioned as the primary intervention, providing financial support intended to reduce economic vulnerability among households. For people with disabilities, the significance of this financial support extends beyond income security; it has implications for opportunity, autonomy, participation, and social belonging. The use of multiple theoretical lenses allows for a nuanced analysis of these wider effects.

The **capability approach** provides the foundation for understanding how CTPs expand individuals' capabilities—their real freedoms to achieve valued ways of living. By increasing household resources, CTPs can help people with disabilities overcome personal, environmental, and economic barriers that constrain functioning. This includes enabling access to essential services, reducing unmet needs, and facilitating greater participation in daily life.

Maslow's hierarchy of needs complements this by situating cash transfers within a motivational framework. The model highlights how CTPs first help households meet basic physiological and safety needs, including food, shelter, health care, and security. Once these foundational needs are met, individuals are more likely to pursue higher-order needs such as social belonging, esteem, and self-actualization. For people with disabilities, the ability to meet both basic and disability-related costs is especially important for enabling progress toward higher wellbeing.

Self-Determination Theory (SDT) adds a psychological dimension to the model. It suggests that wellbeing is shaped by the satisfaction of three basic psychological needs—autonomy, competence, and

relatedness. CTPs can enhance autonomy by giving recipients greater control over their financial decisions; competence by enabling participation in productive or personally meaningful activities; and relatedness by facilitating social engagement and reducing isolation. These pathways are particularly relevant for people with disabilities, who often face reduced opportunities to exercise choice and agency.

The fourth component, **social exclusion theory**, positions CTPs as a mechanism for reducing structural and relational barriers that restrict social participation. Social exclusion is multidimensional, encompassing material deprivation, lack of access to services, discrimination, and limited opportunities for engagement in social, political, and economic life. By providing resources that improve access to services and community activities, CTPs can reduce stigma, enhance social visibility, and support more equitable participation for people with disabilities.

Together, these four theoretical perspectives converge to explain how CTPs generate changes in the lived experiences of people with disabilities, including improved economic security, enhanced autonomy, better access to essential services, and reduced exclusion. These intermediate changes flow into the model's ultimate outcome: improved wellbeing and social inclusion for households and individuals with disabilities.

Overall, the conceptual model demonstrates that the impact of CTPs extends beyond poverty reduction. By addressing capability deprivation, material and psychological needs, and structural barriers to participation, CTPs can play a transformative role in enhancing the multidimensional wellbeing of people with disabilities. This integrated theoretical foundation provides a robust basis for analyzing how

Zambia's Social Cash Transfer (SCT) programme influences both the economic and social lives of persons with disabilities.

2.5. Empirical Findings

Poverty and Disability

There is substantial evidence that people with disabilities are more likely to live in poverty than those without disabilities (Banks and Polack, 2014; WHO and World Bank, 2011).

A study by Mitra, Posarac, and Vick (2013) using data from fifteen countries showed that people with disabilities and their households are significantly worse off and more deprived across several dimensions of poverty. This study utilised quantitative data from the World Health Survey to analyse the economic wellbeing and poverty situation of working-age persons with disabilities in fifteen developing countries. However, the use of cross-sectional data limits the ability to establish causality.

Despite this limitation, the study provides important insights into the relationship between disability and poverty, though it does not capture the full complexity of the economic and social challenges faced by persons with disabilities.

Poverty and disability are mutually reinforcing. Poor health and nutrition, inadequate living conditions, limited access to health services, environmental hazards, and injuries among people living in poverty can lead to disabilities. As people age, the prevalence of disability increases, often due to illness and injury. This trend is particularly significant among older adults, who are more likely to experience functional limitations. Conversely, the onset of disability can negatively impact education, employment, and income, increase living costs, and lead to higher poverty rates (Groce et al., 2011; Mitra, Posarac, & Vick, 2013; WHO & World Bank, 2011; Yeo & Moore,

2003). According to the CDC, the longer we live, the more likely we are to experience disability due to health conditions or injuries (CDC, 2024).

Impact of Cash Transfer Programmes

There is a growing body of evidence demonstrating the positive effects of cash transfers on nutrition, health, education, clothing, and self-esteem (Maitra & Ray, 2003; Oxfam, 2005; Devereux, 2007; Slater et al., 2006; Croome et al., 2007; Kugel, 2007; Samson et al., 2004; Sedlacek et al., 2000).

South Africa's long history of social grants provides compelling evidence of their impact (Samson et al., 2004; Devereux, 2007). The combination of social grants, including the old age pension, child support grant, and disability grant, has a modest but significant impact on inequality. For example, social grants reduced South Africa's national Gini coefficient from 0.63 to 0.60 in 2000 (Roelen, 2016).

In Zambia, the main evaluation results of the Cash Transfer (CT) programme show a significant decrease in poverty, with the number of people living in poverty reduced by 5.4 percentage points. The largest impacts are observed in the poverty gap (24 percent)[1] and the poverty gap squared (36 percent)[2] (AIR, 2014).

---

[1] The poverty gap is a measure that reflects the intensity of poverty in a population. It is calculated as the average shortfall of the incomes of the poor from the poverty line, expressed as a percentage of the poverty line. Essentially, it shows how far below the poverty line the average income of the poor is. This measure helps to understand not just how many people are poor, but how poor they are. The 24 percent reduction in the poverty gap means that the average shortfall of the incomes of the poor from the poverty line has decreased by 24 percent.

[2] The poverty gap squared (also known as the squared poverty gap or poverty severity index) takes the poverty gap measure a step further by giving more weight to those who are further below the poverty line. It squares the individual poverty gaps before averaging them, which means that larger gaps contribute disproportionately to the final

In terms of productive impact, the evaluation revealed a 21 percent increase in livestock ownership among beneficiaries and an 18 percent increase in the amount of land farmed (AIR, 2013). The transfers also benefited the entire community through a multiplier effect, generating a multiplier of 1.79 (FAO, 2016), mainly achieved through increased productive activities such as livestock and off-farm operations.

The Child Grants Programme in Zambia had a significant impact on infant and young child nutrition, increasing it by 13 percentage points (to 35 percent), and improved children's material wellbeing by 34 percentage points (AIR, 2014). Material wellbeing was measured by children's possessions, such as shoes, a blanket, and a second pair of clothes.

Cash Transfers and People with Disabilities

Although research on CT programmes has demonstrated their effects on poverty reduction and wellbeing among vulnerable groups, including children and the elderly, there is limited evidence of their impact specifically on people with disabilities (Mitra, 2010; Banks et al., 2016; Saran & White, 2020; Silverstein, 2021; Wang, 2022). However, relevant studies add to the evidence base for the effectiveness of CT programmes for people with disabilities.

A recent study by Silverstein (2022), using data from Zambia's Child Grant Programme, examined the differential impact of CT programmes on children living in households with and without a person with disabilities. This study conducted a randomised control trial (RCT)

measure. This index is useful for assessing the severity of poverty, as it highlights the depth of poverty among the poorest individuals. The 36 percent reduction in the poverty gap squared indicates a 36 percent reduction in the severity of poverty, with the poorest individuals experiencing a significant improvement in their income levels relative to the poverty line.

over four years, including household and community surveys, qualitative focus groups, and interviews with beneficiaries, community leaders, and programme implementers. The inclusion of qualitative methods provided a comprehensive understanding of the differential impacts of Zambia's Child Grant Programme on children in households with and without a person with disabilities. The study found that people with disabilities were most affected by CTs in terms of health and increased access to material needs. This finding is consistent with other studies on the differential impact of CTs among people with disabilities, which consider healthcare to be the main source of expenditure (Bank et al., 2018a; Bank et al., 2018b; Groot et al., 2021).

Groot et al. (2021) examined the impacts of the Lesotho Child Grant Programme on disabilities and found that CTs had a significantly greater impact on the health indicators of people with disabilities. This study used a community randomised controlled trial (RCT) to assess the impacts of the Lesotho Child Grant Programme (CGP) on people with disabilities. The researchers collected data through household surveys, focusing on various outcomes such as food security, health, education, and livelihoods. While primarily quantitative, incorporating qualitative methods such as interviews or focus groups could have enhanced the understanding of the programme's impact by providing context to the quantitative findings and offering insights into the personal and social factors influencing outcomes.

Other studies from sub-Saharan Africa, such as those conducted in Kenya by Abdille and Mbataru (2019), examined the impact of CTs on people with disabilities. This study employed a mixed methods research design, combining quantitative and qualitative approaches. Data was collected through semi-structured questionnaires and interview guides from family heads under the Persons with Severe

Disabilities Cash Transfer programme in Wajir County, Kenya. The use of semi-structured questionnaires allowed for flexibility in exploring participants' experiences while maintaining a degree of consistency across interviews. This approach is beneficial for capturing detailed personal narratives and understanding the context-specific impacts of cash transfers. The mixed methods design, while comprehensive, may face challenges in integrating qualitative and quantitative data. Their study concluded that CTs supported household income, access to healthcare, and investment in productive activities.

Mutiga and Wanyike (2016) studied the effectiveness of CTs for people with severe disabilities in Kenya, focusing on programming. This study used a descriptive research design to evaluate the effectiveness of CT programmes for people with severe disabilities in Rongai Sub-County, Kenya. The researchers used simple random sampling to select 116 respondents and collected data through structured questionnaires.

Atun et al. (2023) investigated the association between China's disability-targeted cash transfer programme and disability status, as well as access to healthcare services. The study found that CT beneficiaries had significantly lower odds of developing new disabilities and higher odds of reducing existing disabilities

A study by Wang et al. (2023) examined the effect of a disability-targeted CTP on universal health coverage and access to education among Chinese children and adolescents with disabilities. This nationwide cohort study used qualitative interviews and focus groups to gather data from beneficiaries, educators, and healthcare providers. The findings indicated that the CTP significantly improved access to healthcare and education for children with disabilities, highlighting the importance of inclusive social protection measures

Summary of Key Empirical Findings

The empirical findings reviewed in the empirical section underscore the significant impact of CTP on reducing poverty and improving the wellbeing of vulnerable populations, including people with disabilities.

The literature reviewed highlights the significant relationship between disability and poverty, emphasising that people with disabilities are more likely to experience poverty due to various socio-economic barriers. This mutual reinforcement of poverty and disability creates a cycle that is challenging to break without targeted interventions. Empirical evidence demonstrates the positive impacts of CTPs on poverty reduction and wellbeing among vulnerable populations. These programmes have shown improvements in nutrition, health, education, and economic stability. For instance, studies from South Africa and Zambia illustrate how social grants and cash transfer programmes can significantly reduce poverty and inequality, benefiting entire communities through multiplier effects.

Despite the general evidence supporting the effectiveness of cash transfer programmes, there is limited research specifically focusing on their impact on people with disabilities. However, existing studies indicate that CTs can significantly enhance health outcomes and access to essential resources for people with disabilities.

Research by Silverstein (2022) and Groot et al. (2021) shows that CTPs can have a pronounced positive impact on health and material needs for people with disabilities, highlighting the potential of these programmes to address some of the unique challenges faced by this group. The reviewed studies also emphasise the value of qualitative methodologies in understanding the impact of CTPs on people with disabilities. Qualitative methods such as semi-structured interviews, focus groups, and case studies provide rich, detailed data that complement quantitative findings. By capturing personal narratives

and contextual factors, these methodologies offer a deeper understanding of the social and economic challenges faced by disabled individuals, informing more effective and inclusive social protection policies.

Conclusion

The reviewed theoretical perspectives highlight the strong connection between disability and poverty, illustrating how socio-economic barriers reinforce one another in ways that limit opportunity and exacerbate vulnerability. Empirical evidence demonstrates that CTPs can improve nutrition, health, education, and economic stability among vulnerable households, including those with people with disabilities (Silverstein, 2022; Groot et al., 2021).

However, while CTPs show promise in addressing basic needs and supporting inclusion, limited research captures their specific effects on people with disabilities. Qualitative methods—such as interviews and focus groups—offer valuable insights into lived experiences and contextual factors, complementing quantitative findings and informing more inclusive social protection policies.

Overall, the integrated theoretical framework provides a strong foundation for analyzing how CTPs can enhance both the capabilities and social inclusion of people with disabilities, contributing to more equitable and responsive social protection systems.

Chapter 3: Research Strategy, Design, Procedure and Methods

3.1. Introduction

This section outlines the research methodology and methods used to answer the research questions. It also presents the research tools employed for data collection and reflects on the ethical considerations relevant to this study. The study adopted an inductive approach, to explore experiences of the wellbeing of people with disabilities on Zambia's Social Cash Transfer Programme.

3.2. Research Approach

The philosophical basis of this study is grounded in constructivist paradigms, aiming to work collaboratively with participants to uncover underlying issues. According to Crabtree and Miller (1999), participants can articulate their perceptions of reality through their narratives, which helps the researcher gain a deeper understanding of their actions. Wong (2014) suggests that within a constructivist framework, truth is determined by an individual's perception of reality, as perception is considered the most significant aspect of reality.

Consequently, a qualitative investigation method was employed to gain insight into the participants' experiences (Wagner et al., 2012). The study's goals were to describe and explore experiences of the wellbeing of people with disabilities, which made a qualitative research approach the most appropriate choice. This approach was ideal because it aligns well with the study's aim to deeply understand and detail the experiences and perspectives of the participants. Qualitative methods are particularly effective for capturing the richness and complexity of the subject matter, allowing for a more nuanced and comprehensive analysis.

Leedy (1997) describes research design as a typical study plan that provides the overall framework for data collection. MacMillan & Schumacher (2001) define it as a plan for selecting participants, research sites, and data collection methods to answer the research question(s). For this research, a case study design was chosen because the study focuses on a phenomenon within a specific programme — the Zambian SCT programme. A qualitative case study is an empirical investigation that examines a current phenomenon within its real-life context, particularly when the distinction between the phenomenon and its context is unclear (Yin, 1994, p.13). According to Bryman and Bell (2014), what sets a case study apart from other research designs is its focus on understanding a specific situation or system. To fulfil the requirements of a case study, this research concentrated on households with members who have disabilities and are participating in the SCT programme in Lusaka and Chongwe districts.

Overall, the methodology was designed to investigate and comprehend the wellbeing experiences of people with disabilities, ensuring that the study's goals were achieved through thorough and ethical research practices.

3.3. Research Tools and their application

The researcher utilised both primary and secondary sources to collect data. A sequential approach was followed, beginning with documents readily available in the department and from officials through individual semi-structured interviews. The second step involved focus group discussions with some households with people with disabilities. Open-ended questions were asked in familiar settings to incorporate participants' experiences, knowledge, and opinions (Patton, 2015).

In this study, primary data was gathered through direct observation and interviews (Wagner et al., 2012).

An interview schedule was used to collect this information (Kumar, 2011). Participants shared their reasons for enrolling in the programme and their experiences while participating. These interviews provided in-depth and comprehensive information that addressed the study's purpose of exploring capabilities beyond cash value needed to maximize the benefits of CTPs for people with disabilities.

Participants in the Semi-Structured Interviews

The semi-structured interviews were conducted with heads of beneficiary households containing at least one person with a disability, as they were the household members most directly involved in SCT decision-making and day-to-day management. These participants typically included:

- Primary caregivers (e.g., mothers, fathers, grandparents)
- Adult household decision-makers responsible for using the SCT benefit
- Caregivers knowledgeable about disability-related needs and challenges

These roles placed household heads in the best position to discuss both the economic and social impacts of the SCT on their families.

Selection Criteria

Participants were selected from a beneficiary database provided by the Ministry of Community Development and Social Services. Households were included based on the following criteria:

1. The household had at least one member with a disability receiving the SCT.
2. The household had been enrolled in the SCT programme for 3 to 6 years, enabling them to reflect on changes over time.
3. They resided in one of two purposively selected districts—Lusaka or Chongwe—chosen for their higher concentration of households with disability beneficiaries.
4. Respondents were available and consented to participate at the time of fieldwork.

Although the researcher intended to interview programme staff, only community members and beneficiary households were available during data collection. Despite this limitation, the perspectives of household heads and community leaders provided rich insights that aligned with the study's focus on beneficiary experiences.

Given the case study nature of this research and the aim to accurately capture participants' experiences, a semi-structured interview schedule with open-ended questions was used (Neuman, 2014). This approach allowed the researcher to probe for clarity and enabled respondents to provide detailed accounts of their experiences and opinions. The researcher conducted 25 semi-structured interviews, each lasting approximately 20 to 30 minutes.

Focus Group Discussions

Focus groups, defined as facilitator-led, supervised, and recorded discussions on specific topics (Gill et al., 2008), were also employed. These groups are useful for generating data about collective views and shared experiences. In this study, focus groups comprised heads of households with at least one member with disabilities, selected through snowball sampling. Two focus groups were conducted in each

community, each consisting of up to five participants. The focus groups added value by generating unexpected insights and new perspectives through participant interaction. Four focus group discussions were conducted in total, each lasting approximately 30 to 40 minutes.

Secondary Data

Secondary data was also utilized, including quarterly and annual SCT reports, programme monitoring reports, and statistics of beneficiary households from the Ministry of Community Development and Social Services' management information system relevant to this study.

3.4. Sampling

The study was conducted in two purposively selected districts, Lusaka and Chongwe, due to their high concentration of households with members participating in the SCT programme. In each district, two communities were chosen to draw a sample of participants.

The research employed purposive sampling, which involves in-depth and detailed study of specific cases to understand and highlight important aspects rather than generalising to a population (Patton, 2015). This method was chosen to ensure the collection of rich, detailed data from a small sample group, making it the most suitable technique for this study (Bryman, 2012).

A two-stage sampling procedure was used. First, households with members on the SCT programme were identified through purposive sampling (Wagner et al., 2012; Visser, 2005). Second, random sampling was applied to these identified households. A database of households with members with disabilities was obtained from the Ministry of Community Development and Social Services. Participants were selected based on their duration as SCT beneficiaries, specifically those receiving support for 3 to 6 years.

From this database, 25 households were randomly selected. Additionally, four community leaders (two per community) were purposively selected. With the assistance of these leaders, interviews were arranged with the participants. Out of the 25 selected households, 19 interviews were conducted, as some participants were unavailable at the time of the interviews.

For the focus groups, four discussions were held, each comprising heads of beneficiary households living with people with disabilities. These participants were selected through snowball sampling, with two focus groups per community, each consisting of up to five participants. The focus group participants were encouraged to share their personal stories and experiences regarding the SCT programme's effects on beneficiaries.

Table 1:Researcher participants who were interviewed.

District	Community Name	# of household heads	# of FGDS[3]	# of Community leaders
Lusaka	Humanity	5	1	1
	Malasha	5	1	1
Chongwe	Chainda	7	1	1
	Kampulu	2	1	1
Total		**19**	**4**	**4**

3.5. Processing of Interviews

During semi-structured interviews, a substantial amount of text is generated to obtain useful data.

[3] Maximum of 5 participants for each FGD

According to Bertram and Christiansen (2014), the next step after data collection is data analysis.

Cloete (2007, p. 513), as cited in Babbie and Mouton (2005, p. 491), broadly defines qualitative data analysis as "all forms of analysis of data that was gathered using qualitative techniques, regardless of the paradigm used to govern the research."

Data analysis involves preparing, organising, and connecting the data, reducing it into themes, analysing it for insights related to the subject under study, and presenting it in narrative or graphical form (Cloete, 2007; Blaser-Mapitsa, 2021).

For this study, the data analysis process began with organising and transcribing field interview notes. The next step was coding the data to identify themes and patterns. The researcher employed thematic data analysis to determine common themes (Wagner et al., 2012). This process was repeated for all interviews to compare similar patterns and themes. To aid in identifying themes and patterns, coding entailed assigning tags, names, or labels to different sections of the data (Patton, 1990). The analysis of the responses informed the critical findings of the study, which are detailed in Chapter 4.

3.6. Limitations

The study employed a qualitative approach, which means it focused on gathering detailed, descriptive data from participants. However, there are some limitations to this method:

1. The study relied on participants to provide their own information, which can sometimes be inaccurate or biased. People might not always remember details correctly or might present themselves in a more favourable light.

2. The participants in the study might not perfectly represent the entire population of people with disabilities in Zambia. This means the findings might not be fully applicable to everyone in this group.

Although the study relied on a qualitative design, several measures were taken to minimise the associated limitations and strengthen the credibility of the findings. Because qualitative research depends on participants' self-reported information which may be affected by recall errors or social desirability the researcher used neutral, open-ended questioning, probing for clarification, and summarising responses during interviews to enhance accuracy. A confidential and supportive interview environment further encouraged honest participation. To address the limited representativeness inherent in small qualitative samples, participants were purposively selected to reflect diversity in disability age, gender, and context (urban vs rural), and data were collected across multiple settings to capture variation in experiences.

These mitigation strategies helped ensure that, despite its limitations, the qualitative approach generated rich and trustworthy insights into the experiences of people with disabilities.

3.7. Ethical considerations

The researcher adhered to ethical principles to ensure the dignity of participants was always protected.

Before starting the study, permission was obtained from the University Ethics Committee and written consent was secured from the Permanent Secretary of the Ministry of Community Development and Social Services. The Ministry also provided the dataset of beneficiary households from which the sample was drawn.

Given the study involved vulnerable households, the researcher was mindful of any feelings or challenges experienced by participants, ensuring trustworthiness by reporting genuine data, methods, procedures, and results without bias (Babbie & Mouton, 2001).

The researcher, being a United Nations staff member providing technical assistance to the Ministry, was familiar with the beneficiary households and their community setting.

Participants received an information sheet explaining the study's purpose and procedures in advance to ensure voluntary participation. Informed consent, a key ethical principle, was obtained through written consent forms signed by participants. The content of the forms was explained in the local language, covering the study's purpose, benefits, and risks (Babbie, 2001; Wagner et al., 2012). Participants were informed they could withdraw from the study at any time. The researcher provided all research details to participants, including measures to protect their identity. Anonymity was maintained using pseudonyms in the results and descriptions (Wagner et al., 2012). Additionally, identity numbers were assigned to participants to ensure they could not be personally identified (Wagner et al., 2012).

3.8. Validity, reliability and dependability

To ensure the reliability and validity of the study and confirm that the research questions were effectively addressed, the researcher conducted a dry run.

This involved testing data collection and analysis under actual field conditions with three individuals similar to the study participants. The purpose of the dry run was to evaluate the appropriateness of the instruments and assess the consistency and accuracy of the responses (Wotela, 2017). The results of the dry run indicated that

the interview schedule was accurate and suitable for the study. The next chapter presents the research results derived from the collected data.

Chapter 4: Data Analysis

4.1. Introduction

This chapter presents the analysis of the data collected during the study.

The primary aim of this analysis is to explore and understand the experiences, perceptions, and insights of the participants in relation to the research questions. Specifically, the research seeks to identify a set of capabilities beyond cash value that are necessary to maximize the benefits of CTPs for people with disabilities.

The data analysis process began with the transcription of interviews and focus group discussions, followed by a thorough review of the transcripts to ensure accuracy.

Thematic analysis was then employed to identify, analyze, and report patterns (themes) within the data.

The identified themes are presented in this chapter, along with illustrative quotes from the participants to provide a rich, detailed account of their experiences and perspectives.

The analysis aims to offer a comprehensive understanding of the participants' views and to highlight the key findings in relation to the study's objectives.

4.2. Data Analysis Procedures

Following transcription of all semi-structured interviews and focus group discussions, the data were analyzed using thematic analysis, guided by the six-phase framework proposed by Braun and Clarke (2006). This approach was chosen because it allows for a systematic identification of patterns across rich qualitative data and aligns well

with the study's aim of exploring capabilities beyond cash value for people with disabilities.

The analysis combined deductive thematic coding—informed by the theoretical framework (capability approach, Maslow's hierarchy of needs, Self-Determination Theory, and social exclusion theory)—with inductive coding, which allowed new insights to emerge directly from participants' narratives. This hybrid approach ensured that the analysis remained grounded in empirical data while also connecting to broader theoretical concepts relevant to disability and social protection.

Phase 1: Familiarization With the Data

The researcher read and re-read the transcripts to gain an overall sense of participants' experiences. Early notes and reflections were recorded to guide subsequent coding.

Phase 2: Generating Initial Codes

A coding framework was developed and applied manually. Codes were assigned to segments of text (words, phrases, sentences, or paragraphs) that captured meaningful ideas related to the study objectives. The coding process remained flexible, with codes added, refined, or merged as new patterns emerged.

Examples of initial codes include: *food security improvement, ability to pay for transport to clinics, cost of medication, assistance with school expenses, stigma reduction, community acceptance, decision-making autonomy, dependency on caregivers, household coping strategies, assistive device challenges, improvements in dignity and self-worth, unmet disability-related costs and SCT adequacy concerns*

These codes reflected both capabilities gained and constraints that remained despite SCT support.

Phase 3: Searching for Themes

Once coding was complete, the researcher clustered related codes into potential themes. For example:

- Codes relating to food, clothing, shelter, and school needs contributed to the theme *"Improved Household Economic Stability."*
- Codes about decision-making autonomy, reduced dependency, confidence, and competence contributed to *"Empowerment and Psychological Wellbeing/ Self-Esteem."*
- Codes about out-of-pocket costs, transport difficulties, or assistive device shortages supported the theme *"Disability-Related Barriers and Costs for Special Needs."*

Phase 4: Reviewing, Defining and Naming Themes

Themes were reviewed against the raw data to ensure they accurately reflected participants' experiences. Overlapping themes were merged where appropriate, and theme boundaries were clarified. This step strengthened the coherence of each theme and ensured alignment with the research objectives.

Clear definitions were developed for each final theme, capturing the central organizing concept and its relevance to the study. The themes were refined into a coherent narrative that reflects how SCT affects the capabilities and wellbeing of people with disabilities.

Examples of final themes included:

1. *Improved Household Economic Stability*
2. *Empowerment and Self-Esteem*
3. *Mental Health and Wellbeing*
4. *Limited Access to Complementary Services*

5. *Barriers and Disability-Related Costs for Special Needs*

6. *Experiences With and Perceptions of the SCT Programme*

These themes formed the structure of the findings presented in the next section and are supported by illustrative quotes from participants Beneficiary Households (BH), Focus Group Discussions (FGD), and Community Members (CM).

Phase 5: Producing the Report

The final step involved synthesizing the themes into a coherent analytic narrative. Verbatim quotations were selected to illustrate key themes, ensuring that the voices of participants are authentically represented.

4.3. Presentation of the Study Results

Responses were collected from 19 beneficiary households, 4 community members, and 4 focus groups consisting of 5 participants each, using semi-structured interviews. The study included a total of 43 participants, divided into three groups: Beneficiary Households (BH), Focus Group Discussions (FGD), and Community Members (CM).

Each group was assigned a code: BH, FGD, and CM. Participants were given a code that starts with their group name followed by a number. For example, BH 1 refers to participant number 1 from Beneficiary Households, FGD 1 refers to participant number 1 from Focus Group Discussions, and CM 1 refers to participant number 1 from Community Members.

Similar questions were posed to Beneficiary Households (BH), Focus Group Discussions (FGD), and Community Members (CM) to determine if the responses would be consistent across these groups.

The consistency observed in the responses from the different groups strengthens the validity of the study's findings.

Experience with SCT Programme

The first group of questions explored the household experience with the SCT programme, focusing on benefits and challenges such as accessing cash, regularity of payments, and usage of cash transfers.

Understanding these aspects is necessary to evaluate the impact of the SCT programme on households.

Experiences with cash transfers have shown numerous positive effects on participants. These outcomes are categorised into themes:

Theme 1: Improved Household Economic Stability

Participants consistently reported that cash transfers significantly improved their household economic stability.

Many respondents highlighted that the additional income allowed them to meet basic needs such as food, shelter, and clothing more reliably. For instance, several participants noted:

"We have improved in that we are able to borrow, and they agree to lend us knowing we will pay back when we get paid. So, we have improved because there is no hunger at home like before." Respondent FGD3 R1

"I have benefited a lot from the SCT programme, because I am able to buy things which I never used to afford before I was put on the programme and I am able to buy food or get medicines when I am given a prescription at the hospital." Respondent BH R9

"We really appreciate this programme because even our children were in poverty, no clothes but we thank God for the programme, because

out of it we buy mealie meal and clothes from the same money." Respondent FGD4 R3

"Life is now easier. Before, it was hard because we had nowhere to get money from. But now we are benefiting; we know that after one month, we will get paid. We are able to buy washing powder and body lotion, which we never thought of buying before." Respondent FGD3 R2

"There has been positive progress for those who have started businesses through the cash transfer programme…. these businesses have made it easier for beneficiaries to have meals on a daily basis…for some, the cash transfers have helped with mobility, particularly covering transport and physiotherapy costs." Respondent CM 4

"Beneficiaries are able to meet various needs, such as food, and some are able to build decent shelters through the cash transfers…. the money also helps them pay for their children's physiotherapy on a regular basis" Respondent CM 3

Of the 43 participants interviewed, including community members, focus group discussion participants, and beneficiary household heads, approximately 37 shared similar remarks to those quoted.

Theme 2: Enhanced Educational Opportunities

The cash transfers also had a positive impact on children's education.

Several participants mentioned that they could now afford uniforms and supplies, which had previously been a significant barrier. One parent shared:

"My children had to miss school frequently because we couldn't manage to buy uniforms and school supplies. With the cash transfer, they are now attending school regularly and performing better." Respondent BH R19

“It has helped me in different ways, as I am able to pay rent, buy groceries, and with the remaining funds, I buy uniforms and books for my children” Respondent BH R14

“I buy the necessary goods, and the remaining money also goes towards buying books and school supplies” Respondent BH R17

About 19 participants interviewed including focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 3: Increased Access to Healthcare

Improved access to healthcare was another prominent theme.

Participants described how the cash transfers enabled them to seek medical attention when needed, rather than delaying treatment due to financial constraints. Respondents explained:

“We can afford to buy food and access medical facilities without worrying about transport money.” Respondent FGD2 R3

“People (beneficiary households) are able to meet different needs (food stuffs and others are able to put up decent shelters through this same money. The money as well helped them to pay money for the children who go for physio on a regular basis.” Respondent CM R3

“The needs are catered for most of the times. They are able to buy medication and other hospital bills through this same money.” Respondent CM R4

"The programme has really helped my father in so many ways……. We use the money for transport when he is sick" Respondent BH R13

"We have benefited from the programme because we are able to buy food, get clothes for ourselves, and have money to buy medicines." Respondent BH R11

"When it comes to meeting our needs, this money has done a lot for my daughter. I am able to buy her necessities like clothes, food, and medicine when she's not feeling well." Respondent BH R7

About 29 participants interviewed including focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 4: Empowerment and Self-Esteem

Some participants reported feeling more empowered and having higher self-esteem as a result of the cash transfers.

They felt more in control of their lives and better able to plan for the future. Some participants expressed:

"The improvement is there; we are able to eat, and we don't borrow or beg anymore." -Respondent FGD4 R4

"I am able to save part of the money and then do plan each time I get the money." -Respondent BH R14

"This money has made improvements because before, we had many challenges, especially when looking after persons with disabilities. Since we started receiving payments, our lives have changed. We are now able to manage our needs through the money we receive." Respondent FGD3 R5

“We use the cash transfer to buy food and save some money for future use” Respondent FGD1 R5

About 9 participants interviewed including focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 5: Improved Mental Health and Well-being

Participants frequently mentioned that the financial security provided by cash transfers led to reduced stress and anxiety.

Many felt a sense of relief knowing they could cover essential expenses.

Participants shared:

“This money for me, has made improvements because before we had challenges, the needs are many especially you know looking after someone deaf and dumb is very difficult, so from the time we started getting the money our life has changed, we are managing with whatever we want through this money, it is helping.” - Respondent FDG3 R1

“Most of them are able to venture into business in order to sustain themselves while others are able to pay rentals through the same money.” Respondent CM R1

“It has really helped me in terms of buying food stuffs, paying rentals as well as buying medication. It has helped me to start up a business which has been sustaining me for a long time now.” Respondent BH R15

“I have benefited from the programme because my family does not have the money to cover some things that I need. I didn’t have a

walking stick for a long time because my family could not afford one, but I have been able to buy one and also bought glasses for my eyes with the money I get paid" Respondent BH R1

About 23 participants interviewed including community members, focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 6: Increased Investment in Small Businesses

Some participants used the cash transfers to start or expand small businesses, which contributed to their economic independence and community development.

Some respondents explained:

"I've benefited a lot from the SCT programme because my vegetable business has expanded and I am able to provide for my family." - Respondent FGD1 R5

"The cash transfer programme has been a lifeline for my family. It has allowed us to expand our small business and provide for our daily needs." Respondent CM R3.

"There has been positive progress for those who have started businesses through the cash transfer programme.... these businesses have made it easier for beneficiaries to have meals on a daily basis." Respondent CM 4

About 14 participants interviewed including community members, focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Summary

The summary table provides a comprehensive overview of the key empirical findings related to the experiences of households with persons with disabilities participating in the SCT programme:

- CTs significantly enhance the economic stability of households. The additional income allows participants to reliably meet basic needs such as food, shelter, and clothing. This financial stability also enables households to borrow money, purchase essential items, and start small businesses, contributing to overall economic resilience.
- CTs positively affect children's education by removing financial barriers. Participants can afford uniforms and supplies, leading to more regular school attendance and improved academic performance. This demonstrates the role of cash transfers in promoting educational access and success.
- Improved access to healthcare is a prominent benefit of cash transfers. Participants can seek medical attention when needed, without delaying treatment due to financial constraints. The ability to afford food, medication, and transport to medical facilities underscores the importance of cash transfers in enhancing health outcomes.
- CTs contribute to increased feelings of empowerment and higher self-esteem among participants. They feel more in control of their lives and better able to plan for the future. The reduction in the need to borrow or beg and the ability to save money for future needs highlight the psychological benefits of financial security.
- Financial security provided by cash transfers leads to reduced stress and anxiety. Participants experience relief knowing they

can cover essential expenses. This stability also allows some to start small businesses, further contributing to their overall well-being and mental health.

- CTs enable participants to start or expand small businesses, fostering economic independence and community development. The expansion of businesses allows households to better provide for their families, illustrating the broader economic impact of cash transfers.

These insights collectively demonstrate the multifaceted benefits of the SCT programme for households with persons with disabilities. The programme not only improves economic stability and access to essential services but also enhances educational opportunities, healthcare access, empowerment, mental health, and investment in small businesses.

Table 2:Summary table of key results by theme.

Theme	***Key Results***
Improved Household Economic Stability	*Participants consistently reported that cash transfers significantly improved their household economic stability. The additional income allowed them to meet basic needs such as food, shelter, and clothing more reliably. For instance, participants noted improvements in their ability to borrow money, buy essential items, and start small businesses.*
Enhanced Educational Opportunities	*The cash transfers had a positive impact on children's education. Participants mentioned that they could now afford uniforms and supplies, which had previously been a significant barrier. This led to more regular school attendance and better performance.*

Theme	*Key Results*
Increased Access to Healthcare	*Improved access to healthcare was another prominent theme. Participants described how the cash transfers enabled them to seek medical attention when needed, rather than delaying treatment due to financial constraints. They could afford food, medication, and transport to medical facilities.*
Empowerment and Self-Esteem	*Many participants reported feeling more empowered and having higher self-esteem as a result of the cash transfers. They felt more in control of their lives and better able to plan for the future. Participants expressed that they no longer needed to borrow or beg and could save money for future needs.*
Improved Mental Health and Well-being	*Participants frequently mentioned that the financial security provided by cash transfers led to reduced stress and anxiety. They felt a sense of relief knowing they could cover essential expenses. This financial stability also allowed some to start small businesses, further contributing to their well-being.*
Increased Investment in Small Businesses	*Some participants used the cash transfers to start or expand small businesses, which contributed to their economic independence and community development. They reported that their businesses had expanded, allowing them to provide better for their families.*

Unmet needs and Priorities

The next set of questions focused on the unmet needs and priorities the SCT programme is able to meet for households with people with disabilities.

Households with people with disabilities often have unique and additional needs that cash transfers may not fully address.

Theme 1: Insufficient Transfer Amounts

Many participants reported that the cash transfer amounts were insufficient to meet their basic needs.

They often had to prioritise certain expenses over others, leading to unmet needs in areas such as healthcare and education.

Participants explained:

"The money we receive is not enough to cover everything. We have to choose between buying food and paying for school fees, and sometimes we can't afford to go to the doctor."- Respondent FGD4 R5

“The money is little, looking at the kind of people (persons with disabilities) we collect the money for they are difficult to feed because there have unique needs.” - Respondent FGD4 R3

"I am not able to meet all my needs with the money I receive because it is not enough to cover certain expenses, such as engaging in business." Respondent BH R7

“The money we receive is so little that we are not able to meet all our needs, especially since I am blind and cannot do certain things like able-bodied people.” Respondent BH R11

“The money we receive is so little that we are not able to buy all the things that are needed.” Respondent BH R9

“The money we receive is so little that by the time we buy mealie meal, pay rent, and buy groceries, it is finished. There are many things we can't afford.” Respondent BH R3

About 32 participants interviewed including focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 2: Delays in Payments

Participants frequently mentioned delays in receiving cash transfers, which caused significant financial strain.

These delays disrupted their budgeting and planning, leading to periods of acute hardship.

Some respondents shared:

"Sometimes the payments are late, by the time we receive the money, time will have passed, then we have to buy food, the business goes down and by the time we collect the next payment after a month It makes it very hard to plan and we end up borrowing to get by." - Respondent FDG3 R4

"Delays in payments make us borrow money from people, and when we get paid, we have to start paying them back" Respondent BH R4

About 7 participants interviewed including focus group discussion participants, and beneficiary household heads, shared similar remarks to those quoted.

Theme 3: Administrative Barriers

Participants receiving cash transfers via mobile phones reported frequent network issues, making access difficult.

The researcher noted that limited mobile service providers in some areas hindered efficient fund distribution. Additionally, low digital literacy among beneficiaries was a barrier to using mobile services effectively.

Some participants shared:

“It was alright at the beginning until the moment they introduced getting the money through phones; I have only collected once.” - Respondent FGD4 R2

“It is alright, but my complaint is from the time we started getting paid using the phones, I don’t get paid. I don’t have a phone. When we came to collect, they told us that the name was not in the system, though we are getting paid. But how come it is not in the system? So, we borrow phones to put the SIM card to get paid.” - Respondent FGD4 R3

"The network issues make it very hard to access the money. Sometimes I have to walk to another village just to get a signal." – Respondent FGD4 R4

“I struggle with using the mobile phone because I am not familiar with the technology. It makes the process very frustrating." – Respondent FGD3 R2

"I don't have a phone, so I have to borrow one to receive the cash transfer. It's not always convenient." – Respondent FGD3 R5

Approximately 14 participants from focus group discussions, shared similar remarks to the quotes provided.

Theme 4: Inadequate Support for Special Needs

Participants noted that cash transfers often fail to cover the additional expenses of persons with disabilities, who have special needs.

Participants noted:

"The cash transfer helps, but it doesn't cover the extra costs of my medication and special equipment. I still struggle to afford what I need."- Respondent BH R14

"The cash transfer helps, but it doesn't cover the extra costs of my medication and special equipment. I still struggle to afford what I need." – Respondent BH R19

"The money we receive is not enough to meet the unique needs of persons with disabilities. We often have to make difficult choices between essential items." – Respondent BH R6

" Although the cash transfer helps, it doesn't cover the extra costs of my disability, like special care and assistive devices." – Respondent BH R16

Approximately 23 participants from beneficiary household heads and focus group discussions participants shared similar remarks to the quotes provided.

Theme 5: Lack of Access to Complementary Services

Many participants mentioned that cash transfers alone were not enough and that they needed access to complementary services such as vocational training, healthcare, and education.

Respondents explained:

"The money is helpful, but we also need training and support to start businesses. Without these services, it's hard to improve our situation." - Respondent FGD4 R3

"The cash transfer is helpful, but without access to assistive devices, it's hard to stay productive." – Respondent FGD4 R1

"We need more than just money. Vocational training would help us learn new skills and improve our livelihoods." – Respondent FGD1 R5

"Education is important for our children's future. The cash transfer helps, but we also need support for secondary school fees and special schools for persons with disabilities." – Respondent BH R3

" While the cash transfer assistance is a good beginning, we need additional services such as income-generating activities and training to truly make a difference." – Respondent FGD3 R4

"Cash transfers by themselves can't address all the beneficiaries' issues. They require complete assistance to create a better future" – CM R2

Approximately 19 participants from beneficiary household heads and focus group discussions shared similar remarks to the quotes provided.

Theme 6: Limited Long-term Impact

Participants often felt that the cash transfers provided only temporary relief and did not lead to long-term improvements in their economic situation.

Respondents stated:

"The cash transfer helps us get by each month, but it doesn't change our overall situation. We need more sustainable solutions to lift us out of poverty permanently." - Respondent FGD1 R4

" Although the money helps, it only provides temporary relief. We need ongoing support to improve our economic situation." – Respondent FGD1 R5

" We're grateful for the money, but it doesn't make lasting changes in our lives. We need better programmes to see real progress." – Respondent BH R5

" The cash transfer helps for now, but we need ongoing support and opportunities to build a better future for our families." Respondent BH R19

" While the cash transfer helps with immediate needs, it doesn't solve the main problems causing our struggles." – Respondent FGD3 R4

Approximately 21 participants from beneficiary household heads and focus group discussions participants shared similar remarks to the quotes provided.

Summary

The summary table provides a detailed overview of the challenges and limitations experienced by households with persons with disabilities participating in the Social Cash Transfer (SCT) programme. The insights flowing from this summary highlight several critical areas of concern:

- The cash transfer amounts were inadequate to meet the basic needs of households. This insufficiency underscores the need for increased financial support to ensure comprehensive coverage of essential needs.
- Frequent delays in receiving cash transfers caused significant financial strain for participants. These delays disrupted budgeting and planning, leading to periods of acute hardship.
- Network issues with mobile phones made accessing cash transfers difficult for many participants. Limited mobile service

providers hindered efficient fund distribution, and low digital literacy among beneficiaries was a barrier to using mobile services effectively.

- Cash transfers often failed to cover the additional expenses associated with persons with disabilities. This inadequacy highlights the need for tailored support that addresses the unique and higher costs faced by households with disabled members.

- Cash transfers alone were insufficient; participants needed access to complementary services such as vocational training, healthcare, and education.

- Cash transfers provided only temporary relief and did not lead to long-term improvements in economic situations. This limitation suggests the need for sustainable solutions and ongoing support to achieve lasting economic stability and development for households with disabilities.

These insights collectively highlight the challenges and limitations of the SCT programme for households with persons with disabilities.

Table 3:Summary table of key results by theme.

Theme	***Key Results***
Insufficient Transfer Amounts	*Cash transfer amounts were insufficient to meet basic needs.* *Participants had to prioritize certain expenses over others, leading to unmet needs in healthcare and education.*
Delays in Payments	*Frequent delays in receiving cash transfers caused significant financial strain.*

Theme	Key Results
	Disrupted budgeting and planning, leading to periods of acute hardship.
Administrative Barriers	*Network issues with mobile phones made access difficult. Limited mobile service providers hindered efficient fund distribution. Low digital literacy among beneficiaries was a barrier to using mobile services effectively.*
Inadequate Support for Special Needs	*Cash transfers often fail to cover additional expenses for persons with disabilities.*
Lack of Access to Complementary Services	*Cash transfers alone were not enough; participants needed access to complementary services such as vocational training, healthcare, and education.*
Limited Long-term Impact	*Cash transfers provided only temporary relief and did not lead to long-term improvements in economic situations.*

Complementary Support

The final questions asked participants what additional support, besides cash, could enhance the SCT programme's impact on households with disabilities.

Below is a list of programmes/services most of the participants highlighted.

1. Provision of free or subsidised healthcare services for all persons with disabilities.

"The Government should make National Health Insurance Scheme (NHIMA) mandatory to all persons with disabilities" – Respondent CM R4

2. Provision of Assistive Devices and Equipment, this includes distribution of wheelchairs, hearing aids and prosthetics

   "The Government should provide wheelchairs to easy mobility of children with disabilities who are willing to go to school, but they are unable to because they do not have a wheelchair" - Respondent CM R2

   "The SCT programme should provide assistive devices because most families cannot afford to buy these devices, they are too expensive" – Respondent FGD 2 R2

3. Provision of schools that are accessible and providing special education resources including offering vocational training programmes tailored to the needs of people with disabilities.

   "The Government should build special schools within Chongwe District to cater for the children with disabilities" - Respondent CM 3

   "The Government can help us by teaching our children with skills. For instance, my daughter failed grade nine three times and she is just at home....if the government can help with skills such as tailoring or catering this would go a long way... we can afford to take them for those training on our own". – Respondent FGD 4 R5

4. Provision of access to savings and credit facilities to help build resilience.

"The SCT programme should be linking us to credit facilities so that we can start small businesses" – Respondent FGD 2 R5

"The SCT programme should have different ways of giving loans to empower beneficiaries because I have done carpentry, but I do not have capital to start the carpentry business". - Respondent BH R14

4.4. Conclusion

This chapter presented the results on the effectiveness of Cash Transfer Programmes (CTPs) in improving the wellbeing of people with disabilities, with a focus on outcomes beyond financial support.

The results that emerged highlight the significant positive impact of cash transfers on household economic stability, educational opportunities, healthcare access, empowerment, mental health, and small business investments.

However, the results also underscores several unmet needs and challenges, such as insufficient transfer amounts, payment delays, administrative barriers, inadequate support for special needs, lack of access to complementary services, and limited long-term impact.

To enhance the SCT programme's effectiveness, participants suggested additional support measures, including free or subsidised healthcare, provision of assistive devices, accessible education and vocational training, and access to savings and credit facilities.

Addressing these areas could further improve the programme's impact on households with disabilities, ensuring more comprehensive and sustainable support.

Chapter 5: Discussion of Results

5.1. Introduction

Chapter 4 detailed the research findings derived from semi-structured interviews and focus group discussions. In this chapter, the core research questions are addressed, which investigate the dual aspects of Zambia's Social Cash Transfer (SCT) programme: first, its effectiveness in enhancing the wellbeing and quality of life for households with people with disabilities; and second, the areas where it falls short in enabling a life they value. By analysing the data through these lenses—and situating them within the study's theoretical framework (Capability Approach, Maslow's Hierarchy of Needs, Self-Determination Theory, and Social Exclusion)—the chapter provides a comprehensive understanding of programme impact and identifies critical areas for improvement beyond monetary value (Mitra, 2006; Robeyns, 2005; Ryan & Deci, 2000, 2017; Sen, 1985; Silver, 1994, 2007, 2019).

5.2. Themes Identified from the Findings and Theoretical Frameworks

The analysis is structured around key themes emerging from the findings and theoretical frameworks, highlighting both positive outcomes and areas where additional support is needed. Examining these themes shows how cash transfer programmes contribute to overall wellbeing and social inclusion for people with disabilities, while also revealing constraints specific to disability-related needs. The themes include economic impact, psychological impact, social impact, capability enhancement, hierarchical needs fulfilment, and the necessity for holistic well-being. Each theme is explored with supporting literature to show where this study supports, extends, or complicates existing knowledge.

Economic Impact

Cash transfers provided essential liquidity to meet basic needs—food, shelter, school items, transport to health facilities thereby stabilizing household consumption and reducing financial stress, as consistently described by participants (e.g., FGD3 R1; BH R9; FGD4 R3; CM 4). This pattern reflects reliability rather than windfalls, with benefits accruing through consumption smoothing and reduced negative coping.

These findings support the broader evidence that cash transfers reduce poverty and food insecurity and smooth consumption among poor households (Bastagli et al., 2016; Gentilini, 2022; Handa & Davis, 2006; Handa et al., 2018). In Zambia, SCT evaluations have similarly reported improvements in basic expenditures and asset holdings with local economy spillovers (FAO, 2016; Seidenfeld & Handa, 2011).

This study extends prior knowledge by foregrounding disability-specific costs (transport, medication, assistive devices) that dilute the purchasing power of transfers for disability-affected households explaining why otherwise positive economic effects may be weakened (Banks, Kuper, & Polack, 2016; Kidd & Athias, 2020; Mitra, Posarac, & Vick, 2013). The implication is that adequacy not just coverage matters for disability-inclusive outcomes.

Psychological Impact

Participants associated regular transfers with reduced anxiety, increased sense of control, and enhanced dignity and self-worth outcomes that map to autonomy and competence in Self-Determination Theory (e.g., BH R15; FGD3 R1; CM R1).

The results support SDT's emphasis on the satisfaction of autonomy, competence, and relatedness as drivers of wellbeing (Ryan & Deci, 2000, 2017; Ryan, Huta, & Deci, 2008). They are also consistent with

evidence linking predictable income to improved psychosocial outcomes, including lower stress and enhanced planning (Baird, Ferreira, Özler, & Woolcock, 2013; Kilburn, Thirumurthy, Halpern, Pettifor, & Handa, 2016).

By explicitly connecting beneficiary narratives to SDT constructs, the study extends cash transfer evidence beyond material gains, showing that predictability and control over small but regular resources can catalyse psychological capability and agency for people with disabilities and caregivers (Kidd & Athias, 2020). This strengthens the case for timeliness and regularity as wellbeing inputs, not merely operational KPIs.

Social Impact

Respondents reported improved ability to participate in community life, seek timely care, and avoid stigmatizing circumstances (e.g., postponing treatment due to lack of fare). Several linked transfers to higher social standing and reduced stigma (e.g., BH R14; FGD4 R4; FGD3 R5).

These findings support social exclusion scholarship that emphasises multidimensional barriers—material, service access, and relational stigma—that limit participation (Silver, 1994, 2007, 2019). They also align with research showing transfers can relax financial barriers to participation, though effects depend on service availability and local context (Devereux & Sabates-Wheeler, 2004; Gentilini, 2022).

The study adds nuance by illustrating how modest, regular liquidity reduces everyday exclusionary frictions (transport to clinics, small social contributions), which are critical to dignity and belonging yet are seldom captured in routine monitoring. This highlights the need to complement cash with accessible services and community sensitisation to deepen inclusion.

Capability Enhancement

Beneficiaries used transfers to unlock valued functionings maintaining treatment adherence, supporting schooling, and starting micro-activities—consistent with capability expansion (e.g., FGD1 R5; CM R3; CM 4).

The pattern supports the Capability Approach: cash is a means to expand real freedoms to live lives people value, contingent on personal, social, and environmental conversion factors (Sen, 1985; Robeyns, 2005; Mitra, 2006). African SCT evidence similarly documents increased petty trade, productive inputs, and time freed for care (Handa et al., 2018; FAO, 2016).

The study extends capability discussions by specifying disability-related conversion frictions (e.g., transport or assistive technology costs) that can prevent equal transfers from producing equal capabilities (Banks et al., 2016; Mitra et al., 2013). Programme design should therefore lower conversion costs (e.g., transport vouchers, device access) to realise capabilities.

Hierarchical Needs Fulfilment

Households used transfers first to stabilise physiological and safety needs (food, shelter, basic health), and then reported progress toward belonging and esteem when basic needs were reliably met. This progression recurred in interviews and FGDs.

The results support Maslow's proposition that meeting lower-order needs enables pursuit of higher-order aspirations (Maslow, 1943, 1954, 1968) and align with SCT evidence on improved food security and reduced negative coping (Bastagli et al., 2016; Handa & Davis, 2006).

The data complicate a linear needs progression by showing that disability-related costs and payment delays can pull households back down the hierarchy, disrupting motivational progress. Thus, adequacy

and timeliness are not only operational; they are determinants of psychological progression.

Holistic Wellbeing

Despite positive effects, participants frequently reported insufficient transfer size, delays, and unmet needs—notably healthcare, assistive devices, and education costs (e.g., FGD4 R5; FGD4 R3; BH R7). Many emphasised the need for complementary services (skills training, service linkages, disability supports).

These findings support the "cash-plus" evidence base: pairing transfers with tailored services or supply-side improvements yields stronger, more sustained impacts (Gentilini, 2022; Matin, 2022; Roelen, 2017). For disability inclusion specifically, the literature points to case management, targeted fee waivers, transport support, and access to assistive technologies as effective "plus" measures (Kidd & Athias, 2020).

The study sharpens the case for disability-responsive cash-plus: beyond generic add-ons, bundles should include cost offsets (transport, devices), service navigation (case management; grievance redress linkages), and accessibility and provider sensitisation.

Areas Where Findings Complicate Established Understandings

1. Adequacy versus Coverage. While coverage expansions are important, the data suggest transfer adequacy relative to disability-related costs is decisive for impact indicating the need to calibrate top-ups more precisely (Kidd & Athias, 2020; Mitra et al., 2013).
2. Timeliness as a Wellbeing Driver. Participants linked predictability to reduced stress and timely care-seeking,

elevating regularity from an operational KPI to a psychosocial determinant of outcomes (Bastagli et al., 2016; Gentilini, 2022).

3. From Participation to Belonging. Cash can unlock participation, but stigma and supply barriers persist; inclusion gains may plateau without deliberate anti-stigma and service accessibility efforts (Silver, 2007, 2019).

5.3. Limitations

Although the study offers valuable insights, it has several limitations.

The relatively small sample size and lack of diversity restricts the generalisability of the results. The sample might not fully capture the varied experiences of all households with individuals with disabilities. Moreover, potential biases in data collection methods, such as reliance on self-reported data, impacts the accuracy of the findings. Due to the specific socio-economic conditions in Zambia, the findings may not be applicable to other contexts or populations.

Additionally, the timing of the study could influence the results, as socio-economic conditions and programme implementation have evolved over time.

5.4. Knowledge Gaps

While the study was comprehensive, several aspects remain unaddressed.

First, although the study provides insights into short-term benefits, it lacks longitudinal data to assess long-term outcomes, such as sustained employment, economic independence, skill retention or ongoing health improvements.

Second, the study does not fully explore the diverse needs of individuals with various types of disabilities, including those with

cognitive, sensory, and physical impairments, which may require different types of support.

Lastly, the impact of additional support services, such as vocational training, healthcare, and social integration programmes, are not examined, leaving a gap in understanding how these services might enhance overall wellbeing and independence.

5.5. Future Research

Future research should address the limitations identified in this study, such as the small sample size, non-random sampling methods, and reliance on self-reported data. Utilising larger, randomised samples and objective data collection methods can yield more reliable and generalizable findings. Conducting longitudinal studies is crucial to assessing the long-term impact of CTPs on households with individuals with disabilities. By tracking participants over extended periods, researchers can gain deeper insights into the causal mechanisms at play, including sustained economic stability, health outcomes, and social integration.

Additionally, future research should explore the impact of CTPs on the specific needs of different subgroups within the population of people with disabilities. This includes variations by age, gender, disability type, and socio-economic status across diverse contexts. Tailoring programmes to the unique needs of these subgroups can enhance their effectiveness and ensure that diverse needs and challenges are adequately addressed.

Finally, examining how CTPs can be effectively integrated with other social services to provide a comprehensive support system for people with disabilities can improve the overall effectiveness and efficiency of social protection programmes.

5.6. Conclusion

This chapter discussed the research results. The primary aim was to address the main research question by comparing the findings with the reviewed literature.

Overall, the study corroborates the consensus that cash transfers stabilise basic consumption and reduce poverty among vulnerable households, while extending current knowledge by showing how disability-specific costs and barriers shape the magnitude and durability of gains. It also challenges implementers to move beyond income effects by embedding disability-responsive cash-plus measures that convert financial support into capabilities, inclusion, and sustained wellbeing for people with disabilities.

The next chapter will present a summary of the findings, conclusions, and recommendations.

Chapter 6: Conclusion and Recommendations

6.1. Introduction

The study aimed to explore the wellbeing experiences of households with persons with disabilities participating in Zambia's SCT Programme.

Its primary objective was to generate evidence on how cash transfer programmes (CTPs) contribute to wellbeing outcomes beyond financial support, focusing on the capabilities, social participation, and lived experiences of people with disabilities.

The study was motivated by recognition that, although CTPs are widely documented as effective in reducing poverty and improving household welfare, far less is known about their impact on psychological wellbeing, capability enhancement, and social inclusion for people with disabilities who face heightened vulnerability due to higher living costs, access barriers, and persistent stigma. These factors shape whether cash transfers genuinely enable recipients to "live lives they have reason to value," as framed by the Capability Approach.

By linking empirical findings to the theoretical framework—particularly the Capability Approach, Maslow's hierarchy of needs, Self-Determination Theory, and social exclusion theory—the study makes a meaningful contribution to the literature. The findings indicate that while Zambia's SCT programme provides vital support that enhances basic wellbeing, important gaps remain that limit long-term capability expansion and full social participation. Addressing these gaps is critical for achieving a more inclusive and disability-responsive social protection system.

6.2. Summary of the findings

The study explored the multifaceted impacts of CTPs on households with people with disabilities.

These findings are strongly aligned with the data analysis and reflect the main themes identified through thematic coding:

1. Economic Stability and Basic Needs Fulfilment

Cash transfers help households reliably meet basic physiological and safety needs, such as food, shelter, clothing, and healthcare. This aligns directly with Maslow's lower-level needs, confirming that SCTs serve as a stabilising force by reducing food insecurity and mitigating financial shocks. Participants consistently described improved household stability as a key outcome.

2. Psychological Wellbeing and Autonomy

Cash transfers enhanced psychological wellbeing by increasing autonomy, competence, and relatedness—the three core needs within Self-Determination Theory (SDT). Participants reported reduced stress and a stronger sense of dignity and self-worth, demonstrating that predictable financial support improves emotional resilience and decision-making capability.

3. Social Inclusion and Reduced Exclusion

The study found that SCTs enable people with disabilities to participate more fully in community life, access essential services, and improve their social standing. This is consistent with social exclusion theory, which highlights how financial and relational barriers restrict inclusion. Cash transfers reduce some of these barriers by improving mobility and reducing reliance on others.

4. Capability Enhancement

By providing resources that help recipients overcome economic and environmental obstacles, SCTs expand people's capabilities—a central concept in Sen's Capability Approach. Participants described

being better positioned to pursue valued functionings, such as maintaining healthcare routines, supporting children's education, or engaging in small economic activities. However, disability-related costs significantly affected the extent to which these capabilities could be fully realised.

5. Hierarchical Needs Progression

Once basic needs were met, many recipients reported progress toward higher-order needs, such as belonging, esteem, and self-actualisation. This mirrors Maslow's hierarchical model, illustrating how financial stability creates space for personal growth, confidence, and community participation.

6. Persistent Gaps and the Need for Complementary Services

Despite improvements, participants emphasized that transfer amounts were insufficient to meet disability-related costs, such as transport, medication, assistive devices, and school expenses. Frequent delays in payments also created financial strain. This highlights the need for a "Cash-Plus" approach—integrating vocational training, healthcare, education, assistive technology, and case management—to achieve sustainable wellbeing.

6.3. Recommendations

Drawing on the findings and grounded in the theoretical framework, the following recommendations aim to enhance the effectiveness of Zambia's SCT Programme for people with disabilities:

1. Adequate Funding and Timely Disbursement:

   To maximize the impact of CTPs, it is essential to ensure that the cash transfer amounts are sufficient to meet the basic needs of households with people with disabilities. Additionally, timely disbursement of funds is crucial to prevent financial strain and enable effective budgeting and planning but also for maintaining psychological wellbeing by reducing uncertainty and stress.

2. Integrate Complementary Support Measures:

   While CTPs provide significant benefits, they may not fully address all the unique and additional needs of people with disabilities. Complementary support measures, such as free or subsidised healthcare services, provision of assistive devices, accessible schools, and vocational training programmes, should be integrated into CTPs to enhance their overall effectiveness. This approach strengthens capability expansion, reduces barriers and promotes holistic development.

3. Addressing Administrative and Access Barriers:

   Efforts should be made to streamline administrative processes and reduce barriers to accessing cash transfers. This includes improving mobile payment systems, increasing digital literacy among beneficiaries, and ensuring efficient fund distribution in areas with limited mobile service providers.

4. Holistic, Multi-Sectoral Approach to Poverty Reduction:

   Policymakers should adopt a holistic approach to poverty reduction that combines cash transfers with other forms of support. This "Cash Plus" approach can address a wider range of needs and provide a more comprehensive solution to the challenges faced by households with people with disabilities.

Overall, the study confirms that Zambia's SCT Programme plays a critical role in enhancing the wellbeing of households with people with disabilities. Through the theoretical lens, the programme's impact is clear:

- It satisfies fundamental basic needs.
- It enhances autonomy, competence, and belonging.

- It reduces social exclusion and opens pathways for participation.
- It expands capabilities, though unevenly due to disability-related barriers.

However, the study also demonstrates that financial support alone is insufficient to fully realise the capabilities and social inclusion of people with disabilities. Persistent unmet needs, administrative challenges, and high disability-related costs limit the transformative potential of SCTs.

This research therefore contributes to the literature by showing that effective disability-inclusive social protection requires more than cash. It requires adequate benefits, predictable delivery, and complementary services that address structural and personal conversion barriers.

Strengthening the SCT Programme along these lines will enable households with people with disabilities not only to meet basic needs but also to achieve greater autonomy, dignity, and full participation in society ultimately allowing them to live lives they value.

7.1. References

Abdille, I., & Mbataru, P. (2019). Cash transfer and the economic well-being of persons with severe disability in Wajir County, Kenya. International Journal of Current Aspects, 3(3), 135–153. http://journals.ijcab.org/journals/index.php/ijcab/article/view/36

Atun, R., et al. (2023). Association between China's disability-targeted cash transfer programme and disability status. Journal of Disability Studies, 18(2), 123–145.

Banks, L. M., & Polack, S. (2014). The economic costs of exclusion and gains of inclusion of people with disabilities: Evidence from low- and middle-income countries. International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine.

Banks, L. M., et al. (2016). Disability and social protection programmes in low- and middle-income countries: A systematic review. Oxford Development Studies, 45(3).

Barrientos, A. (2011). Social protection and poverty. International Journal of Social Welfare, 20(3), 240–249. https://doi.org/10.1111/j.1468-2397.2011.00783.x

Barrientos, A., & Hulme, D. (2008). Social protection for the poor and poorest: Concepts, policies and politics. Routledge.

Beaudry, J. S. (2016). The medical and social models of disability. Disability Studies Quarterly, 36(2).

Bertram, C., & Christiansen, I. (2014). Understanding research: An introduction to reading research. Van Schaik.

Central Statistical Office (CSO), & Ministry of Community Development and Social Services (MCDSS). (2018). Zambia National Disability Survey. CSO.

Cleaver, S., Polatajko, H., Bond, V., Magalhães, L., & Nixon, S. (2018). Exploring the concerns of persons with disabilities in Western Zambia. African Journal of Disability, 7, Article 446. https://doi.org/10.4102/ajod.v7i0.446
Croome, D., et al. (2007). The impact of cash transfers on nutrition and health. Nutrition Journal, 6(3), 45–56.

Devereux, S. (2007). Social protection in South Africa: The impact of social grants. Development Southern Africa, 24(5), 567–582.

Duffy, K. (1995). Social exclusion and human dignity in Europe. Council of Europe.

Elwan, A. (1999). Poverty and disability: A survey of the literature (World Bank Discussion Paper). World Bank.

Food and Agriculture Organization. (2016). The multiplier effect of cash transfers in Zambia.

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. British Dental Journal, 204, 291–295. https://doi.org/10.1038/bdj.2008.192

Groot, R., et al. (2021). The impact of Lesotho's child grant programme on disabilities. Journal of Social Protection, 15(4), 89–112.

Haegele, J. A., & Hodge, S. R. (2016). Disability discourse: Overview and critiques of the medical and social models. Quest, 68(2), 193–206.

Hujo, K., & Gaia, E. (2011). Social policy and poverty: An introduction. International Journal of Social Welfare, 20(3), 230–239. https://doi.org/10.1111/j.1468-2397.2011.00786.x

Kidd, S. (2019). Evolution of disability definition in Zambia's SCT programme. Journal of Social Protection, 14(1), 23–45.

Kugel, R. (2007). Cash transfers and their impact on vulnerable populations. Social Protection Review, 11(2), 78–92.

Maitra, P., & Ray, R. (2003). The impact of cash transfers on household welfare. Economic Development and Cultural Change, 51(2), 231–256.

Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50(4), 370–396.

Maslow, A. H. (1954). Motivation and personality. Harper & Row.

Maslow, A. H. (1968). Toward a psychology of being. Van Nostrand Reinhold.

MCDSS & American Institutes for Research. (2013). Evaluation of the Cash Transfer Programme in Zambia. Ministry of Community Development and Social Services.

MCDSS & American Institutes for Research. (2014). 36-Month Report for the Child Grant. Ministry of Community Development and Social Services.

MCDSS & American Institutes for Research. (2016a). The Child Grant Programme: A comprehensive summary of impacts (2010–2014). MCDSS.

MCDSS & American Institutes for Research. (2016b). The Multiple Categorical Targeting Grant: A comprehensive summary of impacts (2011–2014). MCDSS.

Ministry of Community Development and Social Services. (2007). Final Evaluation Report: Kalomo Social Cash Transfer Scheme. MCDSS.

Ministry of Community Development and Social Services. (2022). Social Cash Transfer (SCT) Factsheet. MCDSS.

Mitra, S. (2006). The capability approach and disability. Journal of Disability Policy Studies, 16(4), 236–247. https://doi.org/10.1177/10442073060160040501

Mitra, S. (2010). Disability cash transfers in the context of poverty and unemployment: The case of South Africa. World Development, 38(12), 1692–1709.

Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: A multidimensional study. World Development, 41, 1–18.

Muddiman, D. (2000). Theories of social exclusion and the public library. Resource: Council for Museums, Archives and Libraries.

Mutiga, J., & Wanyike, W. (2016). Effectiveness of cash transfers for people with severe disabilities in Kenya. Journal of Social Protection, 13(2), 78–92.

Osemeke, M., & Adegboyega, S. (2018). Critical review and comparison between Maslow, Herzberg, and McClelland's theory of needs.

Oxfam. (2005). Cash transfers and their impact on poverty reduction. Oxfam.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Sage.

Pfeiffer, D. (2001). The conceptualization of disability. Disability Studies Quarterly, 21(2), 1–15.

Robeyns, I. (2005). The capability approach: A theoretical survey. Journal of Human Development, 6(1), 93–117. https://doi.org/10.1080/1464988052000342 66

Roelen, K. (2016). Social grants and inequality in South Africa. Development Southern Africa, 33(3), 567–582.

Ryan, R. M., & Deci, E. L. (2006). Self-regulation and the problem of human autonomy. Journal of Personality, 74(6), 1557–1586. https://doi.org/10.1111/j.1467-6494.2006.00420.x

Ryan, R. M., & Deci, E. L. (2017). Self-determination theory: Basic psychological needs in motivation, development, and wellness. Guilford Press.

Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. Journal of Happiness Studies, 9(1), 139–170.

Samson, M., et al. (2004). The impact of social grants on poverty reduction in South Africa. Social Protection Review, 10(2), 45–67.

Saran, A., White, H., & Kuper, H. (2020). Evidence and gap map of interventions for people with disabilities in LMICs. Campbell Systematic Reviews, 16(1).

Schjodt, J., & Rasmuc, L. (2023). Implications of active labour market politics for wellbeing (Doctoral dissertation, Aarhus University).

Seidenfeld, D., & Handa, S. (2011). Three-year impact evaluation of Zambia's Cash Transfer Programme in Monze District. AIR.

Sen, A. (1985). Commodities and capabilities. North-Holland.

Sen, A. (1992). Inequality reexamined. Harvard University Press.

Sen, A. (2000). Social exclusion: Concept, application and scrutiny. Asian Development Bank.

Silver, H. (1994). Social exclusion and social solidarity: Three paradigms. International Labour Review, 133(5–6), 531–578.

Silver, H. (2007). The process of social exclusion: The dynamics of an evolving concept. Chronic Poverty Research Centre.

Silver, H. (2019). Social exclusion. In Wiley Blackwell Encyclopedia of Social Theory. https://doi.org/10.1002/9781118568446.eurs0486

Silver, H. (2019). Social exclusion: Comparative analysis of Europe and the Middle East. Journal of Social Protection, 16(2), 45–67.

Silverstein, H., & Angeles, G. (2021). A review of cash transfer programmes within the context of disability (forthcoming).

Silverstein, H., & Angeles, G. (2022). Disability, caregiver ability, and the impact of cash transfer programmes on child-level outcomes (Doctoral dissertation, University of North Carolina at Chapel Hill).

Slater, R. (2011). Cash transfers, social protection, and poverty reduction. International Journal of Social Welfare, 20, 250–259. https://doi.org/10.1111/j.1468-2397.2011.00801.x

Stampini, M., & Tornarolli, L. (2012). The growth of conditional cash transfers in Latin America and the Caribbean: Did they go too far? http://ftp.iza.org/pp49.pdf

Taaffe, J. E., Longosz, A. F., & Wilson, D. (2017). The impact of cash transfers on livelihoods, education, health, and HIV. Development Policy Review, 35(5).

Trani, J.-F., & Loeb, M. (2012). Poverty and disability: A vicious circle? Journal of International Development, 24(S1), S19–S52.

United Nations. (2006). Convention on the Rights of Persons with Disabilities.
http://www.un.org/esa/socdev/enable/rights/convtexte.htm

Wagner, C., Kawulich, B., & Garner, M. (2012). Doing social research: A global context. McGraw-Hill.

Wang, H., et al. (2022). The effect of a disability-targeted cash transfer programme on universal health coverage and education in

China. Lancet Regional Health – Western Pacific, 31, 100635. https://doi.org/10.1016/j.lanwpc.2022.100635

Wang, Y., et al. (2023). Effect of disability-targeted cash transfer programme on universal health coverage in China. Journal of Disability Studies, 21(1), 45–67.

World Health Organization. (2011). World report on disability. WHO Press.
World Health Organization. (2011). Understanding disability. https://www.ncbi.nlm.nih.gov/books/NBK304082/

Yeo, R., & Moore, K. (2003). Including disabled people in poverty reduction work: “Nothing about us, without us.” World Development, 31(3), 571–590.

7.2. Appendix

Interview schedule

Interview guide for in-depth interview with Community leaders

Location: Community or somewhere of interviewees choice

Time for the interview: Approximately 30-45 minutes

1. How long have you been a Community Welfare Assistant Committee (CWAC) member?
2. Can you tell me about your role as a CWAC in this community, in particular related to SCT programme?
3. What are some of the challenges for you in your work with households with people with disabilities as a CWAC?
4. How has the SCT programme benefited households with people with disabilities?
5. What are some of the needs and priorities of households with people with disabilities?
6. Based on your experiences, what needs, and priorities is the SCT programme able to meet for households with people with disabilities?
7. Based on your experiences, what needs is the SCT programme not able to meet that is important to households with people with disabilities?
8. Do you have any recommendation on how to improve the SCT programmes to meet your unmet needs and priorities?

Thank you for your participation in the study. Do you have any questions?

Interview guide for FGDs with SCT beneficiary heads of household living with at least one member with disabilities

Location: Selected

Time for the interview: Approximately 40 - 60 minutes

No	Name	Sex	Age	Number of household members with disabilities	Occupation/Livelihood
1					
2					
3					
4					
5					

1. Can we introduce ourselves by areas of residence (i.e. village or township name) without stating our names?
2. How long have you been on the SCT programme? How has this been?
    - Please reflect on benefits and challenges (e.g., accessing cash, regularity, use of cash)
    - How do you use the cash transfer?
    - Do you think anything else (in addition to cash) could support you/your family? (e.g., access to services)
    - In what ways has SCT programme improved your life as a household?
3. What does a life you value as a household on the SCT look like? Explain
4. What parts of the life is the SCT programme able to meet and what aspects is it not able to meet that is important to you as a household?
5. In addition to cash what complementary programmes would the SCT programme provide to improve your life on the programme
6. Do you have any recommendation on how to improve the SCT programmes to meet your unmet needs and priorities?

Thank you for your participation in the study. Do you have any questions?

Interview guide for in-depth interview with Beneficiary Households

Location: Community or somewhere of interviewees choice

Time for the interview: Approximately 30-45 minutes

1. How long have you been on the SCT programme?
2. How has the SCT programme benefited households with people with disabilities?
3. What are some of the needs and priorities of households with people with disabilities?
4. Based on your experiences, what needs, and priorities is the SCT programme able to meet for households with people with disabilities?
5. Based on your experiences, what needs is the SCT programme not able to meet that is important to households with people with disabilities?
6. What do you think are the facilitating and constraining factors?
7. Do you have any recommendation on how to improve the SCT programmes to meet your unmet needs and priorities?

Thank you for your participation in the study. Do you have any questions?

Participant Consent Form

Title of project

Experiences of the wellbeing of households with severe disability on Zambia's Social Cash Transfer Programme

I hereby confirm that:

I have been briefed on the research that Most Mwamba is conducting on experiences of the wellbeing of households with severe disability on Zambia's Social Cash Transfer Programme.

- I understand what participation in this research project means, Yes ☐ No ☐
- I understand that my participation is voluntary, Yes ☐ No ☐
- I understand the I have the right not to answer any questions that I do not feel comfortable with, Yes ☐ No ☐
- I understand that I have the right to withdraw my participation in the research, at any time, I so choose, and Yes ☐ No ☐
- I understand that any information I share will be held in the strictest confidence by the researchers. Yes ☐ No ☐

…… (signature)

…… (name of participant)

…… (date)

…… (signature)

Most Mwamba (name of person seeking consent)

…… (date)

If illiterate[4]

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

[4] A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

Permission Letter

Telephone: (260) 211 235 343
Fax: (260) 211 235 343

In reply please quote:

No:.....

MCDSS/SW/101/1/6

REPUBLIC OF ZAMBIA

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

DEPARTMENT OF SOCIAL WELFARE
COMMUNITY HOUSE
P.O BOX 31958
LUSAKA

6TH November, 2023

Mr. Most Mwamba
Master of Science Student – Management for Public and Development Sector Monitoring & Evaluation
University of Witwatersrand
Johannesburg
South Africa.

Dear Most Mwamba,

RE: PERMISSION TO CONDUCT RESEARCH ON THE SOCIAL CASH TRANSFER PROGRAMME IN LUSAKA AND CHONGWE DISTRICTS

Reference is made to the above subject

Following your request for authority to conduct research in your letter dated 21st August 2023, I am pleased to inform you that permission has been granted in respect of your study on **"exploring the wellbeing of households with severe disability on Zambia's Social Cash Transfer Programme**: a case study of Lusaka and Chongwe districts for academic purpose.

Your research will contribute to the knowledge on the Zambia Social Cash Transfer programme. Kindly share a report of findings with the Ministry.

I wish you all the best in your research.

Nelson Nyangu
Director – Social Welfare
For/Permanent Secretary
MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

Ethics Committee Clearance

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office:
Lehlohonolo Mmolotsane
Tel: 011 717 3968
Email: Lehlohonolo.mmolotsane@wits.ac.za

Research Ethics Chair:
Rekgotsofetse Chikane
Tel: 0117173869
Email: rekgotsofetse.chikane@wits.ac.za

25 October 2023

Dear Most Mwamba

Title: Experiences of the wellbeing of households with severe disability on Zambia's Social Cash Transfer Programme
Student Number: 878758
Degree: Masters in Management
Ethics Clearance Number: WSG-2023-105

All candidates must satisfy the University's ethical standards for research. Your ethics application has been received and reviewed by the Wits School of Governance Human Research Ethics Committee.

Your ethical clearance has been approved subject to you getting permission to conduct research from all sites where research is conducted. The letter(s) of permission to undertake research must be submitted to the WSG Research Office and kept on file with your final proposal and other ethics documents.

You may commence your data collection under the guidance of your supervisor. In the event that the scope, methodology or nature of the research changes, you are required to submit another ethics application reflecting the changes.

The onus is on you as the candidate, with support from your supervisor, to ensure your research complies with university human research ethics policies and protocols at all stages of the research process.

It is recommended that you keep this letter in a safe place as you are responsible for ensuring you have proof of ethics clearance and have lodged the ethics clearance / protocol number with Faculty before final submission of your research report. If you do not have an ethics clearance number, you are not permitted to graduate.

Please do not hesitate to contact me if you have any queries.

Yours sincerely,

Rekgotsofetse Chikane

Rekgotsofetse Chikane
Research Ethics Chair