

**STAKEHOLDERS' PERCEPTIONS ON CASH TRANSFER  
PROGRAM AS A STRATEGY FOR POVERTY REDUCTION IN  
TANZANIA:  
A CASE OF RORYA DISTRICT**

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PROGRAM AS STRATEGY FOR POVERTY REDUCTION IN  
TANZANIA:  
A CASE OF RORYA DISTRICT**

**By**

**Anuciata G, Benasius**

**A Dissertation Submitted to School of Public Administration and Management in  
Partial Fulfilment of Requirement for the Award of Masters of Science in Human  
Resource Management (MSc-HRM) of Mzumbe University.**

**2017**

**CERTIFICATION**

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled “*Stakeholders’ perception on Cash Transfer program as a strategy for poverty reduction in Tanzania: A case Rorya district*” in partial fulfillment of the requirements for award of the degree in Master of Science in Human Resource Management (MSc. HRM)

\_\_\_\_\_  
Major Supervisor

\_\_\_\_\_  
Internal Examiner

\_\_\_\_\_  
External Examiner

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## **ACKNOWLEDGEMENTS**

First, I would like to thank the Almighty God for giving me a special favor, health and strength to pursue my studies successfully. I would also like to thank my supervisor Mr. Anosisye Kesale for his patience, assistance, guidance and direction toward accomplishment of this work.

My special and sincere gratitude goes to my dearest parents Mrs. and Mrs Benasius Garigo, my one and only brother Jeremiah and my two sisters Dorine and Sylvia for their unconditional love, support and care throughout my academic journey.

Data collection would not have been successful without the assistance and permission from Rorya District Council. Special thanks go to Mr. Mrimi (TASAF district coordinator), Mr. Fundisha and other stakeholders who gave me their time during interview and focus group discussions.

Lastly, I would like to appreciate my friends Upendo Mtinangi, Leah Sunga and Tajiri Suleman, who have been beside me, offering valuable support and encouragement throughout this work.

## **DEDICATION**

This dissertation is dedicated to my beloved father Mr. Benasius Garigo. Thank you so much dad for always being there when I needed your support for my studies. You have always been my shoulder, my strength and inspiration in life. I truly feel blessed being your daughter.

## LIST OF ABBREVIATIONS

CCT	-	Conditional Cash Transfer
CMC	-	Community Management Committees
CT	-	Cash Transfer
FAO	-	Food and Agriculture Organization
FGD	-	Focus Group Discussion
IMF	-	International Monetary Fund
MKUKUTA	-	<i>Mkakati wa Kukuza Uchumuna Kupunguza Umasikini Tanzania</i> (National Strategy for Growth and Reduction of Poverty)
MKUZA	-	<i>Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Zanzibar</i> (Zanzibar Strategy for Growth and Reduction of Poverty)
NHIF	-	National Health Insurance Fund
NSPF	-	National Social Protection Framework
PSSN	-	Productive Social Safety Net
TASAF	-	Tanzania Social Action Fund
UN	-	United Nations
VEO	-	Village Executive Officer
WB	-	World Bank
WEO	-	Ward Executive Officer

## **ABSTRACT**

The Government of Tanzania introduced PSSN that provides Cash Transfer (CT) to poor and vulnerable groups so as to improve their living standards while generating sustainable improvement on human capital, health, and food consumption. Evidence from literature has demonstrated that people have different views on CT, therefore the researcher intended to explore stakeholders' perception on CT in Rorya district. The specific objectives were:- To explore the perceptions of CT beneficiaries, implementers and non-beneficiaries on the CT programme, To examine the contribution of CT on improving living standard of the community and To examine the effectiveness of procedures used in selecting household beneficiaries of CT.

The study applied a case study design and simple random, convenient as well as purposive sampling in drawing a sample of 130 respondents. Moreover, interview, FGD and observation method were used to obtain information from the respondents.

The study revealed that perception varies according to the categories of respondents; positive perception were highly found in beneficiaries and implementers side while negative perception was most found on non-beneficiaries side. The study further revealed that CT has brought direct impact on food consumption, HIV treatment, and gender empowerment and taking children under age to clinics. Indirect impact was seen in human capital development. Furthermore, the study revealed that the process of selecting household beneficiaries was hampered by poor community participation in Village assembly and other problems such as biasness and incompetence of CMC.

Finally it is concluded that, although the programme failed to address all the problems that poor people are facing but the unconditional cash transfer has brought significant impact on food consumption while the conditionality promoted human capital development. Then after it is recommended that the Government should conduct inflation analysis to make sure the supply of CT meets food price and there should be food and drug transfer to elder beneficiaries. The selection process should involve the broader community so as to reduce selection errors.

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## **CHAPTER ONE**

### **BACKGROUND INFORMATION**

#### **1.0 Introduction**

This chapter presents the historical background of the study, statement of the problem, objectives of the study, research questions, and limitations of the study and the significance of the study.

#### **1.1 Background**

Poverty has been a global issue since ancient period, there was a huge gap between have and have not. In Greece and Romans poor citizens were similarly treated as slaves and they were exploited by the rich. The evidence from Greece shows that strategies to reduce such gap were initiated by Sanon Archon in 594 who was appointed by powerful nobles in Athens who feared poor uprisings due to unequal land distributions. Archon changed the society system so as to bring equality between poor and rich. He also reduced poverty by abolishing debt bondage to poor people, releasing enslaved citizens and allowing poor people to participate in general activities like to vote in assembly (Ryan, 2015).

Poverty continued to be a global problem even in modern eras. This was due to the increase of internal conflicts and environmental disasters, all these contributed food insecurity and lack of health services. People living under need basic poverty line fail to secure food and health services because during this time food price and health care services cost went high. This situation has brought attention that there is a need for global strategy for poverty reduction.

Many global interventions started after the Great Depression in order to improve the well-being of people around the world. Dejaridin (1996) argues that, in the 1970s, Public Works Strategy Programmes were initiated by industrialized countries as a counter

cyclic policy instrument. During that time government channeled funds into public investment programs in order to create employment opportunities for the people so as to reduce poverty rate.

Although the world economy grew up during the 1980's -1990's, the actual number of people living in poverty increased, and the gap between rich and poor people became wider. Therefore, IFM came with new a strategy to reduce poverty known as Structural Adjustment Policy (SAPs) which provided conditional aid to the poor countries. In 1996 WB and IFM introduced another approach known as the Highly Indebted Poor Countries (HIPC) as an action to reduce debt to the poor countries (World Bank, 2001). Then another strategy followed as Poverty Reduction Strategy Paper (PRSPs) which was introduced in 1999 by WB and IMF, This was A long term development plan strategy which required poor countries to produce in order to get aid and debt relief. The problem with all these strategies was that they did not reach the individual householda who are poor as they only focused on the macro economy of the nations. Later on in 2002 UN came up with Millennium Development Goals declaration with the global development goals and target for reducing poverty which was categorized under eight targets and the first target is to reduce poverty and hunger by 2015 (World Bank, 2003).

Despite many global development agenda and poverty reduction strategies being implemented, there were still high poverty rate in many households. This calls for the need of social protection programmes around the world. The first social protection implemented was in kind transfer (food aids programs). Poor people received food aid so as to recover from hunger and malnutrition (World Bank, 2000)

Garcia and Moore (2012) ascertain that, despite receiving significant amount of food aid, in many countries there was persistently high poverty and high malnutrition level. The challenge which faced this approach was that food aid was seen to be expensive in logistic and storage and it predetermine what are beneficiaries are to receive rather than offering choice to the poor (Holmes *et al.*, 2008).Therefore the transition from food aid to other social protection program such as, Labour market interventions, public work

programmes, and cash transfers to the vulnerable members were established as appropriate means for poverty reduction. Then among other social protections programmes Cash Transfer was seen to be more effective and easy way to help poor people especially children, the disabled and old people because it offers choices to use cash as per their needs.

Before it became popular around the world, CT was first introduced in Brazil and Mexico around 1997. Later it spread out in other Latin America regions, Central Europe, as well as Sub Saharan regions. These CT are non-contributory, and they vary in their scope because some are national wide programmes while others are regional wide or aiming at targeting certain small population (Fiszbein and Schandy, 2009).

In 2004 African Union a called meeting in Livingstone, Zambia to emphasize on social protection. The African Union encouraged countries to develop their own social policy framework. This was followed by another African Union meeting in 2007 held in Cameroon and they came up with Yaoundé Declaration, whereby partner countries were encouraged to fit plans for Social Protection into their national budget and development plans (African Union, 2008). In order to emphasize social protection another meeting for African ministers in charge of social developments was conducted in Windhoek, Namibia in 2008 which lead to the establishment of the Social Policy Framework for Africa. In responding to that individual governments started to take initiatives in their own countries, Garcia and Moore (2012) emphasize that African countries which started to implement CT were Morocco, Malawi, Mozambique, South Africa. In Kenya CT under National Social Protection Policy was introduced since 2004 which provides cash to the orphans and vulnerable children to support them to obtain their basic right of health, education and decent livelihoods (Onyango-Ouma and Samuel, 2013).

Tanzania, like other developing countries has been implementing Social Policy Framework Plan of Action. This Plan motivated Tanzania to strengthen social protection policy which has been operating under TASAF with different strategies including cash Transfer for the most Vulnerable (Evans et al, 2004). TASAF I started 2000-2005 and

covered eight 8 poor districts on the mainland. The main focus of this phase was to improve social service delivery. The main activities conducted by the government were like construction and rehabilitation of basic health care facilities, schools and other small scale constructions.

TASAF II started 2005-2013, this second phase was developed to assist meeting MKUKUTA targets by 2010 and Millennium Development Goals by 2015. The activities conducted by the government first was to address lack of social services and income poverty in rural and urban areas, second was capacity enhancement of beneficiaries and institution supporting targeted communities and households (TASAF, 2013). However both phase I and phase II seems to be insufficient means of poverty alleviation since they did not provide adequate coverage and only concentrated on community social services development rather than improvement of individual poor people livelihood. This calls for the need of TASAF III.

TASAF III started in 2013 to date and the main focus is to provide cash transfer to poor households as well as to attain MKUKUTA II and MKUZA II objectives and Social Protection Plan. The direct beneficiaries of TASAF III are 13.5 million people currently living below the poverty line throughout the country (TASAF, 2013). The government adopted this approach so as to support poor to get services and to secure food. The main activities conducted by government are participation in public works, to support community through driven interventions based on cash transfers as well as infrastructure developments (TASAF, 2016). The group that are eligible for CT must meet the following criteria, those that fall below poverty line, lack access to basic social services, not integrated with the society and those group that lack equal decision making power in the community.

## **1.2 Statement of the Problem**

Poverty is still a global challenge facing many countries. The proportion of people living under poverty line in Tanzania mainland is 28.2 percent of the whole population and 9.7 percent are living under extreme poverty (World Bank, 2015).

Soon after independence Tanzania Government declared war against three enemies of development (poverty, ignorance and diseases). Having recognized that poverty is among the three enemies of our national development, the Government introduced many interventions such as MKUKUTA and MKUZA, National Social Security Policy (2003). Further, the government adopted international conventions and Social Protection Policy Framework of the African Union. In order to implement those interventions the Government established TASAF I & II which achieved impressive results. Based on such success government introduced TASAF III in 2013 known as Productive Social Safety Nets (PSSN) that provide cash transfer to the poor and vulnerable people. The program aims to enable poor household to secure income so as to improve food consumption, to increase their access to essential goods and social services as well as to enhance their inclusiveness in the development process (TASAF, 2013).

Despite the efforts made by Government through TASAF I, TASAF II and TASAF III. Poverty is still high in Tanzania (28%) including the household supported by TASAF, For instance the study conducted by Myamba and Ulriksen (2014) in Chamwino and Bagamoyo districts shows that there is mismatch between the intention of intervention and the actual supply on recipient side because amount is not adequate for food and services. Ahmed et al. (2012) on the “Impact of Conditional Cash Transfer Program in Turkey” indicates that the amount provided is not enough to meet all their requirements, it only enable them to meet some immediate needs like food stuffs.

Therefore the aim of this study was to explore stakeholder's perception on cash transfer for vulnerable poor people that is currently conducted under TAFAS III in Rorya District so as to ensure their views are aligned with the aim of the established cash transfer program.

### **1.3 Objectives**

This study was conducted to fulfill the following objectives:

#### **1.3.1 General Objective**

To explore the stakeholders' perception on the Cash Transfer programme as a strategy for poverty reduction for vulnerable and poor people in Rorya District.

#### **1.3.2 Specific Objectives**

- i. To explore the perceptions of cash transfer beneficiaries, implementers and non-beneficiaries on the Cash Transfer programme.
- ii. To examine the contribution of Cash Transfer programme on improving living standard of the community in Rorya district.
- iii. To examine the effectiveness of procedures used in selecting household beneficiaries of Cash Transfers in Rorya district.

### **1.4 Research Questions**

- i. What are the stakeholders' perceptions towards cash transfer programme?
- ii. How cash transfer has contributed to the improvement of living standard of the community in Rorya district?
- iii. How effective are the procedures used in selecting household of cash transfer beneficiaries in Rorya district?

## **1.6 Significance of the Study**

- i) The study explores stakeholders' perceptions on community based CT as strategy for poverty reduction with specific reference of Rorya District. The study findings may help the programme implementers to review and modify the programmes so as to conform to the need of beneficiaries.
- ii) The study may be used as reference material for other researchers and academicians who would like to conduct research on CT programs. Since after completing the research work will be preserved on academic sites and library.
- iii) The study is the partial condition for award of Master of Science in Human Resource Management of Mzumbe University.

## **1.7 Limitations of the study**

- i) Accessibility of some respondents: The researcher faced transportation problem to reach many respondents because Rorya district is remotely located with poor transportation network from one ward to another. Thus researcher hired a motorbike to take her around all villages.
- ii) Communication barrier: In some situation there were communication barriers between the researcher and respondent because most of Rorya inhabitants are Luo and they use native language as major language of communication. To address this problem the researcher had to hire a facilitator to translate and clarify the question.
- iii) Since the majority of respondents were older people, illiterate and people with disabilities, the researcher faced the challenge of poor understanding of the questions, and she had to explain a question even more than three times or to be assisted by a facilitator so as to make them understand. Thus significant skills and firmness were used so as to maintain their full engagement in the process

iv) Failure in Recorded interviews: Due to language barrier and poor understanding of questions it was very hard to record interview answers from the respondent. Also, some respondents were reluctant to provide information when they noticed that they were recorded, therefore the researcher chose to take comprehensive notes instead.

### **1.8 Organization of the Study**

This dissertation contains six chapters. The first is an introduction which provides historical background of the study, statement of the problem, general and specific objectives, and research questions, significance as well as limitations of the study. The second chapter reviews both theoretical and empirical. The third part is chapter three that covers the methodology of the study and data analysis technique. The fourth chapter provides data presentation and analysis of the data. The Fifth chapter provides discussion and the last chapter provides summary, conclusion and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter present different concept , theories, and research finding from earlier study findings done by other authors or scholars in the area similar to this study. The objective of this chapter is to add knowledge and familiarity about the problem under investigation.

#### **2.1 Theoretical Literature Review**

##### **2.1.1 Definition of terms**

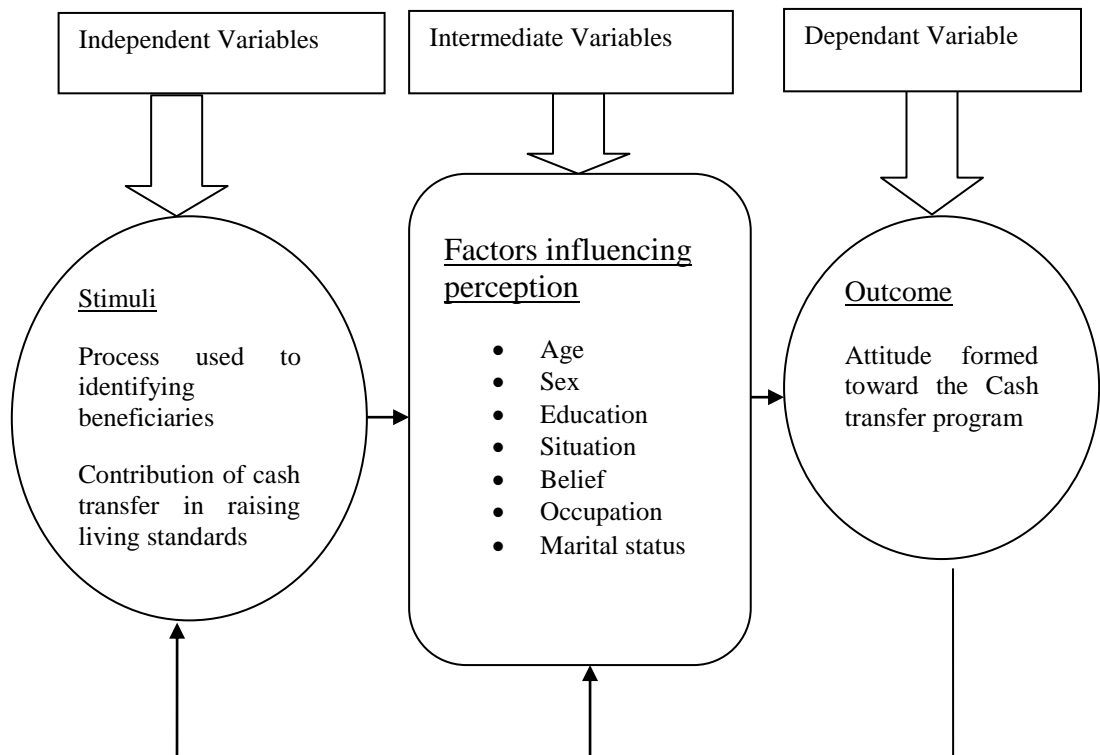
##### **Perception**

Ivancevich and Konopaske (2009) define perception as the process by which individual gives meaning to the environment. According to Kondalkar (2007), it involves the process of selecting, organizing and interpreting various sensory in order to provide meaning. Each individual perceive same the way she or he see it (Robbins, 2005). By integrating both definitions one can say that, a person makes sense from the objects available in their surroundings basing on existing knowledge, their belief and prior experience which can be quite different from the way another person make sense on the same object. Thus in cash transfer program each category of stakeholder has got different view concern the program according to how he or she is affected by the program. One can perceives it in positive way while another in negative way. From those different perception is where the researcher will draw conclusion on the effectiveness other process of targeting poor household and whether the program has reduce poverty among poor and vulnerable household.

## The Perceptual process

The model is based on the assumption that perception involves the interpretation of the reality. An individual receives stimuli from the environment such as the process used to identify and select beneficiaries as well as the contribution of cash transfer in raising living standards. After collecting information individual can make interpretation based on the context of the setting the he or she finds himself such as age, sex, education, situation, needs or belief. Therefore in CT program people differ oh how they perceive the whole program. The figure bellow illustrates the perceptual process regarding stakeholder perception on CT program.

**Figure 2.1: The Perceptual Process**



Source; Researcher (2017)

## **Poverty**

Poverty has been defined differently by various authors and policy makers and those definitions vary depending on how it is perceived. For instance, Balogun (1999) defined poverty as a condition where the society is coupled with limited accessibility of basic necessities such as food, clothing and good housing. In similar perspective United Nations (2005) define poverty as deprivation in well being and the poor is those who lack income to put them above minimum living standards. Moreover poverty has been viewed as absolute and relative. In absolute term poverty has been defined by European Union (2006) similarly UNESCO (1998), describe absolute poverty as “denial of choices and opportunities, lack of basic capacity to participate in the society. Furthermore, it means lack of enough to feed and clothe, lack of access to social services and transportation, being landless to grow food insecurity. Relative poverty has been defined by Gordon (2003) as minimum acceptable standard of living applicable to a certain state and in the society where the person lives. Similarly Fitzpatrick et al (2009) say that it is a comparative poverty, where a person is able to secure basic necessity but do not afford other needs like access to transportation, good housing. Therefore it can be said that in relative poverty people are considered as being poor when they fall behind prevailing a minimal living standard in their state or society in which they live.

### **2.1.1 Poverty in Tanzania**

In Tanzania poverty has been defined by National Social Protection Framework as “the status of a household that has fallen below a socially-defined minimum level of well-being, usually manifested in hunger, sickness, powerlessness, illiteracy, or other factors and the measurement of well-being is consumption level as well as other indicators such as literacy or health status” (NSPF, 2008). Although in past decade there was a steady macroeconomic growth but the statistics shows that one third of Tanzania population is still living below poverty line (TASAF, 2016). According to World Bank(2015) about 12 million of people are living below poverty line, the absolute number of poor people is 11.9 million while extreme poor are 4.2 million people. The report shows that

poverty is pervasive in rural areas and around 10 million of people living in areas are poor and 3.4 million are living under extreme poverty which is equal to 80 percent of poor and extreme poor

Poverty in rural areas is characterized by limited employment opportunities, engagement in subsistence agriculture, poor nutritional status, large number of children, low income and expenditure, high mortality and morbidity, low educational attainment (Ibid). Nevertheless, poor people in rural areas are living in communities which has poor infrastructure especially roads, electricity and health services which limit their opportunity to living standard improvements. Thus the poor households tend to pass their poverty status to their children (poverty circle). The only way to tackle this kind of poverty is through establishment of multiple approaches such as human capital investment, infrastructure development, employment generations and provision of cash transfer and safety nets to enhance their livelihood.

### **Social protection**

According to World Bank (2003) Social protection is a set of government initiatives to support the poorest and vulnerable members of the society to get income so as to manage household risks. Homles *et al.*, (2008) define social protection as “Set of publicly mandated actions, carried out by state or privately, that address risk, vulnerability and chronic poverty”. Based on those definition one can say that social protection can be initiated by government or non-government organisation with the aim of protecting poor and vulnerable from livelihood risk, to increase income and consumption as well as to improve social status of the marginalized groups. Holmes *et al.*, (2008) emphasize that those group who mostly require social protection are those who are extremely poor including rural landless, orphans, people living with HIV/AIDS, refugees, ethnic minorities, women or child headed families and disabled people.

## **Stakeholder**

Freeman (2004) defines a stakeholder as any group or individual who are vital to the survival and success of the organisation, meaning that they have a classifiable relationship with the organisation. Therefore one can say that stakeholder is any entity with a position on the issue, influence, conceivable interest or stake on the issue concern. As far as cash transfer is concerned, the stakeholders in this study are cash beneficiaries, implementers and other community members who are non-beneficiaries. All these groups have their contribution as well as satisfaction on the CT.

## **Cash Transfer**

According to Andriano *et al.*, (2011) Cash Transfer is the “provision of money to individuals or households, either as emergency relief intended to meet basic needs for food and non-food items or to buy essential goods and properties for livelihood recovery or as a social assistance”. In the same line with a number of ideas from Kunneman & Leonhard they define cash transfer as the state run programme with the aim to guarantee a minimum level of consumption to the recipient (Kunneman & Leonhard, 2008). Holmes *et al.*, (2008) contended that Cash transfers are designed to tackle poverty and underinvestment, nutrition, health and education on a long term basis. Integrating the above definitions the cash transfer can be defined as noncontributory cash payments to help poor and vulnerable households to improve food consumption as well as investing on their children education and healthcare services.

### **2.1.2 Two modalities of cash transfer**

- **Conditional cash transfers:** kind of cash transfer offered by the state or non-state organisation to the poor and vulnerable groups with as specified conditions on how to spend the money (Sagoe, 2012) “conditional cash transfers provide money to poor families conditional upon investments in human capital such as sending children to school or bringing them to health centers on a regular basis” (Rawling& Rubio, 2003) the conditions are attached to guide recipient to spend money in a certain way. The idea behind restriction is to protect people against

unnecessary choices on spending for example in Tanzania targeted household with pregnant woman or children is restricted to use money on education and health care services (TASAF, 2016).

- **Unconditional cash transfers:** kind of cash transfer offered to the poor people and vulnerable groups who have to meet certain eligibility criteria, but with no condition on how to spend the money (Rawling & Rubio, 2003). Government grant people some amount of money without restrictions or any specific pre-condition on how they should use it (Andriono *et al.*, 2011). In this kind of transfer the recipient are allowed to spend money whatever they wish, for example in Tanzania ‘all household for program receive unconditional to ensure basic support’ (TASAF 2016).

### **2.1.3Cash Transfer in Tanzania**

According to Kamagenge (2008) as cited in Masunzu (2014) the government of Tanzania established TASAF in 2000 as one of the tools for executing the Government National Poverty Reduction Strategy and Millennium Development Goals. The main activity conducted in TASAFI was financing small scale public investments so as to enhance development in local areas where the majority of poor people lives so as to enable them to access social services.

In 2005 TASAF II was established so as to increase the implementation of various social economic projects, empowering poor communities to withstand various shocks and investing on education and health care services for vulnerable children (Masunzu, 2014). Through the National Village Fund (NVF), the program created employment opportunities to the household failed to secure food, offering opportunities to earn income to vulnerable household and capacity building, promote access to social services and community capacity building. Moreover TASAF II piloted Conditional Cash Transfer program to test whether cash can increase family access to education and health care services for the vulnerable children (NSPF, 2008).

The succession of both phases led to the establishment of TASAF phase III (Masanzu, 2014). The phase is mainly known as Productive Social Safety Net (PSSN). The PSSN has three major aims; first to protect poor household from seasonal and unexpected shocks affecting their income; second, to provide poor household with tools to alleviate poverty and vulnerability and third to promote poor household to improve their living standards (TASAF, 2016). This phase is mainly concerned with providing CT to vulnerable poor household in all local government authorities in Tanzania mainland as well as Zanzibar and Unguja islands so as to enable them to move out of poverty by stabilizing food consumption and income (TASAF, 2013). Further the program is highly concern with preventing long term consequence of poverty by focusing on enhancing human capital development (TASAF, 2016).

## **2.2 Theories**

There are many theories concerned with causes of poverty and ways to eradicate poverty. The study has discussed three major theories of poverty, namely; individual theory, structural theory as well as human capital investment theory.

### **2.2.1 Individual theory of poverty.**

The individual causes of poverty stem on believe that, individual is responsible for their status being. Factors such as attitude, intelligence and participation are the major causes of poverty (Bradshaw, 2006). The theory is rooted on Darwin's theory which assumes that only the fittest survive. The Darwinism theory was employed by different theorist such as Spencer and Sumner to explain a contemporary social development. They believe that people with ability are capable of being productive thus they will survive while those who are weak cannot survive hence they will die (Sameti, Esfahani & Haghghi, 2012). In line with a number of ideas from Ted Bradshaw the competition rewards winners with affluence and general stability while losers became poor (Bradshaw, 2006). The group of people fall in this poverty situation is like disables, children, elders and landless households.

The theory would lead us to speculate that conceive that individuals are responsible for their poverty situation due to their laziness tendency, incompetence and bad choices of life. Therefore in order to eradicate this kind of poverty there should be different initiatives such as training, education, counseling, capacity building as well as safety nets programs and safety net is the most appropriate means to help poor people.

### **2.2.2 Structural theory of Poverty**

This theory was developed during 19<sup>th</sup> century by Marx. The theory assumes that poverty is a result of social structure and economic system which create inequality among groups. Marx 1932 argued that capitalism created condition that promotes poverty. Sameti, Esfahani & Haghghi, (2012) stated that industrialization and advancement of technology place much emphasis on knowledge as vital requirement for employment over manual labour. Much more literature on poverty suggest that economic system is structured in a way that poor people fall behind regardless of how competent they may be. The structural barriers prevent poor families from getting jobs (Bradshaw, 2006). Moreover poverty are higher in some demographic characteristics such as gender, disability, age, residence, woman or child headed family, household with many children, family size are the factors leads the increase or decrease risk of poverty (Rank, 2004). All these characteristics are found in rural areas in most of developing countries

From these structural poverty perspectives, if the problem is the system rather than poor themselves then community development response must be adopted to change the system. This can be achieved through community intervention like equalizing income distribution through provision of cash transfer to the poor household will help to alleviate poverty. This is because cash transfer will enable them to get health care service, food consumption and health care services.

### **2.2.3 Human Capital Investment Theory**

The Human capital theory was developed by Becker 1993, and posits that human capital investment involves investing in human capital through education, expenditure on medical care as well as training so as to improve skills, talents, abilities and competencies which in turn increase productivity and performance in different activities.

According to Arokiasamy *et al.* (2008) Human capital investments involves an initial cost (tuition and training fees forgone while in school or forgone in attending medical care services) which the individual hopes to gain a return in future. By investing money in education and health care services the return expected are increase of labour force as well as increase level of productivity

Thus, the human capital theory will lead us to speculate that cash transfer can be appropriate approach to poverty eradication because it will lead to improvement of nutrition, education and health thus labour productivity will increase. Tanzania government have been using human capital theory as poverty eradication strategy through offering cash to support poor and vulnerable to get education , nutrition as well as health care services in order to crate potential active labour force.

### **2.3 Stakeholders' Perception on Cash Transfer Program**

Every person perceive thing due to one own need, situation or emotion. That makes the individual to have different view concern to one situation or matter. Even in cash transfer program each group of stakeholder has got own perception concerning the program. The literature shows that other individual has positive perception on the program while other has negative perception, and this depends on how they are being affected by the cash transfer program implementation.

In many places where the CT has implemented beneficiaries say that CT has brought positive impact on their side. Ahmed et al. (2012) found that, CT has increased consumption level among poor people and they mostly spend money to purchase food

and purchasing children's schooling needs and paying school fees. Other perceives cash transfer as instrument for diseases prevention because it enhances vaccination attendance for children under age (Skovdal et al., 2013).

Fidalgo et al. (2012) state that the CT afforded beneficiaries in Mozambique to have some dignity in their community it also enhance social cohesion in the community where by people became more interactive across social strata (Skovdal *et al.*, 2013). According to Ahmed et al. (2012) on the children side the cash transfer has increased they level of confidence and self-esteem among their fellow children in Turkey. Furthermore, in Zimbabwe by having predictable income and support reduced level of stress and anxiety as well as improving psychological well-being of parents and guardian because they have nothing to worry about where to get money. Although in some cases the gap found between the potential and actual use of transfer. For instance in Indonesia and Zimbabwe men are reported to irresponsible and unsympathetic to the children care since they use money on their own person need (Skovdal *et al.*, 2013). Hossain (2012) emphasize that cash enable men to do unnecessary spending like spending on tobacco and alcohol.

Nevertheless, in some areas the beneficiaries say that the amount provided is not enough to meet all their requirements, it only enable them to meet some immediate need like food stuffs (Ahmed *et al.*, 2012; Myamba and Ulriksen, 2014). On the other side of non-beneficiaries they seem to have different perspectives concerning the cash transfer programs as they demonstrated displeasure to the program. Skovdal *et al.*, (2012) found that some non-cash recipient feel dissatisfied because they have been left out when they are equally poor with those who receive transfer. Moreover Hossain et al. (2012) emphasize that CT has raised jealousy on the part of non- beneficiaries.

## **2.4 Procedures used in selecting household beneficiaries of CT**

The design and implementation of the program in many countries are mostly done by central government. The program use wide range of targeting method to ensure that benefits effectively reach the poorest household. According to Calvo (2011), most of CT programs divide the targeting process into two main stages. The first stage is mapping at geographical level by focusing on the communities where there is high poverty level distribution. The second stage frequently uses proxy-means testing to collect information about household characteristics (Ferranty *et al.*, 2004). In other countries such as Chile, Colombia, Nicaragua, Indonesia, Ghana, Brazil and Mexico the targeting and selection process involves three stages. According to Coady *et al.*, (2014) the first step used is community based assessment, the step involve organizing of community members or group of local heads to nominate the poor household so as to include in cash transfer program who should not be included in receiving benefits. The second step is simple means testing which mostly uses certain criteria to identify the needy individuals or households. They use formal official documents of income, serving and expenditure to determine program eligibility. The last step is proxy means testing PMT (World Bank, 2012). PMT is a statistical approach used to determine the poverty status of individual or household by using other proxies rather than household incomes (Castaneda, 2005), it uses criteria such as expenditure, assets, housing condition and level of education (Kidds &Waylde, 2011).

Tanzania uses four stages in targeting and selection of individual or poor household. The first step is geographical targeting where all local Government areas identified to be living under poverty line are included in the program. The second stage is community selection of poor household where the community members participate with local authorities in setting criteria for selection and identifying potential beneficiaries in their respective community. The third stage involves application of PMT, the PMT is applied in order to verify identified household in need of cash transfer by using other proxies than income and expenditure. The last stage is community verification, where

community members and local authorities meet in village assembly to approve or disapprove the identified list of beneficiaries (TASAF, 2013). After community verification, the selected names are written and submitted to district council then to the national unified registry of beneficiaries.

#### **2.4.1 Eligibility Criteria**

Below are the criteria used to select beneficiaries as provided by TASAF (2013)

- i) All households identified as being poor and vulnerable are eligible for a basic unconditional transfer. These groups are given unconditional cash so as to spend money according to their needs. Household differs in their needs; others spend on domestic goods such as vegetables, sugar, flour, while others may need to spend on hygienic material such as washing soap, clothes and even medicine during for illness.
- ii) Poor and vulnerable households with children and pregnant women are eligible for the variable conditional transfer. This group receives cash transfer to support them in healthcare services and education for instance pregnant women are restricted to use money in paying for health care services before and after delivery. Also for the children cash transfer are conditioned to be spent on schooling related materials such uniforms, shoes, text books and books and attending to healthcare services.
- iii) Poor and vulnerable households with members capable of physical activity. This group who are capable of physical work but they lack opportunities therefore they will receive money only those days that they provide labour to the public work established by Government for instance construction of road and dams.
- iv) Household affected by disasters such as drought, flood or high food price are eligible for cash transfer and those affected by severe disaster will be provided with the opportunity to participate in public work programmes.

Although the procedures and eligibility criteria are there, there are however some complaints in the process of identifying the beneficiaries as shown in different literature. FAO (2015) found that there is weak communication about targeting the household deserving cash transfer. The community has no clear understanding about the whole process why some people are to be included or excluded (Hossin *et al.*, 2012). For instance in Indonesia the targeting system is seem to be flawed since very many non-poor are benefited while some extremely poor people are excluded from the benefits. Moreover communities lack awareness on the eligibility criteria because they are not included in targeting process World Bank (2012) reported that “Village meetings often not held, or if held, do not include broader community lists of poor often not used”. Moreover Skovidal *et al.*, (2013) found that there is extreme bias on the selection of the beneficiaries because some deserving household are bypassed and included household that does not deserve.

Furthermore the research conducted in Bangladesh, Indonesia, Rwanda and Sri- Lanka shows that the PMT resulted to errors because there was exclusion of many deserving poor households in targeting process. The study further reveals that it is difficult to verify some proxies such as age and household assets (Kidds & Wylde, 2011). According to Tarsicio Casteneda, the PMT are appropriate in targeting structural than transient poverty thus it becomes difficult to identify other vulnerable families (Casteneda, 2005).

## **2.5 Contribution of CT on improving living standards**

Current researchers have disseminated results from the implementation on CT programs from different countries. Literature shows that CT has directly reduced poverty and hunger in different areas. The studies have focused much on the impact on health, food consumption, education as well as gender empowerment.

### **Improved Schooling and Education**

The educational component in the design of CT is the fundamental because of the belief that CT programs are effective instruments to alleviate poverty in the long term by inducing families to support the education of their children in way that will make them less likely to be poor in future.

The evidence from literature review shows that cash transfer has reduced primary school dropouts because it reduce burden for children especially girls to participate in labour (Maluccio & Flores, 2004: Cull & Vicent, 2008). Moreover the program has been particularly effective at enabling poor household to pay for school fess in time and avoid being sent home. Also transfer has helped parents and guardians to buy other related schooling materials such as school uniform and stationery materials such as note books and pens (Anord, Conway & Greenslade, 2011: Evans et al., 2013). The transfer even made children to look smart because parents are now able to replace old and torn uniforms and shoes Skvdal *et al.*, (2013) Anord, Conway & Greenslade (2011) emphasize that where cash have improved nutrition it helps the student to learn better when they are at schools.

### **Health care services**

Most CT designs aims at improving access to healthcare services. These programs bears believe that CT might increase household expenditure on health services so as to reduce severity of diseases facing many poor household (Bailey & Hedlund, 2012). The evidence shows that in some extent cash has improved the quality of medical care at birth and delivery for mothers who receive cash in Uruguay (Amarante *et al.*, 2011). Attanasio *et al.*, (2005) stated that CT has increased the attendance in healthcare for children less than 24 months. Similarly Arramante et al. (2011) contended that household receiving cash has been attending to prenatal and childcare services. It also leads to the increased spending on health services as well as HIV/AIDS treatment (Arold, Conway & Greenslade, 2011).

### **Food and nutritional status**

CT interventions aimed at improving access to food because majority of people living below poverty line has got nutrition problems because they cannot afford varieties of foodstuffs. Attanasio *et al.*, (2005) found that most of transfers were dedicated to food and other components of consumption. The money provided has proven to help household to purchase different foods such as vegetables, meats, dairy and fruits (Amarante *et al.*, 2011; Bailey & Hedlund, 2012). Furthermore CT have increased food security to the poor household as it has prevented skipping meals (Bailey & Hedlund, 2012).

CT also has great impact on improving child growth to the beneficiaries. According to Aramante *et al.*, (2011) cash transfer has improved maternal and child growth. The consumption of food has led to the increase in child height in two years by comparing with non-beneficiaries children growth height. Therefore the cash transfer has proven to be vital intervention to address causes of malnutrition to the children under age as well maternal health as the evidence from Uruguay where the weight of eligible mothers have improved compared to non-beneficiaries of CT. A research conducted in Nicaragua shows that, malnutrition rate has been reduced in two years after children in household received CT from conditional cash transfer (Maluccio and Flores, 2004).

### **Gender empowerment and status improvement**

CT promote self-esteem, status improvement and enable poor people to become active members of the society because it allows beneficiaries to become less of a burden on their families as well as reducing their need for financial assistance (Cull & Vicent, 2008; FAO 2015). Arold, Conway & Greenslade (2011) suggest that, cash transfer can support girl's education and enhancing women empowerment due its tendency of that putting cash direct to the hand of women. Thus CT can increase their bargaining power within the home and improve intra-household allocation of resources of human development.

## 2.6 Empirical Literature Review

Many researchers have conducted research on CT program and they came with different view on the stakeholders perceptions on the program which varies from place to place. Fidalgo *et al.*, (2012) conducted research on “beneficiary and community perspectives on the basic social subsidy programme in Mozambique” and found that, cash transfer has brought positive effect to the community because it enables poor people to buy food, water and domestic fuel. The cash also give beneficiaries some status in their local area.

Furthermore the study reveal that beneficiaries, local leaders and religious organisations has imperfect knowledge on the whole program of CT, community has low understanding from eligibility criteria and where money come from as well as right and duties of all actors involved in the program. On the use and the value of CT the community perceives that, the amount of transfer in not enough to meet their basic requirements. Moreover the community perceives that the value of cash transfer is low that they have to find other alternatives for their survival. Finally the study recommended that there should be a revision on the value of CT to the vulnerable and poor people.

The research done by Onyango-Ouma and Samuels (2013) on “beneficiaries and community perspective on the cash transfer for orphan and vulnerable children in Kenya” found that stakeholders has positive view concerning the program because CT has improved individual and household living standards as well as stimulating social capital. However, some no- beneficiaries blame targeting system that is not fair because they believe that they should also be included in CT program. The study further suggests that, there should be an adjustment on the CT amount with a great consideration of household size and inflation rate and vulnerable children who are not orphans should also be included in the program.

Another study conducted by Masunzu (2014) is about “conditional cash transfers and poverty alleviation a comparative study between Jamaica and Tanzania” The study

found that, the provision of CCT enabled poor families to increasingly enrolling their children to schools. The provisions of cash transfers also enable mothers to take their children to the health care centers as well as paying visits to health centres. The study further revealed that the strategies used to identify cash beneficiaries are inadequate because the system does not consider other vulnerable group like homeless children who are not living in families. Finally the study recommended that both countries Tanzania and Jamaica should increase social protection budget as well as involving community members to full participation on the program design to program implementation.

The study conducted by Myamba and Ulriksen (2014) on “Linkages between Social Protection and Social Services in Chamwino and Bagamoyo districts” found that the small amount of money received helped recipients to better access from education like buying schooling materials, paying transport fare for students. The study shows that CT caused people to ensure their children daily school attendance so that they cannot be excluded from the program. On the other side the cash enables beneficiaries to join the community health fund. The study further revealed that there is mismatch between the intention of intervention and the actual supply on recipient side because transfer was not adequate for food and transport to health services centres. Therefore the study recommended that government should join hand with other development partners to facilitate sufficient supply of cash transfer.

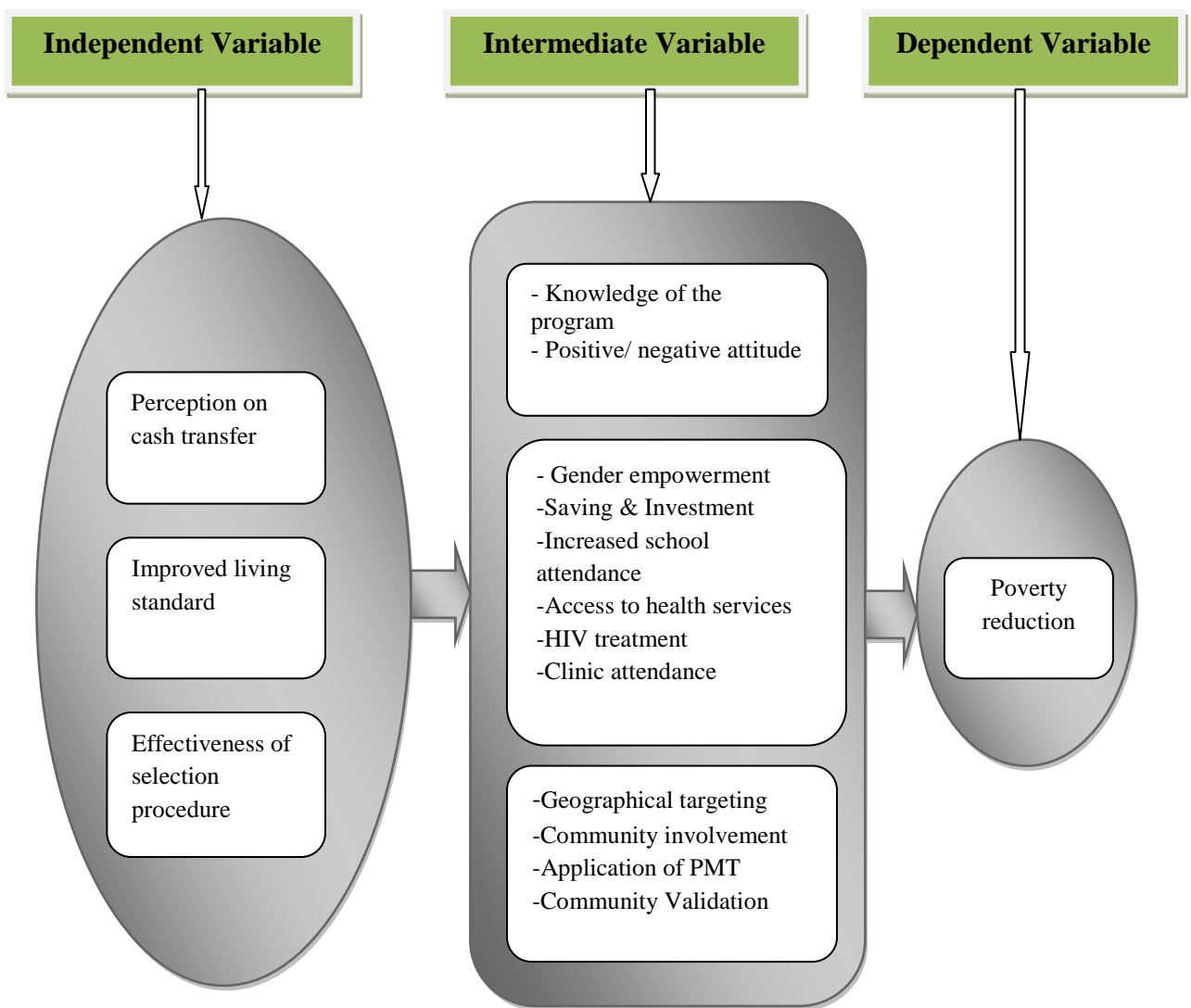
## **2.7 Research Gap**

Evidence from elsewhere has demonstrated that, CT has been successful mechanism for poverty reduction as it has improved school enrolment and attendance, access to health services food consumption and investment. Despite the evidence from literature, there still a need to explore the stakeholders’ perception on the welfare impacts of the program as well as the effectiveness of the procedures used to select household beneficiaries in Rorya District so as to add to evidence base initiated by other scholars.

## 2.8 Conceptual Framework

Conceptual framework in this study assumes that, poverty reduction depends on different factors such as how stakeholders perceive the CT program, improvement of living standard and procedures used to select beneficiaries as summarized in Figure 2.2.

**Figure 2.2** Conceptual Framework



**Source:** Researcher (2017)

### **Perception on cash transfer**

Poverty reduction depends on the attitude of stakeholders toward cash transfer. When the stakeholder has positive attitude toward the program, that means there is high chances of poverty reduction; but when they have negative attitude means there is small chances of poverty reduction.

### **Improved living standard**

The model shows that poverty reduction depends on the extent of improved living standards. When cash transfer has brought positive changes in school attendance, access to health services, increase of food consumption, HIV treatment, gender empowerment and clinic attendance means that poverty has been reduced in some extent.

### **Effective selection procedure**

The model presumes that, poverty can be reduced only when the process of selecting poor household has been properly followed. The community has involved in selecting the poor household, PMT has been properly applied and the Community validation has took place so as to reduce exclusion and inclusion errors. Poverty can be eradicated only when the exact deserving poor household has been enrolled in the program than when undeserving household being included in the program

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter describes how the study was conducted; it covers the design of the research study, area of the study, population of the study, sample and Sampling design, and how data was analyzed.

#### **3.1 Research Design**

A research design is a plan specifying the method and procedures applied in data collection and data analysis. This study applied case study design. Yin (2009) contended that a case study is an empirical enquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident. The case study design is appropriate in dealing with small number of respondents as the researcher will deal only with single district (Ndunguru, 2007).

The design was selected because it is time and cost effective as it focus on a particular case as a unit of investigation The design also enabled the researcher to study the phenomena in detail and in context, particularly in situations where there may be many more variables of interest like beneficiaries, implementers and community members perceptions on the cash transfer program. Furthermore the design allowed flexibility in data collection by incorporating varieties of data collection method like interview, documentary review and questionnaire.

### **3.2 Area of the study**

Krishaswami (2002) define the area of the study as the territory to be covered by the study. It also shows the population existing at the area as well as socio-economic characteristic of the area (Kothari, 2004). The study was conducted in Rorya District in Mara region. Officially the district was established on 1st July 2007 from part of Tarime district and is bordered to the Republic of Kenya in northern side, Tarime district in the East, Butiama in the South and Lake Victoria in west.

The district was purposively selected because of its socio-economic characteristics such as having higher percent of poor households, poor services including: poor infrastructure, poor health services, inadequate safe and clean water, and its pervasive poverty issue. Since the district has four divisions namely Girango, Nyancha, Luo Imbo and Suba, one division (Nyancha) was purposively selected due to its accessibility and program coverage. Three wards namely Mkoma, Rararanya and Kigunga were sampled from Nyancha division to capture wards with highest and lowest number of beneficiaries. In each ward, one village was randomly sampled, ensuring non-adjacent location.

### **3.3 Population of the study**

Walliman (2011) defines population as total quantity of certain things, objects, persons or events which are subject to a study. Additionally it refers to “a total of the item or units in any field of inquiry about which information is desired (Kothari, 2004). Thus population of the study is the group or individual which the researcher intends to investigate or it is all members of a specific group.

The targeted population were made up by three categories of population which are beneficiaries, implementers and other community members. Below is the composition of targeted population, which has divided into three categories:

- Implementers: these were informants like WEO who are responsible for the day to day management of ward development activities. Village Chairpersons and VEO deals with various activities such as education, health care, security, women and children in their area of their jurisdiction. CMC this group was taken from each ward because they are concern with selection, verification, disbursing of cash to the beneficiaries and follow ups to ensure adherence of conditionality. This group was included in the study because they are highly concerns with development activities and they are the ones who administer cash transfer activities in their localities.
- Beneficiaries: these are people, who receive cash transfer, they were vital in this study because they provided information on how they benefit from cash transfer.
- Non beneficiaries: these were individual respondents who do not receive the cash. This group provided their views on the effectiveness of the process of identifying beneficiaries as well contribution of cash transfer in raising living standard.

### **3.4 Sample size and Sampling Techniques**

#### **3.4.1 Sample size**

Walliman (2011) defines sample size as a certain selected category of population that will be of interest of the study, for instance, of all school buildings only those in cities'. Kothari (2004) contended that, sample size is a number of items to be selected from the universe to constitute a sample. Thus a sample is the exact number to be studied from the population and it is a representative part of the whole targeted population to be studied. Walliman (2011) asserts that, the process of selecting sample from the population is known as sampling. The sample sizes of one hundred and thirty (130) respondents were selected from the selected wards. In each twenty nine (29) beneficiaries, six (6) non-beneficiaries, (5) five CMC and (3) VEOs and (3)Village Chair Persons was selected as well as three (3)WEOs, and two (2) TASAF

representatives of district council from the targeted population. This small sample size used due to the nature of the study which requires intensive investigation so as to know different perception of people concerning cash transfer program, moreover the small sample was easily manageable. Sampling techniques that was employed were simple random, convenient and judgemental sampling technique.

**Table 3.1** sample size

s/n	Category of Respondent	Sample size
1.	WEO	3
3.	VEO	3
4.	Villages Chair Persons	3
5.	Beneficiaries	86
6.	Non Beneficiaries	18
7.	CMC	15
8.	TASAF Officers	2
	Total	130

**Source;** Researcher, (2017)

### 3.4.2 Purposive or judgmental sampling

According to Teddlie & Yu (2007), purposive or judgmental sampling is a qualitative technique that involves selecting units based on a specific purpose. Furthermore, Maxwell (1997) as cited in Teddlie & Yu (2007) define purposive sampling as sampling technique of choosing particular people or events that have important information that cannot be obtained from other choices. The method was applied in selecting WEOs, VEOs, Village Chair persons as well as a TASAF district coordinator. These are key informants in the study and the researcher believed that they have relevant information on the whole process of implementing the program.

### **3.4.3 Convenient sampling**

Convenience sampling is “one of the non-probability sampling that based on using people who are a captive audience, people the researcher meets haphazardly or accidentally” (Kombo and Tromp, 2006;82). In a similar vein, Teddlie & Yu (2007) say that convenient sampling is done by including unit of inquiry from the target population that become available and willing to participate until the required sample size is available. The researcher employed this technique to select 18 community members who were non beneficiaries and 15 CMCs. Non beneficiaries were convenient sampled under assumption that they were neighbors living close to beneficiaries household and they have daily interaction with beneficiaries. These neighbors were included because they had evidence on how the program has improved the well-being of beneficiaries and other views concerning the whole process of selecting poor household. Moreover, CMCs were convenient sampled by taking CMCs who appeared during payment day.

### **3.4.4 Simple Random Sampling**

A simple random is a sampling technique in which each element like person or cases that are nearby in the population has equal chance of being selected to the sample and the probability of the element being selected is will not be affected by the selection of other nearby elements (Teddlie & Yu, 2007). In this approach, the selection procedure aimed to guarantee each element the equal chance of being included in a sample (Walliman, 2011).This method was applied in selection of beneficiaries from the selected villages.

The sample was obtained by using the following sample formula proposed by Yamane (1967:886)

$$n = \frac{N}{1 + N (e)^2} .$$

Where;

n is the sample size,

N is the population size (600)

e is the level of precision (0.1 or 10%)

Thus sample size of 86 beneficiaries were obtained through

$$n = \frac{600}{1 + 600 (0.1)^2}$$

$$n = 86$$

Given the targeted population (N) of all beneficiaries were 600, the formula led to sample size of 86 beneficiaries from all selected wards. The sample size obtained through the formula reduced probability of missing a precision with a 10% incidence.

This method was appropriate under assumption that this category is a finite population thus it was easily to conduct capture all 86 (29 beneficiaries from each village). The researcher accomplished simple random sample selection by finding a list of all beneficiaries from each village in selected wards. Thereafter a researcher constructed a list of all population. Each name was assigned a number separately, mixed together thoroughly and selections done randomly to avoid biasness.

### **3.5 Data collection methods**

#### **3.5.1 Interview**

Interview involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses (Kothari, 2004:97) In a similar vein, Schostak (2006) as cited in Alshenqeeti (2014), an interview is an extendable conversation between two parties with the aim of obtaining in depth information concerning certain issue. Additionally, Waliman (2011) contends that, Interviews are more suitable for questions that require probing to obtain adequate information.

The interviews involved structured questionnaires in first section so as to obtain interviewees personal background such as education, sex, age and group. The other second section involved semi structured question for in depth probing so as to obtain different perspective on the program. Nevertheless interview method was most appropriate because the researcher was dealing with community members where the majorities are not good at written language and they are not fluent in Kiswahili and English. Therefore interview were most appropriate method in eradicating language barrier.

Total 11 interviews were conducted with program implementers (2 TASAF officers, 3 Village Chair Persons, 3 Ward Executive Officers, 3 Village Officers). In addition, 86 interviews were conducted with beneficiaries and 18 interviews in Non-beneficiaries.

### **3.5.2 Observation**

According to Ndunguru (2007), observation is a method of data collection through being around the phenomena and recording seen, listened and experienced facts. It is a systematic watching phenomenon so as to obtain reliable and in-depth information (Godwin, 2009).

During interview, FGD and cash payment activities the researcher identified situations that provides important attitude toward the program. The researcher was able to observe happy faces (non-verbal communication). The researcher also noted negative and positive reactions with non-beneficiaries during interview.

Moreover, through participant observation, the researcher was able to track and capture physical evidence such as changes in food consumption, dressing style and general appearance and reactions of beneficiaries when visited beneficiary's households. In participant observation the observer observes by making himself a member of the group experience (Kothari, 2004).

### **3.5.3 Documentary review**

Documentary review is “a method of gathering data from the secondary sources such as documents, books, articles, journals pamphlets and newsletter (Ndunguru, 2007). This method enabled gathering of in depth information from various literature about cash transfer program. The reviewed documents include different reports of TASAFI 2000, TASAFII 2005, TASAF III Operation Manual 2013, PSSN Operational Manual 2015 MKUKUTA Report 2015, MDGs Report 2000, Yaoundé declaration (2008).

### **3.5.4 Focus Group Discussion**

Campbell (2008) defines focus group discussion as “a planned, facilitated discussion among a small group of people so as to obtain their perception in a defined area of interest”. It entails group of selected individuals by a researcher to discuss research subject (Powell, 1996). Since it involves varied group of people, the researcher applied focus group for many reasons, first being to determine difference in opinions, perception and attitudes between individuals and second to get quicker information in short period of time from number of respondents. Group of 5 CMCs in each village were invited for discussion and this small number was chosen because it was easily manageable. The semi structured questions were used to CMCs and the question were structured around the process used to select beneficiaries, criteria used impact of cash transfer and community involvement in selection of beneficiaries

### **3.6 Data analysis**

Data analysis refers to the computation measures along with searching of relationship that exist among data groups (Kothari, 2004). It involves the examination of what has been collected from the field and making deduction and inference (Kombo and Tromp, 2006), since the data gathered from the field was qualitative in nature

The qualitative data obtained from open data collection instruments such as interview, observation, FGD and documentary review were analyzed through content analysis technique, where by data were sorted into themes and analyzed to identify similarities and differences of data. The technique enabled the researcher to reduce large amount data.

### **3.7 Data Quality Control**

#### **3.7.1 Validity**

Is the extent to which any measuring instrument measures what it claims to measure (Thatcher, 2010, p.125). The validity comes when researcher applies assured procedure to check for the accuracy of the research result (Gibbs, 2007); therefore a valid study should demonstrate the reality. Effective validity requires the integration of multiple sources of evidence over long period of time. The researcher applied two strategies to enhance validity of data, the first strategy was triangulation where the information were examined from different source of data and comparing field data with the result of other researchers and second strategy was spending certain period of time in the study area to build friendly relation with some key informants so as to get closer to the key informants so as to obtain an in depth understanding of the phenomenon under investigation.

#### **3.7.2 Reliability**

Reliability refers to repeatability, stability of reproducibility and consistency of the results. It is the degree to which measures are free from error hence yield consistent result. The researcher's result becomes reliable when it has been consistent across different circumstances or projects (Twycross and Shields, 2004).The researcher used the test- retest method, where she administered the same question to the same key informants at different times and the result obtained were consistent or repeated.

### **3.7.3 Ethical considerations**

Ethics is concerned with the application of principles and moral rules in conducting research. In collecting data, the researcher adhered to ethical principles of informed consent, anonymity and confidentiality. In adhering principle of informed consent the researcher took permission from district executive director to conduct research in Rorya district and she was provided with an introductory letter to take with into three selected wards. In each village researcher was given a facilitator to go with around households whereby all respondents were informed about the study under investigation and they were asked to participate in the interview voluntarily. In adhering principle of confidentiality the respondents were told that the information provided were treated with confidentiality and anonymity whereby their names would not be disclosed in writing report. In focus group discussion also the participants were informed about the topic and they were asked to keep confidential what has been discussed in the meeting and they were told that data were anonyms.

## **CHAPTER FOUR**

### **PRESENTATION OF FINDINGS**

#### **4.0 Introduction**

This chapter presents and analyses the findings of the study, it gives the interpretation of the findings in accordance with objectives and research questions. The variables presented and analysed are demographic and research questions. The first part of chapter presents the finding on demographic characteristics of the respondents of the study and the second part present the finding based on general objective which wasto explore stakeholder's perception on cash transfer program as a strategy for poverty reduction in Rorya district. The study was guided with the following specific objectives:

- i. To explore the perceptions of Cash Transfer beneficiaries, implementers and other community members on the cash transfer program.
- ii. To examine the contribution of Cash Transfer Program on improving living standard of beneficiaries.
- iii. To examine the effectiveness of Procedures used in selecting household beneficiaries of Cash Transfers.

#### **4.1 Demographic characteristics of the respondents**

Demographic characteristics were vital during research since they suggest the nature and reason of the respondent's response. The study used sample of 130 respondents with demographic characteristics such as age, gender education level. The group of respondents were obtained and are presented in Table 4.1which summarizes all characteristics of respondents.

##### **4.1.1 Distribution of respondents by sex**

Given 130 respondents as the sample size of the study, it includes 44 males and 86 females. Male accounts for 34% of total respondents, while female are 66% of the total

respondents as provided in Table 4.1. The researcher included both sex so as to obtain different perception from both males and females.

#### **4.1.2 Distribution of Respondents by Age**

The study included respondents with different age which are categorised into four interval age groups 25-34, 35-44, 45-54, 55-64+ years. The result showed that 24-34 formed 13% of all respondents, 34-44 counted for 27% of all respondents, 45-54 formed 29% of all respondents while 55-64+ formed 31% of all respondents. The findings imply that, majority of people included in the study are elder people while youth participation was limited as shown in Table 4.1.

#### **4.1.3 Distribution of respondents by their level of education**

The education component was vital to the study since people's perception tends to vary according to their education level. The education of respondents are categorised into three groups, primary, secondary, college or university. The finding shows that, 78 % of all respondents had attained primary education, 17% of all respondents had attained secondary education, 4% of all respondents had attained college education and 1% of the respondents had attained university education. The finding shows that majority of the people included in the study had attained primary education while few of them went far with their studies as presented in Table 4.1.

#### **4.1.4 Distribution of Respondent's Group**

Table 4.1 shows various group of respondents included in this study. The researcher involved high number of beneficiaries which are 86 forming 66% of all respondents, followed by 26 implementers who count 20% of all respondents and 18 non beneficiaries forming 14% of all respondents. The groups of respondents were considered due to the fact that people do differ in perception according to their group.

**Table 4.1** Distribution of respondents' demographics

Demographics	Variables	Frequency	Percentage
Sex	Male	44	34
	Female	86	66
	<b>Total</b>	<b>130</b>	<b>100</b>
Age	25 – 34	17	13
	35– 44	35	27
	45– 54	38	29
	55– 64+	40	31
	<b>Total</b>	<b>130</b>	<b>100</b>
Education level	Primary	102	78
	Secondary	22	17
	College	5	4
	University	1	1
	<b>Total</b>	<b>130</b>	<b>100</b>
Respondent group	Implementers	26	20
	Beneficiaries	86	66
	Non-beneficiaries	18	14
	<b>Total</b>	<b>130</b>	<b>100</b>

**Source:** Field data (2017)

## 4.2 Stakeholders' Perception on CT programme

The first objective of the study was to explore the perception of implementers, beneficiaries and non-beneficiaries on the CT program in Rorya district. The research objective was operationalized through interview, observation, focus group discussion and documentary review. The respondents were asked to reveal their knowledge on the programme, specifically on how they felt about being included in the program or not and how they perceived the value of cash amount provided in relation to poverty reduction.

### 4.2.1 Beneficiaries Perception toward Cash Transfer

In order to understand their perception on the program the researcher used structured interview and observation as a tool for data collection. The question to address this objective was *What do you know about Cash Transfer programme?*, Consequently, the research finding revealed that all beneficiaries had knowledge on the CT program as

they reported that it is the money provided by the government to enable them to face life hardship.

In relation to perception, the respondent were also asked question stated; *how do you feel about being cash beneficiary?*, from the findings, all beneficiaries reported that, they feel good about being beneficiaries because the program has improved their livelihood in different ways, as 52% of the beneficiaries interviewed reported that the cash provided has given them opportunity to survive, 16 % reported that cash transfer has saved them from selling all their land to get money for different activities 32 % of the beneficiaries interviewed reported that cash transfer enable them to combat starvation. During interview one beneficiary had to say that: *“As you can see am too old to do any activity, all my children died so I have no one to depend upon except TASAF. This program has given me life, without that money I would have been died off hunger”*

Through observation the researcher noted that beneficiaries were particularly happy with the program as they mentioned that CT has given them assurance of getting something to put in their stomach due to the cash transfer.

Therefore study findings conclude that, all beneficiaries have positive perception toward the program as they mentioned that the money provided has been a tool to enhance their livelihood.

The study also sought to obtain beneficiaries’ perception on the value of money provided. The question to address this variable was *Does the money that you receive is enough to cover all your needs?*. Through interview, research result revealed that, 93 % of beneficiaries interviewed said NO the money provided is not enough to fulfill all their daily need while 7% percent replied YES that the amount provided is enough for them.

During interview one beneficiary was quoted saying: *“Since it is a gift I can’t complain about the amount provided, but the truth is that the value of money provided is not enough at all, it only enable us to survive”*.

#### **4.2.2 Non-beneficiaries' perception on Cash transfer programme**

The study also intended to know the perception of non-beneficiaries towards cash transfer program because they have direct interaction with the beneficiaries. The question to address this variable was: *What do you understand about cash transfer program?* The study found that all of non-beneficiaries had knowledge on the cash transfer program as they all mentioned that it is a charity donated by the government to the poor people to enable them move out of the poverty.

In supporting the above question the respondents were again asked; *does this program has any significant to poor people?* Responses obtained from the field reveal that, respondent hold mixed view on the significance of the program to poor people, 56 % of the respondents reported to have positive attitude towards the significance of program to the poor people, as they mentioned that the money provided to the beneficiaries made them to be more independent than previous days where they relayed on begging and taking loans. The study further revealed that, 44% of non-beneficiaries had negative perception by claiming that the program has made beneficiaries lazy and dependents instead of generating their own income. During interview non beneficiary stated that: *"I can tell you this program made the beneficiaries' even more dependants and lazy even if you go and ask them you will see that they have no other economic activities that they are doing rather than depending on TASAF"*

On the other hand non-beneficiaries were asked to respond on the question which reads *"how do you feel about not being program beneficiary?* Consequently about all respondents mentioned that they are not happy with being excluded in the program since they are poor just like those beneficiaries.

Through observation the researcher noted some of the respondent with sorrow faces expressing their disappointment for being excluded from the program while they are poor just like those who have been enrolled in the program.

### **4.2.3 Program implementers' Perception on Cash Transfer**

In this category, the researcher used interview and Focus Group Discussion as tools of data collection to obtain how the implementers perceive CT program. The question to address this variable was *What do you understand about Cash Transfer program?*. The field result revealed that all the implementers had perfect knowledge on the program as they mention that CT is the money provided with the government in collaboration with donors to support poor household to cope with life risk and reduce poverty.

In supporting the above question, respondent were asked a question which states; *Does the program has any significant to poor household?*. The result shows that, 88% of program implementers hold positive view toward the program while 12% have negative perception.

Those with positive perception felt that, the program itself is good as it has been helpful to poor household to encounter daily life hardship although the problem is within beneficiaries themselves. Other stakeholders with positive perception also view the program as a tool to enhance gender empowerment. This category of respondents suggested that, the program should continue in all lifetime because they believe that extreme poor people cannot survive without social protection.

12% of interviewed implementers who have negative perception claimed that, to small extent, the program has brought diverse effect in the community. During interview, TASAF coordinator expressed concern that the provision of money has increased domestic violence where men forcefully took money from their wives to drink alcohol and spent it with their mistresses.

When asked about the value of CT, all implementers indicated that, the cash provided is not enough to tackle problems that poor household are facing. They went further suggesting that the amount should be adjusted in relation to family size and food price.

### **4.3 Contribution of CT program on improving living standard of the community**

The objective number two was to identify the contribution of CT program on improving living standard of the community. As per TASAF operational manual 2015 it is postulated that, the aim of the program is “to increase income and consumption and improve the ability to cope with shocks among targeted vulnerable population groups, while enhancing and protecting the human capital of their children,” there search objective therefore intended to identify how far this aim has been achieved. The study established some indicators such as education, health, food consumption, HIV treatment and clinic attendance so as to understand how cash transfer has impact on living condition of the community.

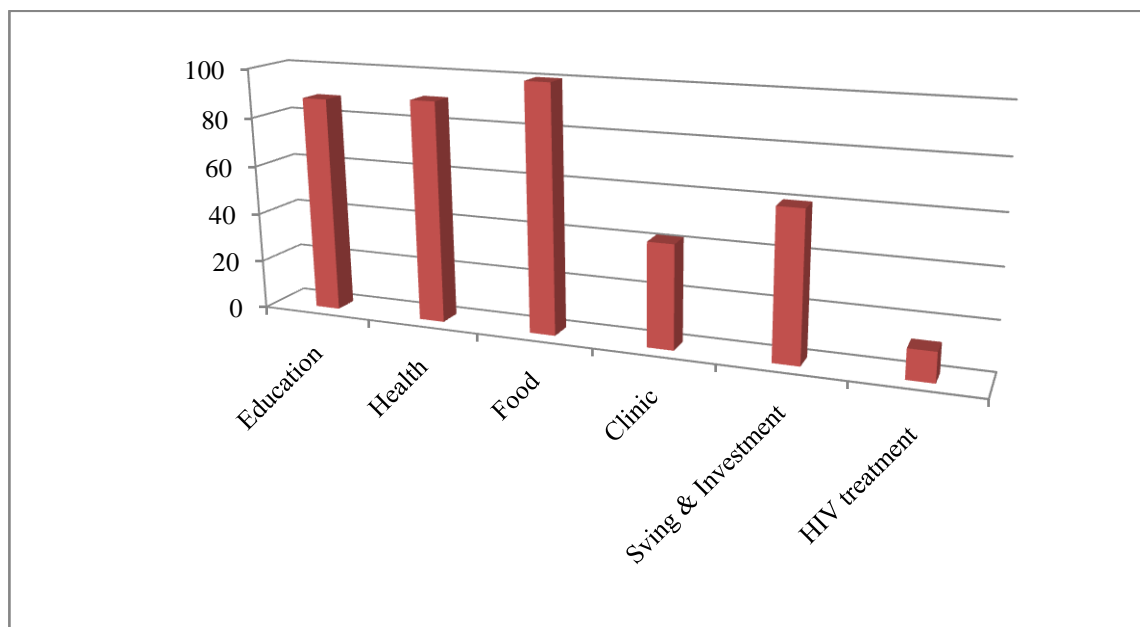
To obtain information from the respondents the researcher used FGD, interview, observation and documentary review. The question to address this objective states that; *In which ways have the money provided has improved living standard.* Responses obtained have been summarized in Table 4.3 and Figure 4.1 which shows the relationship between established indicators of improved living standard and their impact on the household.

**Table 4.3** Indicators of improved living standard and impact on household

Indicators	Impact
Education	<ul style="list-style-type: none"> <li>- Increase school attendance</li> <li>- Purchasing schooling materials i.e. Uniforms, Shoes, textbooks as well as pen and pencils</li> </ul>
Health	<ul style="list-style-type: none"> <li>- Increase in visiting health centres</li> <li>- Joining NHIF</li> <li>- Buying medicine</li> </ul>
Food	<ul style="list-style-type: none"> <li>- Purchasing food</li> <li>- Increase of meal at least two meals per day</li> <li>- Minimal meal skipping</li> </ul>
Saving & Investment	<ul style="list-style-type: none"> <li>- Small livestock keeping i.e. chickens, goats, sheep</li> <li>- Investing in small business i.e. selling vegetables, <i>dagaa</i> &amp; fire woods</li> </ul>
HIV treatment	<ul style="list-style-type: none"> <li>- Visiting health centers</li> <li>- Increased meals</li> </ul>
Clinic attendance	<ul style="list-style-type: none"> <li>- Regular taking children 0-2 years to clinic</li> <li>- Enhanced hospital delivery</li> <li>- Pregnant women and children under 5 years visiting health centres for vaccination</li> </ul>

**Source:** Field data (2017)

**Figure 4.1** Improved of living standard



**Source:** Field data (2017)

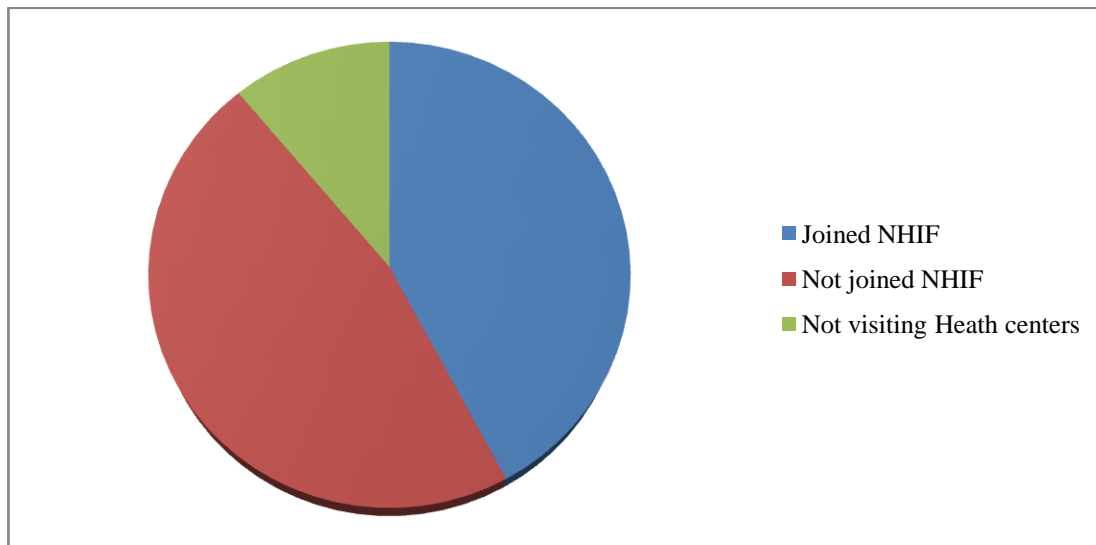
Table 4.3 and Figure 4.1 shows that there is significant improvement in food and consumption to the household receiving large amount of cash while significant changes are also seen in education and healthcare services to the household entitled with some conditionality. Other households failed to invest their money into economic activities due to a burden of large families and lack of entrepreneurship skills. Below are the impacts of cash transfer reported by respondents

### **1. Access to health services**

The study established access to health care component as indicator of improved living standard. The field data reveals that CT has improved living standard of community through enabling beneficiaries to access health services in different ways. Through interview respondents mention that CT has enable them to obtain health services. 38% of interviewed beneficiaries said that CT enabled them to join National Insurance Fund which made them access to health services, 52% mentioned that they have not joined NHIF but the money provided has improved their life through enabling them to access health care services. Up to 10% of the respondents mentioned that they have neither joined NHIF nor attended to health care centers but they use money to buy medicine. Nevertheless some other respondents claimed that, the access to health services is encountered with many problems as reported by one interviewed beneficiary who did not join NHIF that:

*I don't need that card because in shirati hospital that kind of card is not accepted, it only accepted in small dispensaries where sometimes you can find doctors are not there and when you find a doctor you are told that there are no drugs in store. They only give you panadol.*

**Figure 4.2** Uses of Cash transfer in Health



**Source:** Field data (2017)

## 2. HIV treatment

The premise of CT program is that, poor people affected by HIV should be able to obtain food and medical care. The field data reveals that, cash transfer has improved living standard of people living with HIV. 15% of interviewed respondents mentioned that the money has changed their lives because it enables them to buy food and visiting health centers. One of the interviewed respondents argued that: *“Before the program my condition was worst I was not looking like this as you see me now. I used even to skip meal and as you know we ought to eat balanced diet so as to be well”*

Through observation the researcher also noted healthy and happy faces of some respondents who said that the program has developed their health status because through CT they are able to get food and drugs.

Therefore, from individual cause of poverty theory which proposes that individual are responsible for their poverty situation such as bad choices of life, disabilities, age and lack of economic assets. Cash transfer programme which is trying to equalize income by providing money to this individual has proved that poverty level for people affected by

HIV and disables has reduced because the result shows that at least now they are able to buy food and drugs

### 3. Investment and Saving

Investment and saving was among improved living standard indicators established so as to find out whether the CT has enable poor household to invest in different economic activities for their long term poverty reduction. Data obtained shows 60% of all beneficiaries have invested their money in different activities. 37% of them invested only on chicken keeping; 14 % said that they invested their money in goats and sheep keeping as well as keeping chicken; other 9% have initiated small businesses like selling *dagaa* (small silvery sardine-like fish found in Lake Victoria), okra plants and tomatoes together with chicken keeping. However, none of them has kept or saved money for future uses in different community serving groups or bank. Table 4.4 shows uses of cash transfer in investment and serving.

**Table 4.4** Uses of cash transfer in saving and investment

S/N	Responses	Frequency	Percent
1.	Chicken	32	37
2.	Chicken with other livestock	12	14
3.	Small business & Chicken keeping	8	9
	<b>Total</b>	52	60

**Source:** Field data (2017)

### 4. Children attendance to school

Enrollment and attendance to school is among of improved living standards indicator to the community due to its impact on human capital development. All poor household who have children were given money with the condition to send them to school and to ensure daily school attendance of children in schools. 84 % of interviewed beneficiaries said that money provided has improved their life through enabling them to buy for schools uniforms, books and other related schooling materials for their children. One

beneficiary stated that: *“Before they were going to school with bare feet and tore school uniforms, but now we have money to buy them good uniforms and shoes”*

Also, FGD data from CMC 52% indicated that, CT improved school attendance and enrolment for many beneficiaries’ children. The program implementers mentioned that parents have been ensuring their children attendance to school because they fear to be suspended from the program if their children are not attending to schools.

Becker (1993) in his human capital investment theory proposes that, investing money in human (cost scarified in buying children’s textbooks, uniforms, and shoes) to get education will bring benefits in future. Therefore cash transfer has proven ability to alleviate long term poverty in Rorya district through human capital investment because a child will use the skill and knowledge he or she obtain from school in labour process which will enhance family economic growth and nation at large.

## **5. Clinic attendance**

Clinic attendance is one of improved living standard indicators established in this study. This was meant to provide an understanding of how far CT enables beneficiaries to visit clinics and vaccination for children under five years and pregnant women. In order to ensure health improvement of the beneficiaries, all households identified having pregnant women and children under five years old were entitled to clinic attendance conditionality. From the field, data 5% of the respondents mentioned that CT has improved their life through enabling them to take their children under five years old to health centres for vaccination and treatments compared to the previous days.

Furthermore, the information obtained through FGD with CMC indicates that, 35% respondent said that there has been increase attendance to prenatal exam for pregnant women as well as increase of birth at local dispensaries.

## **6. Food Consumption**

The programme aimed to increase food consumption among vulnerable and poor households. Consequently field data shows that, 100% of beneficiaries have dedicated their money to purchase food in order to encounter starvation and hunger since it has been the major problem facing them. 70% of beneficiaries interviewed said that, CT program money helps them to encounter short term need of food while 30% of interviewed beneficiaries mentioned that before they used to skip meal but now at least they afford to have two meals per day.

From the structural poverty theory which postulated that poverty is a result of social structure and economic system than poor themselves, thus to some small Cash transfer has reduced poverty level in Rorya district because at least some poor household are now able to access health services and education and food consumption.

### **4.4 Procedures used in selecting household beneficiaries of CT**

The third objective was to examine effectiveness of procedures used in selecting cash transfer beneficiaries. This objective intended to find out if the program enrolled the right people.

Program documentation outlines that the process of identifying poor household involves four stages, the first is geographical targeting, the second is selection of poor household, the third is Application of PMT and the last is community verification in village assembly (TASAF operational manual, 2013).The researcher used interview, FGD and documentary review to obtain how poor household were actually identified, the selection criteria used and whether the procedures were properly followed, below are responses obtained from the field in each stage.

### **4.5 Geographical targeting**

The first stage in beneficiaries' selection is geographical targeting; data obtained from the field through interview session with TASAF district coordinator reveals that, the

cash transfer program covered all regions and districts in mainland and Zanzibar as well. In each district, relevant villages were selected by using poverty index. All villages which fall below poverty index were included in the cash transfer program and the study area was among areas which are highly affected by poverty.

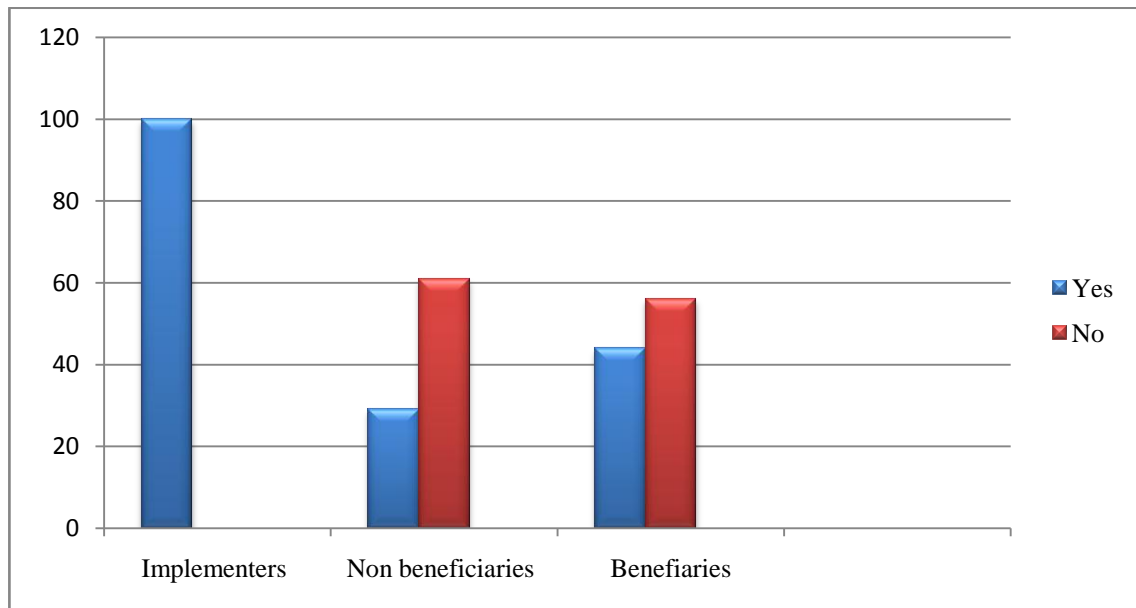
#### **4.5.1 Community identification of poor households**

The second stage in household beneficiaries' selection is community involvement in identification of poor household through gathering in village assembly. According to TASAF community operational manual (2013), the stage involves community based approach where community and local committees meet at Village assembly in setting criteria for selecting poor household, electing CMC and identification potential beneficiaries followed by data collection of identified household. Community based mechanism aims to enhance community ownership of the program simply because community members have fuller information about poor since they live with them. The question asked was; *did the community members got involved in selecting beneficiaries?* The field data revealed that, responses on this question were different according to respondents groups.

All implementers answered that, there were community involvement though the process was hampered by poor people participation in the assembly. In responding to that one FGD participant argued that: *"Yes the meeting was called but the villagers here are very reluctant in attending to any assembly, they never appear in assembly even when there is special thing to be discussed"*.

On the other side, the study revealed that, 61 % of non-beneficiaries said there was no community involvement; other 29% of non-beneficiaries said the community got involved in beneficiaries selection. Surprisingly, even some 56% of beneficiaries said there was no community involvement while 44% said there was community involvement. Figure 4.4 provides summary of responses obtained from different category of respondents

**Figure 4.3** Responses on community involvement



**Source:** Field data (2017)

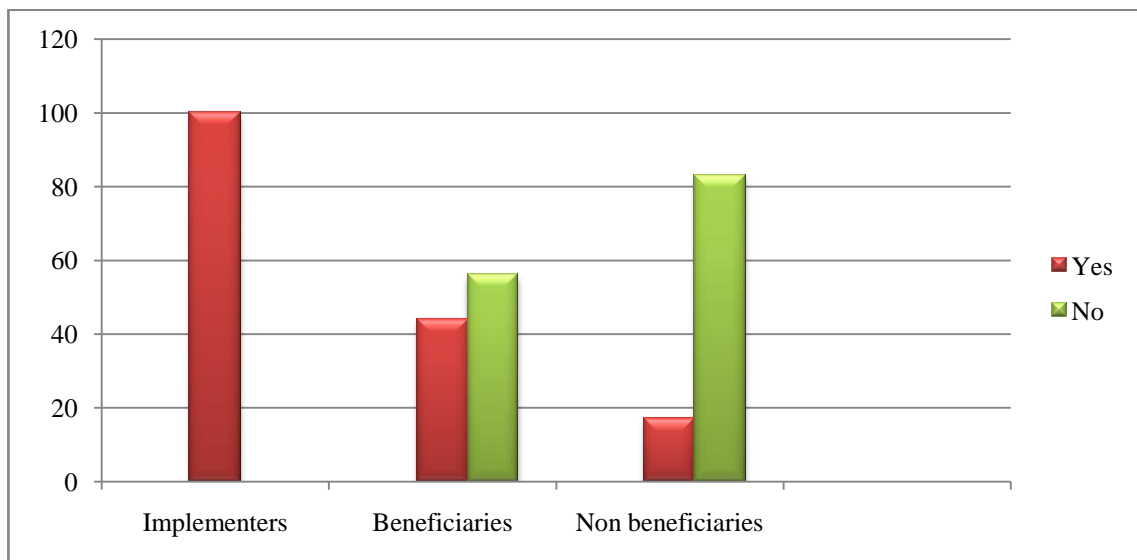
#### **4.4.1.2 Awareness on the selection criteria**

In order to determine why some people were included or excluded in the first selection, the study investigated the selection criteria applied in selection of cash transfer beneficiaries. Question used to address the above variable was; *Do you know the criteria applied in selecting beneficiaries? If yes what are they?*

The field data revealed that awareness of selection criteria varied from one category of respondent to another. Through FGD all CMC said they know some of the criteria; moreover the interview with other implementers such as WEO, VEO and chair persons also revealed that they know some of the criteria applied in selecting household beneficiaries of CT. The criteria mentioned frequently by program implementers were household with the following characteristics:- Very old people with no caregivers, incapacitated person, poor family which fails to get two meals per day and very poor family with no productive asset (livestock and land to cultivate)

The other group of respondents were found to lack awareness on selection criteria, for instance the data obtained through interview shows that, 17% of non-beneficiaries said YES while 83% said NO. Moreover 44% of beneficiaries said YES while 56% of beneficiaries said NO. In line with the same, one interviewed respondent mentioned that: *“From what I know among other criteria the main was very old people. There is very old man here cannot do anything, but what surprised us is that they left him because he has two sons living in town”* Further responses are summarized in figure 4.3

**Figure 4.4** Awareness on selection criteria



**Source:** Field data (2017)

#### **Other problems associated with selection process**

During interview and FGD sessions, the researcher also found some problems which were associated with selection process. 52% of interviewed respondents mentioned that the selection process was highly influenced by bias. 12% mention that CMC were not competent enough to collect household information. TASAF coordinator and local authorities also mentioned that there was a problem of some Kenyans enrollment in cash transfer program.

#### **4.4.1.3. Application of Proxy means testing**

The third stage in the process of selecting household beneficiaries is the application of PMT. According to Kidds and Wayde (2011) Proxy means test is the household survey methodologies which rely on observable characteristics like education level, assets and durable goods to predict household income and consumption. Data obtained through interview with TASAF district coordinator indicates that in each ward individual and household characteristic were tested with computerized method of PMT to ensure that all identified potential household qualified to be beneficiaries.

#### **4.4.1.4 The last step is validation of identified household in Village assembly**

The last stage in selection of household beneficiaries is verification; the list of eligible households is validated in community assembly to minimize exclusion and inclusion errors (TASAF Operational manual, 2015). The information obtained through FGD with CMC shows 52% of respondents mentioned that the step was properly followed though it was hampered by poor people participation in the assembly.

On the other side responses from non-beneficiaries were quite different; 45% of interviewed non beneficiary claimed that there were many irregularities in last village assembly.

## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS**

#### **5.0 Introduction**

This part provides a discussion of the main findings from the study. The discussion draws from the results of the study in line with the literature reviewed. The discussion in this chapter relates to the major findings as per the research objectives/questions.

#### **5.1 Demographic characteristics of the respondents**

Sex factor consideration was vital to the study due to its effect on the perception. This is due to the fact that, female perceptions tend to be different from male perception. Field data revealed that, female respondents demonstrated highly positive attitude toward the program than male respondents. Since most of enrolled beneficiaries were women headed household, they reported that CT program has been of their great help in facing life hardship as it enables them to obtain food for the family. A growing body of evidence suggests that, women beneficiaries are happier with the program than male counterpart because cash transfer has increased their autonomy in home economic decisions (Fiszbein and Schady, 2009: FAO, 2015)

Moreover, the study included respondents with different age a minimum age being 25 years and maximum being 64 so as to determine difference in perception according to their age. The field data revealed that, elder people hold some positive views on the program than other respondents. The elders perceive the program as everything for them because they are too old to generate their income. Similar result were reported by Onyango-Ouma& Samuels (2013) that elder beneficiaries were more satisfied and happier with cash transfer because before the program they experienced food shortage to feed their orphan and grandchildren.

Education factor was considered in the study in order to determine the difference in responses according to their level of education. Unfortunately, 78% of respondents only attained primary education. Majority of respondents were illiterate to the extent that they don't even remember when the provision of money started. The study has established that, some of them have no financial record (to the extent that they could not evaluate themselves on how did the money received help them in improving their welfare towards poverty reduction since the establishment of the program itself)

The different groups of respondents were considered in the study because people differ in perception according to the group to which they belongs. The finding revealed that implementers and beneficiaries held somewhat positive perception toward the program while mostly non beneficiaries showed negative attitude and dissatisfaction toward the program. Ahmed *et al.*, (2007) revealed that beneficiaries and key informants in Turkey are highly enthusiastic about the program while majority of non-beneficiaries feel the program as unfair and thus lack understanding on selection criteria as well as benefits of the program.

## **5.2 Stakeholders perception on the CT program**

### **5.2.1 Beneficiaries Perception on the program**

This study has found that, beneficiaries have got positive perception toward the program. Elder beneficiaries perceive that cash transfer as their great help because it has been giving them the opportunity to survive due to the fact that they are too old to engage in different economic activities to generate their income. Other elder respondents felt cash transfer as the great savior to their lives given that, they are landless and they have many orphan grandchildren to take care of, thus the program has kept them away from begging and collecting firewood to sell. The study finding correlate with the finding of Fidalgo *et al.*, (2012) who revealed that old beneficiaries in Mozambique felt that cash transfer has given them new hope to survival because of their condition that they can not work in farms or any economic activity to generate their own income.

Energetic but poor household beneficiaries said that cash transfer had saved them from selling all their land. The respondents explained that, they used to sell their piece of land so as to get money for sending their children to schools, visiting health care centres and buying other domestic materials. Now the program has saved their remained land from being sold. The study finding is consistent with Devereux et al. (2006) who assert that Productive Safety Nets Programme (cash transfer in Ethiopia) has kept 60 percent of beneficiaries away from selling their productive assets especially plot of land in order to buy food.

Other energetic but poor household said that, TASAF has been of their great help to combat starvation and poverty because they neither have land to cultivate nor capital to run small business so as to generate their own sufficient income. The recent evaluation conducted by FAO in East and Southern Africa affirms that, most of the beneficiaries are greatly excited about the program emphasizing that that the money enable them to obtain food for their families because before the program establishment they had no money to buy food (FAO 2015). This imply that the beneficiaries have got positive attitude toward the program because it has been very vital for their survival since most extreme poor are very old, orphans, widows and disables and some other own no productive assets.

### **Perception on the value of money**

Given the fact that cash is provided with the interval of two months (bimonthly payment), beneficiaries who said that money is not enough explained that the money they received had helped them to purchase food and non-food items consumed every day and the money only last within one to two weeks from the day of payments. The household spending on food consumption includes cassava, meat, fish, *dagaa* (small silvery sardine-like fish found in Lake Victoria), cooking oils, vegetables, sugar and salt. Non food includes goods such as clothes, transport, footwear and household equipment. Since cassava and *dagaa* which are staple food for Rorya inhabitants has got high price

in market, the following is the estimated monetary values of purchased cassava and *dagaa* provided by some by the respondents:

Price of one *Kasuku* (Local staple food measuring container in Rorya district which is equivalent to 2 Kilograms) of cassava is 2000/= TZ shillings, and minimum six household members are estimated to consume 6 *kasuku* per week which is equal to 12000/=Tz shillings. Also the price of one *kasuku of dagaa* (2kg) is 4000/= TZ shillings, it is presumed that a family of six members is estimated to consume 1 *kasuku* per week. Therefore, a household is expected to spend 12000/= for cassava and 4000/= for *dagaa* which is equal to spending 16000/= per one week. Given a household which receive least amount of 20000/= is expected to use the all the money in one week when they spend on other goods such as salt, sugar, oil and cooking fat. Even the household receiving average amount of 32000/= is expected to use in two weeks.

Similar result has been reported in different places; for instance the recent evaluation of food price in Africa which was conducted by IFM (2017) revealed that, there is high inflation of food price in African countries in which many poor households fails to secure. The study by Myamba & Ulrisken (2014) in Bagamoyo also confirms that, there is mismatch between demand and supply on beneficiaries side, the money provided is not enough for food and other services. The findings imply that, Problems overwhelm amount of money that is provided by TASAF simply because most of respondents has large families, other has no farms, while others are disables and too old that they cannot do other activities to get money and therefore they use all the money to buy food once they have receive it.

Therefore it can be concluded that although beneficiaries bear positive perception toward the program because it has become their main income support, but there is collective responses that the value of cash transfer is not enough to cover their basic needs. So the majority suggested that to some point the amount should be adjusted in relation to food price.

### **5.2.2 Non beneficiaries 'perception on CT program**

This category of respondents was found with both positive and negative attitude toward the program. Generally positive view concern the program suggested that the program itself is good because the provision of money on regular basis has reduced burden to the community especially neighbors because previously poor used to beg and other took loan which they failed to return. One non beneficiary was quoted saying that: *“Since the program started they are no longer taking loan because they have assurance of getting money on regular basis”*

Other claimed that the program itself is good but the problem is within beneficiaries because some beneficiaries especially old men use the money in appropriate manners like buying local alcohol. The respondents (non-beneficiaries) going further by suggesting that the program implementer should remove the beneficiary from the program. The similar finding was observed by Hossain (2012) who emphasize that money provided enable men to do unnecessary spending like drinking alcohol and buying tobacco. Onyango-Ouma & Samuels (2013) also revealed tension between beneficiaries and non-beneficiaries about the use of cash transfer, some of non-beneficiaries accusing men beneficiaries to spend the money on alcohol.

On the other hand some non-beneficiaries demonstrated negative attitude toward the program. The respondents claimed that the program has made the beneficiaries even more dependants because most of beneficiaries do not engage themselves in economic activities to generate their own income.

### **5.2.3 Program Implementers Perception on CT**

This category of respondents is the one responsible for administering all cash payment activities and follow ups to the beneficiary household. Majority of them who demonstrated positive attitude on CT program felt that the program has been of great help to poor people because in some extent it enables them to encounter daily life

hardship. They suggested the program should continue in all lifetime because majority of beneficiaries has no plot to cultivate crops, other are disables while others are too old to engage in economic activities. CT officials in southern and Eastern Africa also mentioned that the program is very essential for vulnerable and extreme poor household thus it should continue over lifetime so as to allow sustainable development for extreme and vulnerable household (FAO, 2015).

Other program implementers perceived the program as instrumental for gender empowerment and self worthiness among women. Respondents claimed that when women are given chance to handle money they can create changes in their community because they have greater capacity to handle money better than men. 15% of respondents say that most of women are now able to plan for family budget as well as investing in small scale livestock keeping, small business and taking care of their children's needs than it would have been done by men.

This finding coincide with study by Arold, Conway & Greenslade (2011) who found that, putting cash on the hand of women gives them confidence, status and more bargaining power in the family and it enables them to plan and implement family budget in decent manner than men. Likewise Francis & Fultz (2013) found that, *Mexico-Oportunidades* (Cash Transfer in Mexico) transfers give women freedom to decide what to purchase and what to do. Since they are the one who collect money and attend to program meeting sessions, they acquire new skills and they get opportunity to meet with their fellow women to discuss about their problems and solution

Other implementers with positive attitude explained that, though the program is helpful but there are some beneficiaries who lack discipline on money uses. The data gathered from focus group discussion shows that although beneficiaries are given seminar on how to use money, save and invest money but they do not follow what they are being told and other tend to forget how they were tough to use the money. They use all money to buy food and return loan they have taken from their neighbors and relatives.

On the side of implementers who have negative perception toward the program mentioned that, the program has enhanced domestic violence. They mentioned that in Rorya district there is strong male dominance culture once women collect money from cash transfer program their husband used to take the money by force and go to use on their own. Also FAO evaluation in east and southern Africa countries reveals that, since cash transfer recognize women as official cash transfer recipient, those who are living in male-headed household face gender based violence which hampers their bargaining power on cash transfer spending (FAO, 2015).

Despite the fact that this category of respondent differs in perception toward the program but all mentioned that the value of money provided does not meet the living standards because commodities are very expensive in the market especially the price of cassava which is the main food. Thus poor people are not buying enough food for the family so as to spend money in health care services and schooling materials.

### **5.3 Contribution of CT on improving living standard of the community**

#### **1. Children attendance to school**

Poor household in rural areas are characterized by having many children whom they fail to compensate and provide them with life opportunities like getting better education. Although in Tanzania education is for free in both primary and secondary but financial barriers of books, uniforms, shoe and other stationary materials remain on the hand of parents. Field data reveals that, access to cash has increased beneficiaries ability to purchase schooling related materials for their children. All poor household with education conditionality mentioned that money provided enables them to buy for schools uniforms, books and other related schooling materials for their children. The program has therefore enhanced children attendance to school because financial barrier to buy schooling material has been removed by cash transfer. Thus it can be said that cash transfer has proven itself as the best strategy to get children out of poverty circle. This study finding is supported by the study of Ahmed et al (2007) that, beneficiaries

participating in Turkey Cash transfer reported that money enable them to replace tore uniforms and shoes, transport fare for the children and paying for school fees Onyango-Ouma& Samuels (2013) also reported that OVC beneficiaries (cash transfer for Vulnerable and Orphan Children in Kenya) children are now going to school and they have money to pay for school levies, uniforms, books and extra tuition.

Other parents went further and explained that before the program teachers used to send their children back home because they had no proper uniform and books. Now the program enables their children to attend school because they proper uniforms and all other needed schooling materials.

TASAF district coordinator during interview indicated that, to a large extent, the program has reduced absence from school and dropout in primary school since parents fear that if their children drop out of school they will be removed from the program. Moreover, a recent evaluation of the PSSN program also confirms that at least Cash Transfer improved education attendance and enrollment (TASAF, 2016.)

## **2. Attendance to health centers**

Some respondents who claimed that the money provided enabled them to acquire health services indicated that, the cash had enabled them to join health insurance fund. The respondents said that the NHIF only deduct 10,000/= per year for the beneficiaries who were willing to join National Insurance Fund. Most of respondents said that single NHIF card enabled them and their dependants to visit health care centers.

The field data revealed that there were some beneficiaries who did not join NIHF because the card was not accepted in all health centers. They were reluctant to join Insurance Fund because health centres that accept those cards are very distant from their places. The similar factor were noted by Myamba (2014) found that NHF does not reduce burden to the poor because when they go to the health care centers they found that there is no drugs and they are required to buy using their own money.

Other beneficiaries said that they neither join NHIF nor going to health centres. Money helped them to buy medicine when they felt sick because there is a big distance between the place that they are living and health centers. This make people to incur huge cost of using motorcycle because there is few car transportation so most people opt to buy medicines in nearby drug shops and sometimes they use natural herbs. Moreover the study finding revealed that some beneficiaries opt not to go to the hospitals because they find that there are no drugs and attendants in the local dispensaries. The finding is consistent with qualitative evaluation done by Francis and Flutz (2013) who found that women participates in MGNREGS (cash transfer in India) are not visiting public health centres because there is a shortage of community health attendants, shortage of drugs and sometimes they are required to offer illegal payments for the services.

Therefore the study concludes that the impact of cash transfer on health depends on the accessibility, cost of services as well as attitude of people toward health centres. Regarding these factors, beneficiaries say that poor quality of services, distance to health centres and absence of attendants forced some beneficiaries to spend high cost in private health centres while others opt for not going to the health centres and finding alternatives like using natural herbs and buying drugs from private drug stores. To sum up, the problems revealed by the study findings proves that cash transfer can achieve health objective when there is adequate, quality and accessible health services.

### **3. HIV treatment**

The premise of cash transfer program is that, poor household affected by HIV should be able to obtain health care services, food and nutrition. Evidence obtained from the field indicated that, cash transfer has brought great impact on HIV affected people. The finding shows that cash transfer has contributed to the health improvement of people living with HIV by enabling them to buy different foods and medicine when they fall sick. Respondent's experiences on the impact of cash transfer on HIV as explained in this study supports the finding of UNICEF (2015) that CT in Africa enable HIV affected people to buy food, drugs and it boost nutrition status and other cost related to accessing

treatments. The World Bank (2003) also confirms that, cash transfer helps in altering and reverse the spread of HIV/AIDS. Therefore it can be said that CT has proven itself to be essential program for poor people living with HIV/ADS.

#### **4. Investment and saving**

Cash transfer aimed to support economic advancement by enabling beneficiaries builds their asset base and start small scale investments to enhance households' ability to support their livelihoods. The field result revealed that, majority of beneficiaries invested their money in chicken keeping while few of them invested in other livestock or initiated small business. Beneficiaries who succeeded to invest their money in livestock keeping mentioned that they buy chicken because at least chickens are cheap, easy manageable and they can highly breed in shorter period than other livestock. The study revealed that chicken keeping is encountered with chicken disease because all interviewed beneficiaries reported that all their chicken have died off seasonal disease because they failed to control it. One interviewed beneficiary argued that: *“They told us to buy chicken and we did, but unfortunately all chicken died no even a single one remained here. And our fear is that if we buy other they will also die when that seasonal disease will come again”*

Through observation the researcher noted that beneficiaries were not given enough seminars on modern ways of chicken keeping and chicken disease prevention. During community seminar session, TASAF officials in all villages were only insisting on the need to invest the money in buying chickens without educating them on the better ways to prevent and combat chicken diseases.

Some beneficiaries said they invested their money in buying goats and sheep. The respondents who said so were those who at least receives large amount of money and those who have no many dependants. Few respondents said that they used the money to invest in economic activities such as planting vegetables in small garden, opening small business like selling *dagaa*, vegetables and fruits in the market. The study finding correlate with the finding of Fidalgo *et al.*, (2012) who found that there was limited

number of beneficiaries who invested their money for more income generation they all use the money for food consumption. Although most of studies on cash transfer revealed that beneficiaries in some countries has invested their money in productive activities for instance Francis and Fultz (2013) who revealed that *Mexico-opportunidades* (Cash Transfer in Mexico) enable beneficiaries to invest the money provided into small business and agriculture where they got return on the productive assets they invested. Also the cash transfer in Kenya, Zambia and Malawi has increase beneficiaries investment and ownership of livestock such as cows, goats, donkey and sheep. The household beneficiaries have also invested in petty business, small scale farming and other have opened bank accounts (Skovidal et al., 2013), Onyango-Ouma& Samuels 2013).

This implies that most of beneficiaries in Rorya district did not save the money due to the low amount they are provided with as their fellows in other countries like Kenya and Zambia and Malawi. The other who invested in chicken keeping has remained with nothing because all chicken died. Therefore, the available evidence from the field concludes that, cash transfer impact on investment and saving in Rorya district has many gaps and it covers only short term impact thus many poor household may not graduate from long term poverty in their livelihoods.

## **5. Clinic attendance**

Poverty is associated with poor health and malnutrition; cash transfer was then introduced to combat the problem through enabling children under 5 years to visit health centers to check growth and children under 2 years had to be vaccinated and monitoring their growth. Also it aimed to enable prenatal care for pregnant women and allowing elder people above 60 years to visits health centres.

The information obtained from CMC who are in charge of doing follow-ups to beneficiaries indicate that, all poor household identified with children under two years old has been taking their children to clinic for vaccination and treatment, thus some

diseases and malnutrition has been successfully controlled because children get vaccination and medicine. Ahmed *et al.* (2007) affirms that Cash transfer in Turkey has led to the increase of 13.6 percent immunization of children under 6 years old against several diseases such as tuberculosis, polio, measles, tetanus and diphtheria.

In addition, the field result revealed that the conditionality of Cash transfer made beneficiaries to ensure regular attendance to clinics for fear of being suspended from the program. Similarly the study found that women enrolled in *Mexico-opportunidades* made better use of cervical cancer test and prenatal care than non-enrolled women. The finding revealed that the maternal mortality has been reduced by 11 percent since the establishments of cash transfer (Francis and Flutz, 2013).

Therefore, cash transfer in Tanzania has been seen as a significant tool to achieve Millennium Development Goals, specifically Goal number 4 “*To reduce child mortality*” and Goal number 5 “*Improve maternal health*”, because the health conditionality had enhanced prenatal care and taking children under five age to clinics for vaccination and immunization thus there is improvement of maternal health and child mortality reduction as well.

## **6. Food Consumption**

Principally, the provision of cash transfer aimed at improving food consumption and nutrition to poor households so as to reduce starvation and malnutrition to the children. Field data reveals all the respondents who have dedicated the money in food and nutrition only succeeded to buy one or two types of food. Most of them claimed that they cannot afford to buy variety of food because the price of food is very high in the market as claimed by one interviewed by beneficiary: “*What 20,000/= shall buy?(The lowest amount for unconditioned transfer) it is only enough for cassava and dagaa, I cannot even buy meat or fish. I only collect vegetables from the farm*”

However, this finding is not supported by Macours *et al.* (2008) who revealed that household participating in cash transfer spend less in staple food (rice, beans and

tortillas) but rather they spend more on chicken, beef, eggs, fish, milk vegetable and fruits. Ahmed et al. (2007) also affirms that the provision of money has allowed beneficiaries to increase spending in purchasing varieties food items that they failed to afford previously before the program establishment.

Therefore, in Rorya district the impact of cash transfer on food consumption and nutrition were significant on buying one to two types of food. Due to low amount of cash provided, the beneficiaries have failed to buy varieties of food as their fellow beneficiaries do in other countries like Mexico, Turkey and Brazil.

#### **5.4 Procedures used in selecting household beneficiaries of CT.**

##### **Community identification of potential beneficiaries**

The study finding revealed that all procedure were all the same in each ward and were systematically followed. Data shows that village authority involved community members in the first stage of poor household selection through calling for village assemblies though the implementers reported that the process was hampered by poor people participation in all village assemblies.

In most places non beneficiaries were found with imperfect knowledge about the selection process as they mentioned that there we no community involvement in first selection of potential beneficiaries. The respondents reported that just found out later that there were some people who had been enrolled in the cash transfer program. The study further revealed that even some of the beneficiaries did not know how they were selected while most of them reported that they just found themselves in the program. One interviewed beneficiary said that: *“I did not know anything about the program, my brother in law came and told me that he wrote my name in the list of cash beneficiaries then after some days we started to collect money”*

The similar problem was found by FAO (2015) that, there was weak communication about targeting the household deserving cash transfer. Ahmed et al. (2007) also affirms that most of non-beneficiaries in Turkey believed that the selection process had been completely not fair.

Nevertheless, according to Kigunga Ward Executive Officer, community involvement was hampered by geographical dispersion, for instance in Bukama village *vitongoji* were found to be scattered to the extent that it pose difficulty for villagers residing in scattered areas like Konakri to attend village meetings. World Bank (2012) also confirms that village meetings are often not held in many places, and sometimes when held they do not include broader community.

### **Understanding of selection criteria**

Since there were poor participation in selection process the field data reveals that, understanding of the selection criteria were highly found on the side of program implementers such as TASAF coordinators, Ward executive officers, Village chair persons and CMCs than non-beneficiaries and some beneficiaries. The criteria mentioned frequently by program implementers were household with the following characteristics:- Very old people with no caregivers, incapacitated person, poor family which fails to get two meals per day and very poor family with no productive asset (livestock and land to cultivate). Similarly Fidalgo *et al.*, (2012) ascertain that in Mozambique the criteria used to select household beneficiaries were very old respondents with no care givers, people with disabilities and poor household with no productive assets. Also UNICEF (2015) mentioned some eligibility criteria used select household beneficiary in most of African countries were labour constrained household, poor household with high dependency ratio, grandparents with no care givers, parents deceased households. The findings established that, most people especially community members do not understand the selection criteria that makes them feel the selection process was unfair.

The study further revealed that, in many cases exclusion were due to the limited number of beneficiary required per each village. One interviewed VEO explained that, they left many poor people because they were required to enroll limited number of beneficiaries. During the interview respondent stated that: *“In this village we have more than 400 household living under extreme poverty, but we were required to write only 171 poor people. People hate us because they think that we were the one to decide number of beneficiaries”*

Moreover the study found some problems which were associated with selection process. Some respondents reported that the selection process was controlled by village leaders to serve their own interest. Many deserving household were left behind while those who did not deserve were included because they are related to village leaders. For instance there were many cases were respondents claimed that village leaders wrote names of their relatives. As reported by one beneficiary having said that: *“Certain leader wrote even the name of her daughters who got married and living in Kenya”*

This study is supported by the finding of Scovidal *et al.*, (2013) who reported that the process of selecting household has many flaws and biasness where many deserving household are by passed while undeserving households are included in the program.

Furthermore, the field data indicated that CMCs had proven incompetence in handling the process of collecting household data because there were some errors like the places where beneficiaries name appeared twice while in other cases two people claimed the same name. Much worst, in order to correct this problem some beneficiaries were suspended from the program and later they discover that those were suspended were the most poor than who were enrolled.

Another problem revealed by field data was enrolment of Kenyans. Since Rorya district is bordered with Kenya to the north, there are some interactions between Tanzanians and Kenyans who lives around boarder. So during selection of beneficiaries there were some Kenyans who lived in Tanzania such as Kirongwe village which were enrolled in the

program. TASAF district coordinator was noted saying: *“We found this problem very late after some people came to report that there are some Kenyans who are benefiting with our money”*

Thus the field result suggests that, while the provision of money effectively reaches the needy households, a significant number of non-beneficiaries are also in need of cash transfer for their livelihood.

### **Application of Proxy means testing.**

Data obtained through interview with TASAF district coordinator indicated that, in each ward, individuals and household characteristic were tested with computerized method of PMT to ensure that all identified potential household were qualified to be beneficiaries. However the evidence from the field shows that, in small extend PMT has demonstrated some shortcomings in screening households because it assumes that all poor household has uniform characteristics. For instance PMT assumed that household with metal sheet roofed house or having productive asset like plot of land indicates that they have higher consumption hence they were excluded in the program. This problem was proven by a starving poor woman was excluded from the program. *‘They left me because I have metal sheet roofed house...now may I ask you, can a person eat the house?’*

In other instances some older people were excluded from the program because their adult children are living nearby (social assistance proxy), so they assumed that they share household resource and they rely on their children’s daily support while they are not. Other poor elder who have adult children living in town also were left because they assumed that they receive regular financial assistance from their children. Such elder claimed that their children have forgotten them and they do not receive money regularly from them. The study of Ahmed *et al.*, (2007) supports the research finding that there are proxies that contain some elements bias and they do not work out fairly. Proxies related to social assistance and other assets like building materials such as brick- walled

house or zinc-roofed house. Some proxies are not statically considerable determinant for program participation because they misleads household estimations (ibid)

### **Validation of identified poor households**

The last step in selection of household beneficiaries is verification, the list of eligible households are validated in community assembly to minimize exclusion and inclusion errors (TASAF Operational manual, 2015). Stakeholders were asked about the validation process and the implementers mentioned that verification process was done in village assemblies though it was hampered by poor people participation. Implementers in each ward explained that the process was done through announcing the name of selected beneficiaries and the community member had to approve or disapprove.

On the other hand non beneficiaries reported that there were many irregularities in last village assembly (the verification process). They claimed that the process was highly influenced by favoritism and nepotism because the approved names were those who had their relatives, neighbors and friends in the assembly to vote for them. One interviewed non beneficiary claimed that: *“When a certain name was mentioned, people who know the person would vote for her contrary to the person who is less known by the majority”*

In other countries like in Turkey the verification process is supposed to be done by local officials, beneficiaries and all community members. The evaluation done have revealed that majority of stakeholders stated that they did not know how the beneficiaries were selected and verified Ahmed *et al.*, (2007)

However, this problem was less found in Raranya ward. Beneficiaries and non-beneficiaries said that verification process was just and fair there was no favoritism but high exclusion was due to limited the number of beneficiary required per each village. The study finding concludes that in many places the validation process was not effectively done. This has resulted to the exclusion of most deserving households. Thus

## **CHAPTER SIX**

### **SUMMARY CONCLUSION AND RECOMMENDATION**

#### **6.0 Summary**

The study had the following objectives: To explore the perceptions of CT beneficiaries, implementers and non-beneficiaries on the CT program: To examine the contribution of CT on improving living standard of the community: To examine the effectiveness of procedures used in selecting household beneficiaries of CT

The study revealed that perception varies according to the categories of respondents, positive perception were highly found in beneficiaries and implementers side while negative perception was most found on non-beneficiaries side. The study further revealed that CT has brought direct on food consumption, HIV treatment, and gender empowerment and taking children under age to clinics. Indirect impact was seen in human capital development. Furthermore, the study revealed that the process of selecting household beneficiaries was hampered by poor community participation in Village assembly and other problems such as biasness and incompetence of CMC.

#### **6.1 Conclusion**

The study aimed at exploring stakeholders' perceptions on cash transfer programme as strategy for poverty reduction in Rorya district due to high prevalence of poverty in Rorya district. The finding revealed that stakeholders have both positive and negative perception on the program. Positive responses said that, the program is good since it has been poor household to survive life hardship while negative responses mentioned that the program is not helpful and it made beneficiary being dependants.

Although it was noted that the programme failed to address all the problems that poor people face, the unconditional cash transfer has been seen to bring significant impact on food consumption while the conditionality promoted human capital development. This is

to say that the conditionality has demonstrated potential to reduce trans-generation poverty because attaining education and health services makes them potential labour force that will enhance economic development from family level to national level.

Since the principal goal of the program was to reduce poverty and promote sustainable development for beneficiaries but the study has revealed that majority of beneficiaries have failed to save invest the money hence they will remain being poor until when the program stop. Finally the study has revealed that although the program was properly designed, the process of identifying and selecting poor household was hampered by poor participation of people in the Village assembly in some places which lead to highly inclusion and exclusion errors.

## **6.2 Recommendations**

Since most of cash transfer recipients are very old, incapacitated and AIDS- affected people, food and drugs transfer would be mostly appropriate than money transfer because money has been seen as not enough for them to buy as much as necessary nutritional food. Therefore the governments should join hand with NGOs that are delivering these kinds of services already like Project Concern International (PCI) so as to supply adequate food for this disadvantage groups.

As the finding revealed that the amount provided is not enough to meet the demand side of beneficiaries, the Government together with donors should conduct some analysis of inflation, food price and spending pattern at household level so as to make sure that the supply of cash transfer meet the demand side of poor household.

Since Rorya is the new district in Mara region and it has many pervasive issues like shortage of clean and safety water, health centres and poor transport network, the Government and donors should make sure that the provision of cash transfer go perpendicular with addressing such issues because only giving them money while there is shortage of services could not eradicate poverty.

Besides giving poor people money, they should be given capital or loans so as to make them productive and responsible for their own development. The loan or capital should be provided along with entrepreneur skills to enable poor people to engage in productive investment rather than waiting for money after two months.

In order to enhance community participation in selection process, there should be publicity campaign to communicate, educate and encourage community members to attend village assemblies because effective participation will minimize nepotism, favoritism, conflict, inclusion and exclusion errors. Furthermore, the poor household selection should be done in *vitongoji* level before verifying in village assembly so as to eradicate geographical dispersion as barrier for community participation.

### **6.3 Area for Further Research**

This study was specifically carried out in Rorya district and was meant to explore stakeholder's perception toward Cash Transfer program as strategy for poverty reduction. It is recommended broader study to be conducted to incorporate other part of Tanzania so as to obtain wider understanding on the perception of stakeholders toward Cash Transfer so as to generalize the finding of the entire country. There is also a need to conduct research on the process used to select poor household so as to find solutions for the problems associated with selection process

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## APPENDECIES

### APPENDIX: I

#### SAMPLE INTERVIEW GUIDE

##### Interview question for Beneficiaries

1. Sex \_\_\_\_\_
2. Age \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Education level \_\_\_\_\_
5. What do you understand about cash transfer program?
6. How do you feel about being beneficiary?
7. For how long have you been receiving the money?
8. In what ways do you spend the money that you are given by TASAF
9. Does the money you receive is enough to fulfills all your needs?
10. In which ways have the money provided improved your living standard
11. Was the community involved in selecting poor households? If yes explain how
12. Do you know the criteria applied to select beneficiaries? If yes what are they
13. What are your opinions toward cash transfer program in general?

##### Interview Questions for Non Beneficiaries

1. Sex \_\_\_\_\_
2. Age \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Education level \_\_\_\_\_
5. What do you understand about cash transfer program?
6. How do you feel about not being beneficiary?
7. Does this program has any significant to poor people?

8. What do you think are the impacts of cash transfer program on beneficiaries household?
9. Did you get involved in selecting cash beneficiaries?
10. Do you know the criteria applied to select beneficiaries? If yes what are they
11. Are those criteria adhered during selection process
12. In your opinion what should be done to improve the selection process

### **FGD questions for CMCs**

1. What do you understand about transfer program
2. Does this program has any significant to poor people?
3. What do you think are the impact of Cash transfer on beneficiaries' side?
4. Did the community members got involved in selecting beneficiaries?
5. In what ways does community involved in selecting cash transfer beneficiaries
6. Did the community fully participate in the selection of process?
7. Do you know the criteria applied to select beneficiaries? If yes what are they
8. On your perspective, how the program has improved living standard of poor household

### **Sample Observation Kit**

1. Beneficiary dressing style
2. Non beneficiary demonstrated happiness/ unhappy faces during interview
3. Beneficiaries purchasing behavior in the market
4. Non beneficiary complaints on the selection process
5. Field visit on cash transfer beneficiaries households and cash payment places
6. Beneficiaries facial expression during the cash payment day.

Picture No.1 Beneficiary receiving cash transfer, Mkoma ward



Source: Field data 2017

**Picture No.2 Beneficiaries, Bukama Village, Kigunga**



**Source:** Field data 2017

**Picture No. 3 Beneficiaries waiting for cash payments, Bukama Village, Kigunga**



**Source:** Field data 2017