

**CASH TRANSFER PROGRAMME AND POVERTY  
REDUCTION AMONG FEMALE HEADED HOUSEHOLDS IN  
NACHINGWEA, TANZANIA: A CASE OF TASAF III**

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REDUCTION AMONG FEMALE HEADED HOUSEHOLDS IN  
NACHINGWEA, TANZANIA: A CASE OF TASAF III**

**By**

**Rose Kenny Mwaita**

**A Dissertation Submitted in Partial Fulfilment of the Requirements for Award  
of the Degree of Master of Science in Development Policy of Mzumbe University**

**2018**

## CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled **Cash Transfer Programme and Poverty Reduction among Female Headed Households in Nachingwea, Tanzania: A Case of TASAF III**, in partial fulfilment of the requirements for award of the degree of Master of Science in Development Policy of Mzumbe University.

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I, **Rose Kenny Mwaita**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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## **ACKNOWLEDGEMENTS**

My sincere appreciation goes to all who in one way or another contributed to the accomplishment of this study and dissertation writing. Many thanks should go to the Almighty God who is the source of all knowledge, provider of an opportunity to pursue my studies at Mzumbe University and for keeping me healthy throughout the study period. I cannot forget to thank Dr. Venosa Mushi for her efforts, patience and guidance in the capacity of major supervisor which was of paramount contribution to production of this dissertation. I real appreciate for her constructive critiques and intellectual guidance during proposal writing, data collection, data analysis and dissertation writing. I would also like to express my sincere gratitude to Mr. Julius Kalambo, Mr. Yona Matekele, Dr. Adolf Makauki, all course lecturers, other IDS staff members and all members of Science in Development Policy students registered in the 2016/2017 academic year for their cooperation and encouragement.

Furthermore, thanks go to the District Executive Director (DED) of Nachingwea District Council, for authorizing my study leave which enabled me to pursue my studies at Mzumbe University. Special thanks also go to the Female Headed Households benefiting from Cash Transfer Programme and the TASAF Coordinator in Nachingwea District for information and assistance provided during my field work. I highly appreciate my family, specifically my husband, Mr. Geoffrey Kulwa Kahabi, my daughter Nolyne Mary and my son Loring Gabriel for their moral support, prayers and continuous encouragement. All friends of mine and others who supported me in one way or another are highly appreciated for their support. May God bless them all!

## **DEDICATION**

I would like to dedicate this work to God's holiness, my beloved father, my mother, my husband, my daughter and my son.

## **LIST OF ABBREVIATIONS**

|        |                                                       |
|--------|-------------------------------------------------------|
| AIDs   | Acquired Immunodeficiency Syndrome                    |
| CDD    | Community Driven Development                          |
| CHF    | Community Health Fund                                 |
| CTP    | Cash Transfer Programme                               |
| DFID   | Department for International Development              |
| FAO    | Food and Agriculture Organization                     |
| FHHs   | Female Headed Households                              |
| GDP    | Gross Domestic Product                                |
| HIV    | Human Immunodeficiency Virus                          |
| HLPE   | High Level Panel of Expert                            |
| IFAD   | International Fund for Agricultural Development       |
| ILO    | International Labour Organisation                     |
| IMF    | International Monetary Fund                           |
| MDGs   | Millennium Development Goals                          |
| NBS    | National Bureau of Standards                          |
| NGOs   | Non Governmental Organizations                        |
| NHIF   | National Hospital Insurance Fund                      |
| NSGRP  | National Strategy for Growth and Reduction of Poverty |
| PEDP   | Primary Education Development Programme               |
| PRSP   | Poverty Reduction Strategy Paper                      |
| PSSN   | Productive Social Safety Nets                         |
| REPOA  | Research on Poverty Alleviation                       |
| RGoZ   | Revolutionary Government of Zanzibar                  |
| SDGs   | Sustainable Development Goals                         |
| SEDP   | Secondary Education Development Programme             |
| SPSS   | Statistical Package for Social Sciences               |
| TASAF  | Tanzania Social Action Fund                           |
| TZS    | Tanzanian Shillings                                   |
| UNDP   | United Nations Development Programme                  |
| UNICEF | United Nations Children's Fund                        |
| URT    | United Republic of Tanzania                           |
| US     | United States                                         |
| VICOBA | Village Community Bank                                |
| WDF    | Women Development Fund                                |
| WID    | Women in Development                                  |
| YDF    | Youth Development Fund                                |
| ZSGRP  | Zanzibar Strategy for Growth and Reduction of Poverty |

## **ABSTRACT**

This study intended to examine the contribution of Cash Transfer Programme (CTP) to poverty reduction among Female Headed Households (FHHs) in Nachingwea District, Tanzania. Specifically, the study focused at determining the contribution of CTP on access to education, health services and food among poor Female Headed Households (FHHs). A case study research design was used whereby the target populations were Female Headed Households and leaders in the District. A sample size of 66 respondents was drawn by using purposive and simple random sampling techniques. Purposeful sampling technique was applied to select sixteen (16) key informants and simple random sampling technique was applied to select fifty (50) Female Headed Households. Primary data were collected through questionnaires and interviews while the secondary data were collected through documentary review. Quantitative data collected were analysed descriptively by using the Statistical Package for Social Sciences (SPSS) whereas qualitative data were analysed through content analysis. The findings were presented through tables and statements. The study revealed that Cash Transfer Programme has increased access to education, health services and food. Specifically, all children admitted to schools were getting the basic needs and attending schools regularly. Furthermore, all respondents and their household members were registered members of the CHF and also going to health facilities always when they fell sick. The study further established that the percentages of households taking three meals per day rose up to 74 percent as compared to 22 percent before the cash transfer programme. Conclusively, the role of the Cash Transfer Programme in reduction of poverty at household's level is significant and a basis for improved livelihood of the communities living under extreme poverty. This was evidenced by the findings whereby the programme succeeded to a great extent to achieve access to education, health and food. The study recommends that there is a need to review our policies especially health policy so as to enable all citizens to be registered members of the National health insurance fund which enables them to get health services from dispensaries, health centres, hospitals and referral hospitals both private and public.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Overview**

This chapter provides an overview of the study in seven parts namely; background to the problem, statement of the problem, objectives of the study, research questions, significance of the study, scope of the study and the study limitations.

#### **1.2 Background to the Problem**

Poverty has drawn a worldwide attention in recent times as it is now a global concern. More than 3 billion of the world population live on less than 2.5 US dollars a day, estimated that 1.3 billion live in extremely poverty living on 1.25 US dollars or less daily (Chandy and Gertz, 2011). Poverty is still a big problem in the world today as it can be seen from the numbers. The number of poor people in developing countries doubled between 1981 and 2005 with half of extremely poor people living in sub Saharan Africa. Sub Saharan Africa accounts for more than one third of the world's extreme poor. The capacity of these countries to meet food needs of their growing population is uncertain with poor per capital income and food production (ILO, 2015). The number of poor people in the region fell only by 4 million, 389 million people living on less than 1.90 US dollars a day in 2013 (World Bank, 2016). A vast majority of the global poor live in rural areas and are poorly educated, facing the problems of hunger, malnutrition and diseases, mostly employed in the agriculture sector.

From a gender perspective it has been observed that, over the past decades the number of women below the poverty line has grown suspiciously as compared to the number of men in poverty especially in developing countries. Women's limited access to education, power, productive resources, training and other emerging factors are claimed to be responsible for increased number of poor women around the world. It has been witnessed that poverty is more acute to women who live in rural households. Economists believe that a woman's poverty is related to the absence of autonomy and economic opportunities on the large scale, lack of access to education

and support services, incompatible access to economic resources and minimal participation in key decision making (Digumarti, 2000).

Poverty is also highest among female headed households (FHHs) mostly living in rural areas and depending on livestock or food crop production for their livelihood. According to Fultz and Francis (2013), there is a steady increase in the number of female headed households caused by geographical and historical factors. The author exposed that female headed households are “the poorest of the poor”, and their rights are not protected and therefore they facing some obstacles that are extraordinarily difficult to overcome. It should be noted that, female headship is not always associated with poverty but when women have low earnings, less access to profitable jobs and useful resources like land and capital it contributes to their economic vulnerability.

Globally, the efforts to combat poverty was contextualized within the first target of Millennium Development Goals (MDGs) specifically which aimed at end up extreme poverty and hunger by half by the year 2015 (Vincent and Cull, 2009). In a follow-up of the declarations many African Governments including Tanzania placed poverty reduction and the economic empowerment of women among their top priorities for action. Poverty is highest in rural areas and the people living in rural areas rely on agriculture or on access to natural resources for their livelihood. Agriculture sector continued to support livelihoods of the majority Tanzanians despite reliance on rain fed agriculture leaves a large proportion of Tanzanian’s at risk to economic shocks due to climate change (URT, 2016). The key findings of 2011/12 Household Budget Survey in Tanzania Mainland show that 28.2 percent of Tanzanians could not meet their basic consumption needs (URT, 2013).

Lack of knowledge and infrastructure to develop and implement some kind of agricultural technology, droughts, floods or temperature shocks severely damage the living standards of people and create increases in unemployment, hunger, malnutrition and diseases rates (with special mention to HIV/AIDS) as well as in really severe cases, mortality rates due to starvation (World Bank, 2016). About one third of households in Tanzania are headed by females with an average of 7.3

persons per household when those households headed by male had an average of 3.5 persons (NBS and OCGS, 2014). A big household's population size to FHHs with limited access to resources worsens the socio-economic status of the households.

Poverty reduction is a priority issue to the government of Tanzania with a special attention to women who are the most vulnerable compared to men. The status of women as far as poverty is concerned has received a great attention from the economists and policy makers since the 2<sup>nd</sup> half of the 1990's following the Fourth World Conference on women at Beijing in 1995 (World Bank, 2007). One of the strategies adopted to alleviate poverty in Tanzania was formulation of Tanzania Social Action Fund (TASAF). It was officially initiated in 2000 by the Government as one of its initiatives on poverty reduction in link to Poverty Reduction Strategies using Community Driven Development (CDD). The first phase of TASAF (2000-2005) addressed key issues that were identified in the first Poverty Reduction Strategy Paper (PRSP I), that is reduction of poverty by improving the social and economic services in key sectors of education, health, economic infrastructure and water with emphasis on rural and peri-urban areas. The focus was on improving social services delivery, addressing income poverty for poor. The second phase of TASAF (2005-2013) was built on Millennium Development Goals (MDGs) and the first National Strategy for Growth and Reduction of Poverty (NSGRP I/ ZSGRP I) aiming at meeting the NSGRP I/ ZSGRP I targets by 2010 and MDGs by 2015. The focus of the second phase was to address limited access to social services, income poverty in rural and urban areas and capacity enhancement to the beneficiaries and as well as institutions supporting targeted communities and households (Mwamanga, 2013).

Achievements of TASAF phase I&II marked the establishment of phase III in 2014 which aimed at enabling poor households to increase incomes and use available opportunities while improving food consumption, access to education and access to health services utilization. Direct beneficiaries were the people living below the basic needs poverty line and mostly focused on the poor and vulnerable households as well as those temporarily affected by short term shocks. Poor households received safety

net support in terms of cash transfer as well as the opportunity to participate in livelihood enhancing activities (Mwamanga, 2013).

Cash transfer programmes refers to the regular transfers of cash to individuals or households through mobile money transfers, bank transfers or postal transfers. The assumption on cash transfer programme was that, income poverty has a highly negative impact on people's health and nutrition, education status and food insecurity, thus a need to empower poor households particularly FHHs and enable them to make their own decisions on how to improve their livelihoods (World Bank, 2007). Correspondingly, in an attempt to meet the Sustainable Development Goals (SDGs) by the year 2030 cash transfer programmes are seen as the most effective means of tackling poverty and social exclusion (Kirera, 2012).

The unexpected preference for cash transfer corresponds with the emerging agreement concerning targeted social protection, in which monetary assistance rather than in-kind transfers is aimed at reducing the risk and vulnerability of those in extreme poverty, including FHHs living in rural areas. Cash transfers have achieved credibility because they emerge to score a clear advance on earlier systems of poverty relief. It was noted that, the shift from transfers in kind (in general food) to monetary pay brings about several goals at once (Wanjohi, 2014). Generally, the adoption of cash transfer programme in Tanzania was driven by the need to reduce poverty in the country. The programme was perceived to be cost effective and efficient means to vulnerable groups including FHHs. This study thus aimed at examining the contribution of cash transfer programme to poverty reduction among female headed households. TASAF III in Nachingwea district was selected for the study because it is one among the Districts under TASAF' cash transfer programme in Tanzania.

### **1.3 Problem Statement**

Tanzania is one among the developing countries with several initiatives aiming at empowering women so as to achieve the 2030 Agenda for Sustainable Development developed to replace the Millennium Development Goals (MDGs) that ended in 2015. According to NBS report (2014), about thirty three percent (33.4%) of the

households in the country are headed by females. Makene (2016) revealed that, cash transfer programme by TASAF III in Nachingwea District was established since 2014.

Despite the fact that cash transfer programme has been in operation for four years, information on its contribution to poverty reduction among female headed households is scarce (Makene, 2016). Studies conducted on poverty reduction in Tanzania (Elisha, 2013; Rutenge, 2016 and Kavenuke, 2016) concentrated on the evaluation of Village Community Banks in poverty reduction, the roles of the Youth Development Fund, and Women Development Fund, which focused on the provision of loans through revolving fund rather than cash transfer to female headed households. Based on Makene's argument and the uncertainty of the contribution of cash transfer on poverty reduction among female headed households, this study aimed at examining the contribution of cash transfer programme in poverty reduction among female headed households in Nachingwea using TASAF III as a case study.

#### **1.4 Study Objectives**

##### **1.4.1 General Objective**

The overall objective of the study was to examine the contribution of cash transfer programme to poverty reduction among female headed households in terms of access to education, health and food in Nachingwea, Tanzania.

##### **1.4.2 Specific Objectives**

Specifically, the study was conducted to:

- i. Determine the contribution of cash transfer programme on access to education among members in female headed households.
- ii. Identify the role played by cash transfer programme on access to health services among female headed households.
- iii. Assess access to food among female headed households served by TASAF III cash transfer programme.

### **1.5 Research Questions**

- i. How does cash transfer programme contribute to access to education among members in female headed households?
- ii. What is the role played by cash transfer programme on accessing health service among female headed households?
- iii. How does the cash transfer programme contribute to access to food among female headed households?

### **1.6 Scope of the Study**

The study focused on the contribution of cash transfer in respect to access to education, health service utilization and food access with a specific focus to female headed households. The study was limited to Nachingwea District specifically Naipanga, Lionja, Nambambo, Ruponda and Kilimarondo wards.

### **1.7. Significance of the Study**

Besides being a partial fulfillment for the researcher to be awarded the Master of Science Degree in Development Policy, the findings of this study are of benefit to the Ministry of Community Development, Women Affairs and Social Welfare since it provides useful information for developing appropriate strategies to reduce poverty among poor FHHs and useful hints on improvement of the empowerment programmes. Furthermore, the study findings act as a benchmark for the government and policy makers on improving cash transfer programmes in addressing the challenges facing FHHs. However, the findings are specific to Nachingwea District Council.

### **1.8 Limitations of the Study**

Although the study was successful, it faced some limitations. The study area was far from the District headquarters and characterized by severely destructed infrastructures hence difficulty to travel from one area to another during data collection. The problem was addressed by using bicycle transport and walking long distance to reach the respondents.

Language barriers between researcher and some of cash transfer programme beneficiaries also emerged as another limitation during data collection. This forced the researcher to hire an interpreter to avoid communication breakdown.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Overview**

This chapter presents the reviewed related literature that backs up the findings of the study. Both theoretical and empirical literatures regarding the subject matter were reviewed. On the theoretical part, basic terminologies such as Female Headed Households, poverty and poverty reduction were conceptualized. Furthermore, categories of poverty, status of poverty, understanding poverty reduction, cash transfer programme, poverty reduction strategies in Tanzania and the anti-poverty theory are discussed in the section. The chapter also includes empirical literature which focuses on studies related to poverty reduction with a specific focus to the vulnerable groups of population (female headed households). Finally, the chapter presents the conceptual framework for the study.

#### **2.2 Theoretical Literature Review**

This part conceptualizes the key terminologies used in this study and provides a scholarly explanation on status of poverty, understanding poverty reduction, cash transfer programme, poverty reduction strategies in Tanzania and the anti-poverty theory.

##### **2.2.1 Conceptualization of Terms**

For the purpose of clear understanding, the researcher found it necessary to conceptualize some few basic terms, which are female headed households, poverty and poverty reduction.

### **2.2.1.1 Female Headed Household**

There are different perceptions on the meaning of female headed household which simply mean that there is no single accepted definition. ILO (2007) defined female headed household as the household with an adult female who is a main income producer and decision maker. Moghadam (2005) defines female headed household as the household in which a woman has assumed the responsibility of providing for her household either because the male head is away or present but not contributing to the welfare of the family. In this study female headed household refers as the household managed by widowed, divorced, or single women without the mediation of a husband, father or male relative in the routine day to day activities of the household.

### **2.2.1.2 Poverty**

Poverty is the concept that has no generally accepted definition. However, it has been defined differently by various scholars, researchers, and policy makers depending on their standing points. Besides, the perceptions, meanings, and definitions of poverty change over time and across space (Fitzpatrick, 2009). Poverty is defined as inability to attain a minimum accepted standard of living. It is also linked to material and social deprivation rather than lack of income (URT, 2002). Lipton and Ravallion (1995) defined poverty as a situation of existence and a process with a lot of dimensions and difficulties. In order to understand poverty, it is necessary to look at the economic and social circumstance and as well as establishments of the state, communities, market and households. On the other hand, poverty appears as psychological aspects such as lack of voice, power and independence that subjects people to the condition of exploitation, vulnerability, lack of dignity, humiliation and inhuman treatment and absent of participation in both public and private affairs (World Bank, 2014b).

Sen (1999) also define poverty as disparity that varies according to age, gender, ethnicity, income sources and residence (urban against rural). In the context of this study poverty refers to inability to have access to education, low income, limited access to health services and inadequate access to food at household level. Burkey (1996) categorises poverty into two categories, namely absolute poverty and relative

poverty. Absolute poverty is defined as the inability to attain a specific minimum standard of living. The definition focuses on the absolute economic well being of the poor in isolation from the welfare distribution of society. The minimum standard of living is referred to as a poverty line. However, there is an advantage of using poverty line to measure poverty as it enables people to trace the changes in the welfare position of the poor and to measure the extent of poverty reduction.

Burkey (1996) explained relative poverty as the nature of poverty that focused on the economic wellbeing of the percentage of the poorest in the population. The distribution of welfare of the entire society is taken into account. The category tends to be useful as individuals relate to each other at all levels of economic wellbeing. This category however, does not seem to be a good tool of measuring the extent of poverty reduction because it ignores mobility into and out of poverty. However the study concentrated on reduction of poverty in both absolute and relative poverty since the poor households in the study area had to graduate from poverty and be able to access education, health services and food.

#### **2.2.1.3 Poverty Reduction**

Poverty reduction refers to any process which seeks to reduce the level of poverty in a community or among a group of people or countries. Poverty reduction programs may be aimed at economic or non economic poverty. There are several accepted ways used to up lift people out of poverty such as education, economic development, and income distribution. Mbeiyererwa (2008) clarifies poverty reduction as a strategy which is among the priorities considered for adoption in the new paradigm of sustainable development. According to the new paradigm, the issue is not only sustaining the process of ensuring that the person does not face poverty situation rather it is a process of ensuring that there is a strategy in place to ensure that the person is involved in the process of increasing the productivity.

#### **2.2.2 Status of Poverty**

World Bank (2016) reports that, about one fifth of the world's population is prone to poverty. According to the International Fund for Agricultural Development (IFAD) Report the pattern of poverty is changing due to the rise of number of poor people in

the cities, in dry and poor soil areas, in the areas affected by wars as well as among women, the elderly, the landless and people with hunger and chronic diseases (IFAD, 2007). IFAD report reveals that, more than one billion people in the world live on less than one dollar a day and 2.7 billion people struggle to survive on less than two dollars per day. More than 800 million people, including 300 million children, go to bed hungry every day and in every 3.6 seconds a person dies of starvation whereby most of those who die are children under the age of five.

However, poverty in Africa is common and pervasive as evidenced by about 40 percent of the people in sub Saharan Africa who lives under world poverty line of one dollar per day. The figure is reported to be increasing since 1980s (Mundy and Gladbach, 1999). In Tanzania poverty remains higher in rural areas rather than urban areas despite the strong growth of GDP, with an average growth rate of 3.5 percent over the 1990s and of 6.9 percent between 2001 and 2010 (URT, 2002). Poverty is always seen in the society whereas a number of people fail to manage a certain level of wellbeing considered as a reasonable minimum standard of living. At the level of households women and children are the ones who frequently suffer most when compared to men and when we look at the community level, people living in rural areas suffers more than the people living in urban areas.

### **2.2.3 Understanding Poverty Reduction**

The intensity of poverty and the need for poverty reduction in respect of economic and social development has raised a lot of interest in the past decade. This has resulted into a number of studies aiming at analysing the relationship between poverty reduction and economic variables. A spatial analysis shows that, the majority of these studies cover mainly Latin America and Asian countries, leaving Africa with very little coverage despite the high poverty level that Africa is experiencing. The general consensus in the studies is that economic growth, among other variables, is necessary for the reduction of poverty Odhiambo (2009). Kraay (2005) found that economic growth has a positive effect on poverty reduction in developed and developing countries. Odhiambo (2009) on his study found that economic growth in

South Africa facilitated poverty reduction whereas World Bank (2006), in his study in Indonesia, Malaysia, the Philippines and Thailand, found economic growth to be one of the factors that positively affect poverty reduction.

However it reveals that, the short run and long run economic growth lead to improvement in job opportunities for the poor, general improvement in living standards and increase in government resources as well as tax revenue collection which is essential for development projects (URT, 2002). Most of the developing countries seek solution to alleviate poverty at international level, as evidenced by most countries being signatories to the United Nations Millennium development Goals (MDGs) and sustainable development goals (SDGs). One of the MDGs was to reduce extreme poverty and hunger by 2015. However, the results show that there has been uneven development process across the countries (URT, 2015). At the National level, most of the governments have adopted poverty reduction measures to generate economic growth that target dimensional aspects of poverty like access to basic needs and services. Cash transfer program has happened to be popular means of poverty reduction all over the world.

#### **2.2.4 Cash Transfer Programme**

For years now, policymakers in third world countries and donor agencies such as the international financial agencies have been coming out with the suggestion that extreme poverty can be solved through cash transfer programs. This is because they are banking mostly on social insurance assistance to those affected by particular emergency risks, such as accidents, unemployment, disability or old age. Cash transfer program is claimed to be an innovative approach to deliver social services (Kirera, 2012). The programme provide cash to poor households with the aim of investing in human capital through sending children to school as well as bringing them to health centre's on a regular basis. However the programme is meant for short term social assistance aiming at improving daily consumption and other basic needs (Rawlings, 2005). It is considered to be a way of breaking the inter-generational poverty cycle together with other policies targeting the most vulnerable school going children and under five particularly on accesses to education and health.

The negative perception is that, cash transfer to the most vulnerable living in rural and other poverty suffering conditions are a short-term palliative and at worst a waste of money. This view is questioned at different levels but the evidence from careful evaluation has shown a number of success stories. However, regardless of the disagreement concerning the effectiveness of cash transfers in poverty reduction, several countries in the world have and are on the move to adopt the idea as an approach of reducing poverty among the poor and vulnerable female headed households (Wanjohi, 2014). In recent times, the world has observed an increasing number of developing country governments, working with donors and NGOs, in instituting cash transfer programmes to individuals or households with the assumptions that income poverty has a highly damaging impact on people's health and nutrition. It is believed that the cash transfer programme empowers poor people and households' especially female headed household to make their own decisions on how to improve their livelihoods (Gassmann et al., 2006).

#### **2.2.5 Poverty Reduction Strategies in Tanzania**

The government of Tanzania has been struggling to reduce poverty since independence (Likwelile, 2003). Different efforts and strategies including policy documents and others were introduced by the government with an intention of reducing poverty. These efforts and strategies include the National Poverty Eradication Strategy (NPES), National Strategy for Growth and Reduction of Poverty (NSGRP), Public Expenditure Reviews (PER), Tanzania Development Vision 2025, Zanzibar Development Vision 2020 and Tanzania Social Action Fund (TASAF). All these strategies were anticipated to have a significant achievement not only in poverty monitoring but also in its gradual reduction (URT, 2000). The preparation of these policy documents and processes were through consultative and participatory processes whereby different stakeholders at different levels were involved.

Causes of poverty in the country are being identified through stakeholders' workshops in various sectors. A number of solutions such as the establishment and strengthening of rural credit mechanisms, improving research and extension services, repairing and maintaining rural roads as well as establishment of safety nets to assist

vulnerable groups were proposed for poverty reduction. It can be argued that, the government has some efforts to reduce poverty particularly on priority sectors including education, health, rural water and rural roads.

#### **2.2.5.1 National Poverty Eradication Strategy (NPES)**

The overall goal of NPES was to provide the guideline to the absolute poverty reduction initiatives by 50 percent at 2010 and its eradication when it reaches the year 2025 (URT, 1998). However, specific objective of NPES were fixed in sector targets with which poverty reduction progress had to be measured within the recommended period, which is 2010. These specific goals were accompanied with specific targets including, attaining economic growing at a rate of 8 percent to 10 percent per annum, raise GDP from industrial sector at a rate of 8.4 percent to 20 percent by the year 2010, increase average income to the current medium income countries, attain universal education by constructing at least one secondary school at each ward, achieve 90 percent of Tanzanians who are able to read and write by 2010, expanded and strengthened primary and technical education by 2010, improve water and sanitation services by achieving 90 percent of population accessing water within 400 meters and achieve 50 percent sanitary services to urban residents, improve health and nutrition thus reduced cases of diseases, deaths and raised life expectancy through providing health services to mothers and children.

Furthermore, targets included increase access and reduce the average distance to health centre among urban and rural dwellers, achieve 2 percent or less of children under 5 years suffering from severe malnutrition, reduce maternal mortality rate by half to 100-200 per 100,000 live births from 200 to 400 per 100,000 live births, achieve employment for the public by reducing unemployment to less than 10 percent particularly among women and youth, attaining better housing for all, improve and strengthen local and national infrastructure by improving and constructing passable roads throughout the year, strengthening district and rural roads as well as assisting stakeholders and donor communities to allocate resources for rural roads (URT, 1998).

The NPES did not intend to involve all individual sectors with its policies and strategies instead it concentrated to more focused poverty reduction strategies and policies. To prioritize them the strategy grouped the policies and strategies into three categories namely: policies which create enabling environment for poverty eradication (good governance, coordination, and people's participation), policies and strategies for creating capacity for poverty eradication (policies for economic growth, raising people's income, agricultural development, development of industrial sector, mining sector development, policies for promoting cooperatives, and infrastructure development) , and sectoral policies and strategies for poverty reduction (Policies and Strategies to Promote Health Sector, education, Water Supply and Sanitation, employment, Protection of the Environment, Housing and Settlement) (URT, 2010).

The NPES achievements included increased the number of secondary schools whereby about 2,171 new public schools were built through community participation, improved access to health services by improving health infrastructure, increased number of health supplies and staffing, growing of GDP at a rate of 7 percent in 2007 (far higher than 4 percent of economic growth in 1998), increased access to water in rural areas to 60.1 percent in 2010, increased kilometers of upgraded roads from gravel to tarmac roads (2,200 km) and increased annual creation of employment opportunities (630,000), falling of food poverty population from 11.7 percent in 2007 to 9.7 percent in 2011 (WB and IMF 2004).

However, the recognized growth of GDP could not trickle down to ordinary Tanzanians although little improvement was realized during the year 2007 whereby out of every 100 Tanzanians, 34 were poor as compared to the situation of 2001 whereby 36 out of 100 people were found to be poor in 2001. The situation was worse off in the rural areas where people were suffering from basic needs poverty which was at a rate of 37.6 percent in rural areas as compared to 16.4% in urban areas (Dar es Salaam) in 2007 (URT, 2015). The target on access to water within 400 meters was not attained, the situation in many roads remained worse especially during rainy season. Only main roads are passable during rainy season whereas unemployment to females remained worse whereby the increase was about 15.4

percent compared to 14.3 percent for male youth. Women constituted only 24.7 percent of paid employees (URT, 2010).

#### **2.2.5.2 National Strategy for Growth and Reduction of Poverty (NSGRP)**

The National Strategy for Growth and Reduction of Poverty (NSGRP I) was formulated and implemented between 2005 and 2010 and was the second national organized framework to focus on poverty reduction recognized on the country's development agenda. It was one of the poverty reduction strategy papers (PRSP) to be implemented after the Poverty Reduction Strategy (PRS) which was implemented from 2001 to 2003 (URT, 2010). NSGRP intended to achieve positive outcomes on the following areas (clusters): growth and reduction of poverty (Intended to accelerate GDP growth rate of 6-8 percent per annum by 2010, reduce Inflation rate at maximum of 4 percent, maintaining official reserves of at least six months of imports, reduce unemployment from 12.9 percent in 2000/01 to 6.9 percent by 2010 and address underemployment in rural areas), Quality of Life and Social Well-being (increase access to education and improve literacy rates and quality of education, increase life expectancy, reduce under-five mortality rate; achieve DDT-Hb3 vaccination coverage of 85 percent, reduce HIV prevalence, ensure access to water supply and sanitation; to increase water supply services in rural areas by 65 percent and urban areas by 90 percent, ensure social protection to vulnerable groups in the society such as orphans, vulnerable children, widows, people living with HIV/AIDS, and people with disability), Governance and Accountability (ensure good governance and the rule of law, accountability of leaders and public servants to the people, deepened democracy, political and social tolerance, sustain peace, political stability, national unity and social cohesion) (URT, 2010).

NSGRP achieved country's economy growth at a rate of 7 percent between 2000 and 2010, growth of manufacturing sector from 4.8 percent in 2000 to a peak of 9.9 percent in 2008 from 8.6 in 2004/05, a slight inflows recovery to 573.3 million US dollar in 2010 and an increase of 2.7 percent in mining and tourism in 2003 and decreased unemployment from 12.9 percent to 11.7 percent in 2006 (URT, 2012). Nevertheless, only 6700 out of 86,472 kilometers were paved out of which only 2,200 kilometers were upgraded to tarmac level. The agricultural sector experienced

negative growth at a rate of 4.2 percent in 2010, when the inflation rose from 10 percent to 12.1 percent in 2008. Furthermore, the external debt stock moved from 893 million US dollar in 2001/02 to 1,678 million US dollar between 2005/6 and 2009/10 when underemployment increased from 5.3 percent in 2001 to 7.8 percent in 2006 (URT, 2012).

#### **2.2.5.3 Public Expenditure Review (PER)**

Public expenditure review is an analytical tool used to evaluate the effectiveness of public finance. PER is used to analyse government expenditure over period of years and to assess their consistence with policy priorities and what the results were achieved. PER pay a special emphasis on social sectors, since these sectors have been found to suffer most from the scarcity of resources while they have a large contribution on improving the living standard of the people (URT, 2010). The overall objective was to improve fiscal policy formulation and management with assumptions that it helps countries to determine how they can use public spending to achieve their development and poverty reduction goals, establish base line understanding of fiscal management and policy challenges, highlight priority reform areas for policy makers and set the agenda for the next phase of the budgetary planning. On the other hand, PER focused at analysing fiscal sustainability, policy alignment and ensure efficient and effective allocation of the government fund (URT, 2010).

However, some challenges noted by PER included poor coordination of capital and recurrent spending, expenditure leakage due to corruption, embezzlement and non compliance with procurement procedures, poor unrealistic budget preparation which resulted into over-estimated revenue and under-estimated expenditure as well as efficiency and equity of public expenditure (URT, 2011).

#### **2.2.5.4 Tanzania vision 2025**

The Tanzania vision 2025 was formulated in 1999 with an overall objective of transforming Tanzania from a least developed country to middle income country with a high level of human development. Over the past decades Tanzania economic growth has experienced an impressive annual GDP growth rate of 7 percent which is

far below the target 8-10 percent per annum (URT, 2009). However, the high growth rate did not have a significant poverty reduction. Tanzania vision 2025 aimed at attaining high quality livelihood by improving the quality of life of the Tanzanians through improving access to water, food self sufficiency, promote universal primary education, access to quality primary health care ,improve life expectancy ensure gender equality and empowerment of women and also attaining good governance and building a strong and competitive economy (URT, 2009).

Vision 2025 provides the direction to the short term recovery programmes implemented ever since 1980s. However, there are four prominent conditions which hinder the implementation of the Vision 2025 successful which are weakness in Monitoring and Evaluation, donor-dependency syndrome, low capacity for economic management and failures in governance. Despite some notable progress in some areas including sound macroeconomic management such as decrease in inflation, raising in the level of growth, raising in the level of education attainment at all levels and improving governance and accountability, still there are some of the observable gaps which remained to be challenges for the successfully implementation of the development vision 2025. These are promotion of the inclusive and pro poor growth, modernizing agriculture, developing supporting industries and service activities, locating technological development at the center of all activities and economic empowerment in all sectors (URT, 2009).

#### **2.2.5.5 Zanzibar Vision 2020**

The overall development objective of the Zanzibar Vision 2020 is to transform Zanzibar into a middle income country, characterized by high level of industrialization, competitiveness, equality livelihoods, good governance and rule of law by the year 2020. The vision aims to eradicate abject poverty (at least reduced abject poverty to 10 percent) and develop strong, diversified, resilient and competitive agriculture, industry tourism and other productive socioeconomic sectors to cope up with the challenges of the changing market and technological conditions in the world economy.

Furthermore, the vision aims at achieving peace, political stability, good governance, integrity, national unity and social cohesion as well as attaining higher degree of foreign direct investment that will inject sound capital more employment by 2020 and attain positive balance of trade in the export market (RGoZ, 2000). Zanzibar Vision 2020 targets on achieving macroeconomic stability, sustainable broad based growth and poverty reduction, high quality livelihoods and good governance and the rule of law. By 2020, it is expected that, inflation rate will be reduced and maintained to 5 percent, budget deficit will be reduced 8 percent, domestic saving will grow to 21.6 percent, domestic revenue collection will increase to 22 percent, Population growth rate will be reduced to 2.1 percent, tourism sector growth will be increased to 12 percent, school enrolment rate in primary education will be increased to 107 percent, life expectancy to 69 years, environmental degradation will be reduced, access to safe water will be improved by 86 percent, food self sufficient will be attained strong adherence to and respect of the rule law (RGoZ, 2000).

The following are the observable achievements of the Zanzibar Vision 2020. Rose of GDP value by 53 percent from TZS 942.3 billion in 2010 to TZS 1,552,000 billion ( US \$ 939) in 2014, reduction of population growth rate from 3.1 percent to 2.8 percent, increased domestic revenue collection from 181.4 billion into 2010 to 362.8 billion 2015/16 equivalents to an increase of 100 percent, reduction of budget deficit to 5.7 percent of GDP, reduction of the inflation rate from 8.9 percent to 5.6 percent in 2014, improved public financial management through the introduction of the Programme Based Budget in the year 2014/15, improved accessibility to clean and safe water to both urban (53.3 percent) and rural (46,7 percent), increased 96.5 percent of households living within 2 kilometers to the nearest primary school in 2015, infant mortality achieved by 42 per 1000 lives birth and achievement of under five mortality by 30 percent per live birth rate (RGoZ, 2016).

#### **2.2.5.6 Tanzania Social Action Fund (TASAF)**

The United Republic of Tanzania established the Tanzania Social Action Fund (TASAF) in year 2000 as one of the tools for executing the government National Poverty Reduction Strategy by using its own source and credit financing from the World Bank (TASAF, 2009). TASAF is the multi sector program presenting straight financing for small scale public investments targeted at meeting the needs of the poor and contributing to social capital and development at the local level (Kamagenge, 2013). The main objective of TASAF is to ensure that, the communities are empowered so that they can be able to improve their livelihoods and access enhanced services, minimize the public sector's direct involvement in the implementation of projects such as construction of health facilities, water projects and schools.

Basically these projects are proposed by community members themselves according to their priority needs (Mwamanga, 2013). The government established TASAF programme with the purpose that the targeted development initiatives in remote areas of the country get essential support in a timely and cost effective manner (World Bank, 2000). Like other programmes TASAF has its vision which aims to empower the poor households graduate out of poverty, have sustainable social and economic development with mission to build capacities of key stakeholders involved in poverty reduction initiatives with emphasis on community driven development, accountability, transparency and full participation in social and economic development aspects. The core objective of the fund is to support poverty suffering communities through investing fund on their community demand-driven initiatives supervised by the communities themselves. Tanzania Social Action Fund (TASAF) commenced as one of the initiatives on poverty reduction attached to Poverty Reduction Strategies developed over time (REPOA, 2014).

TASAF has operated into three phases whereby TASAF I existed from 2000-2005 concentrating on key issues identified in the PRSP I which explains the reduction of poverty by improving the social and economic services in education, health, economic infrastructure and water with more emphasis on rural and slums areas (Lenneiye, 2006). The main focus was on improving social service delivery, addressing income poverty for poor and eliminates food insecure in the households.

With TASAF I programme more than 1,700 sub projects were funded with an approximately 7.3 million beneficiaries reached through 113,646 sub projects and as well as more than 20,000 Community Project Committee members, 1500 District facilitators, 200 CBOs and NGOs trained (Lenneiye, 2006).

Tanzania Second Social Action Fund (TASAF II) existed from 2005 to 2013 and was constructed on Millennium Development Goals (MDGs) and National Strategy for Growth and Reduction of Poverty (NSGRP) to support MKUKUTA targets of 2010 and MDGs of 2015. The main focus of TASAF II was on shortage of social services and income poverty in rural and urban areas on which more than 11,000 sub-projects were funded (TASAF, 2013). The programme was supported by International Development Association (IDA) aimed at empowering communities to access opportunities so that they can request, implement and monitor subprojects that contribute to improved livelihoods (REPOA, 2014). Under TASAF II 16,067,635 people had access to improved social services.

Regardless of the successful implementation of TASAF I and TASAF II, the programme faced several challenges including shortage of fund that forced the programme to leave behind some households with people living under extreme poverty without education and healthy support due to the fact that, the community demand for sub projects exceeded TASAF financial capacity. Limited financial capacity affected the implementation of other initiative such as cash transfer, saving and investments scheme as well as infrastructure across key sectors like health, education and water (Pandu, 2011). On the other hand, these challenges caused children from poor households to have no access to health and education facilities, resulting into a number of them not registered in schools, poor school attendance, school dropout and enhanced child labour.

Referring to TASAF I and TASAF II challenges, Tanzania government decided to implement TASAF III in a different way to fill gaps in communities demands and supplementing in poverty reduction initiative. TASAF III programme implemented PSSN with an intention to enable poor household's increase income and making use of available opportunities. The programme aimed at establishment of a national

safety net incorporate transfers linked to participation of beneficiaries in public works, increase incomes through community savings and investment also building capacity to ensure adequate programme implementation (TASAF, 2013).

However, a single intervention is not enough to support the poor and vulnerable households therefore there was a need to have different types of support. Strategies used by TASAF III programme in poverty reduction aimed at coping with chronic poverty through increased consumption, mitigating shocks and reduced vulnerability by investing in children's human capital and linking the beneficiaries into income generating activities hence enabling the poor to graduate from poverty (TASAF, 2013). TASAF III has four components including the Productive Social Safety Net (PSSN), which is made up by basic grant known unconditional cash transfer, a conditional cash transfer and a public works subcomponent. The second is concerned with enhancement of livelihoods and increasing incomes, which involves community savings and investments and livelihood enhancing grants, when the third, targets on infrastructure development. The fourth component is capacity building to ensure adequate programme implementation by communities, local government authorities, and regional- and national-level players (TASAF, 2013).

Furthermore, TASAF III has a package of cash transfer programme aiming at enabling poor households capable of increasing their income and use available opportunities resulting into improving consumption. Direct beneficiaries were the people living below the basic needs poverty line. The programme focuses on the poor and vulnerable households as well as those temporarily affected by short term shocks. The beneficiaries selected received safety net support thus an opportunity to participate in livelihood enhancing activities (Mwamanga, 2013). Cash Transfer Programme is all over the country (Nationwide) and the target groups were children, elderly people and unemployed citizens. The programme is conducted into two types which include; Social assistance which comprises conditional cash transfer and unconditional cash transfer and labour market programmes known as public work or productive inclusion whereby under this type there is cash for work and training (TASAF, 2011). On social assistance category TASAF III is practicing Productive Social Safety Net (PSSN) whereby the identified poor and vulnerable household

qualifies for basic unconditional cash transfer. However, a household consisting of school going children, under five years and pregnant women qualifies for the conditional transfer. This means that, households mentioned above will receive cash transfer with extra package and they will obligate to follow some conditions which include regular attendance in school for school going children and clinics attendance to children under five and pregnant women.

To make it clear, school going children should be enrolled and required to attend in schools for at least 80 percent of school days per month. However, households with children in areas where health services are available, children under two years old should undergo a routine health check once a month and children over two years old should have a routine check every term. In areas where health services are unavailable, caretakers of children under 60 months of age should attend health and nutrition training sessions every two months. Households with pregnant women should attend four antenatal examination or health and nutrition sessions every two months, for areas where health services are not available. To make some follow compliance forms are used in schools and clinics whereby head of schools or academic teachers and health supervisors in respective area are supposed to fill them to assure the attendance of beneficiaries (TASAF, 2013).

Unconditional cash transfer under Productive Social Safety Net (PSSN) is fixed cash transfer (basic transfer) which provides 6 US dollars per household per month. Moreover, additional cash will be on the households with children provided according to the number of children supposed to comply with health and education conditionality. Cash on these households may be added up to a maximum amount of 23 US dollars per month per household. On the side of public work participation 1.35 US dollars were paid per day per households. A livelihood enhancing grant which has no specified amount disbursed in response to proposals by existing Community Savings Groups. The amount of transfer is reviewed regularly according to inflation and other relevant considerations (TASAF, 2013). According to Kamagenge (2013), Cash transfer in beneficiary's households has the following structures; basic transfer per month is TZS 10,000 per households with addition cash to the households having children. Children aged 0 to 5 years are paid TZS 4,000 while children attending

primary school are paid TZS 8,000. Children attending secondary education are paid TZS 12,000. The maximum amount disbursed for a household is TZS 58,000 per month.

In addition to that, beneficiary households which works in PWP for 60 days per year will be paid TZS 2,300 per day making a total of TZS 130,000 per year. However, minimum income per household on bimonthly basis is TZS 43,000 per household without a child but also participate in PWP. Cash transfer delivery is on bimonthly basis. Additionally, households with members capable of physical activity are also entitled to participate in the public works as part of the programme so as to get additional cash to support their households. Not only that but also, beneficiaries households were encouraged to form savings groups whereby after having completed a full cycle of savings and having embarked on a second cycle, they will qualify to compete for a livelihood enhancing grant (Evance, 2013). The importance of these saving groups to beneficiaries is to enable them collect the capital which will enable them generating other income activities. Otherwise through their saving groups members are allowed to have a loan to support them in shocks.

TASAF III under cash transfer programme is expected to reduce poverty by 52 percent, reduce the poverty gap by 43 percent, enable poor household participate in savings and other development activities, reduce malnutrition cases, increase access to education and health services and proper utilization of education and health infrastructures developed in TASAF I and TASAF II as well as human capital development (Evans, 2013). According to TASAF (2013) the sources of fund for implementation of TASAF III are the Government of Tanzania, International Development Association (IDA), UK Department for International Development (DFID), Swedish International Development Cooperation Agency (SIDA), United States Agency for International Development (USAID), UNICEF, United Nations Development Programme (UNDP), International Labour Organization (ILO) and United Nations Population Fund (UNFPA).

Within the PSSN component, cash transfers are managed at the village level by Community Cash Transfer Management Committees and the public works via

payment agencies. Monitoring and evaluation mechanisms on cash transfers is managed by Community Cash Transfer Management Committee while public works is managed and monitored by Community Public Works Management Committee, which responds to the Project Area Authority (Evans, 2013). Over all initiatives and strategies taken by the government, cash transfer programme is implemented as one of the methods to reduce poverty by enabling poor people to meet their basic needs and create wealth for them with an intention of fostering their economic growth and social development and hence reduced poverty (UNICEF, 2000). In the context of this study poverty reduction is studied focusing on improved access to education, improved access to health services utilization and food accessibility and availability among female headed households.

#### **2.2.6 Anti - Poverty Theory**

The study was guided by the anti-poverty theory. This is the second theory within Women in Development (WID) theory established in 1970s which explained about equity and gender division of labour (Buvinic, 1983). It advises the redistribution of goods and implanted in the idea of growth, provision of basic needs and ensuring an increase in the productivity of poor women. The basic opinion of this approach was the assumption that women's poverty is the outcome of underdevelopment and not of inferiority therefore it acknowledged the productive role of women and wanted to increase the income earnings of women through small scale enterprises, with the notion that poverty alleviation and the encouragement of unbiased economic growth requires the increased productivity of women in low income households. The theory seeks to increase the employment and income generating opportunities of poor women through improved access to productive resources. The approach put on the emphasis on reducing inequality between men and women so as reducing income inequality.

##### **2.2.6.1 Relevance of the Theory**

The theory is more important in explaining that getting out of poverty and achieving better livelihoods rely on improvements of the economic status of the participants' and capability to afford basic needs, improvements to health services and increasing

social capital and agencies for ensuring women's empowerment. The study adopted this theory by tracing the poor female headed households benefited from the cash transfer under TASAF with the interest on how they have improved the standard of living as compared to not beneficiaries' households. Furthermore, the study wanted to explain how the programme can alleviate poverty and ensure sustainable development. For that reason, the theory is relevant to the study.

### **2.3 Empirical Literature Review**

Recent research almost uniformly finds increasing numbers of female headed households due to different factors. According to Moghadam (2005), in his study titled "*The Feminization of Poverty and Women's Human Right*" general increase in households headed by women in the developed world is due to changes in lifestyle, the labor market, and fertility. The majority of female heads of household in developing countries are widows followed by divorced or separated women and who are more disadvantaged in choice of work, wage level, employment benefits, and heavier domestic burdens, especially where they have lower educational attainment. Due to economic hardship widows are no longer absorbed in the in laws or parental family. Separation and desertion are common among low income groups. In the absence of males as the head of the households, the workload for women increases because they have to take over the male responsibilities.

According to the study conducted by Buvinic and Gupta (1997) on "Female Headed Households and Female Maintained Families" they find that, the problem of lower average earnings of women compared to men, less access to remunerative jobs, and productive resources such as land and capital contributing to the economic vulnerability to female-headed households. In addition to that, gender-related economic gaps are largely determined in some societies by age-old customs and traditions (based on social, religious and economic reasons), that have led people to harmony lower status to women.

Parents on the other hand perceive the cost of educating a girl as a burden compared to educating a boy, girls usually remaining at home performing households activities while waiting for their marriages. This study also noted that, with ideologies deep-

rooted in patriarchy, women's access to family inheritance and productive assets are limited or absent. However, some practices and customs are still common within the societies that symbolize the subordination of women to men and making gender-bias against women as an essential social issue. Thus, socio-economic gender bias against women places female-headed households at a greater risk of poverty, where women are the primary earners.

Wanjohi (2014) conducted a study on "The Role and Sustainability of Cash transfer programmes in Poverty Reduction" and focused that, FHHs in slums were facing many challenges including maternal health and financial disabilities that lead their households in vulnerability. The introduction of CTP has been succeeded to provide basic needs such as paying school fees for their children, buying food for their families, and maintaining their micro businesses as well as paying rent. The children in slums that had completed primary education also acquired trainings in vocational skills such as driving, hairdressing beauty and as well as tailoring which provided more livelihood options for their households.

Nevertheless, beneficiaries also learned how to save and live positively for those who had acquired HIV and AIDS. Wanjohi went further and suggested that, these cash programmes should be accompanied by other programmes like cash for work and poor people should be sensitized about sustainable livelihood options since the cash programmes are for a period of time so that when they stop, their lives are not distorted and taken back to "poverty". Wanjohi study based on women in slums which has the same characteristics and problems similar to the women in this study who were FHHs receiving cash transfer in order to improve access to education to their children, improve health services utilization and improve food availability in their households.

Chant (2003) in her study on "Female headed headship and the feminization of poverty" found that, female headed households are more prone to economic stress, deprivation and insecurity. Lack of training or education, discrimination in the workplace and inadequate provision for parenting by employers were some of the factors that worsened the situation of female headed households and reinforcing their

poverty situation. The opinion of FHHs as the poorest of the poor is founded on a critical examination of complete household earnings, with the conclusion that their earnings are relatively lower than couple headed. However, Chant (2003) mentioned out three common reasons that make women poorer when compared to men these are women's disadvantage in respect of poverty inducing entitlements and capabilities, their heavier work burdens and lower earnings as well as constraints on socio-economic mobility due to cultural, legal and labour market barriers.

Chant (2007) in her study on Children in Female Headed Households; Inter-generational transmission of disadvantages with particular reference to Gambia, Philippines and Costa Rica, concluded that, the female headed households management have multiple tasks. These tasks include the generation of income, housekeeping, child caring and as well as the provision of shelter. Furthermore, the scholar says that, Female Headed Households are perceived to be at great risk to poverty compared to their male counterparts. Female headship seems to be the most preferred option for most women since they do it as a matter of choice. He further noted that, some women voluntarily decided to stay single due to some government policies in their favor. In the context of the study it was argued by the interviewees that sometimes it better for women to divorce and stay alone once they are suffering from violence, harassment and beatings from their alcoholic spouses.

Consequently, studies and reports presented by UNDP. (2011) on "Combating Poverty and Inequality", Oxfam (2012) on "Cash Transfer Programme in Nairobi Slums: Improving Food Security and Gender Dynamics" and FAO (2014) on "Impact of Cash Transfer Programme in Sub-Saharan Africa" conducted into different countries like Zambia, Kenya, Malawi, Zimbabwe, Lesotho, Ghana and Ethiopia showed that female headed households are poorer compared to male-headed households. Basing on these studies and reports Cash Transfer Programme was suggested as essential for poverty reduction schemes so as to ensure necessary support to most vulnerable households.

Women are believed to be sensitive and with greater control over financial resources, has the ability and power to make and act on economic decision as well as care

givers to children, elders, sick people and all domestic spheres thus being supported by cash transfer programme allow them to succeed and moving forward economically. Cash transfer programmes which have been successful in other parts of the world, have proven to be effective in Tanzania. The cash anticipating to free poor households from constant subsistence farming and allows them to focus on generating additional and more stable source of income.

Masunzu (2014) study in Tanzania and Jamaica on “Conditional cash transfer and poverty alleviation” revealed that, due to increase in households poverty, cash transfer programme is an effective solution on reducing the magnitude of poverty for marginalized groups and enable poor families enrolling their school going children as well as paying visits to health centers. However, the study noted that, the strategies used in these programs were inadequate since some of the most vulnerable groups like street children were not living with families’ whereas female headed households were forgotten. Due to the fact that, donor driven programs ended up with weak implementation, for programs sustainability, respective countries should increase social protection budgets and involve communities to full participation from the beginning to the post completion follow up to check on the quality of services provided.

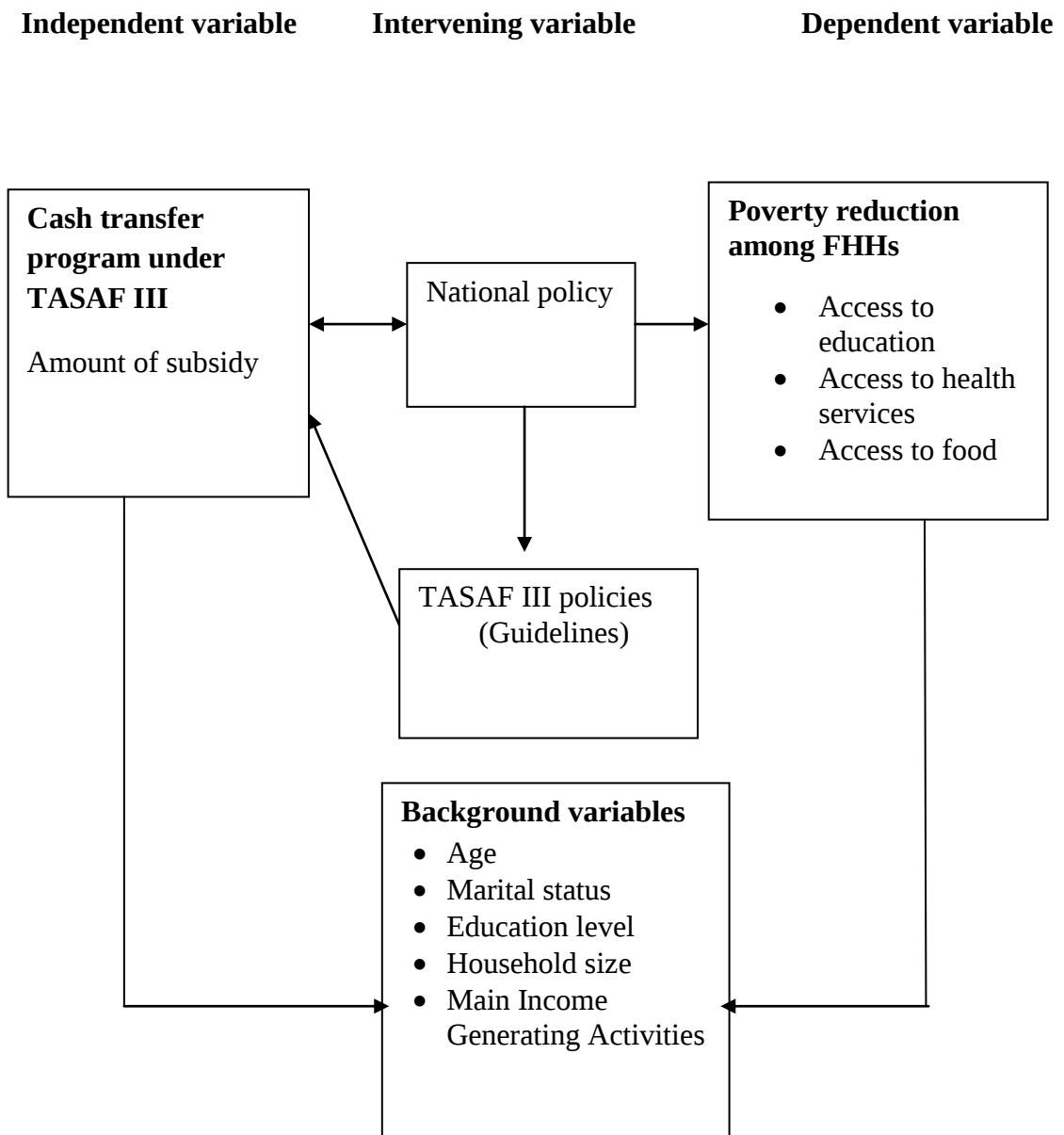
#### **2.4 Research Gap**

The issue of female headed households and cash transfer programme has hardly been documented. Available literature in different countries concentrated on describing factors and problems associated with FHHs as well as the role played by cash transfer programme to beneficiaries. Despite the fact that the cash transfer programme was introduced in Nachingwea District four (4) years ago (2014), information on its contribution to poverty reduction among female headed households especially district is scarce.

## 2.5 Conceptual Framework

The conceptual framework of this study is built on the ideas outlined on “cash transfer programmes” and “anti poverty”.

**Figure 2.1 Conceptual frame work**



**Source:** Researcher's own construct, 2018

Figure 2.1 visualizes the connection between variables considered in conducting the study on the contribution of cash transfer programme on poverty reduction among female headed households. The conceptual framework consists of independent, dependent and intervening variables. The independent variable is the cash transfer programme under TASAF III with different amount of subsidy. The dependent variable is poverty reduction among FHHs revealed by household's access to education, access to health services and access to food. Intervening variable are national policy, TASAF III guidelines and background variables consisting of age, marital status, level of education, household size and main income generating activities which influence other processes.

Cash transfer programme is the function of national Poverty Reduction Policy and TASAF III policies and guidelines. If all other factors remains constant Cash Transfer is expected to ensure access to education, access to health and access to food thus reduced poverty among female headed households. On the other hand, it is likely to enable family members to concentrate more on whatever economic undertaking they are involved in and thus increased production which in turn contributes to reduction of poverty. However variables like age, marital status, education level, household population size and the main income generating activities conducted are likely to have an effect on decision making about the cash delivered through cash transfer programme.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Overview**

This chapter describes the methodology employed in conducting the study. From theoretical point of view, research methodology shows how the research was conducted. The chapter describes the study area, research design, study population, sample size, sampling techniques, data collection methods, data analysis and data presentation.

#### **3.2 Study Area**

The researcher considered selection of study area, location, topography, vegetation and rainfall, administrative set up, population and ethnic groups, economic activities and social services available in the study area.

##### **3.2.1 Selection of Study Area**

The study was conducted in Nachingwea District Tanzania as the area represents other regions which are implementing the cash transfer programme under TASAF III, thus provide relevant information. Lindi region is among the most deprived region in the country with low level of socio-economic status. Although the residents are dealing seriously with agriculture and other income generating activities like other district Nachingwea also experiencing food insecurity, poor income and low production, poor and lack of education facilities, lack of health facilities and professionals as well as poor nutrition services (World Bank, 2016). However the problem of FHHs appears to rise and arrived at 11 positions out of 30 regions in Tanzania (URT, 2015).

##### **3.2.2 Location**

Nachingwea District is located in the South East of Tanzania Main Land and is one of the five districts forming Lindi Region. Nachingwea district lies between Latitudes 10<sup>0</sup> -11<sup>0</sup> South of the Equator and Longitudes 38<sup>0</sup>-39<sup>0</sup> East of the Greenwich. The district borders with Ruangwa District to the North-East, to the

South-East borders with Masasi District, South-West borders with Tunduru District and North-West borders with Liwale District. Nachingwea district has an area of 7,070 square kilometers (Nachingwea District Profile, 2014).

### **3.2.3 Topography, Vegetation and Rainfall**

Nachingwea District lies between 200 - 900 meters above sea level. The District is occupied with vegetation savannah type characterized by different dominant grasses, trees and bushes. The district receives annual rainfall rate of between 800 – 1,000mm and has only one rainy season which normally falls between the months of November to April. Day time temperature ranges from 25<sup>0</sup> to 31<sup>0</sup> C and relative humidity ranges from 71% to 86 % (Nachingwea District Profile, 2014).

### **3.2.4 Administrative Set Up, Population and Ethnic Groups**

Nachingwea District is composed of 5 Divisions, 32 Wards, 126 villages and 551 sub villages with a total population of 188,918 (92,150 Males and 96,768 Females) (National Census conducted the year, 2012). The District population is now estimated to be 195,754 people (95,775 are males and 99,979 are females) in 55,983 households with an annual growth rate of 2.3%. Rural population is estimated to be 144,061 people while urban population is estimated to be 51,693 people. The main ethnic groups found in Nachingwea are Mwera, Ngindo, Yao, Makonde and Makua (Nachingwea District Profile, 2014).

### **3.2.5 Economic Activities**

People in Nachingwea District depend on agriculture and livestock as their main economic activities. About 90 percent of the people in the district are engaging in these economic activities as their major source of income. Agriculture sector is the most important economic activity in the district employing about 86 percent of the district's labour force population. Despite this sub-sector being favoured by climatic condition and topographic nature of the district, the poverty level is alarming due to reliance on small scale agriculture. The District economy depends highly on production of cash crops mainly; Cashew nuts, Sesame and Pigeon peas. However, major food crops grown in the district include Maize, Cassava, Rice and Millet.

People depends on under-developed smallholder primary agricultural production, characterized by the use of inferior agriculture tools such as hand hoes and reliance upon traditional rain-fed cropping methods and animal husbandry in large part of the district. The total arable land area is about 5,337 km square of which 152.685 square kilometers (equal to 29.7% of suitable land for agriculture) is under cultivation (Nachingwea District Profile, 2014).

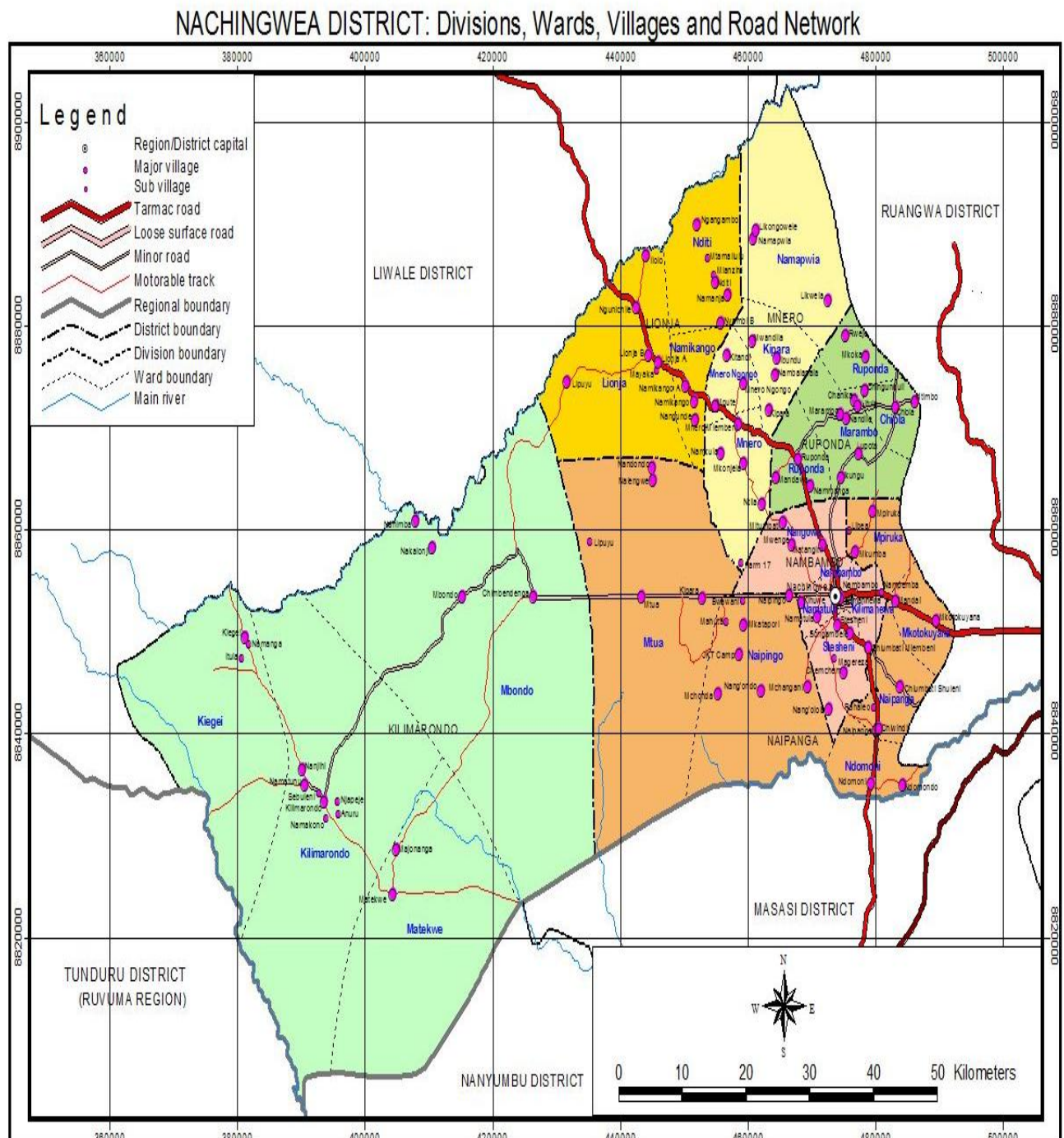
### **3.2.6 Social Services Available**

The District has a total number of 30 Pre- Primary classes, 103 Primary schools, 24 Public Secondary schools and 1 teachers college. Existing Primary and secondary schools are facing major shortage of school infrastructures. The central government through PEDP and SEDP in collaboration with the District Council have been supporting community initiatives in the construction of school infrastructures mainly classrooms, Teachers houses, Laboratories, hostels and toilets. The district portrays the same picture of literacy as any other rural district in Tanzania. Literacy is higher in the rural population (80 percent) than in the urban population (52 percent). This is due to lack of school materials like uniforms and stationeries to enable student attending schools and poor education infrastructures (Nachingwea District Profile, 2014).

The health care system consists of 3 Hospital (1 Government, 1 Public institution and 1 religious), 1 health centres and 31 dispensaries (31 Government and 3 Public institutions). The Health sector has only 331 out of 581 required qualified staff which is equal to 46% of the required personnel. The health situation of the Nachingwea people can also be observed through other proxy health indicators which include: Infant Mortality Rate (19 per 1000 infants), Children under Five Years Mortality Rate (34 per 1,000 children), Maternal Mortality Rate (109 per 100,000 women) and Health facility/Population Ratio (5,931 people per facility). More than seventy percent of deaths among the children below the age of five are caused by, malaria, anemia, diarrhea and pneumonia. Capacity building to remote health care workers on early diagnosis of disease conditions, provision of correct management and strengthening of the referral system is still low.

Lack of Health facilities and shortage of practitioners at ward and village levels have given limitation to curative and preventive measures at grass – root level (Nachingwea District Profile, 2014).

### Figure 3.1 Map of Nachingwea District



### **3.3 Research Design**

This study employed a case study design to achieve its objectives with both qualitative and quantitative approaches being applied. According to Adam and Kamuzora (2008) case study is a strategy for doing research which involves an empirical investigation of a particular contemporary phenomena within its real life contexts using multiple sources of evidences (triangulation). Researcher uses triangulation design in order to get more valid and reliable findings. Qualitative design attempt to understand the perspective of FHHs and their situation by looking at direct experience in order to provide meaningful data while quantitative approach attempt to control bias so that facts and phenomena to be understood in an objective way.

### **3.4 Study Population**

Study population can be defined as a group of study units which the researcher is interested in gathering the information from as well as drawing conclusions on it (Kombo and Tromp, 2006). The target population for this study was FHHs receiving cash transfer, TASAF coordinator, village leaders, school heads and health facilities supervisors in Nachingwea District.

### **3.5 Sample Size**

Adam and Kamuzora (2008) define a sample size as the precise number of items selected from a study population to represent a sample. The number depends on the accuracy needed, population size and resources available. However, Krishnaswami, (2002) suggests 30-50 respondents while Saunders *et al.* (2007) recommended 80 - 120 respondents are quite enough to obtain the information in social science research. For that case, the sample size for this study was 66 respondents comprising 50 FHHs beneficiaries of cash transfer and 16 key informants who were the people coordinating and supervising the programme including District TASAF Coordinator, Village leaders, Head/ Academic teachers and Health facilities supervisors. Table 3.1 and 3.2 shows the distribution of respondents by groups and by geographical location respectively from the study area.

**Table 3.1 Respondents by Groups**

| Group of Respondents                                         | Frequency |
|--------------------------------------------------------------|-----------|
| Female Headed Households who are Cash Transfer beneficiaries | 50        |
| District TASAF Coordinator                                   | 1         |
| Village leaders                                              | 5         |
| Head/Academic teachers                                       | 5         |
| Ward health supervisors                                      | 5         |
| <b>TOTAL</b>                                                 | <b>66</b> |

**Source:** Field data, 2018

**Table 3.2 Respondents by Location**

| s/n                                | Division    | Ward        | Village/street | Group and no. of respondents      |                |
|------------------------------------|-------------|-------------|----------------|-----------------------------------|----------------|
|                                    |             |             |                | Cash transfer beneficiaries (FHH) | Key Informants |
| 1.                                 | Naipanga    | Naipanga    | Mkukwe         | 05                                | 02             |
|                                    |             |             | Chiwindi       | 05                                | 01             |
| 2.                                 | Lionja      | Lionja      | Lionja B       | 05                                | 02             |
|                                    |             |             | Litandamtama   | 05                                | 01             |
| 3.                                 | Nambambo    | Nambambo    | Nangoweshuleni | 05                                | 02             |
|                                    |             |             | Songambebe     | 05                                | 01             |
|                                    |             |             | Mitumbati B    | 05                                | 01             |
|                                    |             |             | Boma           | -                                 | 01             |
| 4.                                 | Ruponda     | Ruponda     | Ruponda        | 05                                | 02             |
|                                    |             |             | Mwananyamala   | 05                                | 01             |
| 5.                                 | Kilimarondo | Kilimarondo | Kilimarondo    | 05                                | 02             |
| <b>Total number of respondents</b> |             |             |                | <b>50</b>                         | <b>16</b>      |

**Source:** Field data, 2018

### 3.6 Sampling Techniques

Two types of sampling technique were involved in this study and these were purposive sampling and simple random sampling.

#### 3.6.1 Purposive Sampling

According to Kothari (2012), purposive sampling technique enables the researcher to choose respondents basing on the facts that they have desirable characteristics and variables related to the issue being studied. This type of techniques claimed to be economical, that is less costly and less time consuming as well as providing accurate results when the researcher is unbiased and has capacity of keen observation and sound judgment. The researcher used this technique in selection of 16 key informants. These included District TASAF coordinator, village leaders,

head/academic teachers and health supervisors. The rationale of selecting them purposively was based on the expertise and experience they possess on cash transfer program coordination and supervision.

### **3.6.2 Simple Random Sampling**

This type of sampling technique provides equal opportunity of selection for elements of the study population (Kothari, 2012; Osooli, 2008). The researcher used this technique to avoid biasness of responses to ensure that data collected represents the reality of the situation. The researcher selected randomly 5 wards out of 10 wards with the programme, 10 villages out of 69 as well as 2 villages selected from each of 10 sampled wards. Simple random sampling technique was used where by the names of all wards and villages in a division were written on pieces of small papers and roughly folded then mixed up followed by picked them for further step. From the sample of the 10 villages 5 cash transfer beneficiaries (FHH) were randomly selected from each village using a list given by coordinator.

## **3.7 Data Collection Techniques**

Both primary and secondary data was collect where by primary data were collected through questionnaire administration and interview while secondary data through documentary review.

### **3.7.1 Questionnaire**

A questionnaire is an instrument of data collection consisting of a set of predetermined and structured questions given to the subject to respond to in writing or filled by the researcher through self administered questionnaire or researcher administered questionnaire respectively (Adam and Kamuzora, 2008).The respondents have to answer the questions either on their own or by responding to an enumerator (Kothari, 2012). In this study, pre-tested questionnaires with both close-ended and open ended questions were administered to cash transfer beneficiaries (FHHs) by the researcher. Researcher administered questionnaires were preferred because they allowed the researcher to interact directly with respondents for clarification and hence ensured completeness and validity of information collected. Researcher uses this method since a large number of respondents reached relatively

easily and economically also answers from the questionnaire were relatively easy to analyze.

### **3.7.2 Interview**

Interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses (Kothari, 2006). It is a process of communication or interaction in which the subject or interviewee gives the needed information verbally in a face to face situation. The method was preferred because the researcher wanted to collect supplementary information about the prevailing situation for triangulation with information given by respondents through questionnaires. Interview guide was used to collect information from key informants who were sixteen (16) in totals. The key informants included District TASAF coordinator, village leaders, head/academic teachers and health supervisors.

### **3.7.3 Documentary Review**

Documentary review was used as a method for collecting secondary data, which refers to data collected by someone other than the user (Zikmund, 2003). Common sources of secondary data for social science include censuses, information collected by government departments, organization records and data originally collected for other research. In the context of this study, secondary data was obtained through reviewing relevant documents including TASAF progress reports from the Ministry of Community Development, Women Affairs and Social Welfare, TASAF III implementation reports from council (number of cash transfer beneficiaries specifically FHHs and coverage area of the programme within the District) and publications about Cash transfer programmes in library and internet.

### **3.8 Data Analysis**

Qualitative data collected was summarized and quantified through coding to enable quantitative analysis. Coding was preceded by content analysis that helped to reduce a variety of responses (information collected) by grouping them into categories. The quantitative data obtained were analyzed with the help of Statistical Package for Social Sciences (SPSS) computer software. Descriptive statistics was computed in order to obtain frequencies and percentages.

Cross tabulation was also employed so as to establish how variables such as age, education level and households size of the respondents relate to cash transfer contribution on poverty reduction.

### **3.9 Presentation of the Findings**

The researcher presented the findings in form of tables, figures and text to simplify interpretation and discussion of the results.

## CHAPTER FOUR

### FINDINGS AND DISCUSSION

#### 4.1 Overview

The main purpose of the study was to examine the contribution of cash transfer programme to poverty reduction among female headed households in Nachingwea District in Tanzania in order to suggest improvement measures. This chapter reports the study findings based on the data obtained through questionnaires and interviews. The findings are presented and discussed ending up with evidence based arguments. Presentation of the study findings begins with respondent's background characteristics particularly age, marital status, level of education, households 'size and main income generating activities. And then contribution of CTP on access to education among the household members, the role played by CTP on access to health services utilization among household members and access to food among CTP beneficiary's households.

#### 4.2 Background Characteristics of Respondents

The respondent's background characteristics considered in this section include age, marital status, level of education, households' size and economic activities.

##### 4.2.1 Age

The age of the respondents was considered important based on assumption that there might be relationship between the age of respondents benefiting from the cash transfer programme and poverty reduction focused on access to education, health services food. Three broader age groups were given to respondents to pick the group age they belong. The findings areas shown in Table 4.1.

**Table 4.1 Distribution of Respondents by Age (n=50)**

| Age Group        | Frequency | Percent      |
|------------------|-----------|--------------|
| 18- 35 years old | 5         | 10.0         |
| 36- 59 years old | 11        | 22.0         |
| 60 and above old | 34        | 68.0         |
| <b>Total</b>     | <b>50</b> | <b>100.0</b> |

**Source:** Field data, 2018

Table 4.1 reveals that, 22 percent of the respondents were between 36 and 59 years old whereas 68 percent were 60 years and above years old. The rest 10 percent were between 18 and 35years old. This show that, a large number (34) of the respondents in study area were the elders.

#### **4.2.2 Marital Status of the Respondents**

Data on marital status were considered so as to know why female are the heads of their households. Respondents were asked to select their status from the prepared schedule which included never married, widowed, divorced and abandoned by husbands. The findings areas shown in Table 4.2.

**Table 4.2 Marital status of respondents (n=50)**

| <b>Marital Status</b> | <b>Frequency</b> | <b>Percent</b> |
|-----------------------|------------------|----------------|
| Never married         | 1                | 2.0            |
| Widowed               | 29               | 58.0           |
| Divorced              | 16               | 32.0           |
| Abandoned by husband  | 4                | 8.0            |
| <b>Total</b>          | <b>50</b>        | <b>100.0</b>   |

**Source:** Field data, 2018

The study findings in Table 4.2 show that a large proportion (58%) of the respondents was widowed, while 32 percent were divorced, 8 percent were abandoned and 2 percent have never been married but had family. The results in the table indicate that the respondents were purely the heads of their households since none of them was living with a partner. This show that, partner's deaths and divorces are high in the study area.

#### **4.2.3 Education Level of the Respondents**

The researcher was interested to know the education levels of the respondents with an assumption that there might be a connection between the level of education and the management of the cash transferred in relation to poverty reduction among FHHs. Respondents were asked to select the type of education they have from the provided options (informal education, primary education, secondary education and post-secondary education) and indicate the years spent in attending schools and their ability to read and write. The findings areas presented in Table 4.3.

**Table 4.3 Education Status of the Respondents (n=50)**

| <b>Level of Education</b>        | <b>Frequency</b> | <b>Percent</b> |
|----------------------------------|------------------|----------------|
| Never attended forms school      | 18               | 36             |
| Primary education                | 32               | 64             |
| Secondary education              | 0                | 0              |
| Post- secondary education        | 0                | 0              |
| <b>Years Spent in Schooling</b>  |                  |                |
| 1-4 years of schooling           | 17               | 34             |
| 7 years of schooling             | 15               | 30             |
| <b>Ability to Read and Write</b> |                  |                |
| ‘Yes’ response                   | 21               | 42             |
| ‘No’ response                    | 29               | 58             |

**Source:** Field data, 2018

Study results in Table 4.3 shows that, 64 percent of study respondents attended primary education while 36 percent had not attended school. Regarding reading and writing ability, 42 percent of the respondents were able to read and write while the remaining 58 percent could not read and write. As far as duration spent in schooling is concerned, 34 percent had spent up to 4 years while 30 percent had spent seven years. Fifty eight (58) percent who could not read and write were more vulnerable as far as mismanagement of cash given to them through CTP by TASAF III. The findings of this study show how a big disparity between proportion of respondents who never attended formal schooling and those who could not read and write.

Based on the finding that 58 percent of all respondents could not read and write, this indicates that 11(22%) respondent’s out of 32(64%) respondents who attended school could not read and write. On the other hand, this could also reveal that those who completed primary education are at a risk of forgetting to read and write, thus increase illiteracy among the respondents, which contributes to poverty as argued by Dudovskiy (2016).

#### **4.2.4 Household Size**

The researcher was also interested to know the household size of the respondent’s households. This was considered important because the greater the number the small the impact of cash given. The findings areas presented in Table 4.4.

**Table 4.4 Number of Members in Respondent's Households (n=50)**

| Variables                                              | Frequency | Percentage |
|--------------------------------------------------------|-----------|------------|
| <b>Weather the FHH has Children and Grand children</b> |           |            |
| 'Yes' Responses                                        | 38        | 76         |
| 'No' Responses                                         | 12        | 24         |
| <b>Household Family Size</b>                           |           |            |
| 1- 3 Family members                                    | 23        | 46         |
| 4-7 Family members                                     | 26        | 52         |
| > than 10 family members                               | 1         | 2          |

**Source:** Field data, 2018

The study results as presented in Table 4.4 shows that, a larger proportion of respondents (76%) were living with children and grandchildren, while 24 percent were living alone. It was also noted that, 52 percent of sampled households had members between 4 and 7, while 46 percent of sampled households had family members between 1 and 3. Only one household (2%) had more than 10 members. According to TASAF III guidelines, as long as a household has been identified by village meeting as poor, the household is given a flat rate of TZS. 20,000. The guideline did not consider the number of household members living in the household. Due to this fact, the household with less members benefited more compared to the ones with more members.

#### **4.2.5 Main Income Generating Activities of the Respondents**

Although respondents in the study area performing different income generating activities the researcher was interested to know their main income generating activities and how the cash transfer given supporting them on their daily consumption. Table 4.5 summarizes the respondent's main income generating activities.

**Table 4.5 Respondents Income Generating Activities (n=50)**

| <b>Income Generating Activities</b> | <b>Frequency</b> | <b>Percent</b> |
|-------------------------------------|------------------|----------------|
| Farming                             | 37               | 74.0           |
| Livestock keeping                   | 6                | 12.0           |
| Mama lishe                          | 2                | 4.0            |
| Local brew making                   | 2                | 4.0            |
| Crushing and selling of gravel      | 1                | 2.0            |
| No any activity                     | 2                | 4.0            |
| <b>Total</b>                        | <b>50</b>        | <b>100.0</b>   |

**Source:** Field data, 2018

The study findings in Table 4.5 indicate that, 37(74%) respondents' households were full time engaged in subsistence farming while 6(12%) respondents households were engaged in small scale livestock keeping. Four (4) respondent's households (8%) were engaged with other economic activities undertaken in small scale such as mama lishe (4%) and local brew making (4%). One household (2%) was engaged with crushing stones and sale of gravel when the rest two households (4%) were not engaged in any economic activity due to old age and long illness. Based on the findings it can be argued that, the dominant activity was farming. When they were asked to tell the link between activities and cash transferred, they responded that, the cash given to them helps to cover the education, health and food costs hence relieve them from stress and concentrated on production in their undertakings.

### **4.3 Contribution of Cash Transfer to Access to Education among Female Headed Households**

In determining the contribution of cash transfer on access to education, two criterion were used. They include calculating the proportion of money spent on education and the correlation analysis between amount of cash given and the amount spent on education.

#### **4.3.1 The Percentage Spent in Education**

The study respondents were required to put a tick before one of the four options given by the researcher (0%, 25%, 50%, and 75%) in respect to how much they spent on education from the cash delivered to them. The findings were as shown in Table 4.6.

**Table 4.6 The Percentage of Cash Spent on Education (n=50)**

| Village      | Number of household sampled | Expenditure of cash delivered on education by percentage |           |           |           |           |           |           |          |
|--------------|-----------------------------|----------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
|              |                             | 0%                                                       |           | 25%       |           | 50%       |           | 75%       |          |
|              |                             | Frequency                                                | %         | Frequency | %         | Frequency | %         | Frequency | %        |
| Mkukwe       | 5                           | 3                                                        | 6         | 1         | 2         | 1         | 2         | 0         | 0        |
| Chiwindi     | 5                           | 3                                                        | 6         | 1         | 2         | 1         | 2         | 0         | 0        |
| Litandamtama | 5                           | 1                                                        | 2         | 0         | 0         | 3         | 6         | 1         | 2        |
| Nangowe      | 5                           | 3                                                        | 6         | 0         | 0         | 1         | 2         | 1         | 2        |
| Songambele   | 5                           | 1                                                        | 2         | 0         | 0         | 4         | 8         | 0         | 0        |
| Kilimarondo  | 5                           | 5                                                        | 10        | 0         | 0         | 0         | 0         | 0         | 0        |
| Mitumbati B  | 5                           | 2                                                        | 4         | 1         | 2         | 1         | 2         | 1         | 2        |
| Mwananyamala | 5                           | 4                                                        | 8         | 0         | 0         | 1         | 2         | 0         | 0        |
| Lionja B     | 5                           | 0                                                        | 0         | 2         | 4         | 3         | 6         | 0         | 0        |
| Ruponda      | 5                           | 4                                                        | 8         | 0         | 0         | 1         | 2         | 0         | 0        |
| <b>Total</b> | <b>50</b>                   | <b>26</b>                                                | <b>52</b> | <b>5</b>  | <b>10</b> | <b>16</b> | <b>32</b> | <b>3</b>  | <b>6</b> |

**Source:** Field data, 2018

Table 4.6 shows that the total number of respondent households sampled was 50 whereby 26(52%) spent 0% of cash given on education purposes, 5(10%) spent 25% of the cash, 16(32%) spent 50% of all cash given and only 3(6%) respondents households spent 75% of the cash given. According to the findings, 26 respondent households did not spend any cash on education activities and this is because their households didn't have school going children, thus the cash given did not include the education package. Furthermore, the remaining 24 respondent's households spent different percentage due to the fact that their education package differed depending to the number of school children they had.

#### **4.3.2 Amount of Cash Given and the Amount Spent on Education**

Based on the households given cash transfer that included education package, further analysis to show minimum and maximum amount spent was done. The findings are shown in Table 4.7.

**Table: 4.7 Amount of Cash Given and the Amount Spent on Education (n=24)**

| Cash v/s Expenditure                       | Minimum | Maximum | Average |
|--------------------------------------------|---------|---------|---------|
| Cash given                                 | 28,000  | 58,000  | 29,100  |
| Amount used on education in TZS.           | 5,000   | 42,000  | 17,614  |
| Percentage of the amount used in education | 17.9    | 72.4    | 60.5    |

**Source:** Field data, 2018

The study results in Table 4.7 show that the 24 households with school going children received a different amount ranging from TZS 28,000 to TZS 58,000. However, the minimum expenditure on education was TZS 5,000 (17.9% of the minimum amount given) whereas the maximum expenditure was TZS 42,000 (72.4% of the maximum amount given) as explained earlier the difference is based on number of school going children at a household. The finding shows that, some households spent up to 72.4 percent of the cash given on education which is real a significant amount. However, base on average of the cash given per households (TZS 29,100) and the average expenditure on education (TZS 17,614) it can be argued that, on average 60.5 percent of the cash given was used in education among those households getting the education package.

The descriptive analysis done between the average amount of the cash given to household's respondents with school going children (TZS 29,100) and the average spent on education (TZS 17,614) shows a positive relationship between the amount given and the amount spent on education (0.793). Statistically, the relationship was at 0.01 significant levels.

#### **4.3.3 Education Level and Amount of Cash Spent on Education**

The researcher also investigated to establish if the level of education of the respondents had anything to do with the amount of cash given on education purposes. Based on that, further descriptive analysis between amounts spent on education with amount given to respondents as per their education level was computed. The findings are shown in Table 4.8

**Table: 4.8 Level of Education and the Amount of Cash Spent on Education**

| <b>Respondents Level of Education</b> | <b>Frequency</b> | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
|---------------------------------------|------------------|----------------|----------------|----------------|
| Informal education                    | 6                | 5000           | 25,500         | 14,375         |
| Primary education                     | 18               | 7500           | 42,000         | 18,694         |

**Source:** Field data, 2018

The results in Table 4.8 indicate that 6 respondent's with informal education spent a minimum amount of TZS 5,000 and a maximum of TZS 25,000 for education purposes. However, 18 respondents' with primary education level spent a minimum

amount of TZS 7,500 and maximum of TZS 42,000 for education purposes. The descriptive analysis done shows that, the difference on average expenditure in education between the household heads with informal education and those with primary education level is statistically insignificant at 5%. However, in absolute figures, the household heads with primary education level outweighed those with informal education (TZS 18,694 vs. TZS 14,375). Therefore, from the above explanations it can be argued that, the level of education of respondent could determine more expenditure in education and thus increases access to education for household member's probably due realization of the importance of education.

#### **4.3.4 Breakdown of the Expenditure of Cash Allocated for Education**

The researcher was also interested to know the breakdown of the respondents expenditures on education. The findings are as shown in Table 4.9.

**Table 4.9 Respondent's Expenditure in Education (n=24)**

| <b>Expenditure in Education</b>               | <b>Frequency</b> | <b>Percent</b> |
|-----------------------------------------------|------------------|----------------|
| To buy school uniforms and learning materials | 23               | 95.8           |
| School contributions                          | 1                | 4.2            |
| <b>TOTAL</b>                                  | <b>24</b>        | <b>100</b>     |

**Source:** Field data, 2018

The study findings in Table 4.9 show that, a significant proportion of money (95.8%) was spent on buying school uniforms and learning materials such as exercise books, pens and pencils and the remaining (4.2%) was spent on school contribution such as paying for porridge to nursery pupils, mid-day meals to children in day schools.

Based on the interview session with the key informants (officials) one head teacher said that:

*For sure, we are experiencing changes in attendance and smartness among the school going children especially those in poor families since their parents and guardians afford to give them school needs like uniforms and stationaries. Children who were not attending school due to lack of uniforms and other school materials are now back to school as a result of the introduction of the cash transfer programme in our area.*

The above quotation implies that, cash transfer programme has the contribution on poverty reduction in terms of education access since it enables poor household's children to go to school and get their basic school requirements. This is in line with the study done by Wanjohi (2012) on the Role and Sustainability of Cash Transfer Programmes in Poverty Reduction on Female-Headed Households in Mukuru Slums of Nairobi City County. The author argues that, cash transfer programmes had succeeded to a great extent to achieve their purpose for instant, the beneficiaries used the cash they received to provide basic needs such as to pay school fees for their children and buy school materials. Moreover, children that had completed primary education had been trained in vocational skills such driving, hairdressing beauty and tailoring, so as to provide more livelihood options for the households.

Similarly, Irby (2011), in a paper titled DFID Cash transfers evidence noted that, there was a significant diversity of evidenced sources that cash transfer improved school enrollments and attendance. Cash transfers can be an important complement to direct education investments. Increased income security enables households to pay fees and other costs associated with schooling. It also reduces the burden on children particularly girls of contributing to family income, thus enabling them to participate effectively in schooling. The finding of the current study implies that, Cash Transfer Programme contributed on access to education by providing schooling basic needs to the children from poor households. Through the education they acquire, it is assumed that after a period of time members from beneficiaries household's could know how to read and write, which is necessary in conducting normal social life like handling their daily income and households budget. Moreover, education has economic returns in future based on the belief that the average years of schooling would support the learners in obtaining jobs in future, which will assist their households in income generating activities and hence poverty reduction among their households (Ullal, 2013).

#### **4.4 The Role of Cash Transfer in Access to Health Services**

The study was designed to establish the role of cash transfer in access to health services. To reveal the situation the researcher asked some questions including; *1. Do you go to health facilities close to you always when you fall sick? 2. Are all members*

of your households registered by CHF? 3. What was the source of fund to join CHF? The responses are tabulated in Table 4.10

**Table 4.10 Distribution of the Respondents According to the Different Access to Health Services Parameters (n=50)**

| Parameter                                  | Frequency | Percent |
|--------------------------------------------|-----------|---------|
| Regular Attendance to Health Facilities    |           |         |
| Yes response                               | 50        | 100     |
| No response                                | -         | -       |
| <b>Household Members Registered by CHF</b> |           |         |
| Up to 6 members                            | 47        | 94      |
| More than 6 members                        | 3         | 6       |
| <b>Source of Household Fund for CHF</b>    |           |         |
| TASAF                                      | 50        | 100     |
| Other                                      | -         | -       |

**Source:** Field data, 2018

#### **4.4.1 Regular Attendance to Health Facilities**

Respondents were asked to say Yes or No as the response to the question that; *do you go to health facility close to you always when you fall sick?* It was found that, 100 percent of the study respondents do go to the hospital when they get sick as shown in Table 4.10. The finding implies that household's members on the Female Headed Households receiving Cash Transfer had access to health services.

#### **4.4.2 Household Members Registered by CHF**

The researcher was interested to know if all households' members had registered in CHF services. Study results in Table 4.10 show that, 47 households had 1 up to 6 members while 3 households had more than 6 members. Furthermore, it was revealed that, 100 percent of the respondents said that, all their family members were registered with CHF. The ones with 7 and above members in their household were obliged to incur additional cost to access health services. This is because CHF guidelines allow only a group of six household members to access health services through one card provided which costs TZS 15,000. When it comes that household members are more than 6, they are supposed to pay extra TZS 15,000 to get another

card for those not covered in the first card or opt to pay cash for them once they fall sick and visit health facility.

#### **4.4.3 Source of Fund for CHF Registration**

Respondents were then asked to tell the source of fund used to register for CHF. The findings presented in table 4.10 reveals that, 100 percent of the study respondents used the fund provided by TASAF III through Cash Transfer Programme to pay for CHF registration. This implies that, Cash transfer programme has increased access to health services among members of households benefiting from cash transfer.

During the key informants, one Health Officer said that:

*Not only that households benefiting from cash transfer programme understand and use health insurance, but also mothers have developed tendencies to send their children to the dispensaries and health centers when their children fall sick and for vaccination process as compared to the past. The tendency of cash transfer beneficiaries sending their children to health centers has decreases the cases of malnutrition. For sure, cash transfer programme stimulates the health seeking behaviors to most households in respective areas.*

Furthermore, one Village Executive officer said that:

*Beneficiary's households are now capable of buying the health insurance something that was not observed before the cash transfer program. This scenario supports the idea that poor people are now escaping the out of pocket expenditures in cases of illness, hence increases the probability of being able to combat health problems whenever they encounter them.*

The two quotations above indicate that cash transfer programme has significant contribution on health seeking behavior and increases visits to health care facilities. This is in line with the study by Vincent and Cull (2009) on impacts of social cash transfers, which revealed that; receiving cash transfer improves access to basic health care and promotes better health status of household members. It allows recipients households to afford treatment when they get sick. For instance, through cash transfer programme in Zambia, the incidence of illnesses decreased from 42.8% to 35%; and incidence of partial sightedness decreased from 7.2% to 3.3%, potentially due to the fact that beneficiary households could afford minor eye surgery.

#### 4.5 Cash Transfer and Access to Food among Female Headed Households

Respondents were asked to tell the main sources of food for their families and how many meals they were taking per day before and after cash transfer programme. The responses were as shown in sections 4.5.1, 4.5.2 and 4.5.3.

##### 4.5.1 Respondent's main sources of food

Respondents were asked to mention their main source of food by selecting the options given by researcher as shown in Table 4.11

**Table 4.11 Distribution of Respondents by the Main Sources of Food (n=50)**

| Source of Food                            | Frequency | Percent    |
|-------------------------------------------|-----------|------------|
| Own farm produce and buying               | 49        | 98         |
| Buying and support from friend/neighbors' | 1         | 2          |
| <b>Total</b>                              | <b>50</b> | <b>100</b> |

**Source:** Field data, 2018

The findings in Table 4.11 show that, the main source of food for a large proportion (98%) of the study respondents was from their own farm produce and buying. Only 2 percent of the study respondents said that their source of food was buying and support from neighbors and friends.

During the interview sessions with Village leaders' one leader said that:

*A large number of households in our villages depending food from A large number of households in our village obtain food from the market and own produce from the field, though due to unfavorable weather conditions and small areas of land owned by the majority for crop production, the amount of food produced is not enough to meet the needs of the households. Therefore, we experiencing critical food shortage especially from January to March months whereby at this period money act as an important catalyst to get food thus to cope with the situation we reduce the number of meals taken per day. But cash tranfer beneficieas atleast them they could buy food through the cash given and sustaining from the situation.*

In an interview session with Village Executive Officers, one of them said that:

*Atleast food situation improves when we harvest by the mid of April, even though the amount of food produced by most FHHs do not last more than three months because they operate on small farms with very little to save for a time. Food shortage affects many households in our*

*village but to FHHs the situation is more serious since they do not have the counterparts to support.*

The above statements and findings in Table 4.11 imply that, majority of the respondents depend on farm produce and buying food from the market. What they produce was not enough to feed their households members the whole year thus forced to buy. The findings implies that they were managing to buy food due to the cash transfer delivered. It can also be argued that cash received enabled them to concentrate on farming in their farms rather than working on other peoples' farms for income to buy extra food needed. It was also noted that, those who relied on buying and support from neighbours and friends were those unable to produce in their farms due to age, sickness and disabilities.

#### **4.5.2: Respondent's Number of Meals Taken Before And After Cash Transfer Programme**

On this aspect the researcher asked the respondents how many meals they take before and after the cash transfer programme. The responses are shown in Table 4.12.

**Table 4.12 Number of Meals Taken Before and After Cash Transfer Programme (n=50)**

| Number of meals | Before CTP |            | After CTP |            |
|-----------------|------------|------------|-----------|------------|
|                 | Frequency  | Percent    | Frequency | Percent    |
| 1 meal          | 15         | 30         | -         | -          |
| 2 meals         | 24         | 48         | 13        | 26         |
| 3 meals         | 11         | 22         | 37        | 74         |
| <b>Total</b>    | <b>50</b>  | <b>100</b> | <b>50</b> | <b>100</b> |

**Source:** Field data, 2018

The study findings in Table 4.12 show that, a large proportion (48%) of the respondents was taking two meals per day before the intervention of cash transfer programme while, 30 percent were taking one meal and 22 percent were taking three meals per day. After cash transfer programme, 74 percent were taking three meals per day while 26 percent were taking two meals per day. The findings imply that, after intervention by the cash transfer programme the percentage of the respondents households taking three meals per day rose from 22 to 74 percent. The findings further reveal that, before the cash transfer programme the percentage of female headed households taking one meal per day were 30 percent but the proportion

dropped to zero after joining the cash transfer programme. Based on the findings of the current study, there is a great change and improvement on number of meals taken per day by respondents households after receiving cash from the program. This implies that, the introduction of cash transfer programme, promotes access to food among the beneficiaries.

The finding is in line with a study conducted by Wanjohi (2012), which depicted that: Cash transfer programmes reduce food insecurity by availing money to purchase food. Cash give respondents dignity because they are capable to budget for their households and include all the required household items associated with food. Cash transfer provide choice for more nutritional value when compared to food aid which most of them are dried food and hence low nutritional value. In addition, cash transfer offer the option of purchasing different types of food thus increasing the nutritional value.

High Level Panel of Experts Report (2012) on Social protection for food security explained that, food accessibility exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The right to adequate food is realized when every man, woman and child, alone or in community with others has physical and economic access at all times to adequate food or means for its procurement. The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense which equates it with a minimum package of calories, proteins and other specific nutrients. Cash transfer reduces hunger, enhance food consumption as well as keeping food affordable for the poor. It also promotes food production since beneficiaries households obtain the time to produce in their farms instead of providing labour so as to get money for food especially difficulty months as mentioned by one of the key respondents.

#### **4.5.3 Level of Education with Respect to Meals Taken**

With an assumption that there might be other factors contributing to number of meals taken by respondents household, the researcher was interested to know the

correlation between education level of respondents and the number of meals taken per day. The findings were shown in Table 4.13

**Table 4.13 Level of Education with Respect to Meals Taken (n=50)**

| Education level | Before CTP |           |           |           |           |           | After CTP |           |           |           |
|-----------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|                 | 1 meal     |           | 2 meals   |           | 3 meals   |           | 2 meals   |           | 3 meals   |           |
|                 | Frequency  | %         | Frequency | %         | Frequency | %         | Frequency | %         | Frequency | %         |
| Informal        | 7          | 14        | 8         | 16        | 3         | 6         | 6         | 12        | 12        | 24        |
| Primary         | 8          | 16        | 16        | 32        | 8         | 16        | 7         | 14        | 25        | 50        |
| <b>Total</b>    | <b>15</b>  | <b>30</b> | <b>24</b> | <b>48</b> | <b>11</b> | <b>22</b> | <b>13</b> | <b>26</b> | <b>37</b> | <b>74</b> |

**Source:** Field data, 2018

The study results in Table 4.13 reveal that, before cash transfer programme 7(14%) respondent's households with informal education managed to afford one meal per day. Eight (16%) households afforded two meals per day whereas the rest 3(6%) households affording three meals per day. After intervention by the Cash Transfer Programme 6(12%) respondent's households managed to take two meals per day and 12(24%) when the rest managed to have three meals per day. On the side of 32(64%) households headed by people with primary education it was revealed that, before cash transfer programme 8(16%) households respondents were taking one meal per day, when 16(32%) households were taking two meals per day. The rest 8(16%) households were taking three meals per day.

After the cash transfer programme 7(14%) households afford two meals per day when the rest 25(50%) households afforded three meals per day. The overall result shows that after the Cash Transfer Programme there was no any household's taking one meal per day. The number of households taking three meals per day rose from 11 to 37 which are 74 percent of all sampled households while the number of households taking two meals per day decreased from 24 to 13 which is a great achievement from the findings. It can also argued that households headed by people with primary education were more advantaged compared to households headed by people who did not go to school which shows a relationship between education and poverty.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Overview**

This chapter presents the summary of the findings, conclusions, policy recommendations and area for further research. The chapter starts with summary which highlights the major findings of the study followed by conclusion section and recommendations which provides policy directions towards addressing the contribution of empowerment programmes. The final section suggests potential areas for further researcher.

#### **5.2 Summary of the Findings**

The major objective of this study was to examine the contribution of cash transfer programme to poverty reduction among Female Headed Households in Nachingwea District. It specifically focused on contribution of Cash Transfer Programme in access to education, access to health services and access to food. Based on the findings, the study revealed that, Cash Transfer Programme conducted under TASAF III in Nachingwea District has a positive impact on poverty reduction among female headed households in consideration of access to education, health services and food. The researcher started by discussing respondent's background characteristic such as age, marital status, education level, household size and main income generating activities performed respondents. Background characteristics show that, about 68 percent of respondents were elders with 60 years old and above whereas 58 percent were widowed. Thirty six (36) percent did not go to schools at all while the rest 64 percent had low education. The main income generating activities of the respondents 74 percent was subsistence farming.

The study findings show that the provision of cash transfer to female headed households has improved access to education, among school going children. It has as well as increased school enrolment. This is shown by the fact that, majority (60.5%) of the cash given to the household was spent for education purposes. This proportion

of money was used for buying school uniforms, school materials (stationeries) and other school contributions (porridge for nursery pupils and lunch for day scholar students). The introduction of CTP in the study area has contributed to increased health services seeking behavior among the respondents. The study findings revealed that all the (100%) respondents registered their households' members with CHF by using the fund provided by TASAF III through Cash Transfer Programme. Thus, whenever they get sick they assured of getting health services in any government hospital within the district. They were even eligible to get the health services in private hospitals within the district, which were in partnership with the district council. The findings also show that after being involved in Cash Transfer Program, the percentage of the households taking three meals per day rose from 22% to 74 percent. Furthermore, the percentage of households taking one meal per day, which were 30 percent dropped to zero percent after joining the cash transfer program.

### **5.3 Conclusion**

Based on the above findings and discussion, the study puts down the following concluding remarks: the role of the Cash Transfer Programme in reduction of poverty at household's level is significant and a basis for improved livelihood of the communities living under extreme poverty. This was evidenced by the findings whereby the cash transfer programme succeeded to a great extent to achieve access to education, health and food. The beneficiaries used the cash they received to buy school uniforms and materials as well as paying for school contributions. The cash also helped them to pay for health services through health insurance cards and as well as to buy food for their families.

On the other hand, the study revealed that previously beneficiaries used to provide labour in cashew nuts and sesame plantation so as to get small amount of money to help them meet their household's needs. Currently, with the provision of cash transfer, whereby the beneficiaries get reasonable amount, timely each month, they are able to meet their households' needs. Thus, they use their time to work in their own farms and increase production while engaging into other income generating activities like poultry, cooked food vending business and making local beer. All

these contribute to improved livelihoods among the FHHs, hence poverty reduction. The aim of the study was to examine the contribution of cash transfer programme to beneficiary's households' especially female headed households on access to education, healthy and food. Lesson learnt from the results is, the beneficiaries discipline in the uses of cash transferred led them to support their school going children on having uniforms, stationeries and paying school contributions as well as registering their households members on CHF which enabled them access health services once they feel sick and afford to buy food for their households.

#### **5.4 Policy Recommendations**

This study has yielded some information from which the researcher would like to make some recommendations to different potential stakeholders and policy makers so as to realize poverty reduction among FHHs and community at large.

- i. By ensuring relevant basic education for all children will be one of the effective avenues for poverty reduction in the medium and long term. Cash transfer programme has enhanced attendance and enrollment rate in basic grades to school children. Since access to education and enrolment increased, there is a need to a local government to improve the learning environment such as increase the number of infrastructures like classes and toilets. This is due to the fact that, with larger classes it would be harder to improve quality education in the future within the direction of enabling teachers to provide more attention to students who are failing to learn.
- ii. The Ministry of Health and Social Welfare should re-think of reviewing the health policy and come up with new policy so as to enable all citizens to get health insurance in order to ensure access to health services from dispensaries to referral hospitals level and to both private and public hospitals. As the findings noted people in the study area who were using CHF insurance cards were not eligible to acquire services outside the district boundaries and from private hospitals. The researcher suggests that, provision of health insurance cards to poor elderly and households' living under extremely poverty is necessary so as to make them access health services whenever needed. The available free - medical

services to the aged or elders is not sufficient since it takes long process for ones to get services, otherwise NHIF is suggested to all and not to employees only.

- iii. In order to sustain the efforts done by TASAF programme in reducing poverty, it is suggested that national policies should aim at establishing pension scheme to support the vulnerable people living under poverty line just as it is for with retired public employees. This will help them to afford necessary basic needs.
- iv. The provision of cash to female headed households as an approach to empower them should be accompanied with imparting entrepreneurial skills and mobilizing self help efforts. This is expected to make them independent and eradicate the attitude of aid dependency.
- v. Research findings show that, all households identified is given a flat rate of TZS 20,000 thus the household with fewer members benefited more compared to the ones with more members. Due to this matter, the Ministry of Community Development, Gender and Children through TASAF III guidelines should re think on increasing the amount of cash given to the households with large number of members so as to support them meeting their steady demand.

### **5.5 Areas for Further Research**

Further research should be conducted to come up with strategies to ensure sustainability of accepted standard of living among poor Female Headed Households after completion of the cash transfer programme in Tanzania and Nachingwea District in particular. Beside, the same study can be replicated in other areas of Tanzania by using the same or different research designs in order to compare the situation.

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## APPENDICES

### Appendix I: A questionnaire to be administered to FHH

#### Questionnaire to Examine the Contribution of Cash Transfer Program to Poverty Reduction among Female Headed Households in Nachingwea District, Lindi Region

Questionnaire NO/CODE

#### GENERAL INFORMATION

Date: ..... Name of Enumerator/interviewer.....

Region: .....District.....Division.....

Ward: ..... Village.....

#### 1.0 SECTION 1: BACKGROUND INFORMATION

1.1 Age of household head.....Years.

- a) Young (18- 39 Years)
- b) Middle (40-56 years)
- c) Old (57 and above)

1.2 Level of Education in years

- 1. Informal Education [   ]    2. Primary [   ]
- 3. Secondary Education [   ]    4. Post-secondary (Specify) [   ]

1.3 Number of years of schooling ..... (Years)

1.4 If no formal education, do you know how to read and write?

- 1. Yes [   ]    2. No [   ]

1.5 What causes you be the head of household?

1. Never married [ ] 2. Widowed [ ]

3. Divorced [ ] 4. Abandoned by husband [ ]

1.6 What are the main activities/occupation of the respondent (*tick all that is applicable*)

| S/N | Type of activity    | Tick | S/N | Type of activity           | Tick |
|-----|---------------------|------|-----|----------------------------|------|
| 1   | Farming             |      | 8.  | Local brew making          |      |
| 2.  | Livestock keeping   |      | 9.  | Small scale food processor |      |
| 3.  | Fishing             |      | 10. | Pot making                 |      |
| 4.  | Tailoring           |      | 11. |                            |      |
| 5.  | Kiosk business      |      | 12. |                            |      |
| 6.  | Mama lishe business |      | 13. |                            |      |
| 7.  | Shopkeeper          |      | 14. |                            |      |

1.7 What is your monthly/annual income (estimate in money?) TZS .....

1.8 What is the number of household member in your family? .....

1.9 Do you have children in your household? 1. Yes [ ] 2. No [ ]

1.10 If yes, how many among those children attend school (primary, secondary, college)

1.11 How much cash was given to you by the program? .....

1.12 Was the cash given to you in lump sum or in installments?

1. Lump sum [ ] 2. Installments [ ]

1.13 If by installments, how was it given to you?

1. Monthly [ ] 3. Quarterly [ ]

2. Bio monthly [ ] 4. Annually [ ]

1.14 Was the cash available on time? 1. Yes [       ]                      2. No [       ]

## **2.0 HOUSEHOLD EXPENDITURE IN EDUCATION**

2.1 Do you spend cash given on education? If yes, answer the following question.

2.2 How much cash (%) was spent on education?

- |                  |           |                        |           |
|------------------|-----------|------------------------|-----------|
| a. Quarter (25%) | [       ] | c. Three quarter (75%) | [       ] |
| b. Half (50%)    | [       ] | d. All the money       | [       ] |
| e. I do not know | [       ] |                        |           |

2.3 How was the money allocated to meet education expense? (*Put a tick to all that is applicable*)

- |                                          |           |
|------------------------------------------|-----------|
| 1. To pay school fees                    | [       ] |
| 2. To buy school uniforms & stationeries | [       ] |
| 3. To meet school contributions          | [       ] |
| 4. To Pay lunch provided at school       | [       ] |
| 5. Others (specify)                      | [       ] |

## **3.0 HOUSEHOLD EXPENDITURE IN HEALTH SERVICES**

3.1 Do you afford to pay hospital bills once you or your family members fall sick?

1. Yes [       ]                      2. No [       ]

If yes, how do you afford?

3.2 Do all your household members have registered in CHF?

1. Yes [       ]                      2. No [       ]                      If no, why?

3.3 What is the source of fund to join CHF?

#### 4.0 HOUSEHOLD FOOD EXPENDITURE

4.1 What was the main source of food in your household?

1. Own produce through farming activities [     ]
2. Buying [     ]
3. Support from friends/neighbors [     ]
4. Food grant (Aids) [     ]

4.2 Indicate number of meals taken in your household per day before the money transfer program?

1. One meal per day [     ]
2. Two meals per day [     ]
3. Three meals per day [     ]

4.3 Indicate number of meals taken in your household per day after the money transfer program?

1. One meal per day [     ]
2. Two meals per day [     ]
3. Three meals per day [     ]

4.4 Do you experience food shortage at any part of the year?

1. Yes [     ]
2. No [     ]

4.5 If yes, indicate months with food shortages in your household

1.....2.....3.....4.....5.....

#### 5.0 ADDITION QUESTION

5.1 Do you save any cash after household expenditures?

1. Yes [     ]
2. No [     ]

- 5.2 If yes, what is the proportional of money saved?
- a. Quarter (25%) [     ]
  - b. Half (50%) [     ]
  - c. Three quarter (75%) [     ]
  - d. I do not know [     ]
- 5.3 What is the main purpose of saving this money?
- a) .....
  - b) .....
  - c) .....
- 5.4 In your opinion, is cash transfer program beneficial on non-beneficial?
- a) Beneficial [     ]                      b) Non-beneficial [     ]
- 5.5 Mention achievements/benefits obtained through cash transfer program
- a) .....
  - b) .....
  - c) .....
  - d) .....
- 5.6 Could you be able to sustain yourself once the program phase out (quit)?
- 1. Yes [     ]                      2. No [     ]
- 5.7 What strategies are in place (developed) to enable you sustain your activities once the cash transfer program phase out?
- a) .....
  - b) .....
  - c) .....

**END OF THE EXERCISE**

**THANK YOU VERY MUCH FOR YOUR TIME AND CO-OPERATION**

## **Appendix II: Interview Guide District for TASAF Coordinator**

### **Contribution of Cash Transfer Program to Poverty Reduction among Female Headed Households: A Case of TASAF III in Nachingwea District, Lindi Region**

Date of interview.....

#### **Questions:**

1. How long have you worked in this District ..... (Years)?
2. What are the areas covered by the program in the District?
3. For how long do the beneficiaries receive cash from TASAF?
4. What is the method used to disburse the cash to the beneficiaries?
5. How frequency do the cash been given to beneficiaries?
6. What is the program duration in Nachingwea District?
7. What are the goals of the program to Female Headed Households in Nachingwea District?
8. Is the amount of cash given to FHH enough? If not, what is the way forward?
9. Did the FHH request any increase in amount of cash given to them?
10. Do you conduct training to FHH on how best to manage cash from the program? If yes, what are the main areas focused during the training sessions?
11. What is the community perception to cash transfer program deviated to FHH?  
(How the communities consider these FHH receiving cash support?)
12. If you evaluate the cash transfer program, is there any impact to FHH receiving cash from the programme?
13. Has the programme had an exit strategy? If yes, explain.
14. What are the challenges experienced in cash transfer programme?
15. What has been the sustainability of the programmes to the recipients?

**THANK YOU FOR YOU COOPERATION**

### **Appendix III: Interview Guide for Village Leaders**

Village name.....

Ward .....

Title of the members .....

Working duration on responsible village .....

#### **Questions**

1. Has cash transfer so far had a role to play in reducing poverty in  
..... village especially among FHH? If yes explain how?
2. Have you seen any changes among FHH since the time receiving cash up to  
now? If Yes, explain those changes.
3. Does the cash received have an effect on education arena, health services  
utilization and food status in the FHH? If yes, explain
4. What differences have been noted between cash transfer program any other  
related programs like food aid support?
5. What challenges have been brought about by cash transfer?
6. After cash transfer stopped can you imagine what will be the  
position/situation of the beneficiary households? Explain.
7. Have you ever attended any trainings/ seminars related to cash disbursed?  
If yes, explain.
8. How the village administration controls the beneficiaries (FHH) expenditures  
in order to support the program reach its targets or goals? Explain.
9. Do you think the time was enough to receive the transfers and make a  
difference in their lives?
10. Is there any preparation strategy going on in the village after the end over of  
the program? If yes, explain.
11. General comments

**THANK YOU FOR YOU COOPERATION**

#### **Appendix IV: Interview Guide for Head/ Academic Teacher**

Title.....

Village..... Ward .....

Date of interview.....

##### **Questions:**

1. How long have you worked in this village ..... (Years)?
2. Do you know anything about CTP in this village? If yes, Explain
3. Has CTP provides any benefit in education arena especially to beneficiaries HH in this village? Explain
4. Can you talk about student's school attendance to beneficiaries HH before and after CTP in this village?
5. Can you talk about student enrollment ratio to beneficiaries HH before and after CTP in this village?
6. Can you talk about student performance to beneficiaries HH before and after CTP in this village?
7. Has you ever attended any training or seminar concerning with CTP? Explain.
8. What are the control measures taken by your school to monitor students supported by CTP so that to meet the targets/goals of the program?
9. General comments

**THANK YOU FOR YOU COOPERATION**

## **Appendix V: Interview Guide for Health Center Supervisor**

Title.....

Village..... Ward .....

Date of interview.....

### **Questions:**

1. How long have you worked in this village ..... (Years)?
2. Do you know anything about CTP in this village? If yes, Explain
3. Has cash disbursed enabled the beneficiaries HH in this village utilizes health services? Explain
4. Can you talk about reduction of diseases and avoidable death to beneficiaries HH before and after CTP in this village?
5. Can you talk about malnutrition status to beneficiaries HH before and after programme in this village?
6. Has you ever attended any training or seminar concerning with CTP? Explain.
7. General comments

**THANK YOU FOR YOU COOPERATION**