



**UNIVERSITY
OF
LUSAKA**

SCHOOL OF TECHNOLOGY AND SOCIAL SCIENCES

**CORRELATION BETWEEN SOCIAL CASH TRANSFER PARTICIPATION AND
BASIC NEEDS FULFILMENT AMONG THE ELDERLY IN NG'OMBE, LUSAKA**

BY

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A Dissertation submitted in partial fulfilment of the requirements for the award of the degree
of a Bachelor of Arts in development studies at university of Lusaka

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DECLARATION

I, Joshua Ngulube do hereby affirm that the work presented in this research is my work. It has been executed in the partial fulfilment of a Bachelor of Arts Degree in Development Studies, and that this research has never been submitted before for any degree in any other higher learning institution. Furthermore, all the sources I have utilized have been showed and recognized as complete references.

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DEDICATION

This Research is dedicated to my late father, Suzgo Ngulube and my devoted mother, Sharon K. Ngulube for their unconditional love, inspiration and support.

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ABSTRACT

The Social Cash Transfer (SCT) programme in Zambia has served as the foundation of the national social protection framework throughout the last twenty years but the linkage between the participation of the elderly beneficiaries in the programme and the existence of basic needs being fulfilled is still not well comprehended. This is of importance especially in urban informal settlements where cost of living has increased sharply whilst transfer values have remained relatively the same. This paper has discussed the association between SCT involvement and basic need satisfaction among the elderly beneficiaries in Ng'ombe, Lusaka based on three objectives to evaluate the relationship between programme awareness and basic need satisfaction, to determine the relationship between payment characteristics and basic need satisfaction and to determine the relationship between fund utilisation patterns and basic need satisfaction. A quantitative correlational design was adopted. A stratified random sampling was employed to represent the elderly SCT beneficiaries in terms of age, gender and disability status whereby a sample of 311 elderly were selected out of about 1,247 registered beneficiaries. The structured questionnaire interviews with Likert-scale items were used to collect data and analysed with Pearson correlation coefficients in IBM SPSS. The findings were mixed. Availability of credible, trustworthy sources of SCT information was positively related to less economic and caring load ($r = .357, p < .01$), and a moderate level of programme understanding ($r = .130, p < .05$). General awareness levels and knowledge of complaints mechanisms, conversely, did not have any significant correlation with any basic needs indicator. The transfer amounts showed some small but statistically significant relationship with the reduction of food insecurity ($r = .140, p < .05$), but did not show any significant relationships with healthcare access, housing, or dignity. The duration of the programme gave what seems to be a divergent result: longer participation was more positively associated with burden reduction ($r = .135, p < .05$) but negatively associated with food insecurity reduction ($r = -.114, p < .05$), suggesting a weakening of the material impact of the programme over time despite the continued presence of its psychosocial benefits. Combined, these results indicate that the SCT programme in Ng'ombe, Lusaka has significant potential to relieve the psychosocial burden among the elderly beneficiaries, but lacks the ability to alleviate material needs due to the lack of transfer values that have not kept pace with urban living expenses. Outcomes seem to be determined by the quality of beneficiary engagement, rather than merely the enrolment status. The paper suggests inflation-linked increases in transfer levels and community-based information interventions through local trusted intermediaries. The next step in research will be to investigate the frequency and predictability of payment as predictors of the effectiveness of the programme and to study the interaction of SCTs with complementary social services in each demographic subgroup.

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ACRONYMS OR ABBREVIATIONS

8th NDP	8 th National Development Plan
BNA	Basic Needs Approach
BNNS	Basic Needs and Nutrition Survey
GRZ	Government of the Republic of Zambia
MCDSS	Ministry of Community Development Social Services
SCT	Social Cash Transfer
SP	Social Protection
ZSA	Zambia Statistics Agency

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This study examined the correlation between Social Cash Transfer program participation and basic needs fulfilment among the elderly in Ng'ombe compound, Lusaka. This chapter consists of the background to the study, statement of the problem, objectives, and rationale of the study, scope of the study, delimitations, limitations, and operational definitions.

1.2 Background to the Study

In Zambia, families led by a person aged 65 or above have the incidence of poverty of any population group, with the poverty rate at about 64.8% (ZSA, 2022). This number is impressive on its own, but it is even more concerning when it is compared to the overall economic context. The purchasing power in the country has been continuously depleted by inflation, which has been driven by the increase in food prices and a weak currency (World Bank, 2023). Since it is a measure of how much an average household must spend every month, merely to make ends meet, the Basic Needs and Nutrition Basket (BNNB) has long since surpassed the earnings of most workers in the formal sector, not to mention households living in old age on fixed or negligible incomes (JCTR, 2021).

It is not hard to trace the reasons why the elderly are so exposed to poverty in sub-Saharan Africa, and in Zambia in particular. Formal jobs are limited, older adults are less physically able to do income-generating activities, and they are often marginalised in economic systems that could otherwise serve as a buffer (World Bank, 2021; HelpAge International, 2012). To add to this, healthcare expenses are increasing due to age-related illnesses that establish themselves, pension schemes are pathetically low, and the traditional family support structure is undermined by the effects of urbanisation and the long shadow of the HIV/AIDS epidemic that shook up the intergenerational caregiving system still felt in the present times (Matlakala et al., 2024). These challenges are experienced acutely in such informal settlements as Ng'ombe Compound, an informal settlement in Lusaka. The living standards are expensive, the infrastructure is in poor condition, and the availability of social services is at its lowest point (Kanenga, 2013).

Part of the reason behind the creation of the Social Cash Transfer (SCT) programme in 2003 by the Government of the Republic of Zambia (GRZ) was the response to these vulnerabilities (SCT Factsheet, 2021). The programme gives unconditional cash transfers to various vulnerable families: those led by elderly people 65 years and older, those with severe disabilities, those with chronic illnesses under palliative care, female-led households with three or more children and child-led households (Arruda and Dubois, 2018). It has objectives to enhance food security, increase access to healthcare, stabilise housing situations, and social inclusion, all of which are part of the overall poverty reduction agenda of Zambia (World Bank, 2021; MCDSS, 2023).

The programme has been expanded significantly, with more than 1.3 million beneficiary households in the country by 2024. However, the amounts of transfers have changed insignificantly. The standard beneficiary families are provided with K800 per month, and families including disabled individuals receive K1,200 (MCDSS, 2023). These numbers purchase less each year, on a background of long-term inflation, slowly eating away the actual worth of what those receiving it obtain (JCTR, 2021). An audit conducted by the Zambia Institute of Policy Analysis and Research (ZIPAR) in 2020 revealed several long-standing issues: the average delay on disbursements of 88 days, administrative expenses that were far beyond acceptable, and transfer values that had not been reviewed in long periods despite increasing prices.

Studies in a number of African nations have demonstrated that SCT programmes have broadly positive correlations with food security, dietary diversity, and healthcare utilisation among the vulnerable populations (Devereux, 2009; Davis et al., 2016; Tembo and Freeland, 2014). With that said, a good part of this work considers SCT beneficiaries as a homogenous group. Less attention has been given to the specific experiences of elderly recipients and how the particular manner in which they interact with the programme is connected with the satisfaction of the basic needs in elderly people. It is important to comprehend those dynamics in a localised, concrete context such as Ng'ombe Compound, as that is the type of evidence that can be used to actually design specific interventions, as opposed to a blanket policy.

Ng'ombe Compound is also an informally developed, high-density residential suburb of Lusaka, where an estimated 98,450 people live (ZSA, 2022). There is a dire lack of

infrastructure: clean drinking water is difficult to access and most of the households share and use the sanitation facilities without protection (Kanenga, 2013). Over 54.5% of the population has to live below the national poverty line (Impact One Initiative, 2020). The fact that the elderly population is concentrated in an area of severe financial stress, contrasted with this degree of deprivation and infrastructural disinvestment, makes the compound a very convenient location to study the relationship between social protection systems and the wellbeing of older adults. It is against this backdrop that the current research looks into the relationship between SCT involvement and basic needs satisfaction in the elderly beneficiaries in Ng'ombe Compound, Lusaka.

1.3 Statement of the Problem

The SCT programme can play a core role in the Zambian social protection system, although its capacity to protect the elderly population against poverty is gradually being compromised by one fundamental failure: the values of transfers have not been increased in line with inflation. The existing rates, between K800 and K1,200 per month, have been relatively fixed despite the ongoing increase in prices, that is, the real income beneficiaries can count on has been slowly diminishing (MCDSS, 2023; JCTR, 2021). In the case of elderly families, it is more concrete because healthy food, medical care, and proper housing are becoming more expensive (ZIPAR, 2020). And the senior citizens are ill placed to absorb this type of economic squeeze. The lack of income diversification, deteriorating health, increasing reliance, and decreased mobility increase their vulnerability to poverty and food insecurity, which younger generations can manage more easily (HelpAge International, 2012; Matlakala et al., 2024). Unless the disaggregated evidence on the actual use of the SCT programme by this population is forthcoming, timely, there is a real risk that policymakers will remain in the transfer designs that are not keeping up with the increase in the cost of living, which only exacerbates the material deprivation and social exclusion of some of the most vulnerable citizens of Zambia at the time when the cost-of-living crisis is demanding urgent programmatic recalibration.

The reason why this knowledge gap is of particular concern is that the current body of empirical research on the SCT programme in Zambia has mostly assumed that beneficiaries are a single homogenous group without disaggregating the results by the particular vulnerability factors, including age (Davis et al., 2016; Tembo and Freeland, 2014; Handa et

al., 2018). The relationships between the nature of programme participation, such as the understanding of beneficiaries, payment features and the patterns of fund utilisation, and the fulfilment of basic needs among the elderly in particular, are not sufficiently explored (Soko, 2022; Mulenga, 2024). This is particularly troublesome in urban informal settlements such as Ng'ombe Compound where high cost of living, coverage of programmes, and infrastructural limitations diminish the reach and reliability of the SCT in a different way than in rural settings (ZIPAR, 2020; Kanenga, 2013). This gap was aimed to be filled in the current study, which was investigating the relationship between SCT participation and basic needs fulfilment among the elderly beneficiaries in Ng'ombe Compound, and subsequently produce evidence that can be used to make specific policy amendments and improve programme designs.

1.4 Objectives of the Study

1.4.1 General Objective

To examine the correlation between Social Cash Transfer participation and basic needs fulfilment among elderly beneficiaries in Ng'ombe Compound, Lusaka.

1.4.2 Specific Objectives

- i. To assess the correlation between elderly beneficiaries' awareness of the SCT programme and their basic needs satisfaction levels in Ng'ombe Compound.
- ii. To determine the correlation between SCT payment characteristics and the extent of basic needs fulfilment among elderly recipients in Ng'ombe Compound.
- iii. To examine the association between different utilization patterns of SCT funds and the degree of basic needs satisfaction among elderly beneficiaries in Ng'ombe Compound.

1.5 Research Questions

- i. What is the correlation between elderly beneficiaries' level of SCT programme awareness and their basic needs satisfaction in Ng'ombe Compound?
- ii. How do SCT payment characteristics correlate with basic needs fulfilment among elderly recipients in Ng'ombe Compound?

- iii. What is the association between different utilization patterns of SCT funds and the degree of basic needs satisfaction among elderly beneficiaries in Ng'ombe Compound?

1.6 Significance of the Study

It is due to a number of reasons that the relationship between SCT participation and fulfilment of basic needs among the elderly in Ng'ombe is worth studying. On the most practical scale, the findings offer the empirical data that can guide the evidence-based policy-making regarding the design and the resources of the SCT programme in Zambia. When we can determine which elements of programme participation are most directly associated with better results, that provides policy makers with something tangible to build on as they determine where to focus their efforts and financial resources.

Its applicability to the social protection system of Zambia is quite straightforward. The MCDSS manages the SCT programme, and data demonstrating which aspects of the participation have the greatest impact on elderly beneficiaries can be used to influence programme changes that can actually be translated to the ground. These types of insights resonate with the priorities of the National Social Protection Policy of Zambia, as well as the 8th National Development Plan, both of which make poverty reduction and the well-being of vulnerable populations, such as the elderly, the priorities of their agenda (MCDSS, 2014).

On a broader level, the research addresses several Sustainable Development Goals: SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being) as well as SDG 10 (Reduced Inequalities). The consideration of the relationship between SCT participation and food security, access to healthcare, and dignity among older beneficiaries can produce the type of evidence that can justify interventions in accordance with the global promise of leaving no one behind. The results are also related to the Agenda 2063 of the African Union, namely, Aspiration, which is inclusive development and social protection of all citizens, including older ones. The correlational analysis here can provide a useful reference point to policy actors in other sub-Saharan African countries who seek to balance the social protection programmes to ageing populations in other similar socioeconomic environments.

The research also contributes to the scholarly works on social cash transfer and social welfare among the aged in the developing world. The field has not been blessed with context-specific evidence of an urban informal settlement, and what this study generates may be used by

researchers and practitioners in designing, assessing, or advocating social protection interventions. Personally, the study also fulfils the partial academic requirements for the Bachelor of Arts in Development Studies at the University of Lusaka.

1.7 Delimitation

There are a couple of boundaries that can be mentioned initially. The study was limited in geography to Ng'ombe Compound in Lusaka, which implies that the results might not easily be extrapolated to other areas and nations where socioeconomic realities are different. The target population was also limited: it was restricted to elderly people aged 65 and older and who were active SCT beneficiaries in Ng'ombe, therefore, anybody who was not included in that age range or not getting transfers was out of the scope of the study. This was a correlational study in terms of research focus. It examined associations between SCT participation features and fulfilment of basic needs, though it never tried to determine causation, nor did it compare other social protection interventions that could also influence elderly wellbeing. The time frame was also narrow and only a single point in time was captured instead of following the progression of things over months or years. These are some of the boundaries that should be put in mind when interpreting what the findings can and cannot tell us.

1.8 Limitations

There were some practical difficulties encountered in the course of the research, even though it was well planned. Ng'ombe is a multi-ethnic community and not every respondent felt at ease with an English language questionnaire. This was taken care of by the fact that the researcher had a Nyanja command and where necessary interpreters who were conversant with the local dialects were used to ensure that questions were well understood. As a self-funded study, the expenses of the fieldwork and data collection were a limiting factor. The use of public transport, collaboration with local organisations and effective scheduling of data collection visits were useful in ensuring the costs remained manageable. The hardest problem was probably to get in touch with some of the participants. Some of the senior beneficiaries were physically challenged or had health issues that could not allow them to participate. The close collaboration with community leaders and SCT programme officers allowed identifying and meeting respondents in places that were convenient and safe to them. These were

accepted all along and the measures were taken to overcome them, which contributed to the quality and reliability of the collected data.

1.9 Definitions of Key Concepts

Social Cash Transfer: A government-run programme that delivers regular, unconditional cash payments to individuals or households who meet certain eligibility criteria. The basic idea is straightforward: by putting money directly into the hands of the poorest and most vulnerable, the programme aims to ease poverty and improve day-to-day wellbeing through increased disposable income (World Bank, 2023).

Beneficiary: An individual or household that receives Social Cash Transfer payments and meets the programme's eligibility criteria (Ministry of Community Development and Social Services, 2019).

Elderly/ older person: For the purposes of this study, the elderly population is defined as individuals aged 65 years and above. This operational definition aligns with the eligibility criteria of Zambia's Social Cash Transfer programme, which categorises elderly beneficiaries as those aged 65 and above (MCDSS, 2019), and is consistent with the age threshold employed in demographic analyses of ageing populations in sub-Saharan Africa (UNFPA, 2023).

Poverty: A multidimensional condition characterized by inadequate access to resources, capabilities, and opportunities necessary for a decent standard of living (Sen, 1999; World Bank, 2021).

Poverty alleviation: A reduction in the number of individuals living below the national poverty line. This study will assess the program's impact on poverty levels among elderly beneficiaries looking at its effect on income, nutritional status and general wellbeing (World Bank, 2024).

Basic needs: The basic needs refer is one of the major approaches to the measurement of absolute poverty in developing countries globally. It works to define the absolute minimum resources necessary for long-term physical well-being, usually in terms of consumption goods.

Basic Needs Fulfilment: The extent to which elderly beneficiaries are able to satisfy their fundamental requirements for dignified living through available resources, including SCT benefits (Stewart, 1985; Streeten, 1981).

Vulnerability: The condition of being exposed to risks, whether economic, social, or environmental, while lacking the means to absorb or recover from them when they hit. It is not simply about being poor; it is about having little room to manoeuvre when circumstances worsen, whether that means a sudden price increase, an illness, or the loss of a family member who provided support (Chambers, 1989; Holzmann and Jorgensen, 2000).

Compound: An informal, high-density residential area characterized by unplanned settlements, typically inhabited by low-income populations in urban Zambia (Phiri, 2008; Kanenga, 2013).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This literature review synthesises empirical studies on Social Cash Transfer (SCT) programmes, with a primary focus on Sub-Saharan Africa, especially Zambia and Malawi, while drawing comparative insights from countries such as Iran and the United States. It looks at how SCTs and related forms of social assistance are designed, put into practice, and actually experienced by the people they are meant to serve. The evidence across these studies points to positive effects on poverty reduction, food security, education, access to health services, and psychosocial wellbeing, though the picture is not uniformly encouraging. Mixed-methods and theory-driven evaluations are the most common approaches in this body of work. What also comes through clearly, however, is that familiar problems persist: transfer amounts that fall short of what households need, delays in getting payments out, and inefficiencies in identifying who should receive them in the first place. Research from outside Africa adds a useful layer to this, offering perspectives on elderly care and psychosocial needs that help broaden our understanding of how SCTs relate to the fulfilment of basic human needs across quite different socioeconomic settings.

2.2 Empirical Review

Empirical studies in Sub-Saharan Africa have investigated the impact of Social Cash Transfer programmes on various aspects of social welfare, basic needs fulfilment, and broader socioeconomic development. The following review is organised according to the specific objectives of this study to establish the empirical foundation upon which the present research is built.

2.2.1 Correlation between Programme Awareness and Basic Needs Satisfaction among Elderly Beneficiaries

The relationship between beneficiary knowledge of social cash transfer programmes and the achievement of the basic needs is a subject of growing scholarly interest in Sub-Saharan Africa and the rest of the developing world, albeit unevenly. The cumulative evidence to date

is pointing in a similar direction: the extent to which beneficiaries are knowledgeable about programme objectives, their rights, the operation of eligibility, and where to address complaints, all seem to influence whether transfers actually lead to any significant welfare benefits. However, when it comes to older groups of people in particular, the situation is much less advanced. This is quite a gap, as the elderly have different informational barriers, lower literacy, less mobility and less access to the types of formal channels of communication that programme information usually travels through.

In his study, Finch (2013) conducted a study in Chipata and Ng'ombe compounds within Lusaka Urban District, and examined the community knowledge, attitudes and practises towards the aged and the circumstances that lead to elder abuse. The study conducted a mixed design which included questionnaires and semi-structured interviews with 100 respondents and revealed a range of knowledge regarding the process of ageing. Misconceptions that were on the border of harmful were held by some of the members of the community, such as equating memory loss with witchcraft. The attitudes were between the sincere respect and negative stereotyping and blatant ageist behaviour. The same was the case with family practises: some families were supportive enough and others either ignored or mistreated their elderly members especially in situations where the economic burden of taking care of them was high. The most interesting discovery was that abusive factors were being fueled by high poverty, ineffective community and family support, ingrained cultural beliefs, and negative attitudes towards the elderly. Finch emphasised that there was a necessity to change these attitudes through educational programmes. At this point, the study did not examine SCT awareness, but the logic behind it also works in this case. In case informational gaps and misunderstanding in society can determine the overall situation with the elderly, it would be logical to assume that the same processes would occur with programme awareness: in case beneficiaries are not aware of their rights and the scope of the programme, their capacity to maximise the available benefits is likely to be diminished. This research was carried out in Ng'ombe Compound which makes it particularly relevant since it records the very informational and attitudinal environment that elderly SCT recipients in this community have to in their daily interactions.

Arruda and Dubois (2018) followed the history of the SCT Programme in Zambia since 2003, including modifications of design, targeting mechanisms, benefit schemes, governance, and

impact analyses. Their method was based on a review of the literature, evaluation data analysis and targeting assessments, comparison in phases and qualitative information provided by stakeholders. They discovered that initial targeting depended on community-based selection, however, later rounds were improved using a Proxy Means Test and data collection by enumerators. The effect of impact evaluations was positive: improved food access and dietary quality, increased school enrolment, improved living conditions and asset ownership, and improved health outcomes. However, there was also a disturbing discovery: the results of the first pilot phase which took place between 2003 and 2010 did not have much bearing on the future design and execution of the programme. The fact that there was a disconnect between what was known and what was acted upon implies that the issue of awareness is not a problem at an individual level only. The informational environment around beneficiaries is weak when programme administrators themselves do not feed the evaluation results back into operations, and the individual gaps in understanding are only increased.

The University of North Carolina, Centre of Social Research, and the UNICEF Office of Research (2015) assessed the Malawi Social Cash Transfer Programme and its effectiveness on the households of older people using the mixed-method design that incorporated a cluster-randomised longitudinal study with focus group discussions and in-depth interviews. The findings were generally positive: the SCTP enhanced the consumption of households, food security, and ownership of assets among households led by older people, increasing the living standards and subjective wellbeing. There was also the improvement of health status and healthcare access, as well as the programme allowed older recipients to offer improved care to children in their homes, which further increased education outcomes. Nevertheless, the research had some significant caveats. Delays in payment and insufficiency of transfer values subverted the financial planning capabilities and social savings groups of beneficiaries, a lesson that despite the awareness and participation, structural delivery issues can destroy the benefits that informed participation could otherwise deliver. The assessment proceeded to propose a universal old-age pension in Malawi, implicitly opposing sustained and informed participation to improved outcomes of older people.

Leaving Africa, Sharifi, Adib-Hajbaghery, and Asgari (2019) investigated the basic needs satisfaction of elderly individuals in the Alborz province, Iran, with the help of the descriptive design based on the Modelling and Role-Modelling Theory. They used a census

method to survey 64 elderly subjects and gathered information about demographics, basic need satisfaction on physiological, security, and affiliation scales, and functional capacity using the Modified Barthel Scale. The level of satisfaction was quite satisfactory in general with the highest scores in the physical needs and the lowest scores in the support needs. The majority of the participants were low or completely independent in everyday life. The fact that the study supports the notion that individuals can adapt to stress, feel appreciated, and use their resources better in case the basic needs are met is what makes the study of particular interest to the current research. This can be applied to SCTs, indicating that the awareness and knowledge of the support available can act as enabling factors, decreasing uncertainty and empowering the elderly to make superior choices concerning how to utilise what they get.

Leisering, Buhr, and Traiser-Diop (2019) adopted a wider perspective when conducting a sociological examination of the global increase in social cash transfers in the Global South by posing the question of whether these programmes are actually delivering basic social citizenship and what processes have led to their proliferation. Their approach was bold: quantitative and qualitative data on 148 countries and 234 international organisation documents, which were supplemented with interviews of experts and participant observation. The researchers discovered that poor entitlements had grown significantly since the early 2000s and had made millions of people formal rights-holders. However, the revolution, such as it was, had obvious boundaries: unequal political motivation, unequal legal support, and the level of benefits, which in many cases were insufficient. The international organisations had played a pivotal role in the dissemination of SCT models using global discourses on poverty and the human rights but the national regimes rarely attained complete universalism and ensured minimum security. The programme terrain was heterogeneous, tending to be categorical, and with which groups were covered widely differing in accordance with local ideas of who requires assistance. The implication on the present study is also quite obvious: the extent to which formal extension of entitlement is translated into real welfare gains depends crucially on the quality of the relationship between a programme and its beneficiaries, which in turn is determined by awareness, communication infrastructure, and institutional transparency. Combined, these studies provide a good argument in exploring how awareness and understanding are causal factors of basic needs satisfaction in the elderly SCT beneficiaries, and that is what this study aims to accomplish.

2.2.2 Payment Characteristics and the Extent of Basic Needs Fulfilment Among Elderly Recipients

The amount and frequency of beneficiaries in receipt, the predictability of the payment, these are the payment features that research has continually found to determine whether cash transfers actually fulfil the needs of people. The data on several settings is quite evident: although SCTs have a positive impact on short-term welfare, the sufficiency and timeliness of payments are the primary determinants of the impact they have. In the case of older beneficiaries, who generally rely on fixed and limited sources of income, a change in transfer value or frequency can be felt.

Tembo, Freeland, and others (2014) examined the welfare implications of social cash transfer in Chipata and Kazungula districts of Zambia based on cross-sectional information of three separate surveys conducted by CARE International in 2007. They contrasted beneficiaries and non-beneficiaries through odds-weighted regression and discovered that there were significant positive effects on per capita consumption expenditure in both districts with transfers explaining between 57 and 85 percent of what beneficiary households consumed. This was more felt in the rural area of Kazungula, probably due to the increased susceptibility of its people. However, here is where it becomes interesting, though the transfers had significant impacts on non-food consumption in both districts, only the impacts on food expenditure were statistically significant in Kazungula and among poorest households in Chipata. The implication of that discrepancy is the question of transfer adequacy. In households with a slightly greater household wealth, the transfer amount might not be large enough to be counted as a meaningful increase in access to food. In the case of the elderly beneficiaries residing in urban areas where the cost is higher, the implication is that the transfer amounts can be an even lesser portion of what is required to meet the minimum subsistence.

In the Transfer Project, Davis, Handa, Hypher, Rossi, Winters, and Yablonski (2016) have reviewed SCT programmes in a number of Sub-Saharan African countries by adopting an approach that integrated quantitative evaluation, qualitative fieldwork, general equilibrium modelling, and targeting, operations, and cost studies. The results painted a rather positive picture: recipient households decreased in poverty and food insecurity. Household income increased by 10 percent and food consumption expenditure by 17 percent in Ethiopia pilot of

Tigray. In Zambia, statistical significant changes in per capita expenditures and food security were generated through the Child Grant and Multiple Category Grant. Spillover effects were also calculated; a good example of this is the SCTP in Malawi, which would give a multiplier of 1.25, that is, the amount paid out would have a ripple effect in the local economy. Of interest however is that productive applications of transfers: the purchase of livestock, agricultural inputs and the initiation of small businesses were more widespread among working-age beneficiaries who had physical ability and access to markets to do economic activities. The elderly beneficiaries, who pay higher healthcare expenses, and have less economic agency are less likely to be able to cross the threshold where transfers can be directed to productive investment. The adequacy of payment, that is, seems to be age differentiated.

The SCT programme in Zambia, audited by ZIPAR (2020) (2014-2017) provided some of the most incriminating evidence on payment characteristics. The average delay in disbursement was 88 days in 2016, with the target of the corresponding programme being one week. Even when the prices had increased, the transfer amount of K70 was not touched in four years. The 42 percent of total programme expenditure on administrative costs was almost three times the 15 percent standard and represented a diversion of resources to direct transfers. By 2017, the programme was reaching 574,663 households in 80 districts, yet more than half of the extreme poor in Zambia remained out of reach, and errors in data entry and payment of ineligible beneficiaries cast doubt on the accuracy of targeting. The general finding of the audit was chilling: as much as the programme was yielding certain quantifiable returns in terms of asset ownership, food security and living conditions, these returns were being sorely compromised by payment anomalies and gradual erosion of transfer values by inflation.

The study by Soko (2022) focused on the effect of the SCT on poverty alleviation in Chisamba district, Zambia, in a non-experimental design involving 50 beneficiaries of the household, key informant interviews, and secondary data. The image that was formed was not direct. The expansion of the programme was said to be still increasing poverty in the region. The lack of transfers, logistical issues in the delivery, the necessity of more specific reforms all were recurring problems. What Soko finally came to realise is that increasing the beneficiaries, without at the same time determining whether the payments are sufficient and secure, is insufficient in the attainment of significant poverty alleviation.

Mulenga (2024) compiled the results of various studies, reports, and audits in a policy-level analysis of the SCT in Zambia. The track record of the programme, which Mulenga found, was patchy: encouraging results had been achieved in early pilot impacts in the Monze district, but since 2017 some conflicting results started to emerge, including implementation problems in such areas as Lufwanyama, which were associated with low school attendance, child neglect, and hunger. Delays in payment of up to 332 days were registered and the amount to be transferred had undergone very slight changes in some 20 years. There was high cost of administration, withdrawal of donors due to corruption and the sustainability was a major concern as there was too much dependence on outside funding. Mulenga argued that compared to similar programmes in Kenya and Namibia, Zambia's SCT underperformed, with national poverty remaining at around 60.5 percent since the programme began.

In their study, Storchi, Pozarny, and Hagen-Zanker (2025) employed a qualitative methodology, where they employed the Qualitative Impact Protocol and a blindfolding technique to examine 96 SCT recipients in Lusaka, Kitwe, Solwezi, and Rufunsa and gather narrative accounts of changes experienced over the 2-year period between 2022 and 2023. The recipients claimed that there were improved food consumption, income, child health, education, and household assets. Cash transfers helped individuals afford basic needs and access health services and the programme was said to have alleviated disability stigma and enhanced family relations. However, there was a theme that was becoming familiar; the transfers failed to be sufficient to counteract the impact of increasing prices and costs of food, particularly in cities where all things are only more expensive. The message is the same in all these studies. The nature of payment, especially the ability to maintain the amount of the transfer in accordance with the cost of living and the timeliness of payment are the main factors of the level to which SCTs meet the basic needs. And in the case of the urban elderly population being studied in this paper, the clues show that the existing payment system in Zambia is not satisfactory.

2.2.3 Correlation between Fund Utilisation Patterns and Basic Needs Satisfaction among Elderly Beneficiaries

Whether or not beneficiaries actually spend their SCT funds in the ways they do, and whether those spending patterns are associated with better basic needs satisfaction is one of the dimensions of programme effectiveness which have been less explored, and are arguably the

most important. What the evidence does indicate is that there is no such thing as a mere personal preference of utilisation patterns. They are influenced by the household structure, local market conditions, sufficiency of the transfer in itself, and the psychosocial situations of beneficiaries. In the case of aged beneficiaries, the strains are different. Older people have few choices other than food, medication and healthcare which are immediate and non-negotiable expenditures, unlike working-age recipients who may have some of their transfer to invest in a small business or agricultural investment.

Putri and Lestari (2018) examined the available literature on the capability of the elderly populations in low- and middle-income countries to afford their fundamental needs to age well. They determined five core needs that are financial security, personal security and safety, mental health, available healthcare, and self-actualisation. In all the studies they investigated, none of these were being met to full extent. The elderly in such facilities is a disproportionate poor, incurs high health expenditures, and largely depend on out-of-pocket expenditures. They also become abused, about 11 percent in the middle-income countries and 5 percent in the low-income countries. Approximately 15 percent of the elderly have mental illnesses and especially dementia and depression, and living alone was found to be a predictor of anxiety and depression. These healthcare barriers included cost, transport, and poor skills of the providers. The discovery that caught this eye most in this study was that of self-actualisation: it has not been achieved by the elderly because their more essential needs were not being met first. The implication on the application of SCT is direct. When subsistence becomes so minimal that it is impossible to cover even the simplest subsistence, beneficiaries must make a decision between food and immediate survival, and healthcare, housing, social interaction, or anything that could be considered psychological wellbeing. The patterns of spending that do emerge are not actually decisions at all, but are structurally pre-determined by the difference between what people get and the variety of needs that they are attempting to meet.

The Basic Needs Satisfaction Survey was created and tested by Noble, McGrath, Wyatt, Carbines, Robb and others (2018) in the United States and was aimed at assessing the satisfaction of psychosocial needs comprehensively. Their approach was a pilot study and two large studies since self-report measures and statistical analysis are based on the theories of Maslow, Deci and Ryan, and Fiske. The instrument was highly valid and created a two-factor model: Effectance and Discouragement. The more interesting result was that

Discouragement proved to be the best predictor of physical health status, health behaviour and depression even with demographics. Psychosocial need satisfaction, that is, forecasted health outcomes by mechanisms that were not related to material provision. To older SCT recipients, this brings about an unpleasant prospect: when the patterns of utilisation are oriented towards all material needs, as far as the transfer can afford them, they may result in only partial welfare gains, and leave psychosocial needs social participation, autonomy, a sense of being valued, to remain totally unmet. And the unmet psychosocial needs can be of equal importance to health and wellbeing.

An evaluation of the SCTP Malawi by the UNC, CSR and UNICEF (2015) has revealed that the older people-headed households used their transfers to enhance consumption, food security and asset ownership besides investing in children under their care. This enhances education achievements and intergenerational support. It is significant to note that trend of intergenerational sharing. The elderly beneficiaries do not use the funds solely to purchase products and services on themselves; they redistribute it among the household members and this can imply that the direct positive impact of the basic needs satisfaction of the elderly can be diluted. There was also an improvement in health status and access to healthcare, which implies that at adequate amounts of transfer, older people are able to distribute resources across multiple domains of need simultaneously. However, the research also observed that delays in receiving payments and inadequate payments shifted the utilisation patterns to reactive and not strategic utilisation, between planned needs fulfilment and day-to-day crisis management.

The evidence that was the most locally specific was Impact One Initiative (2020), which reported the situation in Ng'ombe Compound itself. More than 65,000 residents dwell in modest cinder block houses most of which lack water and power. The poverty line has more than 54.5 percent of the population below the poverty line. HIV is very high, 36 percent of the residents are victims to water borne diseases caused by unclean water sources, and the rate of child stunting is high. The whole community has only two government schools. With the competing demands of water, sanitation, healthcare and education all demanding resources of the transfers that were never crafted with urban cost structures in mind, elderly SCT beneficiaries attempting to spend their funds in this environment are faced with competing demands. Lack of piped water and high rates of water borne diseases impose

health spending burdens that devours finances that would otherwise be used to buy food or shelter.

Okular-Analytics (2017), which also conducts research on needs analysis frameworks in cases of emergencies, provided the perspective that will be applicable in this case although the focus of using SCT was not their primary concern. Their Basic Needs Analysis framework underlines the fact that basic needs are not independent, they are interdependent, and their inadequacy in one aspect creates a snowball demand on household resources. The systemic perspective can be applied in considering the allocation of SCT funds. The decisions made in spending are not made in a vacuum, but rather constrained optimisation in a web of inter-related and competing needs where correction of one issue can cause others to be aggravated in a situation of scarce resources.

Davis et al. (2016) demonstrated that in Zambia, a portion of Child Grant beneficiaries spent on livestock and farm inputs and non-farm businesses, productive expenditures that yielded additional returns. Production of crops increased and small enterprises were developed. However, these productive trends were mostly concentrated among the working age beneficiaries who had access to market and physical power to risk their economic activities. It is an open question whether the elderly recipients who are experiencing decreasing physical capacity, increased immediate consumption needs, and reduced financial agency can make use of money in equally productive manners. It appears more probable that most of them are relegated to consumption based expenditure that is needed in order to survive, but that is unlikely to generate the sort of compounding effect that productive investment can bring. Collectively, these studies create an image of fund usage among SCT beneficiaries that is complicated, situational, and determined by age, family structure, and local circumstances. This is the empirical basis, which the study is based on as it looks at the relationship between utilisation patterns and the satisfaction of basic needs among the elderly in Ng'ombe Compound.

2.3 Theoretical Framework

This study is based on two complementary theoretical approaches, namely the Basic Needs Approach (BNA) and the Capability Approach. They were selected as they directly address the main issues of this study the satisfaction of the basic human needs and the circumstances

according to which interventions of social protection can actually widen welfare gains among vulnerable groups of the population. Both theories do not explain the whole picture but when combined it provides a framework that explains both material and agency-related aspect of what SCTs are attempting to accomplish in the elderly.

The Basic Needs Approach (BNA)

The Basic Needs Approach was developed in the 1970s as an uproar to the shortcomings of growth-centred development theories, it essentially took issue with the fact that economic development would automatically lead to better welfare of the poor (Seers, 1972). The methodology is based on a number of assumptions. First, it assumes that development must be quantified not in terms of aggregate economical factors like GDP, but the degree to which basic human needs; such as adequate food, clean water, shelter, healthcare, sanitation, and education are fulfilled among the people (Streeten, 1981). Second, it presupposes that the poor need specific, direct intervention to be able to satisfy their minimum needs, not trickle-down effects of the general economic growth (Stewart, 1985). Third, it acknowledges that basic needs satisfaction is a source and a goal of the development: by satisfying basic needs, people can engage in economic and social life, thus, increasing development.

The BNA assisted this research in comprehending the research issue in a number of particular ways. It offered the conceptual framework of the operationalisation of the dependent variables; food affordability, healthcare access, medication access, housing support, dignity and independence, food insecurity reduction, and burden reduction as quantifiable outcomes of the fulfilment of the basic needs among elderly SCT beneficiaries. The expectation that ran through this study was also influenced by the approach in the sense that: the way beneficiaries interact with the SCT programme, their awareness, the amounts they get, the ways they spend their money: would have some connexion with the basic needs outcomes. This is according to the logic behind the BNA, whereby the social protection mechanisms are seen as means of ensuring the minimum living standards to those who are most vulnerable (Stewart, 1985; ILO, 1976). The other factor that held significance was that the BNA insisted that informed access is equally important as the material provision itself (Streeten, 1981), a notion that was the main foundation of the current focus of this study with the aim of determining whether the awareness and the understanding of the SCT programme by beneficiaries have a connexion with the perceived improvements in their welfare.

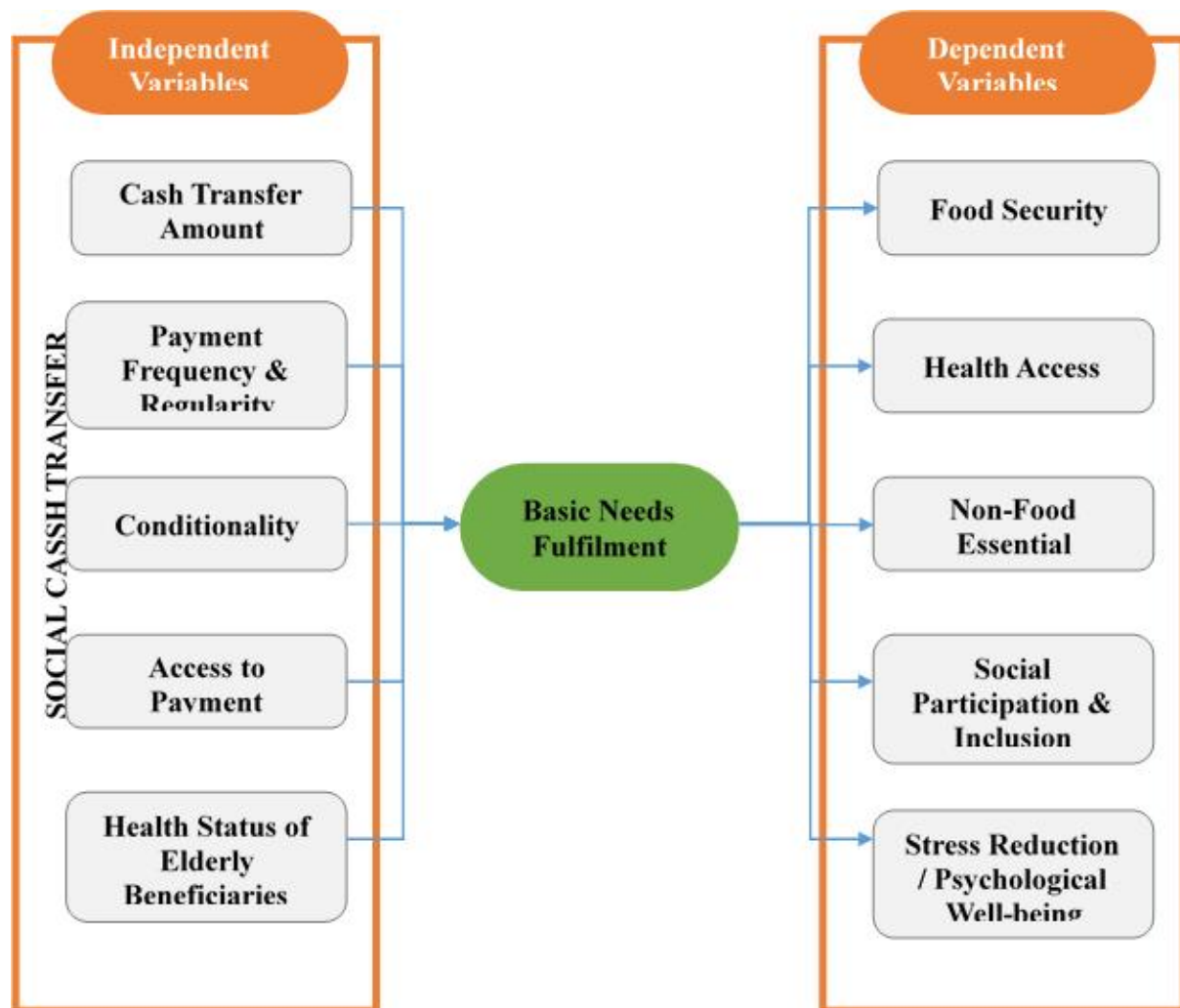
The Capability Approach

Where BNA is concerned with the question of whether persons material needs are being fulfilled, the Capability Approach in its fullest formulation as defined by Sen (1999) poses another question: what, in the situation people find themselves in, can they actually do and be? It does not focus much on whether a person has resources or not but whether these resources are real opportunities or not. The approach is run through with several underlying concepts. Development in this perspective is not to be seen as the economic growth or accumulation of goods, but as the increase in substantive freedoms, the true freedom people possess to live lives they have a reason to appreciate (Sen, 1999). It requires the provision of resources or income but not only that. The only thing that counts is whether individuals are able to take the things they get and convert them into results that can benefit them in life. Agency also takes a centre stage in the framework. Being able to make meaningful decisions in ones own life is not an optional contribution towards wellbeing, it is what wellbeing actually is.

This point of view was particularly helpful in the current study as it took the analysis to the next level by including the question whether SCTs have material benefits to offer. Rather, it focused on the relationship between various elements of programme participation, such as awareness and adequacy of payment, and the real ability of elderly beneficiaries to fulfil their needs to some degree of autonomy and integrity. Among the more visible results was the fact that more profound programme knowledge, rather than mere surface knowledge, was linked to improved results. The Capability Approach assists in making meaning of this: beneficiaries who understand what the programme can provide and what they will demand are in a better position to have agency in the exercise of using their transfers. The method was also useful in explaining the negative correlation between the programme length and the reduction of food insecurity. Instead of viewing this as merely baffling it can be interpreted as an indication that there are structural constraints, factors such as increasing prices and lack of economic choices that even long term beneficiaries can transform their continued involvement into. The BNA and the Capability Approach as a combination provided this study with a framework that was able to explain the material and agency associated aspects of the functioning, or lack thereof, of SCT programmes in the case of the elderly beneficiaries.

2.4 Conceptual Framework

The conceptual framework draws on both the Basic Needs Approach and Social Protection Theory to map out how SCT programme participation and basic needs fulfilment among elderly beneficiaries in Ng'ombe Compound might be connected. It lays out the key variables, the attributes attached to each, and the theoretical logic linking Social Cash Transfer programmes to outcomes in basic needs satisfaction.



2.4.1 Study Variables

Dependent Variables

The dependent variables in this study are the specific dimensions of basic needs fulfilment that SCTs are intended to influence. These include: Food Affordability (the ability to afford food through SCT support), Healthcare Access (the ability to access clinic services), Medication Access (the ability to purchase prescribed medication), Housing Support (whether SCT prevents eviction or improves shelter stability), Dignity Independence (the extent to which SCT enhances autonomy and self-respect), Food Insecurity Reduction (reduction in days without food), and Burden Reduction (reduction in reliance on others for basic survival). These variables are measured on a 5-point Likert scale, ranging from “Strongly Disagree” to “Strongly Agree,” and capture the subjective and practical outcomes attributed to SCT utilisation.

Independent Variables

The independent variables are focused on the beneficiaries' knowledge and interaction with the SCT programme. These include: SCT Info Source (initial source of information about the SCT), SCT Understanding (whether the respondent understands the purpose of the SCT), SCT Awareness Level (self-rated awareness of the programme), SCT Knows Complaints (awareness of the complaints and grievance mechanism), SCT Amount (the amount received by the beneficiary), and SCT Frequency (regularity of receiving payments). These variables matter because they get at the question of whether informational access, how well beneficiaries actually understand the programme, and how efficiently it operates on the ground shape the difference the SCT makes in people's lives.

The questionnaire also required the beneficiaries to rate the basic needs that they believed to be the most urgent among them including food, medical care, rent or shelter, transport, clothes, school fees, and social obligations. These rankings assisted in placing in context the way recipients themselves prioritise competing demands on scarce resources available to them. These priorities assist in putting the perceived value and usage of SCTs in recipients into perspective.

The theoretical framework has been examined and interactive developments of ideas on Social Cash Transfer programmes and basic needs fulfilment have been evolved and transformed into developing a conceptual framework. The literature review has examined the study of other scholars regarding SCT programmes and their effects on welfare with a

specific focus on the Basic Needs Approach as the main analysis tool. A number of researchers have strongly argued that enrolment in cash transfer programmes is positively related to improved household consumption, food security, as well as heightened asset ownership. With that said, there are also implementation issues that are still underway, which cannot be ignored. The most promising theoretical prism, through which to interpret the role of social cash transfers in meeting the underlying needs that geriatric individuals require to be able to feel dignified and be of use in society, appears to be the Basic Needs Approach that developed in the 1970s as development thought shifted off the models based solely on the economic growth, to incorporate a much broader concept of development (Seers, 1972; Streeten, 1981).

What is lacking in available literature, however, is a study that specifically looks at the correlation between SCT programmes and basic needs satisfaction in the elderly beneficiaries in urban informal settlements such as those in Zambia. This is an important gap as the issues of urban poverty are different than those of rural areas, and the elderly are more vulnerable in these locations.

It is based on the theoretical premises developed in the previous section, where this study is multidimensional about basic needs. It does not only look at the material needs (food, water, shelter, healthcare) but also the psychological aspects such as autonomy, competence and relatedness. Notably, the elderly in this context are perceived as active participants in their care and not passive recipients of assistance. The third chapter will provide the description of the way this research was conducted.

2.5 Gaps in Literature

As noted in the empirical literature used in this paper, a number of gaps have been identified, which require the current research. To begin with, although many studies have been done to investigate the effect of SCT programmes on the household welfare in Zambia and the sub-Saharan African region in general (Tembo and Freeland, 2014; Davis et al., 2016; Handa et al., 2018; Storchi et al., 2025), the studies have largely assumed that SCT beneficiaries are a homogeneous group. The particular correlational processes between programme participation variables and fulfilment of basic needs in the elderly beneficiaries have not been sufficiently disaggregated and analysed, although the elderly have a special vulnerability group with

specific challenges, such as, low income-generating potential, high healthcare demands, and low mobility.

Second, the literature has mostly concentrated on the rural setting or the samples that are representative of the nations and the experiences of the aged SCT beneficiaries in the urban informal settlements have not been given due attention. Urban settings like Ng'ombe Compound have their own unique challenges and issues, including increased monetised living expenses, inadequate infrastructures, and poor programme coverage, which can vary disproportionately in their relationships with basic needs outcomes (ZIPAR, 2020; Impact One Initiative, 2020; Kanenga, 2013). The lack of city-specific correlational data is another significant literature gap.

Third, although research like Soko (2022) and Mulenga (2024) have found that there are still persistent issues related to transfer adequacy and programme implementation, they have not been able to systematically address how particular dimensions of programme participation like beneficiary awareness, understanding, access to information, and pattern of fund utilisation are related to the realisation of specific basic needs indicators among the elderly. The current research paper was thus commissioned to fill these gaps by giving disaggregated, situation specific correlational data on the association between SCT participation and basic need fulfilment among older beneficiaries of Ng'ombe Compound, Lusaka.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter details the research methodology employed to conduct this investigation, covering the research design, target population, sample size, sampling methods; data collection instruments and procedures, and data analysis techniques. The methods were selected to address the research objectives systematically. What makes this study different from previous research is its emphasis on examining correlations rather than establishing causation.

3.2 Research Approach

This paper has explored the relationship between basic needs and participation in Social Cash Transfer (SCT) programme amongst the elderly beneficiaries in Ngombe Compound, Lusaka. The reason behind this was to determine how particular dimensions of programme participation (beneficiary awareness and understanding, payment characteristics and patterns of fund utilisation) are associated with measurable indicators of basic needs satisfaction. These indicators were food security, access to healthcare, housing support and perceived dignity among the elderly beneficiaries.

Since the nature of the research objectives is quantitative, a quantitative approach appeared to be the most suitable. All three specific objectives demanded the measurement and statistical analysis of the numerical variables to determine the patterns and correlations. Objective one investigated the relationship between awareness and basic needs satisfaction. The second objective studied the connexion between needs fulfilment and payment characteristics. Objective three covered the relationship between fund utilisation trends and levels of needs satisfaction. They required the use of systematic data gathering of standardised quantifiable data and a statistical method namely Pearson correlation coefficients to test the strength and direction of relationships among variables (Creswell, 2014).

Quantitative approach was appropriate in such a case since it was possible to measure both independent variables (SCT awareness, understanding, payment amount, programme duration) and dependent variables (food affordability, healthcare access, medication access, housing support, dignity, food insecurity reduction, and burden reduction) objectively and using

structured instruments with Likert scale items. This would be used to generate generalisable evidence-based results that would be used to make policy decisions regarding the effectiveness of the SCT programme in meeting the basic needs of the elderly (Creswell, 2014). The quantitative design also implies that the research can be repeated and the results compared to the similar works held in other sub-Saharan African countries.

3.3 Research Design

The research design implemented was the correlational research design which is suitable in exploring the statistical relationship between two or more variables without controlling or manipulating any of the variables (Creswell, 2014). This design was adopted since the goals were specifically to investigate the strength and direction of associations between the variables of SCT programme participation and basic needs fulfilment indicators among the elderly beneficiaries, and not to attempt to cause causal links by experimental manipulation.

This design allowed systematic evaluation of the relationship between changes in SCT awareness, understanding, the nature of payment, and programme duration and equivalent changes in the basic needs outcomes such as food security, access to healthcare, housing support, and reduction of the burden. The correlation coefficients calculated by Pearson were meant to measure these relationships, which must give empirical evidence on the dimensions of the programmes that seem to be most strongly related to better welfare outcomes of the elderly beneficiaries. This methodology corresponds to the methodological principles of quantitative research in the social sciences, which aims to determine the patterns of relationships in the observational data (Creswell, 2014).

There was also a descriptive aspect that would profile the demographic traits of the respondents that comprised of age, sex, marital status, disability status and living arrangements. This is to put the correlational results into context of the socioeconomic reality of the study population. The analysis of data was done through Statistical Package of Social Sciences (SPSS) at 95 percent confidence level so as to ascertain proper computation and interpretation of statistical correlations.

3.4 Research Site

The research was carried out in Ng'ombe Compound, a shanty town in the north-eastern outskirts of the capital city of Zambia, Lusaka, where the estimated population of residents is 98,450 (ZSA, 2022). The key characteristics of the compound include dense population, unplanned settlements, and serious lack of infrastructure. Approximately 38 percent of the population has no access to clean drinking water, 60 percent of households have the use of common unprotected pit latrines, and more than 54.5 percent of the residents live below the national poverty line (Kanenga, 2013; Impact One Initiative, 2020).

The Compound of Ng'ombe was specifically chosen as the area of study due to a number of reasons. To begin with, it has the necessary and accessible target population of about 1,247 aged SCT beneficiaries at 65 years or older (MCDSS, 2023). Second, the fact that it is an urban informal settlement (high living expenses, formal jobs, and access to social services) is likely to influence SCT-basic needs correlations in a manner that is materially different in the rural context of most of the current SCT research (Tembo and Freeland, 2014; Storchi et al., 2025). Third, its proximity to Roma, one of the wealthy neighbourhoods in Lusaka, brings out sharp socioeconomic disparities which highlight the deprivation among the old residents (Phiri, 2008). Lastly, the contextual background information on previous studies performed in the compound on the community level (Finch, 2013; Impact One Initiative, 2020; Kanenga, 2013) also enriches the findings interpretation.



FIGURE 1 AERIAL VIEW OF NG'OMBE

Source: Google Satellite Image (2025)

3.5 Target Population

The target population for this study comprised elderly individuals aged 65 and above residing in Ng'ombe Compound, Lusaka, who are beneficiaries of the Social Cash Transfer (SCT) program. According to the 2022 Population and Housing Census, Ng'ombe Compound has an estimated population of 98,450 residents, with approximately 5.2% (5,126 individuals) being elderly (ZSA, 2022). According to administrative records from the Ministry of Community Development and Social Services, about 1,247 elderly people in Ng'ombe Compound were registered as SCT beneficiaries by December 2022 (MCDSS, 2023). This group made sense as the focus of the study given their direct experience with the programme.

3.6 Sampling Design

The method used in the study was stratified random sampling, which is a probability method that is used to achieve representativeness, reduces sampling error, and promotes valid statistical inferences in quantitative correlational studies (Creswell, 2014). The age group (65 to 69, 70 to 74, 75 to 79, and 80+ years), gender (male and female), and disability status (with

and without disability) were used to stratify the population of 1, 247 elderly SCT beneficiaries. These attributes seemed to have a likelihood of affecting the relationship between SCT participation and fulfilment of basic needs.

In order to calculate the number of participants to sample in each stratum the proportionate allocation was applied by using the following formula: $\text{Stratum Sample Size} = (n/N) \times \text{Stratum Population Size}$. The participants were then chosen at simple random intervals within each stratum by using beneficiary lists acquired at the Department of social Welfare and community structures. This provided every qualified person with the equal opportunity of being chosen.

This sampling will enable the results to be generalised to the rest of the population of the elderly SCT beneficiaries in the Ng'ombe Compound with a fair degree of confidence.

3.7 Sample Size

The sample size was determined using Yamane's (1967) formula for calculating sample size for finite populations at a 95% confidence level and 5% margin of error:

$$n = N / [1 + N(e^2)]$$

Where: N = 1,247 (total population of elderly SCT beneficiaries); e = 0.05 (5% margin of error); n = required sample size.

Applying the formula: $n = 1,247 / [1 + 1,247(0.05^2)] = 1,247 / [1 + 3.12] = 1,247 / 4.12 = 302.7 \approx 303$.

The sample size was adjusted upward to 311 respondents to account for potential non-responses and to enhance the robustness of the statistical analysis, while maintaining a 95% confidence level and ensuring adequate representation of the target population.

3.8 DATA COLLECTION

The primary method of data collection was the use of a structured questionnaire. This was an appropriate option since questionnaires are well adapted to collect standardised and quantifiable data on large numbers of respondents, particularly in correlational research where you must measure the variables of respondents across the board (Creswell, 2014; Bryman, 2016).

The good thing about structured questionnaires is that they enable the collection of data in a systematic way which can be analysed statistically. They also enable one to repeat the findings and compare reactions of various groups (Bryman, 2016). Closed-ended and Likert scale items allowed coding responses and analysing them with SPSS easily, which was required in the correlational analysis.

The questionnaire took the information in four major sections that were related to the objectives of the study. Part A collected demographic data regarding the respondents. Section B was used to measure their awareness and knowledge about the SCT programme. Section C examined payment features and the way the funds were utilised by the beneficiaries. Section D assessed fulfilment of basic needs on a number of indicators: food affordability, healthcare

access, medication access, housing support, personal dignity, food insecurity reduction and burden reduction. Perceptions and experiences in these dimensions were measured using Likert scale items (five-point, with a range of Strongly Disagree to Strongly Agree) and enabled standardised responses, which were favourable to statistical analysis.

3.9 Inclusion Criteria

Students were eligible to take part in the study provided they fulfilled the following criteria: (they were aged 65 years and above), living (residing) in Ng'ombe Compound, Lusaka, registered and active beneficiaries of the Social Cash Transfer programme (as per MCDSS records or community welfare registers) and able and willing to give informed consent to participate.

3.10 Exclusion Criteria

People were not included in the research if they were under 65 years old, not living in Ng'ombe Compound, not an enrolled beneficiary of the SCT programme, or had severe cognitive impairment or had acute illness (as identified at the time of contact), and had simply not chosen to take part.

3.11 Data Analysis

Analysis of the quantitative data gathered by the structured questionnaires was done using IBM SPSS statistics software at 95% confidence level with a margin of error of 0.05.

Descriptive statistics were used to start the analysis. Frequencies and percentages were calculated to describe the demographic characteristics of the respondents (Section A) and describe the distribution of the key variables, such as awareness and utilisation of the Social Cash Transfer programme (Sections B and C) and basic needs fulfilment (Section D). This assisted in bringing out some early trends and patterns in the data.

Pearson correlation coefficients were then used to determine the strength and direction of the relationship between awareness and knowledge of the SCT programme (Section B) and other variables of basic needs fulfilment (Section D) by using the correlational analysis. These indicators were food security, access to health, stability on housing and dignity.

The predictive relationship between basic needs fulfilment outcome, SCT awareness, and utilisation variables were also investigated using inferential statistics. The factors of age and gender that are related to demographic factors were considered in this analysis. The method is congruent with quantitative research which aims to comprehend the manner in which particular independent variables can potentially affect outcome measures (Creswell, 2014).

3.12 Ethical Considerations

Throughout the study, strict ethical considerations were observed to ensure the protection and well-being of all participants. Ethical clearance was obtained from The University of Lusaka prior to commencing data collection. I obtained informed consent from all participants before collecting any data. This meant making sure respondents understood what the research was about, what would be involved, and that their participation was entirely voluntary. They were also told they could withdraw at any point without facing any consequences.

Since I was working with elderly individuals, I took extra care to ensure they fully grasped what they were consenting to. This occasionally required explaining things more than once or answering additional questions to confirm understanding.

Confidentiality and anonymity of all respondents' data were rigorously maintained throughout the study. All sensitive information obtained from respondents was kept securely, accessed only by the research team, and used solely for academic research purposes. No identifying personal information will be included in any reports or publications. Given the involvement of elderly individuals, who may be considered a vulnerable population, additional safeguards were implemented to protect their rights, dignity, and well-being, acknowledging their particular vulnerabilities. The researcher-maintained neutrality, refraining from imposing personal values or views on respondents to obtain unbiased and authentic information.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings from the primary data collection conducted among elderly Social Cash Transfer (SCT) beneficiaries in Ng'ombe Compound, Lusaka. The chapter starts with an overview of response rates and data quality, then moves into a detailed look at who the respondents are. This demographic context matters because it helps make sense of the findings about SCT participation and basic needs fulfilment among elderly beneficiaries.

Getting a clear picture of these baseline characteristics appears useful for two reasons. First, it gives us a sense of the socio-economic context in which the SCT programme actually operates. Second, it may reveal patterns that could inform both how we interpret the programme's impacts and how future interventions might be better targeted.

4.2 Response/ Questionnaire Completion

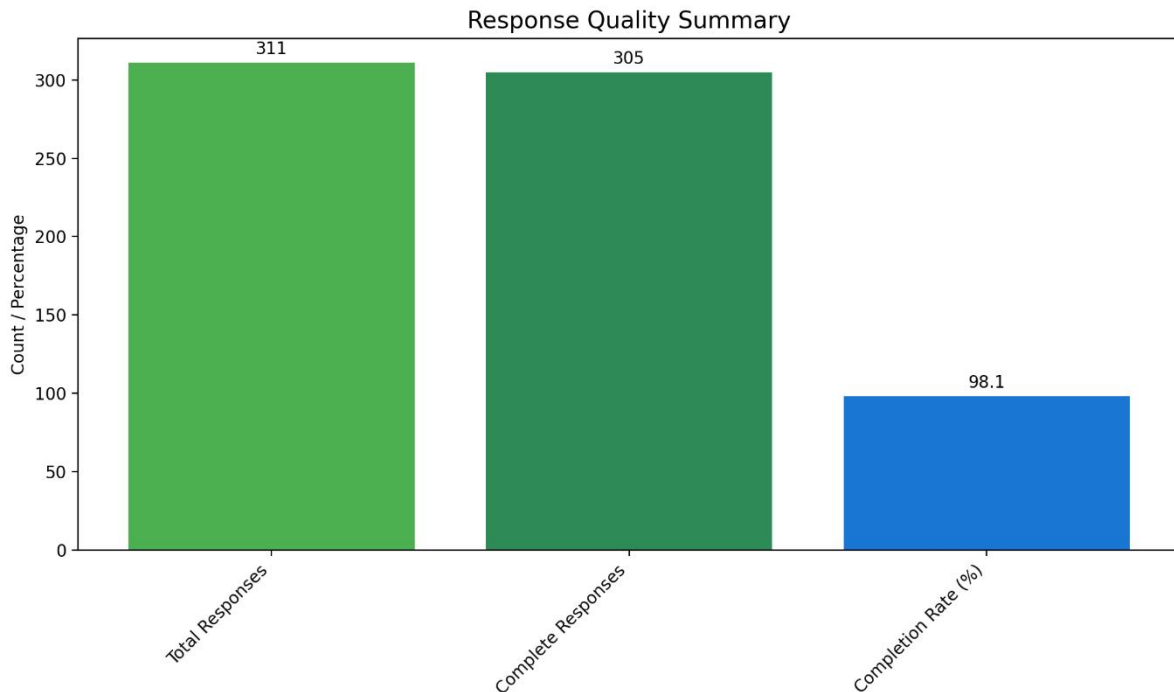


FIGURE 2 RESPONSE RATE SUMMARY

The study involved 311 respondents and achieved a completion rate of 98.07%. Only 6 participants submitted partial responses, demonstrating high data quality, as nearly all data points were accounted for. The completed questionnaires are 305.

4.3 Demographic Characteristics of The Respondents

4.3.1 Gender of Respondents

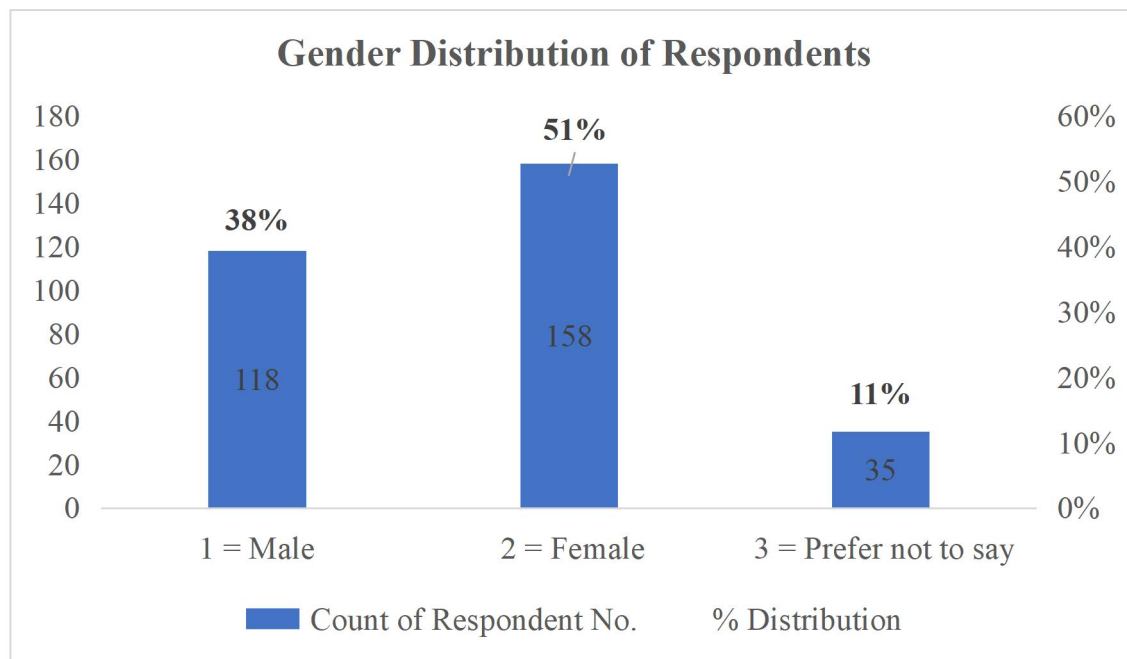


FIGURE 3 GENDER OF RESPONDENTS

Source: Field Data (2025)

As Figure 3 shows, females made up 51% of respondents, suggesting women are slightly more represented among elderly SCT beneficiaries in Ng'ombe Compound. Males accounted for 38% of the sample, and 11% of respondents didn't disclose their gender.

The 11% non-disclosure rate probably reflects some practical realities of fieldwork with elderly populations. Some respondents had cognitive or health issues that made it hard to answer certain questions. In other instances, caregivers helping them weren't sure whether they should record personal details like gender.

This kind of non-response rate seems fairly typical for social research with older adults (Prince et al., 2013) and shouldn't undermine the validity of the analysis. The key pattern is clear enough: women appear to be the majority (51%) among SCT beneficiaries in this sample.

4.3.2 Age of Respondents

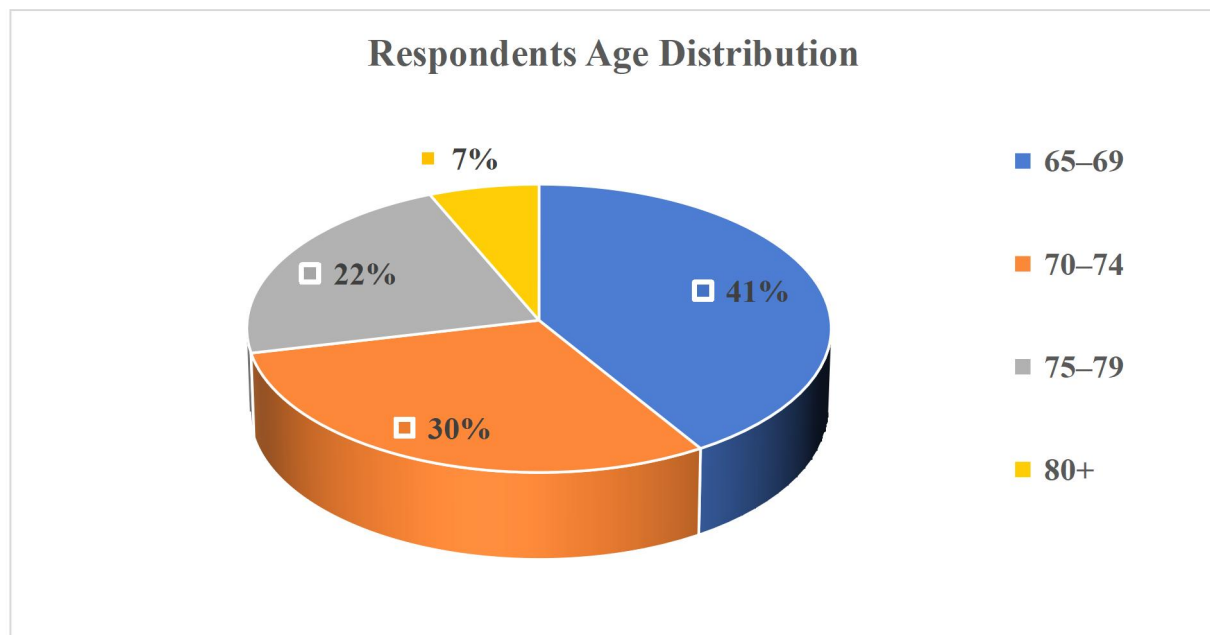


FIGURE 4 RESPONDENTS AGE DISTRIBUTION

Source: Field Data (2025)

Figure 4 above shows that the largest proportion of respondents fell within the 65-69 age group, representing 41% of the sample. This was followed by those aged 70-74 at 30%, and 75-79 at 22%. Respondents aged 80 and above comprised the smallest share at 6%, indicating a declining representation in the older age bands.

4.3.3 Marital Status of Respondents.

Marital Status	Count of Respondent No.	% Distribution
Single	55	18%
Married	37	12%
Widowed	177	57%
Divorced/Separated	42	14%
Grand Total	311	

TABLE 1: MARITAL STATUS OF RESPONDENTS

Source: Author (2025)

Table 1 above illustrates the marital status distribution of respondents. The majority of participants were widowed (57%), which makes sense given the age of the study population. About 18% were single, and 14% were divorced or separated. This spread reflects different life experiences and varying levels of social support.

Only 12% were currently married. This suggests many elderly people in the study are probably going through their later years without a spouse, which may affect both how vulnerable they are and how much they depend on the SCT programme.

4.3.4 Disability Status of Respondents.

Physical Disability Status	Physical Disability Status	% Distribution
No	262	84%
Yes	36	12%
I would rather not say	13	4%
Grand Total	311	

TABLE 2 DISABILITY STATUS OF RESPONDENTS

Source: Field Data (2025)

As shown in the above Table 2, the vast majority (84%) reported no physical disability, while 12% indicated they live with a physical disability. Another 4% chose not to share their disability status. While respondents with disabilities represent a fairly small portion of the sample, this group likely faces particular challenges and may need social protection programs like SCTs more than others.

The fact that 4% declined to answer this question is telling. It could point to stigma or discomfort around disability. This suggests we might need more careful approaches when gathering information from elderly people and when actually providing services to them.

4.3.5 Living Arrangements of Respondents

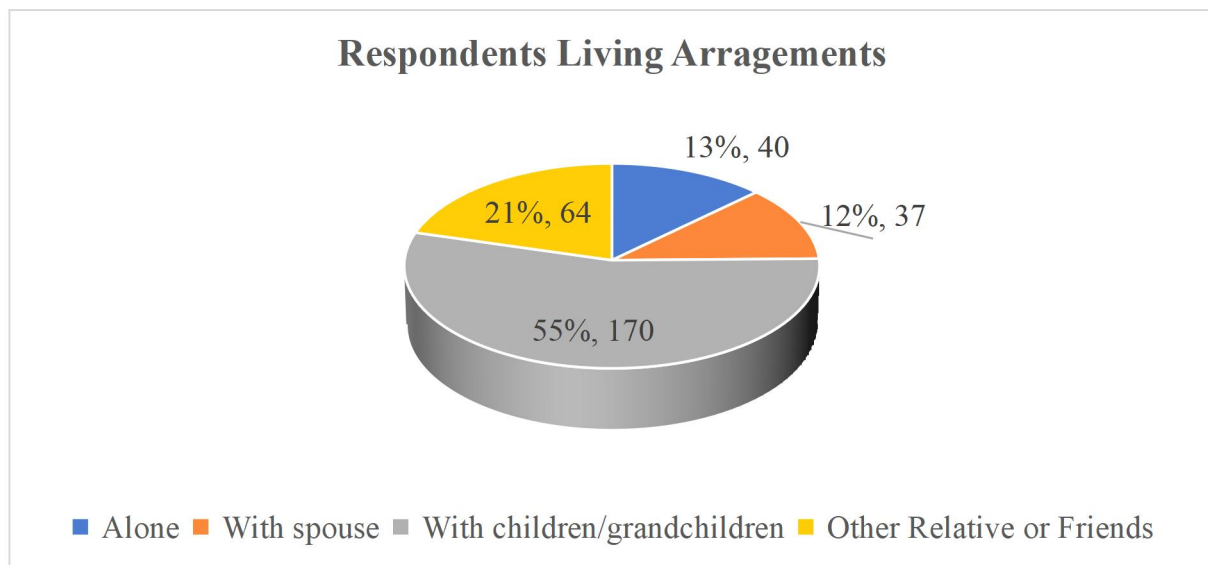


FIGURE 5 RESPONDENTS LIVING ARRANGEMENTS

Source: Field Data (2025)

As indicated in Figure 4 above, the largest proportion of participants is 170 (55%) and reported residing with their children or grandchildren. This was followed by 64 individuals (21%) who live with other relatives or friends. A smaller group reported living alone (n = 40; 13%), and only 37 respondents (12%) said they live with a spouse.

The demographic profile gives some helpful context for understanding how the SCT programme is being implemented. The response rate was quite good at 98.07%, so the data should be reasonably reliable. Most beneficiaries are female (51%) and widowed (57%), with the majority in the 65 to 69 age range. This pattern seems consistent with what we typically see among elderly populations in urban informal settlements.

About 55% live with children or grandchildren, suggesting there's at least some intergenerational support in place. That said, 13% live alone, which means social support varies quite a bit across the sample. Understanding these living arrangements matters because it shapes how beneficiaries likely experience and use the cash transfers. The money probably doesn't just help individual recipients. It may well benefit entire family networks.

This also points to some complicated questions about dependency and resource sharing within households. How do families decide who gets what? Who controls the money? These dynamics seem important to keep in mind when assessing how effective the programme actually is.

4.4 Correlation Analysis

The analysis follows the structure of the research objectives to ensure clarity and coherence. Statistical methods such as Pearson’s correlation have been used to explore the correlations between SCT programme variables and basic needs satisfaction among the elderly.

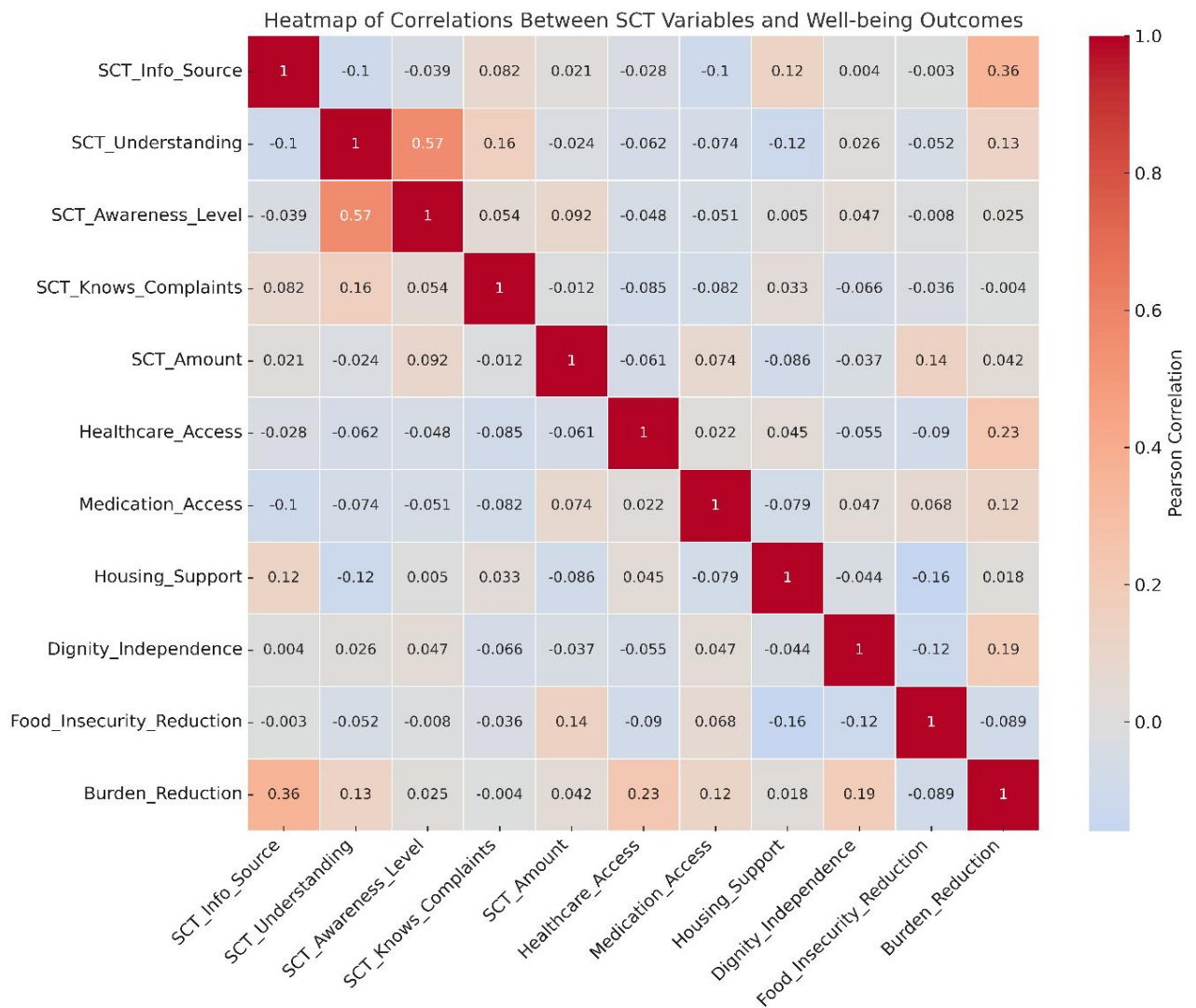


TABLE 3 HEAT MAP VISUALIZATION OF THE PEARSON CORRELATION MATRIX BETWEEN SOCIAL CASH TRANSFER (SCT) VARIABLES AND KEY BASIC NEEDS APPROACH (BNA) INDICATORS

Table 3 above allows you to easily identify:

Strong positive correlations (e.g., SCT Info Source ↔ Burden Reduction in dark red/numerical value of 1). **Moderate/weak correlations** (faded tones). **Negative correlations**

(blues, e.g., SCT Duration ↔ Food Insecurity Reduction). These correlations are explained more precisely in the following sections.

4.4.1 Correlation between SCT Awareness and Understanding and Basic Needs Fulfilment

This section addresses Specific Objective (i): *To assess the correlation between elderly beneficiaries' awareness and understanding of the SCT programme and their basic needs satisfaction levels in Ng'ombe Compound.* The independent variables include:

The table below presents Pearson's correlation coefficients between SCT awareness/understanding variables and basic needs indicators:

Independent Variable	Healthcare Access	Medication Access	Housing Support	Dignity/Independence	Food Insecurity Reduction	Burden Reduction
SCT Info Source	-0.028	-0.102	0.12	0.004	-0.003	0.357
SCT Understanding	-0.062	-0.074	-0.119	0.026	-0.052	0.130
SCT Awareness Level	-0.048	-0.051	0.005	0.047	-0.008	0.025
SCT Knows Complaints	-0.085	-0.082	0.033	-0.066	-0.036	-0.004

TABLE 4 CORRELATION BETWEEN SCT AWARENESS/UNDERSTANDING VARIABLES AND BASIC NEEDS INDICATORS

Source: Field Data (2025)

SCT Info Source had the strongest positive correlation with Burden Reduction ($r = .357$, $p < .01$), implying that having clear and reliable information sources leads to a perceived decrease in economic or caregiving burden.

SCT Understanding had a positive correlation with Burden Reduction ($r = .130, p < .05$) indicating that knowledge on how the programme works can be useful in empowering recipients.

There was a poor negative relationship between SCT Understanding and Housing Support ($r = -.119, p < .05$). This may mean that informed recipients have more realistic expectations of what the programme is capable of delivering.

It is revealed that the availability of credible information on SCT programme is closely linked with the decrease in economic and caregiving costs among the beneficiaries ($r = .357, p < .01$). This observation appears to be in line with the Basic Needs Approach that informed access is equally important as material provision as far as fulfilling basic needs with dignity is concerned (Streeten, 1981; Stewart, 1985). It also conforms to the evidence of the Transfer Project that discovered that vulnerable groups need to be aware of the programme in order to get benefits to the maximum and optimise their effects (Davis et al., 2016). Arruda and Dubois (2018) observed in Zambia in particular that the better the programme outcomes, the better the targeting and communication with the beneficiaries, which supports the importance of the accessibility of information that may seem.

The correlation between SCT understanding and burden reduction ($r = .130, p < .05$) appears to be positive and, therefore, is in line with the social protection theory view that the better the recipients understand the way programmes work, the better they are able to navigate and take advantage of cash transfers (Holzmann and Jorgensen, 2000; Barrientos, 2011). The University of North Carolina et al. (2015) also discovered something similar in an evaluation of the Social Cash Transfer Programme in Malawi. Participants who were aware of programme entitlement had increased subjective well-being and put the transfers into more productive use, which is consistent with the current results.

The low negative correlation between understanding and housing support ($r = -.119, p < .05$) indicates the possibility that more informed beneficiaries have more realistic expectations regarding what the programme can and cannot achieve. This explanation is consistent with the fact that the Capability Approach acknowledges that the agency and informed decision making influence the way people receive social interventions (Sen, 1999). Putri and Lestari (2018) discovered a similarity among the elderly in the low and middle-income countries.

They frequently realise that capital-intensive needs, such as housing, cannot be met under the social assistance programmes, which means that the awareness can moderate expectations without the need to decrease the overall satisfaction with the programme.

Interestingly, there were no significant correlations between the level of general awareness and the knowledge of complaints mechanisms and the outcomes of basic needs. This implies that the superficiality of the programme without further insight into the processes and entitlements is likely to be insufficient to induce a significant change in welfare outcomes. This is reminiscent of the arguments of Leisering et al. (2019): that the success of social cash transfers does not primarily rely on whether it happens, but on the quality of interaction between the programme and the beneficiaries.

All these findings lead to the conclusion that there is a need to enhance beneficiary education and communication channels in SCT programmes. This is in line with the focus of the Basic Needs Approach towards material provision and informational access as part of the needs fulfilment (Stewart, 1985; Ryan and Deci, 2000).

On a broader level, these trends appear to be in line with change theories that highlight the fact that vulnerable groups cannot effectively gain the benefits of the programme and get maximum benefits without awareness of the programme (Browne, 2013; James, 2011). The poor negative relationship between the understanding and housing support can also be an indication of what researchers refer to as deservingness heuristics. More informed beneficiaries may come up with more critical judgments of what social assistance programmes are capable of providing (Hickey, 2014; van Oorschot, 2000). In the meantime, the fact that the general awareness and complaints knowledge did not exhibit any significant effects confirms that a shallow awareness of a programme without further understanding and information sources that can be trusted are probably not enough to enhance welfare outcomes (Laine et al., 2020).

4.4.2 Correlation between SCT Payment Characteristics and Basic Needs Fulfilment

This section corresponds to Specific Objective (ii): *To determine the correlation between SCT payment characteristics (amount received and payment frequency) and the extent of basic needs fulfilment among elderly recipients.*

Independent Variable	Healthcare Access	Medication Access	Housing Support	Dignity/Independence	Food Insecurity Reduction	Burden Reduction
SCT Amount	-0.061	0.074	-0.086	-0.037	0.140	0.042

TABLE 5 CORRELATION BETWEEN SCT PAYMENT CHARACTERISTICS AND BASIC NEEDS FULFILMENT

Source: Field Data (2025)

The result that transfer amounts have a statistically significant, albeit low, positive correlation with reduction in food insecurity ($r = .140, p < .05$) appears to be consistent with the main poverty alleviation goal of SCT programmes: the enhancement of material conditions such as access to food by direct income support (World Bank, 2021; Devereux, 2009). This finding seems to be in line with the findings of the Transfer Project in the assessments of various sub-Saharan African nations, which invariably revealed that cash transfers, even unconditional ones, contribute to the alleviation of extreme poverty and food insecurity among recipient households (Davis et al., 2016). Tembo and Freeland (2014) in Zambia particularly discovered that SCT had substantial positive impacts on per capita consumption expenditure, and the effects of food expenditure are more pronounced in the most vulnerable households.

With that said, the lack of significant correlations between the amount of transfers and other indicators of basic needs (access to healthcare, access to medications, housing support, and dignity) indicates that the current transfer values might be too low to affect more expensive or structurally embedded needs. This observation echoes ZIPAR (2020) audit that stated that the amount of SCT transfers had not increased in line with inflation. The amount of payments as outlined by Mulenga (2024) was said to be insufficient in relation to the increasing cost of living. Something similar was discovered by Soko (2022). Although the programmes had been extended in the Chisamba district, the poverty levels were increasing and he explained this by the inadequacy of transfer amounts compared to the real needs of the households.

Theoretically, the Capability Approach (Sen, 1999) warns that though it is necessary, financial aid is unlikely to be enough to raise all aspects of deprivation, especially when transfers are not equivalent to the size and dynamics of multi-need families. Stewart (1985) believed that the basic needs satisfaction should not only be limited to income but also availability of operating service systems such as healthcare, housing and education. These help people to transform income into significant welfare gains. The current results hence appear to advocate the argument of periodic, inflation-adjusted adjustments of transfer levels. They also propose the combination of SCTs and complementary social services in order to make sure that the payment features are converted into more comprehensive changes in the entire range of primary needs.

It has been demonstrated that even unconditional cash transfers can alleviate extreme poverty and food insecurity by providing direct income support (Fiszbein and Schady, 2009; Garcia and Moore, 2012). Nevertheless, the absence of strong correlations with the indicators other than food security can also be associated with the competing household needs that reduce the overall effects of payments (Thome et al., 2014b; Taylor and Filipinski, 2014). This indicates the significance of programme design factors other than cash provision in case SCTs will be able to meet the entire spectrum of the basic needs of the elderly beneficiaries in the urban informal settlements.

4.4.3 Correlation between SCT Fund Utilization and Basic Needs Fulfilment

This section will refer to Specific Objective (iii): To test the correlation between various utilisation patterns of SCT funds and the level of basic needs satisfaction. Although there were no direct variables on utilisation patterns, SCT Duration, Dignity Independence and Burden Reduction provide an indirect understanding of utilisation effectiveness.

Independent Variable	Healthcare Access	Medication Access	Housing Support	Dignity/ Independence	Food Insecurity Reduction	Burden Reduction
SCT Duration	-0.061	-0.022	0.021	-0.037	-0.114	0.135

Dignity	-0.055	0.047	-0.044	1	-0.122	0.186
Independence						

TABLE 6 CORRELATION BETWEEN SCT FUND UTILIZATION AND BASIC NEEDS FULFILMENT

Source: Field Data (2025)

SCT Duration had a weak positive correlation with Burden Reduction ($r = +.135, p < .05$), which means that participation over a long period of time has a small impact on hardship.

Nevertheless, SCT Duration was also weakly negatively correlated with Food Insecurity Reduction ($r = -.114, p < .05$), which could be due to diminishing returns or ongoing vulnerabilities.

There is a positive correlation between Dignity& Independence and Burden Reduction ($r = .186, p < .01$) and negative correlation between Dignity& Independence and Food Insecurity Reduction ($r = -.122, p < .05$), which indicates that emotional or psychological gains might not be consistent with material gains.

The small positive correlation between the length of the programme and the decrease in burden is in line with the existing literature that shows that the sustained SCT engagement results in psychosocial benefits such as increased dignity, social recognition, and empowerment (Leisering et al., 2015; Hunter and Brill, 2016), which is also highly consistent with the Self-Determination Theory of autonomy and relatedness being the key psychological needs leading to wellbeing (Ryan and Deci, 2000). Nevertheless, the negative dependence between duration and reduction of food insecurity at the same time indicates the presence of structural factors of poverty that are not overcome by transfers alone (Sen, 1999; Barrientos and Hulme, 2009), which show divergent directions between psychosocial and material wellbeing (Maslow, 1943; Stewart, 1985). Although longer participation seems to be more stabilising and less expensive, it does not lead to better food security in the long term, perhaps due to the fact that recipients become dependent on transfers to cover recurring costs without the ability to amass resources that could be used to sustain nutritional enhancement. This complexity is further demonstrated by the correlations between dignity and independence: those beneficiaries who report higher autonomy also report lower burdens, but

the negative relationship between dignity and food security indicates that recipients can trade-off fund allocation by spending on non-food to preserve social status or independence. These dynamics underscore the fact that SCT programmes need to be accompanied by specific nutrition and health provisions so that the psychosocial gains are not at the cost of basic material needs in line with the insistence of the Capability Approach that development involves the proliferation of real freedoms on a multi-dimensional basis at the same time (Sen, 1999).

CHAPTER FIVE:

CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter summarises the research results on the relationship between the participation in the Social Cash Transfer (SCT) and the satisfaction of basic needs among the elderly beneficiaries in the Ng'ombe Compound, Lusaka. The argument is pegged mostly on the Basic Needs Approach (BNA), which focuses on the provision of minimum standards of living and dignity as the basis of development and poverty reduction (Stewart, 1985; Streeten, 1981; ILO, 1976). The additional theoretical viewpoints like Self-Determination Theory and Capability Approach are used to contextualise the psychosocial and wider freedoms dimensions within which SCTs are applied (Ryan and Deci, 2000; Sen, 1999). Based on these theoretical frameworks of the social protection literature, the chapter has examined the effects that awareness, payment properties, and utilisation patterns have on the capacities of beneficiaries to meet material, psychosocial, and capability-based needs. The chapter ends with evidence-based and theoretical practical and policy recommendations as well as suggesting possible future research directions on how to make SCT interventions more effective and inclusive.

5.2 Conclusion

This paper investigated the relationship between Social Cash transfer participation and the basic needs fulfilment among the old beneficiaries of Ng'ombe Compound, Lusaka based on three objectives. The results of the empirical findings are outlined below.

In terms of the former aim, the research finds that the depth and reliability of programme knowledge as opposed to superficial awareness is the key factor in determining whether the SCT participation translates into better basic needs results in the elderly. Availability of credible and valid sources of SCT information showed a positive association with the reduction of burden ($r = .357, p < .01$) and the same was positively related to programme understanding ($r = .130, p < .05$). General awareness levels and knowledge of complaints mechanisms, on the contrary, did not have any significant relationships with basic needs indicators. The positive relationship between understanding and awareness ($r = .567, p < .01$) also reinforced the fact that these two dimensions work in concert whereby understanding of

programme scope and processes facilitated more beneficiaries to interact well with the transfer system. The negative correlation between understanding and housing support ($r = -.119$, $p < .05$) indicates that more informed beneficiaries form more realistic expectations of what the programme can provide and modify expectations of capital-intensive needs that are outside the scope of the SCT. These results support the suggestion of the Basic Needs Approach that informed access is equally essential as material provision in meeting basic needs with dignity.

Regarding the second aim, the paper finds out that the existing levels of SCT transfer have a small impact on food security, but not enough to affect the larger aspects of basic needs satisfaction among the urban elderly. The amount of transfer showed a low, but statistically significant, positive relationship with reduction of food insecurity ($r = .140$, $p < .05$), which supports the premise underlying the study that cash transfer is a direct way of alleviating nutritional deprivation. Nonetheless, there were no significant results between the transfer amount and access to healthcare, access to medications, housing assistance, or dignity and independence. The trend indicates that the existing payment values, when compared to the monetised and fluctuating cost system of urban informal settlements, are likely to be sufficient to meet only the most urgent consumption requirements. They do not appear to be able to deal with more expensive or structural dimensions of deprivation.

One of the weaknesses of this goal was the fact that it was not possible to study the frequency of payment because of the data limitations. This is a huge gap considering the extent to which the literature has focused on predictability and regularity of payments as the determinants of programme success and psychological security of beneficiaries.

On the third objective, the research indicates that the more time the programme is used, the more the psychosocial payoffs but not material gains. This displays what seem to be the divergent ways of psychological and material wellbeing. The duration of SCT was positively correlated with a decrease in the burden ($r = .135$, $p < .05$) and negatively correlated with the decrease in food insecurity ($r = -.114$, $p < .05$). This implies that although prolonged involvement may lead to predictability and social acceptance, it does not appear to address the structural weaknesses that have always existed among chronically poor elderly families.

The negative relationship between housing support and reduction of food insecurity ($r = -.159$, $p < .01$) also indicates the zero sum game that poor households have to make when they are distributing scarce resources to competing needs. The negative correlation between dignity and reduction of food insecurity ($r = -.122$, $p < .05$) shows that the recipients may be inclined to spend money on preserving independence or social status at the cost of food consumption. This is an example of the complicated trade-offs of the utilisation of funds in case of poor transfer values.

Finally, it seems that the Social Cash Transfer programme in Ng'ombe Compound has a significant potential to mitigate the psychosocial burden and slightly enhance food security in elderly recipients. Yet, its capacity to meet the entire range of the basic needs is inherently limited by the lack of the transfer values and structural weaknesses that cannot be solved by cash alone. The long-term development of the holistic welfare improvement may demand not only the inflation-adjusted reviews of transfer values and the increased rate of communication with the beneficiaries but also the combination of SCTs with other social services. This would assist in ensuring that dignity, agency and actual freedom is realised in a meaningful way to the most vulnerable citizens of Zambia.

5.3 Recommendations

Based on the empirical results of this study, the theoretical background of the vast body of literature, and the ethical compulsion to guarantee dignity and wellbeing to everyone, the following suggestions to policymakers, SCT programme managers, and other social actors are proposed:

5.3.1 Strengthen Information Dissemination and Awareness

The Ministry of Community Development and Social Services (MCDSS) in collaboration with the civil society organisations such as the HelpAge International Zambia and the JCTR are supposed to increase the SCT information campaigns which are administered by the help of the trusted local intermediaries. These are community leaders, Ward Development Committees and community health volunteers. Materials to be used in communication must be created in the local languages with pictorial materials and various media types depending on the literacy levels of the beneficiaries who are the elderly.

5.3.2 Enhance Beneficiary Understanding and Agency

The MCDSS, through the District Social Welfare Officers and community welfare committees, should organise systematic capacity-building trainings to inform the elderly beneficiaries about SCT entitlements, terms of the programme, and redress mechanisms. These efforts should be assisted by NGOs and faith-based organisations working in Ng'ombe Compound to provide accessible and confidential feedback mechanisms that enable the elderly to be actively involved in the governance of the programmes.

5.3.3 Increase Transfer Adequacy and Timeliness

The Ministry of Finance and National Planning and the MCDSS, Government of the Republic of Zambia should introduce annual or biannual reviews of the SCT transfer amounts based on the Consumer Price Index (CPI) and the JCTR Basic Needs and Nutrition Basket. This would assist in making sure that the values of payment are kept at par with inflation. The MCDSS must also make sure that it pays regularly every month with backup plans in case of payment interruptions.

5.4 Suggestions For Future Research

The current research was both enlightening and limited, which indicated a myriad of areas where further research can be carried out in the BNA framework:

5.4.1 Explore Payment Frequency and Predictability

A systematic study of the impact of payment regularity, intervals, and disruption on the ability of beneficiaries to continue to meet basic needs satisfaction and psychological stability should be conducted.

5.4.2 Evaluate Policy Synergies and Integration

Further research is needed to understand the relationship between SCTs and other social protection systems (health insurance, pensions, housing subsidies) and to determine the effect of SCTs on demographic subgroups using longitudinal studies.

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APPENDICES

Appendix A: Images

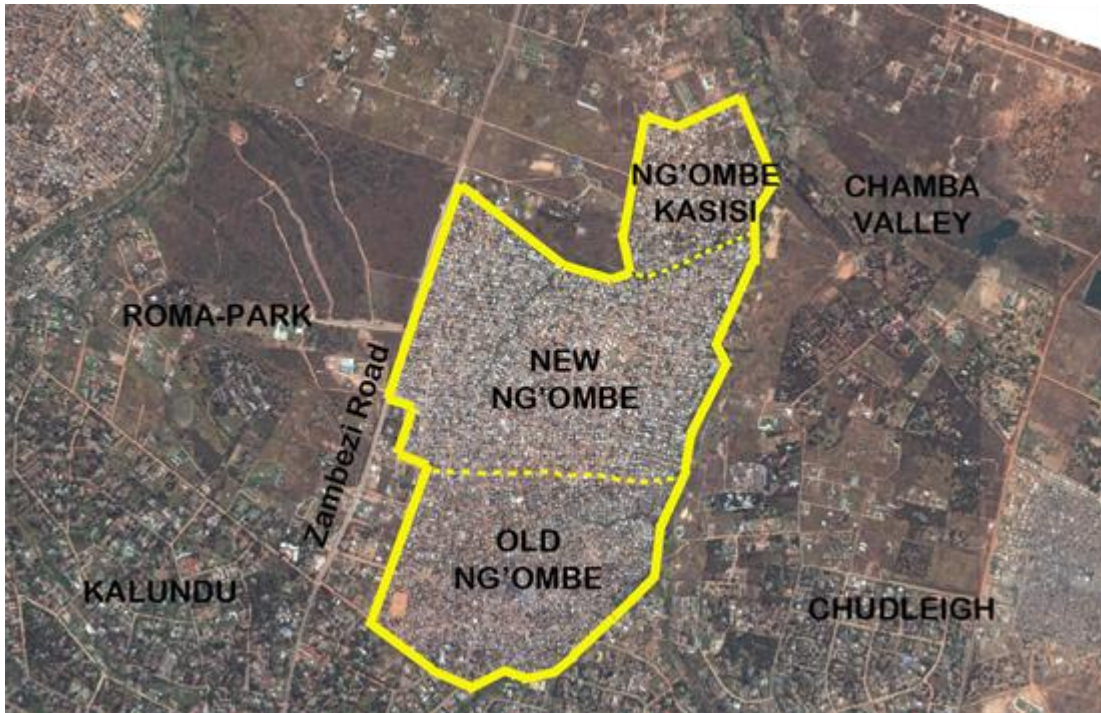


FIGURE 1 AERIAL VIEW OF NG'OMBE

Source: Google Satellite Image (2025)



FIGURE 6 NG'OMBE RESIDENTS AT A LOCAL WATER KIOSK

A common site, Figure 5 shows some adolescent children waiting in a queue to fetch some water for their homes, reflecting the water crisis that has been ongoing in Ng'ombe. Some of these children assist the elderly to fetch water as they are unable to do it themselves.

Source: Field Data (2025)

Appendix B: Questionnaire

QUESTIONNAIRE

Dear Respondent,

I am a student in the School of Humanities and Social Sciences at University of Lusaka, currently pursuing a Bachelor of Arts in Development Studies. As part of the requirements for the completion of my degree, I am conducting a research study titled:

“Correlation between Social Cash Transfer Participation and Basic Needs Fulfilment among the Elderly in Ng’ombe, Lusaka.”

I am kindly requesting your participation in this study. Through the completion of this questionnaire the information you provide will help generate valuable insights that can support programme improvements and policy decisions that benefit elderly citizens who rely on social protection initiatives.

Please note that all responses will be treated with strict confidentiality and will only be used for academic purposes. Your identity will remain anonymous and your honest feedback is greatly appreciated.

Thank you for your time and support in making this research a success.

Kind Regards,
Joshua Ngulube

The questionnaire is divided into three (3) sections. The first section collects general demographic information. The second section focuses on your awareness, understanding, and usage of the Social Cash Transfer programme. The final section asks you to reflect on how participation in the SCT programme has affected your ability to meet your basic needs.

SECTION A: DEMOGRAPHIC INFORMATION (BIO-DATA)

1. What is your gender?

Male Female Prefer not to say

2. Please check the box for the age group that you currently fall under:

65–69 years 70–74 year's 75–79 years 80+ years

3. What is your Marital Status?

Single Married Widowed Divorced/Separated

4. Do you have a physical disability?

No Yes I would rather not say

5. What is your Level of Education?

No formal education Primary Secondary Tertiary

6. Who do you live with (Living Arrangements?)

Alone with spouse with children/grandchildren

Other relative or friends

7. What is the duration that you have been a beneficiary of the Social Cash Transfer Programme?

Less than 1 year 1–3 years 4–6 years More than 6 years

SECTION B: AWARENESS AND UNDERSTANDING OF SCT

8. How did you first learn about the SCT programme?

- Government official Community volunteer Friends/family
- Radio/TV

9. Do you understand the purpose of the SCT programme?

- Yes No not sure

10. How would you rate your awareness of your eligibility and entitlements under SCT?

- Very high High Moderate Low Very low

11. Are you aware of any complaints mechanism or support structure related to SCT?

- Yes No not sure

SECTION C: SCT PAYMENT CHARACTERISTICS

12. On average, how much do you receive per SCT payment?

- ZMW 400 ZMW 800

13. How often do you receive the SCT payment?

- Monthly Every 2 months Irregularly Don't know

SECTION D: UTILIZATION PRIORITIES

14. Please rank your top uses of the SCT money in order of priority

(1 = Most Important, 2 = Very Important, 3 = Important, 4 = Less Important, 5 = Least Important)

Food _____

Healthcare/medication _____

Rent/housing improvements _____

Transport _____

Clothing _____

Funeral/social obligations _____

School fees for dependents _____

SECTION E: BASIC NEEDS FULFILLMENT

Instructions: Please indicate your level of agreement with each statement using the scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

15. The SCT money helps me afford enough food each month.

1 - 2 - 3 - 4 - 5

16. Because of SCT, I can afford to visit a health facility when I'm unwell.

1 - 2 - 3 - 4 - 5

17. SCT allows me to purchase essential medications.

1 - 2 - 3 - 4 - 5

18. The SCT programme has helped me avoid eviction or homelessness.

1 - 2 - 3 - 4 - 5

19. The SCT enables me to live with greater dignity and independence.

1 - 2 - 3 - 4 - 5

20. I have fewer days without food since joining the SCT programme.

1 - 2 - 3 - 4 - 5

21. I feel less burdened asking for help from others due to SCT support.

1 - 2 - 3 - 4 - 5

Thank you for your participation in this study.

Appendix C: Schedule Of Activities

Schedule Of Activities

ACTIVITIES	MONTHS
Submission of Proposed Research Topics	26 th February – 1 st March, 2024
Topic Screening	15 th March, 2024
Research Topic Feedback	29 th March, 2024
Submission of Proposal Document (Word) and PowerPoint Presentation to Coordinator	6 th May, 2024 (Moodle)
Defence of Research Proposal	15 th May, 2024
Supervisor Allocation	29 th July, 2024
Research Proposal Review and Amendment with Supervisor	29 th July – 26 th August, 2024
Data Collection	26 th February, 2025 – 30 th March, 2025
Data Analysis	1 st April, 2025 – 28 th May, 2025
Conclusions and Recommendations	(to be updated)
Submission of Complete Dissertation for Examination to the University	(to be updated)

Appendix D: Budget

Budget

NO	BUDGETED ITEMS	COST (K)
1	DATA COLLECTION AND DATA BUNDLES	600
2	PRINTING QUESTIONNAIRE PAPERS	1000
3	PENS AND A REAM OF PAPER	125
4	REPORT PRINTING	0
5	TRANSPORT AND FOOD	450
TOTAL		2175

Appendix E: Supervisory Meeting Form



UNIVERSITY
OF
LUSAKA


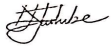
School of Technology and Social Sciences

E400 Supervisory Meeting Form

Student's Name.....JOSHUA NGULUBE.....

Supervisor.....MR. MUTONGA KALEYL.....

Date of meeting	Issues discussed and actions agreed	Supervisor's signature	Student's signature
19/09/2025	Research Proposal review. Suggested changes in chapter 1 to be made. Editing the format of the word document.		
31/09/2025	Suggested Changes for Chapter 1 Editing statement of the problem Revising research questions and Objectives Adjustments to be made to the conceptual framework Minor adjustments to be made to chapter 3		
31/10/2025	Editing the Literature Review Further expansion on Non- Empirical Literature and the Empirical Review Corrections to be made Proceed to prepare Data Collection Tools		
03/11/2025	Further guidance on Research methodology, Sampling procedure etc. Data Collection Tools approved. Proceed with Data Collection		

10/01/2026	Full draft of dissertation analysed and sent back with review comments. Minor corrections to be made (Formatting, Narrative Flow and theme). Proceed with minor corrections		
06/02/2026	Final Draft of Research Report completed	