

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



**PROJECT TITLE:**

**AN EXPLORATION ON THE EFFICACY OF DSD SERVICES ON POVERTY ALLEVIATION IN RURAL AREAS: A CASE STUDY OF RUSHINGA DISTRICT.**

**BY**

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**RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK**

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## APPROVAL FORM

To be completed by supervisor

I certify that I have supervised Patronella Kuvamudiki for the research entitled: **An exploration on the efficacy of DSD services on poverty alleviation in rural areas; A case study of Rushinga District.** I therefore, recommend that it proceeds to Department of Social Work for examination.

Name of Supervisor: Dr V.P. Mangwiro                      signature.....Date

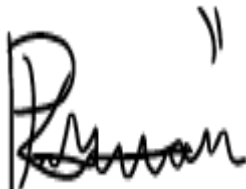
### **Chairperson of Department Board of Examiners**

The Department of Board of Examiners is satisfied that this dissertation report meets the examination requirement and I therefore recommend to the Bindura University to accept a research project by Patronella Kuvamudiki entitled: : **An exploration on the efficacy of DSD services on poverty alleviation in rural areas. A case study of Rushinga District:** in partial fulfilment of the requirement of the Bachelor of Science Honours Degree in Social Work.

Chairperson's name:.....Signature.....Date

## DECLARATION

I Patronella Kuvamudiki (B1852314) declare that this dissertation on the Topic: **An exploration on the efficacy of DSD services on poverty alleviation in rural areas. A case study of Rushinga District** is my own work and all that the sources used in this dissertation have been acknowledged by means of references. This work has not been done or submitted before for any other programs or at any other institutions.



SIGNATURE.....DATE.....

## **DEDICATION**

This piece of work is dedicated to my parents; Mr. and Mrs Kuvamudiki, for making my dream come true by sending me to school. These are the fruits of your unfailing love. It is also dedicated to the CAMFED Organization, which has provided me with unwavering support in establishing a solid educational and financial foundation. Without their assistance, I would not have had the chance to continue my education. The dedication is also extended to my six siblings; Trymore, Moresteady, Spellile, Viola, Ellen and Pretty Kuvamudiki. I have set the standard for you and I expect more from you.

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## **ACRONYMS**

<b>AGRITEX</b>	Agricultural, Technical and Extension Services
<b>AMTO</b>	Assisted Medical Treatment Order
<b>BEAM</b>	Basic Education Assistance Module
<b>BNA</b>	Basic Needs Approach
<b>CBO</b>	Community Based Organisation
<b>CPF</b>	Child Protection Fund
<b>CSG</b>	Child Support Grant
<b>DFID</b>	Department for International Development
<b>DSD</b>	Department of Social Development
<b>ESPP</b>	Enhanced Social Protection Program
<b>FCG</b>	Foster Child Grant
<b>FDMS</b>	Food Deficit Mitigation Strategy
<b>GDP</b>	Gross Domestic Product
<b>HSCT</b>	Harmonized Social Cash Transfer
<b>MoPSLSW</b>	Ministry of Public Service Labour and Social Welfare
<b>MoPSE</b>	Ministry of Primary and Secondary Education
<b>NAP</b>	National Action Plan
<b>OVC</b>	Orphans and Vulnerable Children

<b>RDP</b>	Reconstruction and Development Programme
<b>SADC</b>	Southern African Development Community
<b>SASSA</b>	South African Social Security Agency
<b>SLA</b>	Sustainable Livelihoods Approach
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SSA</b>	Social Security Administration
<b>SSI</b>	Supplemental Security Income
<b>SSDI</b>	Social Security Disability Insurance
<b>SOCRA</b>	Strategic Organized Crime Risk Assessment
<b>TANF</b>	Temporary Assistance for Needy Families
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children’s Education Fund
<b>ZIMSTAT</b>	Zimbabwe National Statistics Agency
<b>ZIMVAC</b>	Zimbabwe Vulnerability Assessment Committee

## ABSTRACT

*This research explored the effectiveness of DSD services on poverty alleviation in rural areas. A study was carried in Rushinga District. The study was informed by 1980s Robert Chambers work and DFID; the Sustainable Livelihoods Approach and the Basic Needs Approach from the works of Maslow on the hierarchy of Needs. The targeted population were the beneficiaries of DSD services, DSD Officers and DDC. Data was collected using the semi-structured interviews and focus group discussions and it was presented and analysed using thematic analysis. The study explored various services that are being offered by DSD to rural people to move up from poverty which are Harmonized Social Cash Transfer (HSCT), Food Deficit Mitigation Strategy (FDMS), Assisted Medical Treatment Order (AMTO and Basic Education Assistance Module (BEAM) .The study highlighted that, these services are effective in assisting the rural people to graduate from poverty in that, services strengthen household economy, reduced hunger, improve access to health services and empowered the rural people. However the study have it that, the services lacks consistency, affected by service limitation and also administration challenges that hinders them to effectively cushion the vulnerable households in rural areas to alleviate poverty. The study also brought out the challenges that are being faced by DSD in the implementation of services to rural people to effectively alleviate poverty which are shortage of resources, bureaucracy and red tape and administration challenges. The study also revealed the alternatives that can be employed to cater for the challenges being faced which are increased funding to DSD, consistency in service delivery. Moreover the study explored on the recommendations that can be put forward to enhance effectiveness of DSD services on poverty alleviation which are increased funding (money and material funding) to DSD by the government, DSD to partner with other stakeholders and network so as to meet its goal and set objectives, policy reformulation to address the issue of administration challenges and service.*



## Table of Contents

<b>APPROVAL FORM</b> .....	ii
<b>DECLARATION</b> .....	iii
<b>DEDICATION</b> .....	iv
<b>ACKNOWLEDGEMENTS</b> .....	v
<b>ACRONYMS</b> .....	vi
<b>ABSTRACT</b> .....	viii
<b>CHAPTER ONE</b> .....	1
<b>1.1 INTRODUCTION AND BACKGROUND OF THE STUDY</b> .....	1
<b>1.2 STATEMENT OF THE PROBLEM</b> .....	2
<b>1.3 PURPOSE OF THE STUDY</b> .....	3
<b>1.4 RESEARCH OBJECTIVES</b> .....	3
<b>1.5 RESEARCH QUESTIONS</b> .....	3
<b>1.6 ASSUMPTIONS OF THE STUDY</b> .....	4
<b>1.7 SIGNIFICANCE OF THE STUDY</b> .....	4
<b>1.8 DEFINITION OF KEY TERMS</b> .....	4
<b>1.9 PROPOSED DESSERTATION CHAPTER OUTLINE</b> .....	5
<b>1.9.1 Chapter one -Introduction and background of the study</b> .....	5
<b>1.9.2 Chapter 2-Literature Review</b> .....	5
<b>1.9.3 Chapter 3-research methodology</b> .....	5
<b>1.9.4 Chapter 4- Data presentation and analysis</b> .....	5
<b>1.9.5 Chapter 5- Summary of findings, conclusions and recommendations</b> .....	5
<b>1.10 SUMMARY</b> .....	6
<b>LITERATURE REVIEW</b> .....	7
<b>2.1 INTRODUCTION</b> .....	7

<b>2.2 THEORITICAL FRAMEWORK</b> .....	7
<b>2.2.1 SUSTAINABLE LIVELIHOOD APPROACH</b> .....	7
<b>2.2.2 Vulnerability context</b> .....	8
<b>2.2.3 Livelihoods</b> .....	8
<b>2.2.4 Transforming Structures</b> .....	10
<b>2.2.5 Livelihood strategies</b> .....	10
<b>2.2.6 Livelihood outcome</b> .....	10
<b>2.4 Principles of Sustainable Livelihood Approach</b> .....	11
<b>2.4. 1 People centred</b> .....	11
<b>2.4.2 Holistic</b> .....	11
<b>2.4.3 Unit of analysis</b> .....	12
<b>2.4.4 Building on strengths</b> .....	12
<b>2.4.5 Macro-micro links</b> .....	12
<b>2.4.6 Dynamic</b> .....	13
<b>2.4.7 Sustainability</b> .....	13
<b>2.5 RELEVANCE OF THE THEORY TO THE STUDY</b> .....	13
<b>2.6 WEAKNESSESS OF THE THEORY</b> .....	14
<b>2.7 BASIC NEEDS APPROACH</b> .....	14
<b>2.7.1 HIERACHY OF NEEDS</b> .....	15
<b>2.7.2 Physiological Needs</b> .....	15
<b>2.7.3 Safety Needs or Security Needs</b> .....	15
<b>2.7.4 Love and Belonging Needs or Social Needs</b> .....	16
<b>2.7.8 Esteem and Prestige Needs or Ego Needs</b> .....	16
<b>2.7.9 Self- Actualisation of Need for self- realisation</b> .....	16
<b>2.8 Relevance of the theory to the study</b> .....	17
<b>2.9 Criticism of the theory</b> .....	18
<b>2.10 SERVICES OFFERED BY DSD</b> .....	18
<b>2.10.1 GLOBAL SERVICES</b> .....	18
<b>2.10.2 Health Assistance</b> .....	18
<b>2.10.3 General welfare</b> .....	19
<b>2.10.4 Food assistance</b> .....	19
<b>2.10.5 Social security</b> .....	20
<b>2.11 REGIONAL SERVICES</b> .....	20

2.11.1 Child Support Grant.....	20
2.11.2 Foster Child Grant.....	20
2.11.3 Health Care.....	21
2.11.4 Housing.....	21
2.11.5 National School Nutrition Program.....	21
<b>2.12 LOCAL SERVICES</b> .....	21
2.12.1 Fee Waivers.....	21
2.12.1.1 Basic Education Assistance Module.....	21
2.12.1.2 Assisted Medical Treatment Order.....	22
2.12.2 Food Deficit Mitigation Strategy.....	22
2.12.3 School Feeding Program.....	22
2.12.4 Harmonized Social Cash Transfer (HSCT).....	22
<b>2.13 Effectiveness of these programs on poverty alleviation</b> .....	23
<b>2.13.1 GLOBAL OVERVIEW</b> .....	23
2.13.2 The services reduce social ills.....	23
2.13.3 The services increased employment.....	24
2.13.4 Increased in food security.....	24
<b>2.14 REGIONAL OVERVIEW</b> .....	24
2.14.1 Improved nutritious status and school enrolments.....	25
2.14.2 They provided a buffer to poor households against shocks.....	25
2.14.3 Increased access to health services.....	26
2.14.4 Increased access to housing.....	26
<b>2.15 LOCAL OVERVIEW</b> .....	27
2.15.1 Improved well-being and food consumption.....	27
2.15.2 Improved access to health care.....	27
2.15.3 Increased enrolment in schools.....	28
2.15.4 The services led to reduced hunger.....	28
<b>2.16 CHALLENGES FACED PROGRAMS IN IMPLEMENTING THESE PROGRAMS</b> .....	29
<b>2.16.1 GLOBAL CHALLENGES</b> .....	29
2.16.2 Complexity of multiple programs and red tape.....	29
2.16.3 Improper payments and fraud.....	29
<b>2.17 REGIONAL CHALLENGES</b> .....	30
2.17.1 Corruption and mismanagement.....	30

2.17.2 Implementation stymied .....	30
<b>2.18 LOCAL CHALLENGES</b> .....	30
2.18.1 Bureaucracy .....	30
2.18.2 Corruption .....	31
2.18.3 Administrative challenges .....	32
2.18.4 Limited resources .....	32
<b>2.19 WAYS OF IMPROVING THE SERVICES OFFERED</b> .....	33
<b>2.20 RESEARCH GAPS</b> .....	33
<b>2.21 CHAPTER SUMMARY</b> .....	34
<b>CHAPTER 3</b> .....	35
<b>RESEARCH METHODOLOGY</b> .....	35
<b>3.1. INTRODUCTION</b> .....	35
<b>3.2 RESEARCH APPROACH</b> .....	35
<b>3.3 RESEARCH DESIGN</b> .....	36
<b>3.4 POPULATION UNDER THE STUDY</b> .....	36
<b>3.5 SAMPLE SIZE</b> .....	37
<b>3.6 SAMPLING METHODS</b> .....	37
3.6.1 Convenient sampling.....	37
3.6.2 Purposive sampling .....	37
<b>3.7 DATA COLLECTION METHOD</b> .....	37
3.7.1 Semi-structured interviews.....	38
3.7.2 Focus group discussions.....	38
<b>3.8 RESEARCH INSTRUMENTS</b> .....	39
3.8.1 Interview Schedule Guide.....	39
3.8.2 Focus group discussion guide .....	39
<b>3.9 DATA COLLECTION PROCEDURE</b> .....	40
<b>3.10 DATA ANALYSIS AND PRESENTATION</b> .....	40
<b>3.11 LIMITATIONS OF THE STUDY</b> .....	41
<b>3.12 DELIMITATION OF THE STUDY</b> .....	41
<b>3.13 ETHICAL CONSIDERATIONS</b> .....	41
<b>3.14 Reliability</b> .....	43
<b>3.15 Validity</b> .....	43
<b>3.16 CONCLUSION</b> .....	44

<b>CHAPTER 4</b> .....	45
<b>DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS</b> .....	45
<b>4.0 INTRODUCTION</b> .....	45
<b>4.1 DEMOGRAPHIC INFORMATION OF RESPONDENTS</b> .....	45
<b>4.1.1 Demographic of total respondents</b> .....	45
<b>RESPONDENTS: Biography of beneficiaries</b> .....	46
<b>Table 1</b> .....	46
<b>4.1.2 Marital status of beneficiaries</b> .....	46
<b>Table 2</b> .....	46
<b>4.1.3 Age range and occupation of respondents</b> .....	47
<b>Table 3</b> .....	47
<b>4.1.4 Key informant respondents:</b> .....	47
<b>Table 4</b> .....	47
<b>4.1.5 Age Range, Occupation and Experience of Key Informants</b> .....	48
<b>Table 5</b> .....	48
<b>4.2 QUALITATIVE DATA PRESENTATION AND ANALYSIS</b> .....	49
<b>4.3 SERVICES OFFERED BY DSD ON POVERTY ALLEVIATION</b> .....	49
<b>4.3.1 Harmonized Social Cash Transfer (HSCT)</b> .....	50
<b>4.3.2 Food Deficit Mitigation Strategy (FDMS)</b> .....	51
<b>4.3.3 Assisted Medical Treatment Order (AMTO)</b> .....	52
<b>4.3.4 Basic Education Assistance Module (BEAM)</b> .....	53
<b>4.3.5 School Feeding Programme</b> .....	54
<b>4.3.6 Vocational Skills Training</b> .....	54
<b>4.4 EFFECTIVENESS OF THE SERVICES OFFERED ON POVERTY ALLEVIATION</b> .....	55
<b>4.4.1 Strengthens household economy</b> .....	55
<b>4.4.2 Reduced Hunger</b> .....	56
<b>4.4.3 Improved access to health services</b> .....	57
<b>4.4.4 Increased Schools attendance</b> .....	58
<b>4.4.5 Improved children’s well being</b> .....	59
<b>4.4.6 Empowerment</b> .....	59
<b>4.5 CHALLENGES FACED IN ACCESSING THE SERVICES OFFERED</b> .....	60
<b>4.5.1 Shortage of resources</b> .....	60
<b>4.5.2 Bureaucracy and red tape</b> .....	61

<b>4.5.3 Administration challenges</b> .....	62
<b>4.6 WAYS OF IMPROVING THE SERVICES OFFERED</b> .....	63
<b>4.6.1 Increased funding to Department of Social Development</b> .....	63
<b>4.6.2 Stakeholder collaboration and networking</b> .....	64
<b>4.6.3 Consistency in service delivery</b> .....	65
<b>4.6.4 Engage more in sustainable development projects</b> .....	65
<b>4.7 DISCUSSION OF THE FINDINGS</b> .....	66
<b>4.8 CHAPTER SUMMARY</b> .....	70
<b>CHAPTER 5</b> .....	71
<b>SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS</b> .....	71
<b>5.1 INTRODUCTION</b> .....	71
<b>5.2 SUMMARY OF THE FINDINGS</b> .....	71
<b>5.3 SERVICES OFFERED BY DSD ON POVERTY ALLEVIATION</b> .....	72
<b>5.4 EFFECTIVENESS OF THESE SERVICES ON POVERTY ALLEVIATION</b> .....	72
<b>5.5 CHALLENGES FACED IN THE IMPLEMENTATION OF THE DSD SERVICES</b> .....	73
<b>5.6 WAYS OF IMPROVING THE SERVICES OFFERED</b> .....	73
<b>5.7 CONCLUSIONS OF THE STUDY</b> .....	73
<b>5.8 RECOMMENDATIONS</b> .....	74
<b>5.9 Summary</b> .....	76
<b>REFERENCES</b> .....	77
<b>CONSENT FORM</b> .....	90
<b>Appendix 2</b> .....	91
<b>FOCUS GROUP DISCUSSION GUIDE FOR BENEFICIARIES</b> .....	91
<b>Appendix 3</b> .....	93
<b>INTERVIEW SCHEDULE GUIDE FOR KEY INFORMANTS</b> .....	93
<b>Appendix 4</b> .....	95
<b>INTERVIEW SCHEDULE GUIDE FOR BENEFICIARIES</b> .....	95
<b>Appendix 5</b> .....	97
<b>APPROVAL LETTER</b> .....	97



## **CHAPTER ONE**

### **1.1 INTRODUCTION AND BACKGROUND OF THE STUDY**

Almost half of the world's populace survives in utter poverty, and the poor are often forced to make horrific consumption-related compromises in the marketplace (Martin & Hill, 2012). Bassey, (2008), opines that, SADC population living on usd\$1 per day amounts to 44,6%.The population that is undernourished, that it is does not have access to nutritious foods &therefore is underweight accounts for 36% ( Kharas & Dooley, 2020). These high numbers implies the gravity of the poverty problem in the region. . Prior to the COVID-19 outbreak, there were already frighteningly high levels of food insecurity in the Southern African region, with a record number of 45 million people experiencing food insecurity in the SADC countries (ZIMVAC, 2020). Despite significant progress since 2000, there is broad agreement that poverty remains a significant policy concern, especially in Sub-Saharan Africa (Poverty Institute, 2010).

In Zimbabwe, poverty continues to be one of the main causes of food insecurity, nutritional deficiencies, and precarious livelihoods (ZIMVAC, 2021). ZIMSTAT (2017) found that 70.5% of people lived in poverty, with 29.3% living in abject poverty. This research seeks to evaluate poverty alleviation strategies by DSD. In this case Rushinga District is to be used. The District is found in natural region 4 as a result the district is prone to fads of dry weather patterns. Subsistence farming is the main activity of most communities in the District. No large scale farming is practised in Rushinga District. Maize is the staple crop, but some communities in the driest parts are forced to grow drought tolerant crops. Contrary to this background it can therefore be noted that, most households are food insecure and most households are poverty



stricken. In an attempt to combat poverty, the Department of Social Development adopted a variety of poverty alleviation strategies.

Rural families are facing a variety of challenges, including poor access to health services, food insecurity, and high chance of children dropping out of school. In low income countries, demand for social security is increasing as purported by Andrews, Das, Elder, Ovadiya, & Zampaglione (2012). The success of social security initiatives in middle-income countries such as Brazil and Mexico, as well as a string of food, fuel, and financial crises has stimulated policy makers in low-income countries to investigate the possibility of containing such initiatives in their own countries.

Leading initiatives in countries as Ethiopia, India, and Pakistan have demonstrated the success of social security interventions for low-income families, but many problems remain despite the increasing success of these initiatives. Governments are challenged with a confluence of mutually strengthening deficits that increase the need for social security programs while simultaneously reducing their ability to respond. In Zimbabwe the Social Welfare service sector is reeling from underfunding, administrative challenges and low coverage as in the norm in many countries of the Global south (Midgley, 2014). Therefore the research seeks to reconnoitre the effectiveness of DSD programmes on alleviating poverty in rural zones.

## **1.2 STATEMENT OF THE PROBLEM**

Poverty remains at the top ranking amongst numerous economic and social challenges facing global world according to the Bureau of the US Census (2022), 37, 2 million Americans were living in poverty in 2020. The overwhelming majority of people in poverty are the less educated and end up in a state of redundancy. Although the United States of America is a quite affluent nation, poverty has constantly been present in the United States, as well as attempts to lessen it, according to Census.Gov (2017). Even before the COVID-19 epidemic, there was a

disturbingly high level of food insecurity in the Southern African Region (ZIMVAC, 2020). Although there has been tremendous progress since 2000, it is widely agreed that poverty is still a significant policy concern, especially in the sub-Saharan African region (Poverty Institute, 2010). In Zimbabwe, one of the main causes of food and nutrition insecurity as well as precarious livelihoods is poverty (ZIMVAC, 2021). Matunhu (2012) argues that poverty in Zimbabwe is primarily a rural phenomenon, as in most African countries. According to Nyathi (2012), the war against poverty is interminable and it seems to be resulting in outcomes that are marginalized in the poverty alleviation context. Hence this study seeks to point out the effectiveness of DSD services on poverty alleviation which seem to be missing the needs of the rural poor in Rushinga District. The programs lacks sustainability in that, they concentrate more on relief aid. Under these circumstances one would wonder whether these DSD services are misguided or misconducted and one might wonder if these DSD programs would be a means of reducing poverty in rural zones of Zimbabwe.

### **1.3 PURPOSE OF THE STUDY**

The purpose of the study is to explore how well the DSD's programs work to reduce poverty in rural areas.

### **1.4 RESEARCH OBJECTIVES**

- To identify the services offered by DSD in rural areas.
- To explore the effectiveness of these programs on poverty alleviation
- To find out the challenges faced in implementing these programs
- To suggest ways of improving the programs.

### **1.5 RESEARCH QUESTIONS**

- What are the services being offered by DSD in rural areas?

- How effective are the DSD programs on poverty alleviation?
- What are the challenges being faced in the implementation of the programs?
- What do you recommend to improve the programs being offered?

## **1.6 ASSUMPTIONS OF THE STUDY**

The assumption was that the respondents will participate wilfully in the study and they will provide honest responses which are bias free during interview process. Additionally the assurance of confidentiality and informed consent will promote effective participation.

## **1.7 SIGNIFICANCE OF THE STUDY**

The research seeks to determine the significance of the DSD services on poverty alleviation in rural areas. The study will help in the policy formulations by government and social workers on how to implement the programs more effectively in enhancing the conditions of the rural people. The study will help academics for future reference in their studies as it adds more literature to the on-going discussion on the effectiveness of these services on poverty alleviation

## **1.8 DEFINITION OF KEY TERMS**

- **DSD**

It is the government department known as the Department of Social Development, which is a part of the Ministry of Public Service, Labor, and Social Welfare. In order to increase self-reliance and social stability, it is accountable for ensuring the safety of the most vulnerable members of the population through the coordination and execution of policies, plans, programs, and legislative measures..

- **Poverty Alleviation**

It has been defined by Greenburg (2005) as a method used to reduce the rate of poverty in a community or among a group of individuals or nations.

### **Rural Area**

A rural area is a geographical area outside of a city, according to Menes (2005).

## **1.9 PROPOSED DESSERTATION CHAPTER OUTLINE**

### **1.9.1 Chapter one -Introduction and background of the study**

The chapter includes a brief description of the research as well as an explanation of the main themes implicated in it.

### **1.9.2 Chapter 2-Literature Review**

The chapter contains scholars who provide an overview of the topic, theoretical framework, research gaps as well as an evaluation of the contributions of the research topics

### **1.9.3 Chapter 3-research methodology**

The chapter focuses on study methodology, data collection procedures, and research approach employed to address the research topic .Ethical consideration are of no exception

### **1.9.4 Chapter 4- Data presentation and analysis**

The chapter focuses on the research conclusions after a discussion of their relevance in answering the questions. It provides a summary of the findings.

### **1.9.5 Chapter 5- Summary of findings, conclusions and recommendations**

The chapter contains summarised observations, conclusions, and recommendations from chapters one to five. The researcher also proposes recommendations and conclusions based require more research.

## **1.10 SUMMARY**

The chapter begins with a brief overview of the topic. Discussions have been had over the study's background, problem statement, intended audience, and purpose. The importance of the study, its findings, and the definition of essential words are also covered in this chapter

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The chapter focuses on the theoretical foundation of the study. This chapter's goal is to review earlier research on the DSD's initiatives to combat poverty. In a theoretical framework, the approaches to basic needs and sustainable livelihoods are examined; their applicability and critique are described. The literature review will be guided by four objectives which are to identify the services offered by DSD, to explore the effectiveness of these programs on poverty alleviation, to find out the challenges faced in implementing these programs and to suggest ways of improving the programs offered. The literature review will use the funnel approach where it will provide global views, regional views and finally the Zimbabwean context.

#### **2.2 THEORITICAL FRAMEWORK**

Ravitch & Riggins (2017) argues that a theoretical framework is the basis on which all knowledge is drawn for a research study. It aids as the construction and provides for the foundation of the study. The research uses two approaches which are Sustainable Livelihood (SLA) and the Basic Needs (BNA).

##### **2.2.1 SUSTAINABLE LIVELIHOOD APPROACH**

The concept of livelihoods was first introduced by Robert Chambers in the middle of the 1980s. In order to increase the efficiency of progress collaboration, Chambers created the concept of

"sustainable livelihoods" (Kollmair & Gamper, 2002). He did this after realizing that traditional development theories did not have the desired impact and that the human race was also being threatened by a massive population increase. Based on his ideas, the British Department for International Development (DFID, 2001) created the sustainable livelihoods model. The framework's five interconnected variables; vulnerability context, livelihood assets, changing structures and processes, livelihood strategies, and livelihood outcomes as a result of the collaboration serve as the foundation for livelihoods (DFID, 2001).

### **2.2.2 Vulnerability context**

The framework starts with the vulnerability in which people live their lives. Serrat (2008) defines vulnerability as a lack of assurance in a person's, a family's, or a community's ability to withstand changes in their external environment. DFID (1997) vulnerability situation of livelihoods refers to changes, patterns, and seasonality that may have an effect on people's livelihoods. DFID (1997) definition of vulnerability is followed by Sossan, Blaikie, and Sousaan (2010), who define vulnerability as the change and variation in those conditions that affect livelihoods and structural processes that can substantially affect different facets of the livelihood progression. This assumes that vulnerability is a threat of physical and emotional harm and that it occurs when human beings as individuals or as a social group are confronted with harmful threats or shock that makes it impossible to respond effectively, and that the external world bears any form of hardship. This line of philosophy is also relevant in Rushinga District.

### **2.2.3 Livelihoods**

A livelihood is characterized as the skills, possessions, and activities necessary for a way of life, according to Chambers & Conway (1992). A livelihood is sustainable when it can withstand stress and recover from tremors, maintain or develop its current and future capacities and assets, all without relying on the natural resource base (Chambers & Conway, 1992). A

detailed and realistic evaluation of people's strengths, often referred to as "assets" and "capital," is essential to comprehend how they manage to transform their assets into effective job results because this means-tested strategy primarily focuses on persons (Bebbington, 1999). The formal and informal structures, structures, and processes play a role in both positive and negative outcomes (Oxfam, 2003).

Twig (2001) follows the Chambers and Conway (1992) definition and also includes a new of strengths and capabilities, which are:

- **Human assets:** These are a set category of skills, abilities, knowledge, and physical health that enable households and individuals to build livelihoods and achieve a stable livelihood outcome (DFID, 2001). This helps to identify the difficulties that poverty is posing to rural people, such as in terms of education and health. This also helps to remember that communities are unique in that regard to human resources, and that thorough research is required before delivering any service to the individuals.
- **Social assets:** These are the social assets on which individuals rely in order to achieve their goals for a good quality of life, including social networks and connectedness that increase people's self-assurance and capacity for cooperation and contribution in more organized groupings as well as their system of laws, regulations, and punishments.
- **Financial assets:** This includes financial assets used by individuals to achieve their personal goals (Lasse, 2001). It claims that the sources of monetary income include readily available equities, bank accounts, and liquid assets like cattle, as well as regular inflows of cash from pensions or other transfers from the government and remittances that are heavily reliant on other sources of income.
- **Natural capital:** Goldman (2000) defines these as the usual assets from which resource flows and provides services, for example, land and trees. It is of particular importance to those who derive most or all of their incomes from natural resource-based



livelihoods, particularly among the rural populations. The researcher also noted that, Natural capital is vital in supporting all aspects of human life so it is vital that they be maintained at appropriate levels for the benefit of the present and future generations.

- **Physical assets:** These are the essentials for households or individuals, such as transportation, decent housing, safe drinking water, and access to medical services. The researcher is of the opinion that, these assets are vital to human survival and they need to be satisfied for people to effectively develop.

#### **2.2.4 Transforming Structures**

These are systems, organizations, policies, and legislation that influence livelihoods, according to Twig (2001). They operate at all levels, be they private or public. DFID (1997) these are organizations, both private and public which define and enforce policies and legislation, provide services, purchase, trade, and perform all sorts of other activities that impact livelihoods. These are the processes that determine how organizations and individuals function and interact. The researcher concurs with these definitions and also noted that, there should be a change in the policies and legislation to effectively alleviate poverty in Rushinga District.

#### **2.2.5 Livelihood strategies**

This is a dynamic process defined by DFID (1997) by which individuals work together to please their various needs at a different time

#### **2.2.6 Livelihood outcome**

The Livelihood outcome, according to George (1997), is the success or outputs of livelihood activities.

## **2.4 Principles of Sustainable Livelihood Approach**

For the sustainable livelihood plan to be successful, Ashley & Carney (1999) identified six principles which are:

### **2.4.1 People centred**

Communities are different, as are people (Goldman, Roos & Jacobs, 2001). The most important aspect of the livelihood strategy is the individual, because growth challenges are often posed by dysfunctional organizational structures that are impossible to overcome by simple asset acquisition (Kollmair & Gamper, 2002). If the services work with people in accordance with their existing livelihood strategies, social context, and capacity for adaptation, sustainable poverty reduction will be achievable (Krantz, 2001). The services must be people-centered to advance their cause and include the poor in all stages of service delivery. Poor people must be central characters in ascertaining their social goals.

### **2.4.2 Holistic**

There must be a synergy between the activities of various departments for programs to be successful (Goldman et al 2001). It is a cost-effective way to identify the most pressing challenges facing people, no matter where they occur, such as in which industry or geographic region. It is aspired to comprehend the stakeholder's lives as a whole in all its forms. Since the multitude of influences that affect individuals and communities are fully understood, sustainable livelihoods programs are vital, so it is vibrant that all stakeholders be involved in addressing them. To achieve various livelihood goals, there should be a brainstorming session between all parties and communities.

### **2.4.3 Unit of analysis**

In the study of livelihoods, a recognizable sociocultural group is probably the unit of analysis. Such studies, according to George (1997), depict that; do not presuppose uniformity within families or within populations. No social distinctions are made based on gender, age, or race.

### **2.4.4 Building on strengths**

It is based on acknowledgement of each individual's inherent talent for the removal of limitations and the realization of potentials (Goldman et al 2001). It will enhance the stakeholder's resilience and ability to achieve their goals. The livelihood-focused development plans begin with an assessment of potential rather than needs, George (1997) According to Krantz (2001), the assistance should have a greater impact on people, including the poor.

### **2.4.5 Macro-micro links**

The sustainable livelihood method seeks to close the gap between the macro and micro levels of development by emphasizing the relationships between these two levels, which are sometimes ignored in discussions about development. To achieve sustainable growth, it is necessary to take into account the relationship between people and macroeconomic policies because both are frequently influenced by one another. Poverty alleviation services must be offered on several levels, together with systems and processes, to improve community resilience. Poverty reduction is a significant challenge that can only be met by addressing it at various levels, making sure that micro-level activities inform the creation of policies and a supportive environment, and that macro-level structure and processes allow people to capitalize on their strengths.

#### **2.4.6 Dynamic**

It is a way to learn from failures and avoid negative consequences while still supporting positive outcomes. When it comes to poverty reduction, flexibility to change in people's circumstances is a vital skill. It calls for continual research and efforts to understand the nature of intricate, reciprocal cause-and-effect linkages and causal chains of events (George, 1997).

#### **2.4.7 Sustainability**

A livelihood is deemed sustainable if it can withstand external shocks and strains, is independent of outside help, can preserve the long-term worth of natural resources, and does not interfere with the livelihood decisions of others. Sustainability is characterized by four aspects: economic, social, and environmental sustainability, according to Krantz (2001). All development agents' efforts must be long-term, that is, they must shift away from bringing ephemeral change to the lives of the poor.

### **2.5 RELEVANCE OF THE THEORY TO THE STUDY**

These concepts played a significant role in the relevance of this paradigm. The approach is especially advantageous because it adds to the variety of resources that people use to build their lives and gives the underprivileged a more comprehensive understanding of the types of resources or combinations of resources that are advantageous, as well as their social and human capital in addition to their physical and natural resources (Lasse, 2001).

The method also offers a more realistic framework for evaluating the direct and indirect effects on people's living conditions because it provides a more realistic framework for evaluating the socioeconomic impact of initiatives or programs that emphasize poverty alleviation as at least one of their overall goals. Lasse, (2001). The approach demonstrates that even the "poorest of the poor" actively participate in making decisions that affect their own lives, as opposed to being merely passive recipients of information.

By emphasizing the numerous levels at which poor people have direct or indirect access to resources or assets of various kinds, and consequently their means of subsistence, the method highlights the underlying causes of poverty (Solesbury, 2003).

## **2.6 WEAKNESSES OF THE THEORY**

On the other hand, a differentiated livelihood analysis necessitates a lot of financial, time, and personal resources that are frequently absent in practical projects (Kollmair & Gamper, 2002). As a result, its benefits are incorporated into the approach's most frequently discovered flaws.

The assertion that the approach should be holistic prompts a study of numerous factors, producing an information overload that is unmanageable. We encounter a normative issue due to the selection of priorities.

The method focuses on assets, vulnerability, activities, and competencies rather than the challenge of identifying the poor who are receiving assistance (Morse, McNamara, & Acholo, 2009).

## **2.7 BASIC NEEDS APPROACH**

The study will also make use of the BNA (Basic Needs Approach). The basic needs approach originated in the 1940s from the work of Abraham Maslow as cited in Aruma & Hanachor, (2017). Maslow popularized the idea of human needs, sometimes known as Maslow's hierarchy of needs, in the modern period. According to Onah (2015), Abraham Maslow, a well-known expert on human motivation and needs, developed his theory of the hierarchy of needs in 1943.

He listed five categories of requirements: physiological needs, security needs, belonging needs, and self-actualization needs. The hierarchy of requirements can be used to evaluate needs in community development. Mulwa (2008) asserts that the Abraham Maslow model of needs is predicated on the idea that the desire to meet particular needs is what drives people's behaviour most of the time. In Abraham Maslow's model of needs, Hope & Timmel (1995) argue that basic needs are more critical than others. The hierarchy is broken down into deficiency needs and growth needs, with individualism and the prioritization of needs being two main themes within the framework.

### **2.7.1 HIERACHY OF NEEDS**

#### **2.7.2 Physiological Needs**

These include necessities such as food, clothes, shelter, sleep, reproduction or procreation, and housing, according to Onah (2015). Food, water, shelter, sleep, and reproduction are considered to be fundamental requirements by Anyawu, Omolewa, Adeyeri, Okanlawon, and Siddiqui (1985). These are human basic requirements, according to Aruma & Hanachor (2017), which are necessary for people to function in all participating communities in society. In Abraham Maslow's model of needs, Hope & Timmel (1995) argues that basic needs are more pressing and urgent. The researcher concurs with these scholars that, any poverty alleviation program that is proposed must first address the needs of the individual.

#### **2.7.3 Safety Needs or Security Needs**

They have been defined as protection from dangerous physical and social situations by Onah (2015). Aruma & Hanachor (2017) agrees with Onah (2015) that this is concerned with the protection and survival from chaotic situations, social instability, political instability, and

physical hazards in human life, including crises, wars, riots, and other that typically threatens people in various groups of the society living in peace and harmony.

#### **2.7.4 Love and Belonging Needs or Social Needs**

Onah (2015) stresses the importance of love and being part of a group, a friendship group, or a friendship group. According to Mulwa (2008), after experiencing a sense of security, people start to worry about fitting into a social group where they can love and be loved by others. According to Aruma & Hanachor (2017), people in different communities feel safe and secure enough in their surroundings to the point where they feel the need to identify with and belong to a social group, such as a family or community CBO, among other group. The researcher concurs with these views that love and belonging needs help people gain assurance in their own capacities of contributing rationally in the decision making processes towards community development and poverty alleviation.

#### **2.7.8 Esteem and Prestige Needs or Ego Needs**

These are also known as ego needs claims Aruma & Hanachor (2017). These are the requirements for self-worth, dignity, position, credit, status, approval, and a high level of confidence, according to Onah (2015). Anyawu et al. (1985) assert that when someone feels completely at home among a group of people in society, they frequently look to satisfy their desires for esteem and prestige. The researcher is also of the view that, if people's social needs are achieved, they tend to focus more of building reputation, gaining prestige and status that will give them the a strong sense of belonging to contribute in activities meant for the improvement of their living conditions in various communities.

#### **2.7.9 Self- Actualisation of Need for self- realisation**

According to Aruma & Hanachor (2017), this is the desire of people to realize their hidden abilities and potential. This is supported by Onah (2015), who sees a need to develop innate

talents, skills, abilities, and knowledge. According to Onah (2015), self-actualization is the act of achieving one's full potential in order to be the best version of oneself possible in society and to be encouraged to express one's creativity there.

### **2.8 Relevance of the theory to the study**

The approach emphasizes the desire of people in various social circumstances to meet people's needs in order to enhance their quality of life. The majority of the poor people were still classified as "material needs," and they needed help from the government as well as charitable organizations to lift them out of poverty and to help them move to the next level as described by Aruma & Hanachor (2017).

The government is tasked with providing for the fundamental requirements of its residents. Abraham Maslow emphasized that basic needs must be satisfied before other human needs are taken into account, enabling the government to extrapolate the demands of the rural people. The government's provision of water, food, and shelter is obviously an important example of how to address unmet human needs in society

According to the notion, people can increase their sense of community when they get affection and a sense of belonging to their families, communities, and societies. According to Mulwa (2008), people cannot exist in isolation from other members of society. He goes on to say that being understood by others also serves as a powerful affirmation of others' existence in the community. The government is the one that needs to let the people know what they desire. People won't have the courage or confidence to effectively contribute to community growth, which will be a step in the right direction toward alleviating poverty, unless they are shown love and a sense of belonging to a family as a mini-social unit, community, society, organization, or organization as a social unit.



## **2.9 Criticism of the theory**

The Maslow's model's criticism lies in its linear process of self-actualization. Self-actualization takes place at the top of the hierarchy, and psychological needs such as food, water, and air are at the bottom; the relationship between the two is either subjective or arbitrary Wahba & Bridewell (1976). It is unclear how to group them in a hierarchy Nussbaum (2006). Maslow (1970) argues that self-actualization can arise from frustration over not having one's needs met rather than from their satisfaction: that is, facing adversity and failure can result in self-actualization. It's unclear if this implies an abandonment of a linear hierarchal scheme or simply an extension to it.

## **2.10 SERVICES OFFERED BY DSD**

The objective will focus on the services that are being offered by the Department of Social Development which are meant to alleviate poverty. Funnel approach will be utilised starting with global services, regional services and local services on poverty alleviation as follows:

### **2.10.1 GLOBAL SERVICES**

These are the services provided by DSD in the USA and the United Kingdom, and the analysis is mainly focused on the USA's services, which are designed to ensure that the American population's basic needs are met as follows:

### **2.10.2 Health Assistance**

The government provides health services in the United States in the form of Medicaid and Medicare, primarily in the public sector. Medicaid is a social insurance program for low-income individuals and families that are run by the federal government. It is provided after thorough income assessments to those who are pregnant, children, and persons with disabilities

who are below a specific income threshold. It is jointly funded by the state and federal Medicaid programs and is managed by local authorities.

Medicare is a social security program run by the federal government that covers medical expenses for adults 65 and older as well as those under 65 who are congenitally ill or permanently disabled. Having access to comprehensive health care is a requirement for the vast majority of people who are legally residing in the United States (Healthcare.Gov.2018).

### **2.10.3 General welfare**

The Social Security Administration (SSA) offers public assistance to children and adults who have disabilities like blindness, neurological conditions, respiratory diseases, and functional limitations through the Supplemental Security Income (SSI) (SSA, 2020).

Federal assistance program TANF is managed by the US Section of Healthiness and Human Service. According to Schott (2022), TANF funds can be used to help provide childcare to needy families so that children can be cared for at home. They can also be used to encourage career preparation, education, and marriage to help low-income parents become less reliant on government aid.

### **2.10.4 Food assistance**

The Supplemental Nutrition aid Program (SNAP) falls under the category of food aid. The food assistance program known as SNAP was once called the food stamp program. The beneficiaries of SNAP benefits must have incomes that are less than 130 % of the federal poverty level and own little resources (Erik, 2008).

### **2.10.5 Social security**

Insurance for both unemployment and Social Security Disability (SSDI) benefits is provided through social security. A federal insurance program called SSDI offers an income increment to persons who are unable to work because of a serious disease, while unemployment insurance pays for employees who miss their jobs through no liability of their own (Weaver, 2020).

## **2.11 REGIONAL SERVICES**

The study will concentrate on the particularly significant services provided by DSD in the Southern Region of particular importance S. Africa. According to Goldblatt (2005), South Africa has one of the most comprehensive social security systems in the world, with the following services available:

### **2.11.1 Child Support Grant**

Child Support Grant is a financial aid program for kids younger than six years old that has since been expanded to include kids younger than 14 (Triegaardt, 2005). Since 2010, children have had to be enrolled in school to be eligible for CSG, which was managed by the South African Social Security Department (SASSA) (Patel, Knijn, & van Wel, 2015).

### **2.11.2 Foster Child Grant**

This grant was meant for foster parents who take care of children under the age of 15 in 2010 and stretched to embrace those who take care of children below the age of 18 (Thurman, Kidman & Taylor, 2015). The grant is received as cash, direct deposit or through an administration department (S A. Gov., 2022).

### **2.11.3 Health Care**

The vast majority of the population in South Africa is served by the public system, hence the national department of health, the province health department, and local departments share authority and responsibility for service delivery (Zwarestein, 1994).

### **2.11.4 Housing**

In order to address the housing scarcity brought on by apartheid, the South African government offers housing subsidies, as Gilbert (2004) explained. According to Tomlison (1999), the post-apartheid administration instituted housing payments centred on the income of recipients.

### **2.11.5 National School Nutrition Program**

The National School Nutrition Programme was established in 1994 with the intention of providing free lunch to all no-school paying schools. The food is sourced domestically, and the initiative is entirely funded by the government with a budget of about 520 million (GCNF, 2021).

## **2.12 LOCAL SERVICES**

Zimbabwe has a wide variety of social services, including fee waivers, food assistance, cash transfer, and the school feeding scheme and many more as shall be explored below:

### **2.12.1 Fee Waivers**

Fee waivers are used to increase social mobility and accessibility to basic social services. Under fee waivers we have Basic Education Assistance Module (BEAM) and Health assistance

#### **2.12.1.1 Basic Education Assistance Module**

This service was launched in 2001 as a key module of the enhanced social security program (ESPP). Beam is a program and legal system developed to provide quality education to

children, with particular programs aimed at supporting orphans and vulnerable children (OVC) (UNICEF, 2021).

#### **2.12.1.2 Assisted Medical Treatment Order**

AMTO is a procedure that is vital to ensure that patients have access to health care facilities. Every low-income household has its medical costs covered by the government through the hospital referral program. The Department of Social Development (UNICEF, 2021) provides a medical voucher to beneficiaries.

#### **2.12.2 Food Deficit Mitigation Strategy**

Due to food insecurity brought on by repeated droughts and high food prices, spending on drought mitigation has increased in recent years as macroeconomic conditions have gotten worse (UNICEF, 2021). As a result, a food deficit mitigation plan has been created to provide food assistance to households led by chronically ill older people who are labour-strapped and families with children.

#### **2.12.3 School Feeding Program**

In order to lessen the impact of increased child vulnerability brought on by the COVID-19 and 2020 drought, which made it impossible for families to buy enough food, which would inevitably affect students from these families, the school feeding program is targeted at less fortunate schools (UNICEF, 2021).

#### **2.12.4 Harmonized Social Cash Transfer (HSCT)**

HSCT (Harmonized Social Cash Transfer) is a cash-plus social security program that now provides assistance to approximately 43000 non-working-class households in 12 districts that are food insecure in Zimbabwe (UNICEF, 2021). According to Kang, Fry, Muwoni, and Izumi (2017), the program was launched by the Ministry of Public Service, Labour, and Social Welfare (MoPSLSW) in 2012 as a component of the National Action Plan for Orphans and

Vulnerable Children II (NAP II) and the Child Protection Fund (CPF). Its broad goals were to address income inequality, boost consumption expenditures, and enhance child protection outcomes.

## **2.13 Effectiveness of these programs on poverty alleviation**

The goal of this research is to determine in what degree these services reach their intended audience with resources that are relevant to and sufficient for their basic survival and maintenance requirements in terms of poverty alleviation. As such, the funnel approach is applied to achieve this goal

### **2.13.1 GLOBAL OVERVIEW**

The most successful US government programs, according to research, are those that concentrate on enhancing low-income children's health and educational outcomes. These programs have benefits that are so significant that the government can even regain its investment over time thanks to higher tax receipts from adults who received benefits as children (Hedren & Sprung-Keyser, 2020).

### **2.13.2 The services reduce social ills**

Effective social programs not only improve the lives of those who receive them or live in fear of receiving them, but also lessen the social anomies brought on by injustice and poverty (Radcliff, 2013). As a result, more effective social programs enhance the quality of life for all people, rich and poor alike. The initiatives are clearly a step in the right direction toward reducing poverty.

### **2.13.3 The services increased employment**

They resulted in significant shifts in employment (Blank 2002). TANF grant has a five-year eligibility period and requires all recipients of social assistance to find jobs within three years of receiving it (Schott, 2022). Between 1990 and 2000, the percentage of people who earned income from work increased from 6, 7% to 28, 1% (Blank, 2002), and later fell by 6, 5%. According to Devere (2001), almost two-thirds of welfare leavers would work again at some point in the future. This means that employment increased, equipping the vast majority of people with the skills necessary to combat poverty. Despite their advancement in the labor market, their wages and benefits remained stagnant and were primarily concentrated in low-wage occupations such as operators, fabricators, and sales related jobs (Peterson, Song & Jones-DeWeever, 2020).

### **2.13.4 Increased in food security**

The service improves food safety and clothing. As of July 20, 2022, supplemental security income (SSA, 2022) was made available to about 5 million Americans; those over the age of 65, blind, and the disabled were benefited from the program. Those who reside in one of the fifty states of America and whose individual income must be below certain thresholds (SSA, 2022). As of 2020, it gives \$914 for an individual and \$1371 for a couple which helps to encounter the cost of basic requirements of food, shelter and also SSI eligibility assures concurrent access to vital services such as Medicaid, food stamps, and the housing choice voucher program, which helps reduce poverty at all costs.

## **2.14 REGIONAL OVERVIEW**

According to a sincere examination of the supporters of social welfare programs in South Africa, these initiatives improve the lives of the poor (Gilbert, 2004).

### **2.14.1 Improved nutritious status and school enrolments**

The services improved nutritious status and school enrolments. According to studies, youngsters who received a grant particularly child support grant have a higher nutritional status and higher school enrolment rates than those who are not (Patel, Kniph & Van Wel , 2015). Child labor in domestic households is expected to decrease (Leibbrandt, Lilenstein, Shenker, Woolard, 2013)

### **2.14.2 They provided a buffer to poor households against shocks**

The initiative is one of South Africa's major social assistance programs, serving approximately 11, 2 million children according to Patel et al (2015); children were enrolled in classes and also child labor was reduced; thus, it is effective at reducing poverty.

According to the SA Government in 2022, a child had access to R1050 of FCG every month. The grant, although it is a small benefit, reduces poverty among low-income families, as shown by Hall & Woolard, (2012). Neves, Samson, van Niekerk, Hlatshwayo, & Du Toit (2009) agree with this conclusion that social grants, such as a foster care grant, have potential economic benefits, for example, it improves recipients' ability to cope with potential risks and uncertainties while reducing recipients' vulnerability to shocks, and it shows that the livelihood approach, which is widespread, has produced positive results in civilizing the lives of the marginalized and poor people, which also speaks volumes about volumes about the sustainability of the program. Certain individuals are worried that grants promote a dependence syndrome that demoralizes the jobless to seek employments (Surrender, Noble, Wright & Ntongwana, 2010). However, recent studies have shown that these grants are meant at assisting those who are unable to work due to aging or illness and that it does not reduce the likelihood of finding employment for jobless people.



### **2.14.3 Increased access to health services**

They improved access to health services which is a stepping stone on poverty alleviation. Private and public health services in South Africa are grouped in a parallel system, with the public system serving the vast majority (Zwarenstein, 1994). Everyone in South Africa, including refugees and asylum seekers, has the right to access health services under the country's constitution, which also ensures that no one shall be denied access to emergency medical care (Constitution of SA 1996). In 2017, South Africa disbursed 8.1% of its Gross Domestic Product on wellbeing care, of which 42% came from government spending. This indicates that the effort is more effective at reducing poverty because it addresses the fundamental needs of people.

### **2.14.4 Increased access to housing**

The programs increased access to housing, which is a vital component of poverty reduction. Statistics from South Africa's (2018) General Survey show that households receiving housing assistance from government improved from 5,65 in 2012 to 13,6%, (Human Settlement, 2020), which is significant evidence for the basic needs approach, which places a strong emphasis on meeting people's basic needs so they can move on to higher levels of success. According to Moola, Kotze, and Liz (2011), vagrancy is on the rise despite the government's efforts to provide Reconstruction Development Programme because of a cumulative redundancy rate and absence of affordable accommodation for non-South Africans. Borat (2013) argues that, unemployment insurance does not cover employees in the informal sector, public servants, or employees who have never worked before.

## **2.15 LOCAL OVERVIEW**

These programs are designed to help people and households deal with persistent poverty, a lack of resources, and vulnerability while also enhancing their resilience and ensuring that everyone has an equal shot at a good life.

### **2.15.1 Improved well-being and food consumption**

The services led to improved well-being and food consumption. The HSCT assisted households to become more self-sufficient and better meet their food needs, Oxford Policy Management (2013). The beneficiaries used the funds to purchase the food items, increasing consumption levels and improving health. They also use the funds to rehabilitate and strengthen their existing social networks while also fostering friendship among friends and neighbors, indicating that people need a sense of belonging and mutual respect in order to progress toward poverty alleviation. Only ZWL 218 million of the ZWL 2, 4 billion allocated under the fiscal recovery and stimulus package were utilized, demonstrating the low success rate of the program (MoFED, 2020). This suggests that the Cash transfer program will continue to suffer from the difficulties of targeting.

### **2.15.2 Improved access to health care**

The services provided increased access to health care. Through the provision of AMTO by DSD, adults over 60, those with disabilities, children with disabilities, and those with chronic illnesses receive treatment in a government hospital and follow-up check-ups. As a result, more individuals now have access to health care, which is a step in the right direction toward eradicating poverty. AMTO health care is gravely underfunded, with only 1% of the social assistance budget allocated to it, according to UNICEF (2021). According to the UNCT (2014), AMTO is having issues because to insufficient funding and a medicine shortage in government hospitals.

### **2.15.3 Increased enrolment in schools**

Other services resulted in rise of school enrolments. BEAM appears to be thriving in assisting orphans and vulnerable children in attending school. According to UNICEF (2021), BEAM was given ZWL 2 billion, or 56% of the fee waivers, which resulted in a number of children attending school. . This is a good outcome for a variety of needy youngsters in the country because the \$500 million was utilized to pay the public exam fee for students in public schools. However, given that BEAM only pays \$16, 7 per child per year and the expected coverage of 1, 5 million vulnerable children in 2021, funding for the program looks to be insufficient. This does not warranty admission to basic education programs for underserved children, and it does not guarantee the quality of education provided by Murenha (2006).

Additionally, more kids attended school as a result of the school feeding program. UNICEF allocated ZWL 1 billion to the program in 2020 and ZWL 1 billion in 2021. It was anticipated that this would increase students' attendance at the receiving schools. Due to the MoPSE ineffective guidance, the program is still having trouble being implemented. Currently, the program's centralized procurement system has a detrimental impact.

### **2.15.4 The services led to reduced hunger**

The services also led to reduced hunger. ZWL 1.7 billion of the social security budget for UNICEF in 2021 was allotted for the Food Deficit Mitigation Strategy. Spending for drought relief has increased recently despite worsening macroeconomic conditions, in part because of the increased cost of food and the increased food insecurity brought on by persistent droughts. The recipients were given 10kg of grain per person per month. This resulted in a reduction in hunger among the beneficiaries and improved food security. As such, the initiative was to partner with other departments such as AGRITEX for technical and consulting services, farmer

education, and also the concept of nutritional gardens, in which the government could ensure the maintenance of these gardens by cooperating with community Kao & Schneider, (2002). However, these departments were unable to provided funding, preventing the program from being fully fruitful.

## **2.16 CHALLENGES FACED PROGRAMS IN IMPLEMENTING THESE PROGRAMS**

### **2.16.1 GLOBAL CHALLENGES**

#### **2.16.2 Complexity of multiple programs and red tape**

The welfare scheme was on no occasion organized as a single entity like Medicare or social security, but rather as a series of distinct programs tailored to a specific need. The result is a rigid bureaucratic system that is impossible to use as depicted by Pfeiffer, (2018). The social services system consists of 13 broad initiatives, many of which have multiple components or stand-alone programs under them. The programs are generally run independently of one another and are managed by 8 large government departments in Washington that generally do not interfere with one another, and it is clear that there is a lot of red tape in the activities offered

#### **2.16.3 Improper payments and fraud**

Any payment that should not have been made or was made in the wrong amount in accordance with statutory, contractual, administrative, or other legally relevant requirements is considered an improper disbursement (OMB, 2022). Incorrect payments and fraud in the welfare system are estimated to account for 15% of all benefits received. In 2021, this amount reaches over 160 billion dollars, which is a substantial sum of money. It is more than what is expended in total on the smallest welfare programs OMB (2022).

## **2.17 REGIONAL CHALLENGES**

### **2.17.1 Corruption and mismanagement**

According to Reddy (2008), exploitation and corruption are significant issues in the social welfare system in South Africa. It cost South Africa 1.5 billion rand annually as a result of corruption and mismanagement in the provision of security grants, according to Reddy, (2008). Patel et-al (2015) also agrees that corruption is widespread in the government sector, particularly in the administration of social grants, which is particularly true in the case of criminal justice, education, economic opportunity, social cohesion, and political stability in South Africa (SOCRA, 2022).

### **2.17.2 Implementation stymied**

These are the organizational, financial, and political difficulties that had an effect on the provision of services. Social services are offered by the provincial government as a separate service. Progressive welfare services continue to be underfunded because provinces can divert funds for welfare to other purposes and priorities. Service delivery has also been delayed by provincial governments' incapacity to plan, implement, monitor, and evaluate the results of service delivery.

## **2.18 LOCAL CHALLENGES**

### **2.18.1 Bureaucracy**

Bureaucracy is the system and set of rules that are used to control activity, most commonly in government and large corporations (Zvavahera & Kwedesa, 2019). In terms of making timely and effective decisions, the government is currently being seen as an obstacle to modern organizations (Blau, 1963). On the BEAM social service, one example of bureaucracy can be found. According to Maushe (2019), there are stricter and more formal procedures in BEAM

for children who need special care due to serious disabilities. Following a step-by-step review by the district education officer, social welfare officer, and schools psychological service (usually based at the provincial level), the school-based selection committee only chooses those who should benefit. For vulnerable and poor parents, this process is too cumbersome, and many applications are failing. Because the application for funding is either incomplete or incorrectly filled out, it is either rejected or returned. The procedure is hard to understand and fill (Masdar, 2006). It resulted in variations in policy formulation as well as poor service delivery (Zvavahera & Kwendesa, 2019).

### **2.18.2 Corruption**

According to Gaal, Belli, Mckee, and Szocska (2006), corruption is a disaster for accomplishing the goals of decent supremacy rather than just an issue with the disobedience of officials. Olken (2009) noted that bad governance leads to broken systems, ineffective checks and balances, insufficient legislative and regulatory frameworks, and ineffective enforcement tactics.

A dysfunctional procurement system, an opaque and poorly planned procurement scheme, the diversion of supplies in the distribution system for private gain, and the misuse of health care funds are all examples of widespread unethical practices in many developing countries, according to UNDP (2011). Corruption raises prices and costs for goods and services provided by the government, including the financing and supply of health care, lowers investment in human capital, and, thirdly, it lowers government income, which lowers the standard of services (Dridi, 2013).

### **2.18.3 Administrative challenges**

Key administrative challenges in services offered by DSD in Zimbabwe are found in services such as BEAM, HSCT and AMTOs.

The late payment of funds has been a major issue in BEAM's administration. . Many schools expressed dissatisfaction over not receiving financing on time, citing cases in which payments for the first term may be made in the second or third term while in other schools payments for the entire year were not made as per Murenha (2006). Late payments of funds exacerbated the schools' cash flow problems (due to high interest rates and rampant inflation), and by the time schools received the funds, their purchasing power had greatly decreased.

Private hospitals are ineligible for the AMTO, which is intended to improve health care services for the people, and on this issue government hospitals have no capacity to provide drugs that can meet the medical needs of the population.

The HSCT service that is meant to complement other services provided has been administered through transfer (mobile money) and considering the target group of HSCT most of them could not afford to buy cell phones or they have no idea on how to operate phones and also network challenges in some areas would hinder those few with cell phones to know that their money had been sent and this is the case in Rushinga District most of the beneficiaries live in low network areas.

### **2.18.4 Limited resources**

By making it impossible for offices to carry out the statutory duties, a lack of essential resources, such as in particular vehicles, puts unnecessary obstacles in the way of other agencies implementing programs and programs for people (Wyatt, Mupedziswa & Rayment, 2010). Financial resources are also a challenge in the Zimbabwean government thereby leading

to underfund of the DSD hence crippling effective service delivery to rural people particularly Rushinga District.

### **2.19 WAYS OF IMPROVING THE SERVICES OFFERED**

To ensure that the department's legislative functions and its programs are carried out to a minimum acceptable standard and that it does not act as a bottleneck in other departments' attempts to provide services, there is need for a large scale funding injection.

As in Zvavahera & Kwendesa (2021), there is a need for decentralization in decision making. In government, there is a need for a modern approach. Timely decision making adds value to all parties. Determining innovation is vital in order to ensure that the old norms are broken, and this can only be achieved when the system is proactive and accommodating.

The BEAM budget should cover more than just tuition. It ought to have meals, school supplies, journals, and uniforms.

To curb the rising corruption epidemic, timely and cost-effective measures must be taken. The researcher recommends transparency in order to discourage bribes from being used to ensure a smooth service delivery to end users.

To prevent duplication of services, there is a need for collaboration with other stakeholders

### **2.20 RESEARCH GAPS**

Gaps have been found in the study of the literature amassed by different academics. Despite Zimbabwe being one of the poorest nations in Africa, most research has not been carried out in rural areas.



The present study therefore identified gaps in existing literature on DSD programs for poverty alleviation and therefore aimed at investigating the effectiveness of these programs for poverty alleviation in Zimbabwe, particularly in the Rushinga rural district.

The research also addressed the historical issue. This is because the analysis was carried out in rural areas, rather than in urban areas and further in foreign countries

## **2.21 CHAPTER SUMMARY**

Both the literature review and the theoretical framework supporting the analysis are explored in this study which is based on four main objectives which are to identify the services offered by DSD, to explore the effectiveness of these programs on poverty alleviation, to find out the challenges faced in implementing these programs and to suggest ways of improving the programs offered. The research gaps also explained.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1. INTRODUCTION**

The chapter outlines the procedures and methods employed in data collection. The research design, the target population, the sample, and sampling methods are covered in this chapter. The chapter also discusses the methods used by the researcher to gather data and how the results were analyzed. Ethical considerations taken to help and protect the participants during the collection of data are of no exception.

#### **3.2 RESEARCH APPROACH**

For this study, an exploratory qualitative research method was used. Qualitative research is defined as a method of investigating and analyzing the meaning or groups that are attached to a social human problem, according to Creswell (2012). Qualitative research is universal in that it looks at a broader picture and start with a quest for understanding of the whole (Denzin & Lincoln, 2005). Qualitative research's strength was its capacity to offer detailed recorded accounts of how people think about a particular study issue. The qualitative method of research was suited to the research because it represented different viewpoints and perspectives (Creswell, 2015), so it represented different experiences and information from different participants as well as the department of social development officers who are providing assistance to the rural people.

### **3.3 RESEARCH DESIGN**

According to McMillan and Schumacher (2010), research is the methodical process of compiling and logically analysing facts for a certain objective. Data gathering, data analysis, and report writing are the three main components of the design (Creswell, 2014). An exploratory case study was employed in the investigation. A case study is an empirical investigation in which the researcher deeply examines a plan, occasion, task or procedure, Yin (2012). The researcher can grasp the nuances and complexity of complicated social settings by concentrating the case study on one or two cases (Decombe, 2007). Since case studies are concerned with in depth information, this design was appropriate to the researcher as she managed to acquire in depth information on the experiences of DSD officers when implementing and offering poverty alleviation services to the rural people.

### **3.4 POPULATION UNDER THE STUDY**

Population defined as a set of people with particular characteristics to be used to establish certain information (Lindlof & Taylor, 2015). For this study targeted population were the beneficiaries in Rushinga rural area that receives support from the services offered by (DSD) DSD officers (social workers) and DDC. The rural beneficiaries provided information on challenges they faced in the services being offered by DSD and how helpful are the programs they are received on poverty eradication. The research also focused on the Department of Social Development as implementing partners of poverty alleviation services. They provided information on the nature of services they offered to the rural people towards poverty eradication as well as possible challenges they faced in implementing the programs. The DDC of Rushinga Rural District was also reached as the programs co-ordinator and provided information on how the services offered by DSD are improving the rural people's livelihoods.

### **3.5 SAMPLE SIZE**

A sample is a subset of the population that is chosen to participate in a particular study or activity (Polit & Hungler, 1999). The sample size consisted of 18 people, including 4 key informants (3 DSD social workers and DDC) and the beneficiaries in the Rushinga District (14).

### **3.6 SAMPLING METHODS**

#### **3.6.1 Convenient sampling**

The technique used to select respondents from a population segment that is close to hand (Mujere, 2016). This technique was employed in selecting respondents from the key informants (DSD, DDC) who were available and eager to contribute to the research. Four participants were nominated using this sampling technique

#### **3.6.2 Purposive sampling**

It has been defined as selecting individuals who have the knowledge necessary to carry out the research project (Creswell and Plano Clark, 2018). Participants from rural areas who had received at least one of the DSD's benefits were selected by random sampling. The approach is both time and cost-effective. It was used in obtaining 14 respondents from the rural population.

### **3.7 DATA COLLECTION METHOD**

Semi-structured interviews and focus groups were used to acquire the research's qualitative data; these techniques will be discussed below.

### **3.7.1 Semi-structured interviews**

Interviews that were semi-structured were used to gather data. A semi-structured interview is a technique that relies on asking questions within a predetermined thematic analysis framework (McLeod, 2014). They are a blend of structured and unstructured interviews. Interviews as depicted by Potter (1996) are useful tools for gathering data in, qualitative research. Face-to-face interviews were done by the researcher with 7 beneficiaries and 4 key informants (DSD officers and DDC).he interview lasted for 45 minutes and they took place at the respondent's offices. It helped the interviewees to express their opinions and ask questions during interviews which help them to give more useful information towards the study. Additionally, semi-structured interviews are comparable, trustworthy, and offered the researcher the opportunity to ask follow-up questions.

### **3.7.2 Focus group discussions**

A focus group discussion is a gathering of 12 to 15 persons for a facilitated conversation about a subject or study (Babbie, 2007). Using a focus group, researchers can assemble verifiable proof of the parallels and discrepancies in participants' opinions and experiences, according to Babbie & Mouton (2001). Focus-group discussions helped the researcher to produce the greatest number of arguments and perspectives within limited duration and also group interaction had an advantage of creating synergy effect on participants (Krueger, Sage, Morgan, Stewart & Shamdasani, 2000). For this research focus groups determined the nature and effectiveness of the programs on poverty alleviation in rural areas. The focus group discussions were administered to the beneficiaries of DSD programs. One (1) focus group discussion had been conducted with a maximum number of 7 participants and the discussions took place in the rural community and lasted for 45 minutes.

## **3.8 RESEARCH INSTRUMENTS**

Research tools are devices that are used to gather, measure, and analyze data related to your research requirements. The research used the interview schedule guide and the focus- group schedule guide.

### **3.8.1 Interview Schedule Guide**

It is a set of questions meant for the interview. The interviews were administered to the available key informants (DSD officers and DDC). This assisted the researcher to probe more information concerning the study. The interviews were conducted with the help of the available primary informants (DSD officers and DDC). This enabled the researcher to gather more facts about the study. The interview lasted for 45 minutes and took place at their offices. One interview guide had been used for DSD officers and one interview guide was meant for DDC. The researcher asked questions and probe further and note taking was done as a way of recording information. The interviews were also administered to the 7 (seven) beneficiaries of the DSD services and one guide had been used. The interviews took place in their respective homes and lasted for 30 minutes. Since they would be in the comfort of their homes and not afraid to participate in the study, the extent to which DSD's services are useful was a topic on which the researcher was able to elicit detailed information from the participants.

### **3.8.2 Focus group discussion guide**

Focus group discussion involves gathering people with similar interests to address a topic of concern. In a small group, the participants are interviewed. The guide allows the participants to explore the subject in a deeper way, using their own words. According to Krueger & Casey (2015), focus group discussion is a type of qualitative study in which inquiries are made regarding participants' opinions, attitudes, beliefs, views, and perceptions about a particular

study. It also allowed participants to discuss their viewpoints with others. The discussion lasted 45 minutes. One focus group discussions had been conducted with 7 participants. One focus group discussion guide was administered to the beneficiaries and the researcher used note taking as a way of recording data.

### **3.9 DATA COLLECTION PROCEDURE**

The researcher requested Bindura University of Science Education for permission to conduct the study in the Rushinga district. The researcher received a letter authorizing her to conduct the research from Bindura University of Science Education. The researcher then went to seek permission from Rushinga DSD to conduct the research in their area. The researcher also pursued permission from the District Administrator in Rushinga District who is the coordinator of all the programmes being run in the District. The permission had been granted and the approval letter had been issued to the researcher. The researcher made appointments with the study participants for data collection. Note taking was done as a way of recording data.

### **3.10 DATA ANALYSIS AND PRESENTATION**

Data was analyzed using thematic analysis. Braun & Clarke (2013) describe thematic analysis as the process of identifying patterns or themes in quantitative data. Interviews were analyzed using thematic content analysis, a technique for analyzing interview data, Patton, (2014). Braun and Clarke (2006) described an analysis process of familiarization, codification, generating themes, defining and naming themes, and writing up.

- **Familiarization** as initial stage, that is where the researcher familiarised herself with the collected data, understood participants' use of words and ideas from the interview. The researcher also noted down necessary comments which were of importance to the study

- **Coding-** the researcher developed codes from the data that were pertinent to the study's goals. The researcher moved on to the following stage after gathering topics from these groups.
- **Generating themes-** After expressive data collection, the researcher identified related groups and grouped them in order to achieve the objectives.
- **Theme naming and definition-**the researcher refined themes and redefined underlying ideas. The researcher confirmed the relationship of themes to the study questions and objectives and simplified for reader's comprehension.
- **Report writing-**this was the final stage where the researcher wrote a report of the findings. Writing of a report-the report was written to inform the reader of the data analysis's accuracy.

### **3.11 LIMITATIONS OF THE STUDY**

Gathering participants for focus-group discussions was a challenge which the researcher faced since the participants were from different villages. The researcher also faced challenge of participants who were expecting payments for the participation. The data was collected in the rain season and some of the participants were at the hard to reach areas as most of them have farms at the Mozambiquean boarder.

### **3.12 DELIMITATION OF THE STUDY**

The research focused on the exploration of the effectiveness of the programs offered by DSD on poverty alleviation in Rushinga District for the period of 2012-2022.

### **3.13 ETHICAL CONSIDERATIONS**

Ethics, according to Geale (2012), is the basis on which societies and cultures are based and is essential to political, social, and economic decision making..



- **Voluntary participation-** The participants were made aware that their participation in the survey was optional and that they might opt out at any point (Newman, 2016). According to this ethos, the participants should not be compelled to participate or threatened, but rather they do it freely.
- **Informed consent-**The participants were informed of the key details pertaining to the study's scope and goal, and their consent was obtained beforehand. Participants will have the option to decline taking part in the study Creswell (2015). The instructions on the consent form were explained by the researcher.
- **Autonomy** –Rogero-Anaya, Carpintero-Avellaneda & Villa-Blasco (1994) noted that, the respect for autonomy considers the individuals as an independent person who is able to make choices for him/herself. Participants has the right to determine what information they were willing to share and they were made to understand their roles and also made choices to participate freely without being forced by researcher.
- **Confidentiality** is another key ethic that is of great relevance in research. The ethic entails that; the information that is provided by the participants must not be disclosed to anyone who will not be part of the study (Banks, 2012). Confidentiality was ensured through explaining to the participants about all documents regarding the study was to be kept safe and information they provided is strictly confidential.
- **Avoidance of harm** -Researchers ensured that, those who took part in research were not left in distress. Protection from physical and mental harm was upheld, thus means researcher did not embarrassed, frightened, offended or harmed the participants (American Psychological Association, 2000).

### **3.14 Reliability**

According to Polit & Hungler (1999), reliability is the consistency with which an instrument measures a characteristic. According to De Vos (1998), it is also the extent to which independent use of the same instrument produces the same outcomes under comparable circumstances. Consequently, it is crucial to explain the guidelines and criteria that were utilized to choose the participants and if the findings of the study can be replicated by other researchers, the results will be consistent at that point. The less variation an instrument encounters in repeated measurements of an attribute, the greater the accuracy. There is also a correlation between accuracy and validity. An instrument that is not effective cannot be reliable. The researcher maintained connection of data and conclusion of the study thus reliability and also use of the research objectives was typical of what the researcher intends to explore the concerns about consistency and permanence of data.

### **3.15 Validity**

Validity, according to Brains & Rich (2011), is the highest degree to which a theory, conclusion, or measure is solid and likely corresponds accurately to the real world. The research used the interpretive value, in which the researcher used sensitivity and self-awareness to capture and interpret/create the meaning of the objects, events, and attitudes of the individuals involved and affected by the investigated event, which encompasses the conscious processes, hidden intentions, beliefs, assumptions, and values of participants. Validity appears in two forms which are internal and external. The study in question could be affected by the risks posed by these two validities. It is the behavior that participants exhibit just because they are aware that they are part of the experiment (Polit & Hungler, 1999) which speaks of the Hawthorne effect. To reduce these effects the participants were not pressurised to give any answers and were requested to be as honest as possible. The researcher assured the participants

of the informed consent and also they were free to withdraw if they want to ensure the validity of the results. Beneficiaries may have answered to please the interviewer rather than providing the true facts about their experience because they were in the study.

The researcher employed the triangulation approach to guarantee the accuracy and dependability of the data gathered. O'Donoghue & Punch (2003) define triangulation as a method for comparing data from many sources to look for patterns in the findings of the study. It is the preparation of a research corpus, a clear, rich, and detailed account of the study carried out, as well as the relationship between the results obtained from various sources, to improve the study's accuracy and reliability. Semi-structured interviews and focus groups were employed in this instance to collect data using methodological triangulation. On theory triangulation, the basic needs approach and the sustainable livelihood approaches were used to ensure validity. Validity is vital as it assisted the researcher to use approaches that actually measure the notion or concepts in question.

### **3.16 CONCLUSION**

In summation, the entire chapter focused on the methods and tools utilized to gather data for the study. This chapter covered the study approach, the intended audience, the sample, and the sampling techniques. The chapter also describes the steps the researcher used to collect data and how the data was examined. Ethical considerations used to assist and safeguard individuals while collecting data were also explained.

## CHAPTER 4

### DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

#### 4.0 INTRODUCTION

This section aims to provide a perception of the respondents' views and insights regarding the DSD's poverty alleviation programs for rural people. The data was collected from fourteen recipients of DSD programs and four key informants, three from the DSD and 1 from the DDC, and was collected in Rushinga District. The research was guided by four objectives which are: to identify the services offered by DSD on poverty alleviation, to explore their effectiveness on poverty alleviation, to find out the challenges faced in implementing these services, and to suggest ways to improve these services. The chapter includes the tabulated biographical data of the beneficiary respondents and key informants respondents. In presenting the findings, the data will be presented in a qualitative manner and then analyzed using a thematic analysis. Focus-group and semi-structured interviews are the two qualitative research tools that were employed to gather data during the research

#### 4.1 DEMOGRAPHIC INFORMATION OF RESPONDENTS

.The following section presents the socioeconomic data of the sample group based on age, gender, marital status, and occupation.

##### 4.1.1 Demographic of total respondents

The intended beneficiaries were **18: 14** DSD service beneficiaries and **4** key informants. All the intended beneficiaries were reached and their demographic information is presented separately.

## RESPONDENTS: Biography of beneficiaries

**Table 1**

The table below shows the intended number of beneficiaries that were targeted and the actual number of beneficiaries that were reached. Their gender had also been provided.

<b>Beneficiaries</b>	<b>Intended</b>	<b>Actual</b>	<b>Total</b>
Female	10	10	10
Male	4	4	4
<b>Total</b>	<b>14</b>	<b>14</b>	<b>14</b>

**N=14**

The above table shows that there were **14** beneficiary respondents: **10** were females and **4** were males. The beneficiaries were a mixed gender males and females who benefited from DSD services.

### 4.1.2 Marital status of beneficiaries

**Table 2**

<b>Marital status</b>	<b>Total</b>
Married women	7
Married men	4
Single ladies	3
<b>Total</b>	<b>14</b>

The above table shows the marital status of all the beneficiaries of DSD services who contributed to the study. Out of 14 beneficiaries who partook in the research seven were married women, four were married men and three were single young ladies

#### 4.1.3 Age range and occupation of respondents

**Table 3**

<b>Age range</b>	<b>Number</b>	<b>Occupation</b>
40-45	4	Subsistence farmers
45-50	4	Subsistence farmers
18-20	3	No occupation
50-55	3	Subsistence farmers
<b>Total</b>	<b>14</b>	

The table above shows the number of beneficiaries of DSD services who were consulted and their age ranges and level of education. The age range of 40-45 had 4 respondents who are subsistence farmers, age range of 45-50 had 4 respondents who are subsistence farmers as well, age range of 18-20 had 3 respondents who have no occupation and lastly age range of 50-55 had 3 respondents who are also subsistence farmers.

#### 4.1.4 Key informant respondents:

**Table 4**

<b>Key informants</b>	<b>Intended</b>		<b>Actual</b>		<b>Total</b>
	<b>DSD</b>	<b>DDC</b>	<b>DSD</b>	<b>DDC</b>	
Females	1	1	1	1	2

Males	2	0	2	0	2
<b>Total</b>	<b>4</b>		<b>4</b>		<b>4</b>

N=4

The table above shows that there were 4 key informants which were 2 females: one from DSD and one from DDC. There were also two males from DSD. All the intended key informants were reached.

#### 4.1.5 Age Range, Occupation and Experience of Key Informants

**Table 5**

Age range	Number of key informants	Occupation	Experience
35----40	3 informants	Social Development Officer	7 years working experience in DSD Rushinga
		Social Development Officer	5 years working experience in DSD Rushinga
		District Administrator	8 years working experience with DSD Rushinga
45-50	1 key informant	District Social Development Officer.	10 years working experience in DSD Rushinga

The above table shows that there were four key informants that were consulted during the study. The table shows that the age range of 35-40 years had three key informants: 2 Social Development Officers from DSD and 1 DDC(DA).The age range of 45—50 had 1 respondent who is the District Social Development Officer in the DSD. The table also shows that the respondents had valid working experience with the Department for more than 3 years.

#### **4.2 QUALITATIVE DATA PRESENTATION AND ANALYSIS**

Focus groups and semi-structured interviews were used to obtain data. Four key informants and seven beneficiaries were interviewed in semi-structured interviews. 7 beneficiaries in a group were in focus-group discussion. Note taking was conducted by the researcher to record data in the field. Fourteen participants were selected by a random sampling technique and were interviewed based on their knowledge of the project, and four key informants were selected by a simple sampling technique and were interviewed based on their availability and willingness. Three key informants were from the DSD and one DDC.These helped the researcher to obtain deep details and the specific issues with the respondents observing their feelings, emotions and use of words. Data was coded into different themes using thematic analysis. Hence in this section provides detailed information on the effectiveness of DSD services on poverty alleviation to rural people. Themes obtained are to be discussed according to the objectives as follows:

#### **4.3 SERVICES OFFERED BY DSD ON POVERTY ALLEVIATION**

This section explores services that are offered By DSD to the rural people on poverty alleviation. To address this objective; participants were asked about the type of services being offered, what are the needs of the rural people? The participants were also asked if the services are supportive enough to enable rural people recover from poverty. The respondents reconnoitred several programs being offered by DSD to alleviate poverty and how they are



working towards helping the rural people to graduate from poverty and meet their needs. .. The programs are designed to assist poor people in surviving below the poverty threshold Respondents identified the following programs: the Harmonized Social Cash Transfer (HSCT), Food Deficit Mitigation Strategy (FDMS), Assisted Medical Treatment Order (AMTO), Basic Education Assistance Module (BEAM), and skills development. These services are to be discussed below.

#### **4.3.1 Harmonized Social Cash Transfer (HSCT)**

Seven respondents said that they are receiving support from DSD in form of cash transfer and is being helpful in meeting their basic needs; though there is no consistence in the provision of cash transfers due to shortage of resources. One respondent (beneficiary) stated that:

*“Tinopihwa mari nevenhu vekuHurufeya iyo tinoshandisa kutenga zvekudya, kubhadharira vana vechikoro uye tinokwanisa kunozvirapisawo kuchipatara nemari iyi kunyangwe hazvo isingauye nguva dzose asi tinobatsirika”*(we receive money from DSD which we use to buy food for consumption, paying our children’s school fees and also to cater for our medical bills although it is not offered consistently”)

Four respondents stated that the DSD is working to ensure that rural people are able to escape poverty by providing a cash transfer program. The Harmonized Social Cash Allocation is essential as strengthens the household economy and improves well-being. One key informant alluded to the issue that:

*“We offer cash transfer to the labour-constrained households and food-poor with the aim to address income poverty and to increase family consumption however, the service is not always available due to resource constraints.”*

The respondents showed that, Cash transfer is improving their poverty coping capacities. It is important that, the rural people receive cash transfers as they are prone poverty, sometimes caused by natural disasters and they need this support. Consistency in the service provision is affected by lack of resources and economic melt-down in the country which affect the government to fully exercise its duties.

#### **4.3.2 Food Deficit Mitigation Strategy (FDMS)**

Four respondents reviewed that the rural people are being taken care of the provision of food by DSD to graduate from poverty. The FDMS help those who are chronically ill, labour-constrained, and elderly and child headed families in the rural areas. One of the key informants from DSD said that:

*“We offer food to the chronically ill, elderly, chronically-ill people and child headed families in rural areas in form of maize or sorghum. The service is also offered in phases depending on the availability of resources. However, the service covers the vulnerable categories and some of them are being left out”*

Twelve beneficiaries also highlighted that they receive food from DSD which a 10kg package per head per month and is helping them to meet basic needs although they highlighted that, the food is not able to sustain them for a month. One respondent said that:

*“Tinopihwa chibage kana mapfunde 10kg pamunhu nevanhu vekuWelfare kamwechete pamwedzi izvo zvinotibatsira kuwana chekudya asi dambudziko riripo nderekuti chikafu ichi hachiuyi mwedzi yose hachitikwanire kupedza mwedzi nekuti tinenge tisina zvimwe zvekudya zvakaita se rice zvinotibatsira kuti tisangodya sadza chete”*

This is translated to:

*“We receive food from DSD in form of maize or sorghum which is a 10kg package per head per individual which helps up meet basic food needs, the challenge is that, the package is not comprehensive as it lacks other supplements like rice which will enable us to sustain for a month and the food is provided in adhocacy”*

The findings highlighted that, the Food Deficit Mitigation Service is helping the rural people to get the basic food in fighting poverty. However, the service is offered in adhocacy that makes the beneficiaries not able to receive their food consistently and the package is not comprehensive maybe due to the lack of resources on Government side to avail adequate provision of food.

#### **4.3.3 Assisted Medical Treatment Order (AMTO)**

Eight respondents highlighted that they receive the AMTO from the DSD for them to access their health service. The AMTO helped the poor and those who are vulnerable to access free health services at Government Hospitals. One respondent said that:

*“Tinopiwa tsamba dzekuti tinorapwa pachena kuzvipatara zvehurumende kubva ku welfare. Tsamba idzi dzinoshanda kwegore rese uye unorapwa nayo kusvika wapura yakaexpire unopiwa imwe. Asi dambudziko riripo nderekuti tsamba idzi dzinoshanda muzvipatara zvehurumende chete saka mimwe mishonga yatinenge tichida tinotozobvisa mari zvakare mahofisi atinotora tsamba ari kure nekwatinogara saka dzimwe nguva hatikwanise kuwanana mari yekuti tigotora tsamba”*

This translated to;

*“We obtain AMTO from DSD offices to access free health services. The AMTOs are valid for a year and you can be able to renew it when it's expired and you can use it until you graduate from ill-health. The challenge we are facing with the AMTOs is that they are valid in*

*Government hospitals only and these hospitals lacks several medication which requires one to look for cash to purchase them and the office that offer AMTOs is centralised at one place and is at a distance which hinders most of the beneficiaries to access AMTOS”*

Four respondents reviewed that, the AMTOs help the vulnerable rural people to get access to basic health services and for one to get access to it thorough means testing should be conducted by the DSD officers. One respondent highlighted that:

*“We offer AMTOs to the vulnerable rural people who are not able to pay for their medical bills to access health services at governmental hospitals and thorough means testing should be conducted before one is granted the AMTO by DSD officers. The AMTO are always available and are eligible work in governmental hospitals only”*

The findings highlighted that, the AMTOs are helping the rural people to get access to health services, however, it is not able to fully for the needs of the rural people since AMTOs are used in governmental hospitals only and these hospitals lacks proper medication which requires one to look for cash to purchase it and also some beneficiaries travel long distances to access DSD offices for AMTOs

#### **4.3.4 Basic Education Assistance Module (BEAM)**

Three respondents highlighted that, educational services being provided by DSD to the rural children is of paramount importance as it enables the orphans and vulnerable children and the dropouts to return to school. One of the respondents stated that:

*“We process BEAM payments on termly basis to cater for fees for the orphans and vulnerable children to retain to school using the selected candidates by the Child Selection Committees”*

Most respondents (twelve) highlighted that BEAM is catering for school fees only and sometimes the funds are disbursed lately into the school accounts. One beneficiary stated that:

*“BEAM iri kubhadhara mari yechikoro chete asi haisi kuzokwanisa kutenga mabhuku nemauniform evana vacho zvakare mari yacho inonoka kubhadharwa muzvikoro saka zvinokanganisa kudzidza (“BEAM is catering for school fees only and it is not paying for school’s stationary and uniforms and also the school fees is lately disbursed into the schools accounts which affect the children to learn”)*

The findings highlighted that BEAM is doing well in paying for school fees for the marginalized learners and bringing back the dropouts to school but due to lack of resources it is not able to cater for non-fees materials such as books and uniforms for these learners.

#### **4.3.5 School Feeding Programme**

Four respondents highlighted that; DSD is helping rural people to fight poverty through the School Feeding Programme. It is of paramount importance as it improves the children’s well-being and school attendance. One respondent highlighted that:

*“The school feeding programme helps learners to fight hunger during learning periods however, it lacks consistency as such it requires proper implementation”*

The finding highlighted that the programme lacks proper implementation and it had not been funded for a long time.

#### **4.3.6 Vocational Skills Training**

Three key informants highlighted that, the DSD helps the rural people to alleviate poverty through the offering of skills training to the rural marginalised people. Skills training are of paramount importance as it equips the people with basic life skills to cater for themselves and bring sustainable development. One key informant from the DSD highlighted that:

*“Skills training is a noble idea, hand capacitating this marginalised category or sector. The notion behind is to enhance social functioning so that they will be in a position to work for themselves”*

One respondent also highlighted that:

*“I received skills training from DSD doing fashion designing as a short course and now lam able to work on my own providing for my essentials and building my networks with customers”*

#### **4.4 EFFECTIVENESS OF THE SERVICES OFFERED ON POVERTY ALLEVIATION**

This section explores the effectiveness of the services offered by DSD on poverty alleviation to rural people. To understand this objective, participants were asked about the eligibility criteria of the service, frequency of service provision and how they perceive the help they receive in improving their livelihoods. The responses provided were that, they strengthens the household economy, reduced hunger, improved access to health services and increased schools attendance. However, the respondents mentioned that, services are at times inconsistent due to resource constraints and also service limitation as discussed below:

##### **4.4.1 Strengthens household economy**

Eight respondents mentioned that the DSD services strengthen household economy for the beneficiaries. They mentioned that they received their money in cash as US\$ and it was offered bi-monthly. One of the respondents who received cash shared her experience on how the money helped her. She indicated that, she used her money to purchase food and paid for her children’s school fees. She goes on to say she even used the extra money to do round groups (mukando) which enables her to save her money. She stated that:

*“Mari yakauya iri US\$ yakandishandira kwazvo ndakakwanisa kutenga chikafu chemumba, kubdhadharira mwana wechikoro zvakare ndakakwanisa kuitawo mukando nemamwe madzima emunharaunda ndichichengetedza mari yangu. (The money that I received as US\$ cash was helpful as it enables me to purchase my households basics, paying for children’s school fees and I joined the round groups with local women that helps to save my money”*

The other respondent stated that:

*“Nowadays there is the issue of mobile money where the DSD is to send money via the phone and some of the beneficiaries are too old to operate the phone and is also affected by exchange rates”*

This was supported by 2 key informants from the DSD who pioneered the service to the rural people and they indicated that:

*“Basically life before HSCT implementation was not pleasing, some of these beneficiaries were in abject poverty but soon after the implementation of the service in form of cash some of them managed procure household basics, housing materials and engaged in mukando. However, the case is different now where the money is to be send via mobile cell phone which most of our beneficiaries cannot afford.”*

One key informant also stated that:

*“In terms of economic growth there is a remarkable change. The HSCT is really a solution o household economy and is quite effective”*

#### **4.4.2 Reduced Hunger**

Thirteen respondents said that due to provision of FDMS service by DSD hunger became reduced among the poor in the rural area. One beneficiary said that she had no food at all in his household due to the dry spills in the past year and this made it difficult for her to feed the

family. She further goes on to say the food received helps to reduce for the moment and there are no other items to supplement, she said:

*“Chikafu tiri kupiwa kamwechete pamwedzi kwemedzi mitatu chine uhwandu hwe10kg dzechibage kana mapfunde chete pasina zvimwe zvinobatsira saka hachisi kuzopedza mwedzi uyenhachiuye nguva dzese” ( I received 10kg maize or sorghum from DSD per month for 3 months and there are no other supplements to it which made it difficult to sustain for a month”*

This was further supported by all four key informants DDC and DSD officers who stated that the service is offered upon resource availability and they said

*“The service is offered in adhocacy provided the resources are available. However, the service is improving it was offered as drought and now it is FDMS with reduced quantity so as to replace with a nutritious package soon and other departments such as AGRITEX are to be funded as well to train beneficiaries on gardening to enhance their meals”*

#### **4.4.3 Improved access to health services**

Ten respondents highlighted that; the Assisted Medical Treatment Orders are assisting the vulnerable groups to access free medication in government hospital. One of the respondents who had chronic illness shared his experience with the AMTO at hospital. He said the AMTOs are not that effective in helping us accessing our health service due to too many restrictions attached quoting in verbatim:

*“Tsamba dzatinopiwa ku welafare gadzisi kuita kuti tirapwe tichipora nekuti dzinoshanda zvipatara zvehurumende chete izvo zvisina mishonga yakafanana nemapiritsi eBp neshuga saka maprivate hospitals kana phamarcy havabvume tsamba idzi, zvakare mahofisi ehurufeya ari kure nekwatanogara saka dzimwe nguva atiwani chekufambisa kuuya kunotora tsamba.*

This translates to:



*“The AMTOS offered by DSD are not effective enough to boldly cater for all our health needs as they work in governmental hospitals only and these hospitals lack some medication for example hypertension and diabetic tablets as such private hospitals and pharmacies do not accept them. Above all there is no proximity of the DSD offices and the areas we travel from to get these AMTOs which sometimes hinder us to attain them”*

This was further supported by one key informant from DSD who said that, they offer AMTOs to the vulnerable people on daily basis considering they are eligible after thorough means testing. She said:

*“We offer AMTO on a daily basis to vulnerable groups who are not able to pay for their medical bills to get treatment on governmental hospitals. WE also conduct thorough means testing before offering an AMTO”*

#### **4.4.4 Increased Schools attendance**

Seven respondents stated that BEAM increased schools attendance. They said that the service is assisting learners to attend schools regularly. They go on to say this service does not provide non-fees materials such as stationery and uniforms. One respondent stated that:

*“BEAM is actually doing great in assisting learners to get basic education and to attend school regularly. However, funds are lately disbursed into the schools accounts and it is not covering the non-fees materials such as stationery and uniforms”*

This was supported by a key informant who says that government is trying to bring about inclusion with the notion leave no one place behind by taking in dropouts to school and paying for their school fees. He goes on to say the service is improving as it now offers the training of the selection committees and he said:

*“Strides are being done on BEAM; Government is actually bringing about inclusion, leaving no one place behind, taking students dropouts and bring them back to school. The philosophy is quite noble. The service is improving on its own as it now offers the training of Child Selection Committees to effectively select the eligible learners”*

#### **4.4.5 Improved children’s well being**

The respondent (four) key informants highlighted that, the DSD services helps improve children’s well-being. This is in line with the school feeding programme. They allude to the issue that, the programme is helpful for learners to fight hunger during learning periods and helps them to concentrate more effectively. One of the respondents said that, the programme had not been properly implemented and quoting verbatim:

*“The programme is helpful to learners in fighting hunger during learning periods which enable them to concentrate more effectively. The programme also lacks consistency and it needs proper implementation to effectively cushion hunger of all the learners at schools”*

#### **4.4.6 Empowerment**

One respondent highlighted that the Vocational skills training is of paramount importance in assisting the rural people to alleviate poverty as it brings sustainable development. She further goes on to say that, doing your own job is empowerment on its own and to get enrolled you have to go through a long process of application for approval due to lack of funding by the DSD. She said:

*“I received skills training from DSD doing fashion and designing and now lam able to work on my own providing for my essentials and building my networks with customers and lam hoping to employ other people in the near future”*

The respondents (3) key informants highlighted that, the DSD helps the rural people to alleviate poverty through the offering of skills training to the rural marginalised people. Skills training are of paramount importance as it equips the people with basic life skills to cater for themselves and bring sustainable development. One key informant from the DSD highlighted that:

*“Skills training is a noble idea, hand capacitating this marginalised sector. The notion behind is to enhance social functioning so that they will be in a position to work for themselves”*

#### **4.5 CHALLENGES FACED IN ACCESSING THE SERVICES OFFERED**

The respondent highlighted on the challenges being faced by the DSD in the implementation or delivering of their services and how they affect the successful alleviation of poverty. The challenges mentioned include shortage of resources, administration challenges, and bureaucracy and service limitations.

##### **4.5.1 Shortage of resources**

Ten respondents felt that resources are not enough; therefore the Department of Social Development would not be capable to address to the needs of the rural people effectively for them to graduate from poverty. The resources mentioned include financial resources. One responded stated that:

*“Rubatsiro rwatiri kuwana kusocial welfare harusi kutikwanira nekuti hatipiwe nguva dzese zvakafanana nemari tinopiwa nenguva dziri kure izvi zvichikonzerwa nekuti ivo vanenge vasinawo zvikwanisiro zvacho” (the services that are being offered by the department of Social Development are not helpful enough since they are inconsistently offered due to the unavailability of resources”*

This was also supported by one key informant from the Department of Social Development who highlighted that their department is running short of funds and this is the reason why their

services are inconsistent and they cannot effectively help the people to fight poverty because they are offered upon resource availability. She also said there are no adequate resources to avail for the common good of implementation of programmes She said that:

*“Our department lacks funding as such some of the services are at times not consistent to fully cushion the vulnerable households to effectively fight poverty”*

#### **4.5.2 Bureaucracy and red tape**

Eight respondents highlighted that, bureaucracy is more affecting the implementation and delivering of services by DSD to rural people to effectively fight poverty. They mentioned it as an obstacle why some of the DSD services are inaccessible by many and the processes required are too cumbersome. One respondent shared her experience when she was applying for a disability loan grant. She said:

*“Kana uchida rubatsiro kusocial welfare vanonoka kupindura nekuti vanoti havana simba pazviri pane vakuru vanoona nezvazvo izvi ndakazviona pakunyorera mapepa eloan yevanhu vane hurema zvinotora nguva kuti zvidzoke zvakare zvinodiwa zvachozvakawandisa saka unotoguma wasiyana nazvo” (the DSD officers took time to respond to issues since they are not the ones who have the final approval of the services they deliver and this was a challenge when I applied for my disability loan grant, it took time to get the response and there is too much paper work needed”*

The three key informants from the DSD supported this and said that the government have the overall powers on all the services delivered by DSD. They goes on to say that, for approval there is need for clear paper work and witnesses as well and this is a challenge for many and the form for application are difficult for the illiterate to comprehend. One respondent said:

*“Bureaucracy is an impediment in our organisation and it delays in making timely decisions. There are more bureaucratic measures required to receive DSD services and an example is for Disability grant loan. The form is difficult to comprehend and complete and this led to inconsistencies in policy implementations well as poor service delivery”*

#### **4.5.3 Administration challenges**

Eleven respondents highlighted administration challenges as associated to the services that are offered by DSD to rural people on poverty alleviation. They alluded to the issue that these challenges are a barrier to effectively alleviate poverty. They highlighted that this challenge is mainly attached to services such as BEAM and AMTO. The respondents said:

*“Nyaya inonetsa ndeyekuti tsamba dzekuchipatara dzatinopiwa kuDSD kuti tinorapwa dzinoshanda muzvipatara zvehurumende chete izvi zvisina mishonga yakakwana” (The challenge is the AMTO that is offered by DSD is only acceptable in governmental hospitals only and they have no enough medications”*

The other respondent stated that:

*“Mari yeBEAM iri kunonoka kuuya muzvikoro sevabereki tinenge tava kutotsvagiswa mari yekubhadhara zvakare painouya inenge isisatenge chinhu zviru kudzosa budiriro yezvikoro kumashure” (BEAM funds are lately disbursed into the school’s accounts as such parents will be forced to look for school fees yet we do have the capacity and this is drawing back the school’s development due to high inflation rates”*

These respondents have been supported by four key informants who said that, the administration challenges and service limitations are also beyond their control. They highlighted the issue that, administration challenges is a day to day problem that their department is facing which is affecting their service delivery. Two of the respondents said that:

*“Service limitation associated with AMTO that it works in governmental hospitals only is beyond the department’s control as such most of our clients are not accessing their health services in time”*

The other respondent stated that:

*“The challenge associated with BEAM’s late disbursements of funds is that sometimes the government lacks finding and also sometimes the schools would have provided wrong school accounts as such follow-ups needs to be done to find out the reason behind”*

#### **4.6 WAYS OF IMPROVING THE SERVICES OFFERED**

The respondents discussed the potential solutions that could be devised to tackle the challenges that the DSD faces in the implementation and delivery of services related to poverty alleviation. The strategies include increased funding to DSD, stakeholder collaboration in service delivery and consistent service delivery to the people.

##### **4.6.1 Increased funding to Department of Social Development**

Twelve respondents highlighted that the government should fund Department of Social Development with all the required resources that would enable the effectiveness of the Department’s service delivery. They go on to say financial resources are a key in the department to enable smooth running of the services to the rural people. One respondent said that:

*“Hurumende ngaiwedzere zvikwanisiro zvinodiwa nevanhu vesocial welfare kuita kuti vagokwanisa kubatsira vanotambura zvizere kunyanya mari ndiyo inoita kuti basa ravo rienderere mberi” (The government of Zimbabwe to fund DSD with whatever the resources*

*they need to effectively help the poor in rural areas and above all financial funding is key to smooth service delivery)*

2 key informants from the DSD also highlighted the same issue that the government has to fund DSD financially to effectively deal with the rural people's problem so as to assist the advance from poverty. One of the respondents said:

*“The government has to fund DSD with all the necessary resources that would enable quick and effective service delivery to the rural people for them to fight poverty”*

#### **4.6.2 Stakeholder collaboration and networking**

Five respondents explored that, there have to be improved networking and strong collaboration with other stakeholders to enhance DSD's aim of poverty alleviation to the rural people. They go on to say that; stakeholder collaboration is of paramount importance as they help the department with other resources that it cannot provide to effectively assist the beneficiaries. One of the respondents mentioned that:

*“vanhu vesocial welfare vanofanira kubatana nemamwe mapoka ayo anokwanisa kuvawedzerawo nerubatsiro rwezvinhu zvavangade kuti vagobatsira vanhu zvizere” (DSD to partner with other stakeholder so that they can get the resources that the government cannot provide to effectively assist the rural people to evacuate poverty”*

A key informant from DSD also support this point view as she stated that stakeholder collaboration is of paramount importance as various stakeholders bring different ideas which will hasten other departments to reach their goals effectively. She said:

*“We need to partner with other stakeholders as they bring different ideas and solutions that would enable us to effectively tackle the problems that our beneficiaries will be facing and it avoids duplication of services.”*

### **4.6.3 Consistency in service delivery**

Seven respondents mentioned that to effectively deal with the challenge that DSD is facing there is need of consistency in their service delivery. They said continuous offer of services to the poor people will make hasten their graduation from poverty and they will develop. One of the respondents said:

*“Rubatsiro rwesocial welfare runofanira kuramba ruchiyu kvanhu ndokuti vakasire vabuda mukutambudzika uye vagobudirira” (DSD assistance should be continuously offered to the people for them to effectively graduate from poverty)”*

The idea was also supported by the DDC who says continuous offer of assistance would help to fully administer all the vulnerable categories in our rural area. She said:

*“Consistency in service delivery helps to fully cushion the vulnerable households”*

### **4.6.4 Engage more in sustainable development projects**

Five respondents highlighted that, DSD services should take form of sustainability where they have to engage more in skills training which promote people to work on their own and it will avoid the dependency syndrome. One of the respondents said:

*“Vanhu vesocial welfare ngavadzidzise vanhu mushando wemaoko kuti vanhu vagone kuzvishandira vasangomirire kupihwa” (The DSD to train people on vocational skills so that they will be able to work for themselves and not rely on someone)”*

The three key informants from the department of Social Development also highlighted that, Vocational skills training will be helpful since people will gain life time experience that they would utilise to look for themselves and also even the government to utilise the opportunity of those learners who were sent to school by BEAM to provide revolving grants that they would utilise and return on interest. One of the respondents said:



*“Government to consider the BEAM beneficiaries to start income generating projects after school offering them loans or revolving grants that they would return with interest and also build so many training institutes preferably in every district to train people on basic skills”*

#### **4.7 DISCUSSION OF THE FINDINGS**

The research focused on exploring the effectiveness of the services offered by DSD on poverty alleviation in rural areas using Rushinga Rural District as a Case study. The researcher managed to interview fourteen beneficiaries who encompassed seven married women, 4 married man and three single ladies who ranges from twenty to 60 years old in age. Using semi-structured interviews, three key informants from the DSD and one DDC were also interviewed. The respondents explored to their best of knowledge the services offered by DSD on poverty alleviation and how are they helping them in their journey of fighting poverty. Using the findings above the researcher understand all the four objectives and the themes which emerged were services offered by DSD on poverty alleviation, effectiveness of these services on poverty alleviation, challenges faced in implementation of these services and ways of improving these services.

Approaches which are Sustainable Livelihood (SLA) and the Basic Needs (BNA) helped the researcher to grasp the impact of DSD programs on poverty alleviation and what could be done to improve their effectiveness. The theories have it that, for poverty alleviation to be effective the human basic needs are of primary concern and the duty bearers should make these services accessible by rural people. The theories place a strong emphasis on the desire of individuals to meet others' wants in order to raise their standard of living in a variety of social circumstances. Krantz (2001) argues that sustainable poverty alleviation will only be possible if the services are integrated with within their existing livelihood strategies, social context, and ability to adapt. Hope & Timmel (1995) argue that basic needs are more urgent than others in Maslow's

model of needs. The researcher found out that due to limited resources the DSD services lacks consistency which led to the impossible mission of poverty alleviation due to corruption and politicisation of services. Therefore the DSD services should be offered in consistency so as to effectively combat poverty.

The study found out that the DSD is offering various services upon poverty alleviation in rural areas. Respondents also mentioned the following services: Harmonized Social Cash Transfer (HSCT), Assisted Medical Treatment Order (AMTO), and Food Deficit Mitigation Strategy (FDMS), Basic Education Assistance Module (BEAM), and vocational skills training. Provision of food and cash services has also been reported in countries such as South Africa. The services such as HSCT and FDMS have been mostly mentioned in strengthening the household economy and improving the family's consumption. According to Kang et al (2017), the program's broad goals are to address income disparity, cut back on consumption, and enhance child protection outcomes. The respondents managed to explore different types of services and the nature they are delivered to them.

The second theme was in line with exploring the effectiveness of the DSD programs on poverty alleviation. The respondents mentioned that, the DSD services strengthens household economy and food consumption, reduce hunger, improved access to health services, increased school's enrolments, improved children's wellbeing and empower people. However, they also highlighted that, these services lacks consistency and have limited service which is affecting their capacity to effectively help the rural people to fight poverty. Strengthening household economy and food consumption had been mentioned as the effectiveness of DSD services on poverty alleviation, Oxford Policy Management (2013). The HSCT helps households to become more independent and better meet their food needs, however, respondents identified poor targeting as the main issue that is affecting the service's ineffectiveness. This is also supported by MoFED (2020), and because of the low success of the ZWL 2, 4 billion set aside for cash

transfer, only ZWL 218 million was used, the social cash transfer scheme will continue to suffer from targeting challenges.

Improved health access had also been mentioned as the effectiveness of the DSD services on poverty alleviation. The AMTO had been mentioned as increasing the number of beneficiaries getting access to health care and is considered as a better step towards poverty alleviation. However, the AMTO health assistance is considered as severely underfunded and also affected by service limitation that's hindering its effectiveness towards poverty alleviation. UNICEF, (2021) AMTO health care is underfunded, accounting for 1% of the social assistance budget, and According to UNCT (2014), AMTO is having issues because to a lack of funds and a drug scarcity at government hospitals.. Increased school enrolments had also been mentioned as the effectiveness of DSD service towards poverty alleviation.

The BEAM and school feeding programme had been mentioned as increasing schools attendance which is a better step towards poverty alleviation. The programs had been successful in raising learner attendance in partner schools and encouraging orphans and vulnerable children to attend school. The programs had been effective in assisting orphans and vulnerable children in attending school and increasing learner participation in the receiving schools. However, the BEAM late disbursements of funds affect the service as cited by Murenha (2006) and also the schools feeding programme is still affected by its centralised procurement framework.

The research also identified the challenges faced in the implementation and delivery of DSD services towards rural poverty alleviation. The respondents mentioned challenges such as shortage of resources, bureaucracy and red tape and administration challenges as the challenges hindering the effectiveness of DSD services to combat poverty in rural areas. Most respondents mentioned administrative challenges and shortage of resources as major impediments that the

DSD is facing in implementing its services due to unfavourable economic status of the nation. Resources are a key for an organisation to achieve its all objectives hence there is need for resource mobilisation from different stakeholders. By making it impossible for offices to perform the essential duties, Wyatt, Mupedziswa & Rayment (2010) agree that a lack of critical resources, such as particular vehicles, puts obstacles in the way of other agencies implementing programs and programs for people. BEAM and AMTO also are affected by administrative challenges. Late payments of funds which compounded the school's cash flow were a major administrative challenge of BEAM. Murenha (2006) asserted that many schools were not receiving funding on time, noting situations in which funding for one term may be distributed in the second or third term.. According to UNCT (2014), AMTO faces challenges as a result of insufficient funding and a shortage of drugs in governmental.

The study also indicated potential diplomacies that could be applied to enhance the services implemented and provided to rural residents.. The respondents highlighted different strategies that can be employed by DSD in its service implementation to effectively deliver effective service to rural people towards poverty alleviation and some of them are being employed and they need proper implementation and management. The strategies include increased funding to DSD, stakeholder collaboration and networking, and as mentioned by Goldman et al (2001), for programs to be fruitful, there must be both collaboration between the activities of different departments, as well as consistency in service delivery and involvement in sustainable development. One of the major challenges faced by DSD had been mentioned to be lack of adequate resources. To ensure that DSD's statutory functions are effectively carried out, there is a need for a large-scale funding injection.

Stakeholder collaboration and networking had also been identified as one of the strategies that can be employed by DSD. The Sustainable Livelihood Approach focuses on bridging the gap on macro-micro levels in in stressing the links between these two. According to Sporton and

Thomas (2002), the fight against poverty can only be won by working on a variety of fronts, including making sure that macro-level activities inform the creation of policies and a supportive environment and that macro-level structures and processes allow people to capitalize on their strengths. This implies that partnerships are very essential in tackling this complex challenge. Need for decentralisation in decision making also had been highlighted as the strategy to effective implementation of DSD services towards poverty alleviation. Zvavahera & Kwendesa (2021) concurs that, there is need for decentralisation in decision making.

Engaging in sustainable development had also been identified as another strategy to enhance smooth DSD service implementation. Vocational skills training were recommended as they bring ever-lasting change in human lives and reduce dependency syndrome. The BNA have it that there is need for self-actualisation and self-realisation. Onah (2015) agrees with this and says that there is a need for the acquisition of inborn talents, capacities, possessions, and achievements. Onah (2015) defines self-actualization as the desire to enable individuals to be the best they can be in the society and encourages them to be creative in the workplace. The SLA concurs that livelihoods must be resilient in the face of pressure and tremors from outside sources, independent of outside aid, capable of maintaining the long-term worth of natural resources, and unaffected by other people's livelihood decisions. Therefore development agents must be able to maintain a sustainable lifestyle by shifting away from bringing temporary transformation to the lives of the poor.

#### **4.8 CHAPTER SUMMARY**

The study's findings and the respondents' biographical information have been succinctly summarized and presented. The effectiveness and implementation difficulties of DSD's

services for reducing poverty were covered in this section. An effective service plan and delivery are also suggested in this chapter.

## **CHAPTER 5**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The chapter recaps the conclusions of a survey on the effectiveness of DSD programs on poverty alleviation in rural areas. It discusses the findings of the study, which include the services provided by DSD for rural poverty alleviation, the effectiveness of these services for poverty alleviation, the challenges faced by DSD in implementing its services, as well as potential strategies for improving the service's implementation. In this chapter, there are also recommendations for future use in the study of poverty alleviation.

#### **5.2 SUMMARY OF THE FINDINGS**

The study's background, the literature review, the methodology, and the presentation, analysis and discussion of the study's findings were discussed in the earlier chapters. The study's goal was to determine how well DSD initiatives worked to reduce poverty among rural populations. The Rushinga Rural District served as the study's location. The research was based on four goals: to identify the services provided by DSD to reduce poverty in rural areas, to explore the effectiveness of these services in reducing poverty, to learn about the difficulties encountered

in putting these programs into action, and to offer potential solutions for improving the services currently provided. Four key informants were chosen through a convenient sample strategy, while 14 DSD recipients were chosen by purposive sampling.

### **5.3 SERVICES OFFERED BY DSD ON POVERTY ALLEVIATION.**

On the services offered by DSD, the study found out that, all the discussed services were common amongst all beneficiaries interviewed. The services include harmonized social cash transfer, the food deficit reduction scheme, the assisted medical treatment order, the basic education assistance program, and the vocational skills training. It also highlighted that, these services are helping them meet their basic needs; however, there are a lot of gaps in their implementation which makes it difficult for them to fully cushion vulnerable households in rural districts.

### **5.4 EFFECTIVENESS OF THESE SERVICES ON POVERTY ALLEVIATION**

On this objective, the study findings revealed that, the services offered by DSD are effective to a lesser extent in helping the rural people by providing the rural population with opportunities that are relevant and sufficient for their basic survival in the face of poverty alleviation. The respondents mentioned that the DSD services strengthens household economy, improved access to health, reduced hunger, improved school's attendance and also brings empowerment to people. However, the respondents mentioned that the services lack consistency and that makes them not fully effective to cushion the vulnerable households. Limited resources and administrative challenges have also been mentioned as a barrier to the effectiveness of DSD services to fully cushion poverty in rural areas.

## **5.5 CHALLENGES FACED IN THE IMPLEMENTATION OF THE DSD SERVICES**

The study revealed that, the DSD face some challenges in its implementation of the services to rural people towards poverty alleviation. The challenges encountered include lack of adequate resources, bureaucracy and red tape and administrative challenges. These challenges affect the effectiveness of the services to reduce and combat poverty in rural areas amongst the vulnerable households.

## **5.6 WAYS OF IMPROVING THE SERVICES OFFERED**

The study also brought out some of the possible strategies that can be employed by DSD to enhance its effectiveness in service implementation and delivery. The strategies put forward include increased funding to DSD, stakeholder collaboration and networking, consistency in service delivery and decentralisation of service which will improve the DSD's robustness in achieving their goal towards poverty alleviation.

## **5.7 CONCLUSIONS OF THE STUDY**

Gathering from the research's findings, the research reached to the following conclusions:

DSD services are less effective in sustaining the rural people to alleviate poverty. The DSD is offering a variety of services to the rural people such as food deficit mitigation strategies, harmonized social cash transfers, basic education assistance module and vocational skills training. These services are helping in boosting household economy and food consumption, improved access to basic health, brought empowerment and reduced hunger. However, there are a lot of gaps in these services which needs consideration from the implementation to service delivery. The study highlighted that, the services are affected by limited resources which leads to lack of consistency in the service delivery. Administrative challenges and service limitation also is affecting the effectiveness of these services to effectively sustain the rural people to



alleviate poverty. Bureaucracy and centralised procurement in the implementation of the DSD services are great hindrances in the service implementation.

Given the findings, the study concluded that, that there is urgent of funding to DSD to improve smooth running of services and consistency in service delivery. The study also concluded that, stakeholder collaboration and networking is of more importance as they increase the resources to DSD and improve the department's robustness in achieving its goals. The research upon analysis of findings has arrived to the conclusion that, decentralisation of service is necessary in DSD as it curb bureaucracy and enable quick decision making in the department.

## **5.8 RECOMMENDATIONS**

The study's goal was to explore how well DSD initiatives worked to reduce rural people's poverty. Therefore, this section will contain recommendations that will help in the reduction of poverty. Following the above-mentioned conclusions, the following recommendations were made:

- The government to fund DSD with all the required resources to enable quick service delivery to the people. This is because one of the challenges faced by DSD which is hindering its smooth running of services is limited resources so there is urgent need of funding to DSD.
- DSD services should focus more on sustainable development to effectively alleviate poverty. This is because services offered by DSD are offered for free without the rural people's efforts which is fostering the dependency syndrome to the people and became reluctant to work for themselves. AS such the Food for work services are recommended.
- The government to build vocational training schools in the District to enable the marginalised groups to get skills training that will help them to work for themselves and not to rely on others and brought sustainable results.

- The government should also work towards ensuring the availability of medications in governmental hospitals. This is because the AMTO that is offered by DSD to rural people to access health services only work in governmental hospitals as such these hospitals have limited medication. Ensuring availability of all types of medication will enable the rural people to effectively get treated.
- The department has to do frequent service delivery to the rural people. This is because lack of consistency in service delivery had been identified as one of the challenges facing DSD in its delivery of service. As such the services need to be offered consistently so as to enable the rural people to fight poverty.
- The DSD to partner with other stakeholders and network so as to effectively meet its set goals in helping the rural people alleviate poverty. Partnerships and networking helps to come up with various resources and make informed decisions towards set objectives on poverty alleviation.
- Policy formulations by the government so as to enable BEAM to cater for non-fees materials such as stationery and uniforms and above BEAM sponsored children needs to be given revolving loans after school so that they will return with interest to factor out dependency syndrome.
- Harmonization of programs for those households that have been identified as vulnerable so as to effectively graduate from poverty.
- Harmonized Social Cash Transfer need to be issued in form cash so as to cater for the elderly and the poor who either do not have cell phones or have the knowledge of how to do mobile transactions.

## **5.9 Summary**

The foregoing chapter gave an abridgement of research findings; it made conclusions and gave the recommendations for the possible ways to be employed for effective poverty alleviation. The chapter also addressed the findings of objectives in brief and also how the frameworks which guided the study were put into use. The chapter lastly listed some recommendations towards addressing subject of the study. The recommendations include increased funding to DSD by the government, build of vocational training centres in the rural Districts, and the services should focus on sustainable development which curbs dependency syndrome.

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*Page 2*

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## Appendix 1

### CONSENT FORM

My name is Patronella Kuvamudiki, Registration number B1852314. I am studying Social Work at Bindura University of Science Education. I am carrying out the research on the topic **entitled: An investigation on the efficacy of DSD programs on poverty alleviation in rural areas; a case study of Rushinga District.**

I..... have been given detailed information pertaining to the study and I can confirm that;

- I have understood the purpose of this research and how I am supposed to help out.
- I understand that my participation is voluntary and I can withdraw from it without being questioned.
- I agree to the use of an anonymous identity, understanding that any information that I give will not point out to me.
- I grant the researcher the permission to record the interview in form of writing understanding that the information will be kept confidential and is being used for academic purposes.

Participant Signature ..... Date .....

## **Appendix 2**

### **FOCUS GROUP DISCUSSION GUIDE FOR BENEFICIARIES**

#### **BIOGRAPHY**

1. Sex
2. Marital status
3. Level of education
4. Age

#### **Section A: Services Offered by DSD**

1. Which services are being offered by DSD?
2. What are the needs of the rural people?
3. Do the services being offered working towards poverty alleviation? If yes how are they working?

#### **Section B: Effectiveness of these programs on poverty alleviation**

1. How long do you receive the support from DSD? Explore.
2. Can you comment on the livelihood of people after or they started receiving services from the Department of Social Development?
3. Can you say they are improving and helping? Elaborate?
4. Are the programs supportive enough to relief people to alleviate poverty?

#### **Section C: Challenges faced in implementation of the programs**

1. What are the problems being faced by DSD in providing poverty alleviation services to the rural people?

2. How do you think these challenge can be dealt with?

**Section D: Ways of improving the services being offered**

1. Do you think DSD programs are improving the conditions of the rural people in fighting poverty?

2. What do you think the government should do to enhance the improvements of these programs being offered to rural people for poverty alleviation?

### Appendix 3

#### INTERVIEW SCHEDULE GUIDE FOR KEY INFORMANTS

GENDER.....

AGE.....

OCCUPATION: .....

DATE.....

#### EXPERIENCE OF THE WORKER

.....  
.....  
.....

#### Section B: Services being offered by DSD

1. What are the services you are offering as DSD to rural people towards poverty alleviation?
2. What are needs of the rural people that have you identified as DSD?
4. Are the programs supportive enough to enable rural people to recover well from poverty?

#### B: effectiveness of the services on poverty alleviation

1. How long does DSD offer support to rural people? Explore the Frequency and eligibility
2. Can you comment on the livelihood of the rural people after or they started receiving DSD services?

3. Can you say the services you offer are improving and helping? Elaborate?
4. Are the services supportive enough to relief rural people to alleviate poverty? What are the achievements?

**C: Challenges in providing services to the young offenders**

1. What are the challenges you are encountering in implementing and offering poverty alleviation services to the rural people?
2. How do think these challenges can be dealt with?

**Section D: Ways of improving the services offered**

1. Do you think DSD services are improving the conditions of the rural people in fighting poverty?
2. What do you think should be done to enhance the improvements of these programs being offered to rural people for poverty alleviation?

## **Appendix 4**

### **INTERVIEW SCHEDULE GUIDE FOR BENEFICIARIES**

#### **BIOGRAPHY**

1. Sex
2. Marital status
3. Level of education
4. Age

#### **Section A: Services Offered by DSD**

1. Which services are being offered by DSD?
2. What are the needs of the rural people?
3. Do the programs being offered working towards poverty alleviation? If yes how are they working?

#### **Section B: Effectiveness of these programs on poverty alleviation**

1. How long do you receive the support from DSD? Explore.
2. Can you comment on the livelihood of people after or they started receiving services from the Department of Social Development?

3. Can you say they are improving and helping? Elaborate?
4. Are the programs supportable enough to relief people to alleviate poverty?

**Section C: Challenges faced in implementation of the programs**

1. What are the problems being faced by DSD in providing poverty alleviation services to the rural people? Why is poverty still on the rise?
2. How do think these challenge can be dealt with?

**Section D: Ways of improving the services being offered**

1. Do you think DSD programs are improving the conditions of the rural people in fighting poverty?
2. What do you think the government should do to enhance the improvements of these programs being offered to rural people for poverty alleviation?

## Appendix 5

### APPROVAL LETTER

*All correspondence to be addressed The District Development Coordinator Reference:*

*Telephone:- 2392 (066212)  
Email:ddcrushinga@gmail.com*



ZIMBABWE


MINISTRY OF LOCAL  
GOVERNMENT AND PUBLIC  
WORKS  
OFFICE OF THE DISTRICT  
DEVELOPMENT COORDINATOR  
RUSHINGA DISTRICT  
P BAG 2110  
RUSHINGA

26 January 2023

TO WHOM IT MAY CONCERN.

Permission has been granted to PATRONELLA KUVAMUDIKI (B1852314), a student from Bindura University of Science Education to undertake an academic research in Rushinga District.

Kindly assist in any way possible.

  
L. R. Dube

District Development Coordinator - Rushinga

