

**ASSESSMENT OF TASAF III CONDITIONAL CASH
TRANSFERS PROJECT IN COPING WITH LIVELIHOOD
SHOCKS**

A CASE OF NGUDU WARD IN KWIMBA DISTRICT

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A CASE OF NGUDU WARD IN KWIMBA DISTRICT

By

Valentina S. Domonko

**A Dissertation Submitted to the Faculty of Social Sciences in Partial Fulfillment
of the Requirements for Award of the Degree of Masters of Science in Project
Planning and Management 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; **“Assessment of TASAF III Conditional Cash Transfers project in coping with livelihood shocks”** as one of the requirements for the award of the Master’s degree of Science in Project Planning and Management.

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(Internal Examiner) Date

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(External Examiner) Date

Accepted for the Board of Faculty of Social Sciences

DEAN/DIRECTOR, FACULTY/ DIRECTORATE/ SCHOOL/ BOARD

DECLARATION AND COPYRIGHT

I, **Valentina S. Domonko**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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DEDICATION

To my late parents Mr & Mrs Domonko, thank you!

ABBREVIATIONS AND ACCRONYMS

CCTs	-	Conditional Cash Transfers
CD	-	Community Development
CDD	-	Community Driven Development
DFID	-	Department for International Development
FAO	-	Food and Agriculture Organization
GDP	-	Gross Domestic Product
HBS	-	Human Budget Survey
HDI	-	Human Development Index
IDS	-	Institute Of Development Studies
MDGs	-	Millennium Development Goals
NBS	-	National Board of Statistics
PSSN	-	Productive Social Safety Net
SLA	-	Sustainable Livelihood Approach
SLF	-	Sustainable Livelihood Framework
TASAF	-	Tanzania Social Action Fund
UNDP	-	United Nations Development Programme
URT	-	United Republic of Tanzania
WB	-	World Bank

ABSTRACT

Vulnerability has been a common stress to different parts of the world; this made a call for addressing vulnerability to livelihood shocks in Tanzania. The study intended to determine the contribution of TASAF III Conditional Cash Transfers (CCTs) in coping with livelihood shocks among the beneficiaries in Ngudu ward. Specifically the study intended to identify livelihood shocks affecting the beneficiaries and their coping strategies, differences in coping with livelihood shocks before and after TASAF III CCT project and the relationship between CCTs income support and coping with livelihood shocks. The case study design was used to investigate livelihood shocks and coping experiences among the beneficiaries by using the before and after method. A sampling frame was used, from which the sample size of 70 beneficiaries were randomly selected. Questionnaire and interviews were scheduled among the project beneficiaries during data collection. Generally, the findings show that, respondents reported to be affected by multiple shocks in 2016, out of 70 (100%) respondents, 57 (81.03%) experienced floods, 56 (75%) lost harvest, 37 (57%) had chronic illness and 9 (13%) experienced damaged homes. To cope with shocks, several strategies were used, 6 (9%) reduced food consumption, 18 (25%) borrowed food and money from relatives and neighbors, 17 (24%) got help from relatives, 10 (14%) used TASAF Cash Transfers, 8 (11%) sold assets while 11(17%) did not choose an active strategy. In coping with shocks, in the year 2014 and in 2016 the findings show statistically significant differences in the average number of meals, in number of health visits, in financial assets acquired and in the enrollment of children to school at the P-value < 0.005. Findings also show that increase in health visits, increase in number of meals (food sufficiency) and increase in financial assets acquired were statistically significant associated with increase in the income of the households tested at the P-value < 0.005. Moreover increase in the enrollment of children to school was not significantly associated with increase in the income of the households at the P-value > 0.005. The findings suggest that the project has contributed to enhance coping with shocks and recommends that the CCTs should continue to be implemented in order to improve the incomes of the poor households who are vulnerable to shocks so that they positively cope with shocks.

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CHAPTER ONE

INTRODUCTION AND PROBLEM SETTING

1.0 Overview of the chapter

There have been continuous efforts to improve livelihoods in Tanzania through different programs such as Tanzania Social Action Fund (TASAF). The objective of TASAF is to improve livelihoods of the poor through provision of Conditional Cash Transfers (CCTs). Unfortunately, less on its impact particularly on enhancing coping with livelihood shocks was still unknown. This study sought to find out if the TASAF III CCT project had any contribution in coping with livelihood shocks while facilitating improvement of livelihoods to its beneficiaries.

This chapter presents an introduction and problem setting of the research study. It covers the background of the study, problem statement, objectives of the study, research questions, significance of the study, scope of the study and organization of the dissertation.

1.1 Background of the research problem

Vulnerability to livelihood shocks has been a barrier to livelihood development. Many people around the world are poor and vulnerable to being poorer than they are now because the poor are likely to be hit with negative shocks (World Bank, 2014). For example in Latin America, the situation is like what was described by Stampini *et al.*(2015) that vulnerability is one of the factors for the increase in the risk of perpetuating poverty, regardless of a substantial improvement in poverty reduction achieved within the year 2000 and 2013.

Moreover, a considerable proportion of the populations in the developing countries, particularly in Africa are vulnerable to being poorer despite impressive poverty reduction records reported in the previous decades. According to the World Bank, (2014) evidence shows that adverse shocks related to health, weather and economic crises play a major role in increasing poverty and stagnation of livelihoods.

Tanzania is one of the Sub-Saharan countries where livelihoods are poor and poverty level is extreme, particularly to those living in the rural areas. As Ellis (2000) argues, rural income and consumption levels in Tanzania are lower compared to those in the urban and that is why most of them suffer from higher levels of poverty and lower human development. According to the human development report (URT, 2014) 64% of mainland Tanzanians are poor and 31.3% live in extreme poverty. The living standards for the rural are worse off compared to those in the urban, a situation in which is attributed by poor growth of the agriculture sector which provides direct livelihood to the majority.

According to Dercon, (2013), poverty makes people vulnerable and limits their choices. This is the greatest vulnerability because the poor cannot cope with crisis. Livelihood shocks are among the problems which constantly limit households and individuals to thrive, due to loss of wellbeing and welfare as explained by prominent economists like Sen, (1982) who explained that livelihood vulnerability to shocks occurs when people have insufficient income and wealth.

Poor households, especially those living in the rural areas are the most vulnerable to seasonal shocks as they depend on agriculture for livelihood. According to the World Bank, (2007) poorer households take longer to recover from shocks and are forced to undertake negative coping behaviors such as reducing food intake, withdrawing children from school or depleting assets. Therefore, the extremely poor households are vulnerable to shocks and without assistance the less poor are also likely to be trapped into the extremely poor group while others would likely fall deeper below the poverty line. This study assesses vulnerability in order to find the protection of the poor from being affected by the shocks.

The uses of Conditional Cash Transfers (CCTs) to reduce vulnerability to livelihood shocks have taken different perspectives. Literature has given evidence that CCTs can give positive results by stabilizing consumption and reduce negative coping strategies to shocks while others argue that they are not flexible enough to provide assistance to individuals or households in shock events. The findings of this study

revealed that the CCTs are likely to minimize the sharpness of shocks in Ngudu ward as shown in chapter four (4).

On the other hand, Conditional Cash Transfers are not specifically designed to deal with shocks but provide means which mitigate risks and reduce negative coping strategies priority undertaken, nevertheless they have been useful to beneficiaries in countries such as Brazil, Mexico, Jamaica South Africa and others since they have helped to rescue them from the worst effects of unemployment, chronic illness and other sudden income shocks (World Bank, 2009).

For the case of the government of Tanzania efforts taken to promote livelihoods and to reduce vulnerability to poverty include policies, programmes and projects, among those is the comprehensive poverty reduction strategy in mid 1990s and later adopted the National Poverty Eradication Strategy in 1997, the Poverty Reduction Strategy in 2000 titled the National Strategy for Growth and Reduction of Poverty(NSGRP)) for Tanzania mainland and the Zanzibar Strategy for Growth and Reduction of Poverty for Zanzibar (ZSGRP) (URT, 2005) and the ongoing TASAF program.

There has been a recorded achievement over the past decade of a 7% annual growth rate in GDP which would be expected to improve livelihoods as well but still the livelihoods of the majority are poor with minimal livelihoods development (URT, 2014). The establishment of Community Based Conditional Cash Transfers (CB-CCT) in Tanzania is the continuation of efforts to improve vulnerable livelihoods which started in 2008 to date targeting the extremely poor and vulnerable households by investing in their nutrition, health and education and the now the ongoing TASAF III CCT project which among other objectives it focuses helping households who have experienced temporary shocks.

However, the studies by World Bank, (2009), the Tanzanian strategies of 2003 and 2005 have not studied nor strategized on the CCTs and coping with livelihood shocks. This study focused on TASAF III CCT project which aimed to be of assistance in coping with shocks among the vulnerable households specifically in Ngudu ward. Therefore, it was the intention of the study to determine the role of TASAF III CCTs in abating the shocks.

1.2 Statement of the research problem

Poor livelihoods are among pressing issues in Tanzania. Livelihood shocks have been the reason as to why many households experience poor livelihoods, according to URT, (2016) about one third of the poorest households have suffered from livelihood shocks most of which have caused 60% of the loss in income or assets.

TASAF III project is one of the interventions undertaken with an objective to improve livelihoods through the provision of CCTs and provide the ability to positively cope with shocks among vulnerable populations. However, before this study was undertaken it was still unknown whether increased income of the households (improved livelihood) through CCTs had enabled the beneficiaries to positively cope with livelihood shocks which constantly affect the vulnerable households in Ngudu ward.

According to the Sustainable Livelihood Approach (SLA) theory presented by the Department for International Development (DFID), (1999) and further developed by Carney (2002), the achievement of a positive livelihood provides the ability to cope with vulnerability through acquired assets which would increase livelihood income sufficient to achieve improved livelihood and fight vulnerability.

Therefore, for poor households to adopt positive coping strategies in times of shocks, an effective mechanism which enables the vulnerable populations to build resilience is required. However, the reviewed studies had not shown the contribution of the project in coping with livelihood shocks. According to the URT, (2016) about 73% of the surveyed households had negative coping strategies while 61% of those who experienced shocks could not afford better coping mechanisms. Studies undertaken by Kajembe *et al.* (2000), Kikula, (2006), Makele and Lupilya, (2007) also focused on the effect of TASAF projects in poverty reduction, which had little information on the impact of CCTs and coping with livelihood shocks.

Without effective intervention, shocks cause considerable damage to the welfare of individuals, households (idiosyncratic) or communities at large (covariant) which is why it is necessary to ensure positive coping mechanisms to the affected (World

Bank, 2009). Unfortunately, for the rural poor who are vulnerable to shocks, depend on subsistence agriculture which is sensitive to climate shocks (World Bank, 2014). On top of that, as argued by Yilma *et al.* (2014) poorer households take longer to recover from shocks and that they resort to negative coping strategies which might increase their poverty level.

For that reason, since very little is known on TASAF III CCT project in coping with livelihood shocks, the study aimed to determine its contribution as experienced by beneficiaries in Ngudu ward in order to ensure that the affected overcome the adverse effects of shocks and that they do not fall too low on the welfare level.

1.3 Research objectives

1.3.1 General objective

The general objective of this study was to understand the contribution of TASAF III CCT project in coping with livelihood shocks among the project beneficiaries in Ngudu ward, in Kwimba District in Mwanza region.

1.3.2 Specific objectives

Specifically, the study intended:

- i. To identify livelihood shocks which affected the beneficiaries in the year 2016
- ii. To explore strategies used by beneficiaries to cope with livelihood shocks in the year 2016
- iii. To determine differences in coping with livelihood shocks among the beneficiaries before and after TASAF III CCT project
- iv. To determine the relationship between CCTs income support and coping with livelihood shocks.

1.4 Research questions

The main research question was whether the TASAF III CCT project had any contribution in coping with livelihood shocks among the beneficiaries in Ngudu ward. The specific research questions were as follows

- i. What livelihood shocks affected the beneficiaries in the year 2016?
- ii. Which strategies were used by the beneficiaries to cope with livelihood shocks in the year 2016?
- iii. How did coping with livelihood shocks differ among beneficiaries before and after the project?
- iv. Is there any relationship between CCTs income support and coping with livelihood shocks among beneficiaries?

1.5 Research hypotheses

Hypothesis statements were generated for objective three are explained below.

- i. **H₀**: There is no statistically significant difference in the mean of financial assets acquired before and after the project
H₁: There is statistical significant difference in the mean of financial assets acquired before and after the project
- ii. **H₀**: There is no significant difference in the mean of number of meals a household could take per day before and after the project
H₁: There is significant difference in the mean of number of meals before and after the project.
- iii. **H₀**: There is no significant change in the average number of children households could enroll to school before and after the project
H₁: There is significant change in the average number of children households could enroll to school in the year 2014 and 2016
- iv. **H₀**: There is no significant difference in the average number of health visits for households before and after the project
H₁: There is a significant difference in the average number of health visits for households before and after the project.

Hypothesis statements for objective four are described below.

- i. **H₀**: Household income and number of health visits are independent
H₁: Household income and number of health visits are dependent
- ii. **H₀**: Household income and educational enrollment are independent
H₁: Household income and educational enrollment are dependent
- iii. **H₀**: Household income and food sufficiency are independent
H₁: Household income and food sufficiency are dependent
- iv. **H₀**: Household income and financial assets acquisition are independent
H₁: Household income and financial assets acquisition are dependent.

1.6 Significance of the study

The information about the study would be useful to TASAF CCT project stakeholders, as they will understand the project's contribution to the beneficiaries in terms of acquisition of financial assets, food sufficiency, health visits and enrollment in coping with shocks and act on further improvements.

The study findings will also be useful to the beneficiaries in Ngudu ward, to understand the contribution of the project on coping with livelihood shocks and improvement in their livelihoods.

Lastly, the study is useful to the researcher as it has enabled application of research procedures in practical learning about research, which will enable the award of the Msc in project planning and management as it is the requirement for such an award.

1.7 Scope of the study

There are different types of projects with a diverse contribution to undertakers and stakeholders; however this study was based on TASAF-III CCT project (2012-2017) which was implemented in Ngudu Ward found in Kwimba District in Mwanza region and focused only on the direct beneficiaries of the project. The study focused to determine the role of improved livelihood in coping with shocks facing the beneficiaries through increased income of the beneficiaries. Four indicators of successful coping with shocks were used namely, food sufficiency, financial asset

acquisition, enrollment and health visits. However, the study did not cover other entities that benefited from project, rather, only direct beneficiaries of the CCT who actually received cash transfers were featured in the study. Therefore it should be noted that other participants of the project were outside the scope of this research study.

1.8 Organization of the study

The study consists of five chapters. The first is the introduction and problem setting which presents background and rationale for the study, research objectives, questions significance and scope of the study. The second chapter is the literature review which includes the definitions of useful concepts as applied in the study, the theoretical empirical reviews and conceptual framework. The third chapter presents the research methodology which includes data collection information tools and sources, the research design and analysis as well as ethical considerations. The fourth chapter contains the presentation of findings, the fifth presents a discussion of findings and the last sixth chapter presents summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provides literature review related with the study. The literature review has given an understanding of major concepts useful in the study. According to Hart, (1998) literature review provides summary and critical analysis of the relevant available research on the topic being studied.

The study has used the sustainable livelihoods approach which explains the achievement of improved livelihood depends on increased income that reduces vulnerability to shocks. The study has also reviewed studies which evaluated similar CCT projects on livelihood shocks. Their theoretical and empirical perspectives were useful in the development of the conceptual framework of the study which describes important variables as conceptualized in the study.

2.1 Definition of key terms

2.1.1 Livelihood

The English dictionary definition of livelihood is ‘means to a living’ and it is synonymous to Income, but as defined by Chambers and Conway, (1992) livelihood comprises the capabilities, assets (stores, resources, claims and access) and activities required for a means of living. But it is important to note that livelihood rarely refers to a single activity, it includes different strategies developed by households to meet their needs while not undermining the resources base

2.1.2 Conditional cash transfers

Conditional Cash Transfers are a form of social assistance in form of cash provided directly to the income of households and individuals usually attached with conditionality. After the provision of the CCTs, the recipients are obliged to undertake prearranged actions such as enrolling children in schools or attending pre-

natal as well as postnatal health care appointments and others (Adato and Hoddinott, 2007).

2.1.3 Beneficiaries

Project beneficiaries are those benefiting from project funded activities. The DFID, (2012) distinguished between direct beneficiaries and indirect beneficiaries are those who benefit as a result of the improvements made to the direct beneficiaries. This study engaged the direct beneficiaries of the TASAF III CCT project, who were recipients of the Conditional Cash Transfers funded by the project.

2.14 Livelihood shocks

According to Ellis, (2000) livelihood shocks are events that have immediate effects to livelihoods. They affect income and destroy assets directly. Dercon, (2005) also adds that they are sudden, unpredictable, perpetuate poverty and induce vulnerability such that positive livelihood are hindered.

2.2 Theoretical review

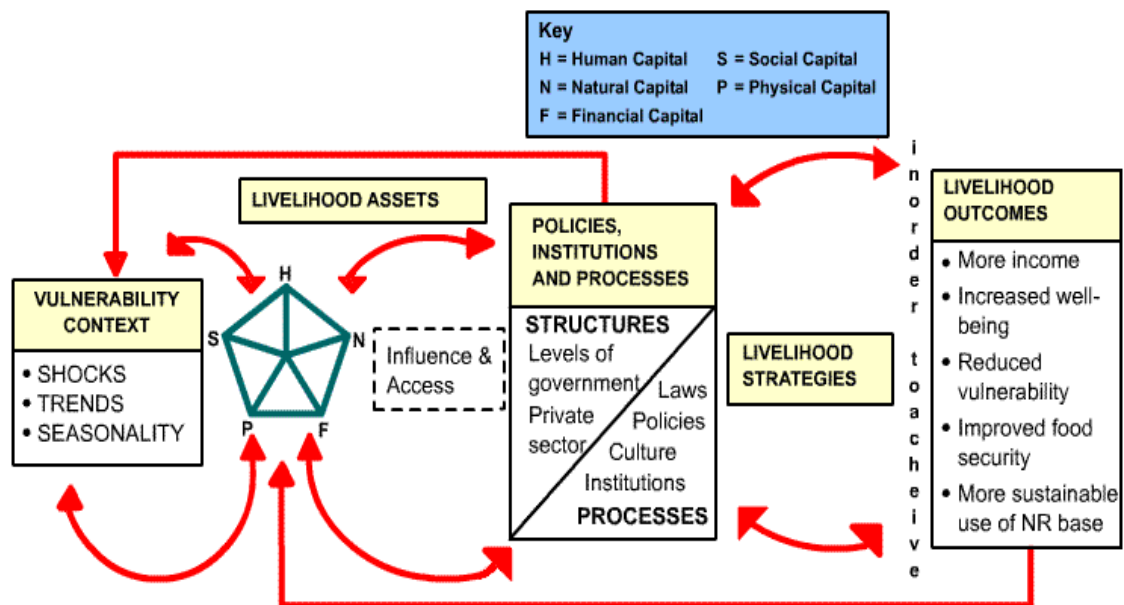
This provides review of theories used in the study. The theoretical perspective is important to guide the study as it gives a background of reliable facts that have been formerly studied. This part includes the sustainable livelihood theory which has been of value to the study.

2.2.1 The Sustainable Livelihood Approach (SLA)

As described by DFID, (1999) the livelihood approach describes the achievement of positive livelihood outcome in terms of increase in income of an individual or household (among others). The achievement of improved livelihood enables people to acquire a range of assets which are grouped into human, financial, physical, natural and social assets which facilitate reduction of vulnerability in the context of seasons, trends and shocks that affects livelihoods negatively.

The theory further explains that the livelihood of someone is said to be improved when his/her own income increases while also improving food security, wellbeing, reduce vulnerability and sustainable natural resource use. Based on this study, the question now is: has the project increased the household income level of the beneficiaries enough to cope with shocks?

Figure 2.1 Sustainable Livelihoods Framework



Source: DFID, (1999)

According to Figure 2.1 the framework describes five assets, which are, natural asset, financial, physical, human and social assets in which their access and ownership forms livelihood strategies from which means of living is generated. The framework also describes the vulnerability context,(shocks, trends and seasonality) and the transforming structure and process, such as institutions like markets, legal laws and rights which shapes livelihoods and determines the achievement of the sustainable livelihood outcome, indicated by factors such as increased income, reduced vulnerability, improved food security and more sustainable use of natural resources.

2.3. Empirical literature review

Conditional cash transfers (CCTs) have gained popularity in the intervention against adversities in which the vulnerable populations are affected in various parts of the world, in countries like Brazil, Chile and Turkey and in Sub Saharan Africa, Malawi, Botswana, and Ethiopia which differs in their motives but one thing in common is providing grants to the poor and vulnerable.

It should be noted that CCTs generally, are not designed to deal with shocks but provides means which mitigate risks and reduce negative coping strategies priory undertaken. In reducing vulnerability, CCTs have increased consumption and have sometimes substantially reduced poverty among the beneficiaries due to steady income provided and have helped beneficiaries from the worst effects of unemployment, chronic illness and other sudden income shocks. (World Bank, 2009)

According to a comparative study on the impacts of CCTs in Latin America, (Adato and Hoddinott, 2007) cash transfers have been known to cushion the effects of shocks that the poor and vulnerable are affected with. During the 2008 world food, financial and fuel shocks, economies which had no adequate CCTs were undermined in coping, the unprotected households reduced food quality, and quantity while the economies with protection against shocks such as in Columbia and Nicaragua the effects of shocks were less severe and had a fast recovery.

CCTs impact evaluations provide evidence that financial incentives work to increase utilization of key services by the poor. A randomized controlled trial on CCT effect, has shown the use of CCTs have significantly decreased school drop out by 57% and has increased enrolment by 5.6% to children within the age of 8-17 in Morocco and have a positive impact on prevalence of health care visits and health seeking behavior in Columbia by 23% of the children and 13% to the aged. Also it has reduced the likelihood of illness for the children by 40% and reduced infant mortality by 11% (Glassman *et al.* 2006)

Analyzing livelihoods of the poor people in Ethiopia, Baye *et al.* (2014) found that the poor and vulnerable have increased their assets and borrowing for productive

purposes due to the use of CCTs also they have provided income support to a large number of beneficiaries in Ethiopia whereas despite drought and high food prices in past years, the Ethiopian beneficiaries were more likely to be food secure than the non- beneficiaries therefore it has provide resilience to shocks.

In Tanzania, the use of CCTs have been observed to improve health seeking behavior, better health and education as indicated by URT (2016) while according to a comparative study between Jamaica and Tanzania by Masunzu (2014) found that CCTs has increased investment in human capital evident in increased school enrolment as well increased health seeking behavior for beneficiaries in Tanzania. However the rural poor have been vulnerable to seasonal shocks due to dependence on agriculture for livelihoods, as it has been indicated that consumption has been reduced on average of four to five months annually as a coping strategy, as explained by URT (2016).

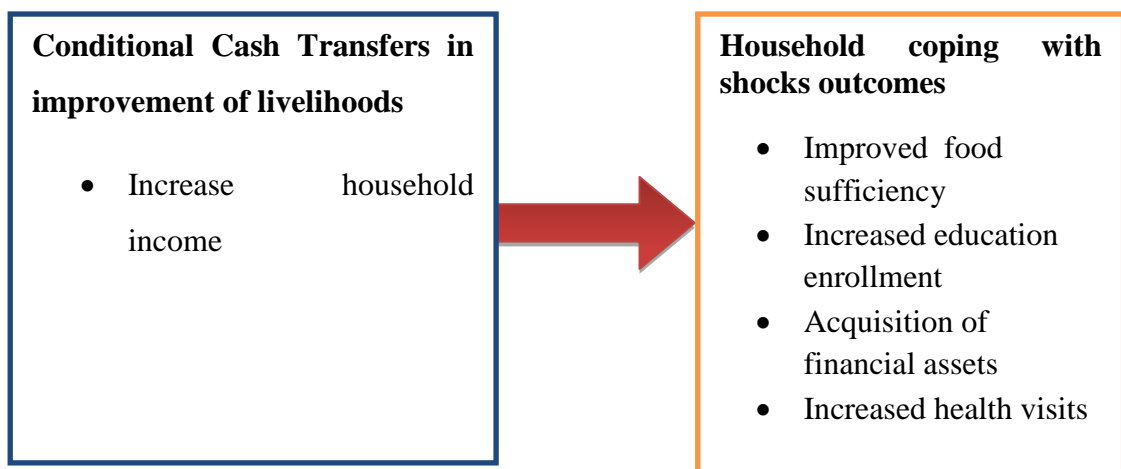
2.4. Research gap and synthesis

Reviewed literature emphasizes that CCTs programmes implemented in various countries have positive impact in mitigation of livelihood shocks. They have reduced vulnerability to shocks related to school attendance, health outcomes, and in achievement of food security. Also they have been able to protect poor households from worst effects of unemployment and other income shocks as they provided steady stream of income. However, existing data did not indicate the relationship between incomes increased as a result of CCTs in coping with livelihood shocks experienced by the beneficiaries. Moreover, studies in Tanzania have not indicated whether livelihood improvement has enabled the vulnerable to cope with shocks particularly in Ngudu ward. Therefore, it was unknown whether the TASAF III CCT project input enabled improvement of livelihoods of the direct beneficiaries especially in coping with livelihood shocks. For that reason the study has been able to capture the gap in the missing information.

2.5 The conceptual framework

The conceptual frameworks for this study as shown in figure 2.2 describe the existing relationship between the dependent and independent variable. TASAF project aimed to increase the ability to cope with shocks to the vulnerable populations through the use of CCTs which directly increase the income of the beneficiaries. The study intended to find the relationship between increased income (improved livelihood) and coping with shocks in which several indicators has been used as a sign of increased ability to cope with shocks. Therefore improved livelihood is the independent variable measured by increased income while improved food sufficiency, increased educational enrollment, increased health visits and increased acquisition of financial assets are dependent variables. Figure 2.2 describes the framework.

Figure 2.2 Conceptual framework



According to Figure 2.2, the conceptual model assumes that improved food sufficiency, increased school enrollment, increased health visits and increased acquisition of financial assets are the function of increased income induced by the TASAF project through the Conditional Cash Transfers provided to the beneficiaries.

2.5.1 TASAF projects in improving livelihoods

TASAF is a government project supported by the World Bank to fund projects aiming to improve rural livelihoods and reduce poverty. It has operated in the first phase (TASAF- I) in year 2000 for four years, with coverage of 40 districts in Mainland Tanzania, Unguja and Pemba islands in Zanzibar. The second phase (TASAF-II) was a five year project implemented in all 121 Local Government Authority in Tanzania Mainland, Unguja and Pemba islands and the third phase is a (TASAF- III) which provides CCTs to enable poor households to increase income and opportunities while improving consumption (URT, 2005).

The general aim of TASAF is to empower the community to demand, implement, and monitor services and access to opportunity that contribute to improve livelihood linked to Millennium Development Goals (MDGs) (URT, 2013). In improving livelihood the government through TASAF had a purpose to empower the poor to contribute to economic growth by taking part in livelihood enhancing activities which by so doing would reduce poverty as well foster development.

Poverty and poor livelihoods have been a matter which require intervention, as argued by Masunzu, (2014) poverty not only reduces standard of living to the affected but also hinders economic growth, which is why the government through TASAF intervened to revive poor households with the support from World Bank and other international donor assistance. As Msambichaka *et al.* (2002) argue that a poor livelihood is caused by lacking of adequate resources and capabilities to sustain basic needs; a fight against it requires enabling the poor with capabilities to acquire basic needs. By so doing the poor are equipped with resources that would generate income enough to sustain living, resources including provision of cash conditioned to be put into pre agreed activities.

TASAF in improving livelihoods has gone through different projects in the form of community based approach. Such projects have been of different undertakings due to priority needs as proposed by community members, for example, construction of health facilities, schools, water projects and others (Kamugenge, 2008).

2.5.1.1 Vulnerability context

From DFID, (2000) perspective, vulnerability is viewed as livelihood insecurity which has three factors (but not limited to) seasonality, trends and shocks that affect people's livelihoods. Ashley and Hussein, (2000) also adds that the vulnerability context is the external environment in which livelihoods are shaped with. Such external environment has been described by Allen, (2003) as a set of socio-economic factors that determines people's ability to cope with stress or change, a perception which does not so much differ from that of Chambers, (1989) that vulnerability is a high degree of exposure to risks, shocks and stress and proneness to food insecurity.

Livelihood vulnerability has been described as the probability of an individual or household to experience a decrease in wellbeing. It goes further to indicate that, whether one suffers from a decline in wellbeing depends on the assets endowments and their position on the poverty line (Ellis, 2000).

Furthermore, Moser, (1998) suggests that livelihood vulnerability is closely linked with asset ownership, and that the more assets that people have the less vulnerable they are. In most livelihood studies, according to Davies and Hossain, (1997) livelihood vulnerability is also linked with poverty and to reduce such vulnerability, livelihood adaptation is recommended to enhance security and wealth and thereby reduce poverty.

Therefore, poverty is a major cause for livelihood vulnerability; whereas a reduction of poverty would certainly reduce livelihood vulnerability. Poverty has been understood from different angles but according to Todaro and Smith, (2012), poverty is a lack of what is necessary for material well-being and material resources that lead to physical deprivation, and also may go further to cover the psychological aspects of lack of voice, power and independence.

The magnitude of poverty can be categorized in many angles including the usual absolute and relative terms of poverty but as described by Todaro and Smith, (2012) is being unable to meet minimum levels of income, food, clothing, health care, shelter and other essentials. Also, he simply describes relative poverty as a lack of

collateral leading to inability to educate or expand business. According to Ellis, (2000) absolute poverty corresponds to people who fall below some fixed measure that represents the minimum material necessities for healthy survival, while relative poverty for whose income may be significantly below the average incomes of the country.

According to Collier, (2010) globally, poverty situation shows a decreasing trend due to the fact that the number of people living in absolute poverty has declined over the past 25 years, yet in Africa is still rising. This situation, according to Todaro and Smith, (2012) has been described that has derived international policies for poverty reduction. In Tanzania as well, poverty and its effects still affects many livelihoods in Tanzania, as Lyatuu and Urassa, (2014) argues that the most vulnerable are those in the rural areas of Tanzania, young (unemployed), the old, women, large households and those involved in subsistence agriculture and therefore constant efforts are required to intervene.

2.5.1.2 Coping with livelihood shocks

Livelihood Shock is among the causes of vulnerability, Ellis, (2000) describes livelihood shocks as events that have immediate effects to livelihoods which destroy assets directly such as floods, drought, pests, diseases and civil wars. These shocks bring challenge to livelihoods, but with access to different assets, households will respond differently to shocks. As Dercon, (2005) suggests, shocks are sudden, unpredictable and may perpetuate poverty and induce vulnerability such that positive livelihood are hindered as they may increase asset sale and lost income.

According to Thomson and Augustine, (2014) rural livelihoods are the most vulnerable to risks and shocks that cause considerable harm to their livelihood and cause severe poverty in Africa. When they occur, it has been explained that shocks can affect welfare of individuals and households, community and nation at large and lead to a decline in wellbeing (World Bank, 2000). Apart from welfare loss also occurrence of shocks may result to loss of income, consumption, assets or other non-

income losses such as death of a family member that has nothing to do with the income of the household (not a bread winner).

There are different types or groupings of shocks. One is grouping of shocks according to their scope, they are idiosyncratic (affecting individuals or households such as illness, injury, job loss, crop failure, loss of remittances) and covariant (affecting groups of households, communities, regions or countries such as changes in prices, armed conflicts, droughts, floods). Another group is according to their origin for example, natural shocks (droughts, floods,) economic (price increase. Wage cuts) social shock (violence, war, crimes etc) and health shock (illness, death, etc). (Marques, 2003)

Being affected by shocks, coping mechanism are required by people whose livelihood are threatened (WHO, 1998). Coping is one of the measures to ensure that individuals and households in a poor situation of being vulnerable overcome the adverse impact of shocks by earning some extra income in order to pay for basic necessities such that they would not fall too low on welfare level (Snel & Staring, 2001).

Coping with shocks has been explained by Yilma *et al.* (2014) to include behaviors such as reducing food consumption, the use of savings, selling of assets (including food stocks and livestock), borrowing from (relatives, money lenders, formal sources) and sending out family members, among other behaviors.

Coping with shocks has been described by WHO, (1998) according to severity, has classified borrowing, reduction of food consumption, substitution for cheaper food, and cut in non-essential expenses as non-erosive, while borrowing with interest, sale of productive assets ,bonded labour as erosive coping and out migration, prostitution, stealing and begging as failed coping.

Different livelihood enhancing programmes at household and individual level have been used to transform the most vulnerable in Tanzania, such as save the children cash transfer project in Lindi in 2007, the TASAF I CB-CCT in 2008, the Most Vulnerable Children programme (MVC) in 2000 all of which had different impacts

to the beneficiaries, including the ongoing TASAF III project, what could be the situation for beneficiaries in Ngudu?

2.5.1.3 Offering Conditional Cash Transfer (CCT)

Cash transfers is a potential measure used to fill the needs gap of individual or households when they cannot manage their own risks. They are regular and predictable usually known to be in form of grants, vouchers, cash, or in kind. CCTS have been used as innovative approach to social service delivery which is of short term to meet daily consumptions and basic needs and according to World Bank (2009) they have (sometimes) resulted to decrease poverty among the beneficiaries.

For the case of TASAF in Tanzania, the provision of CCTs started during phase I of the project and extended to II and III which implemented the Community Based Conditional Cash Transfers (CB-CCTs). In relation to poverty alleviation it had a purpose of empowering vulnerable communities by using the Community Driven Development (CDD) approach to mitigate vulnerability. (URT, 2016)

According to URT, (2013a) the ongoing TASAF III (2012-2017) has aimed to enable poor households to increase income and opportunities while improving consumption which targets people living under the basic needs poverty line through its CCT. The TASAF direct beneficiaries of the III phase were households who lived below the basic needs poverty line reaching about 13.5 million selected.

The objective of TASAF III CCT project was to increase income and consumption, and improve the ability to cope with shocks among vulnerable population. According to (URT, 2016), one of the project objectives was enabling the vulnerable households in coping with short term shocks temporarily affecting the poor. Short term shocks as stated in the project objectives were identified as situations that the extremely poor households were vulnerable to such that they result in negative behaviors such as selling of their assets, withdrawal of children from school and reduced food consumption in order to cope from a shock. Therefore there was a risk of the poor to fall deeper below the poverty line.

TASAF III CCT project has two benefits, the first is the basic transfer in which is provided to all eligible registered beneficiaries, and the second is the variable conditional transfer which is provided to households with children as an incentive to invest in human capital of their children (URT, 2013a).

The identification of the eligible beneficiaries was done through Proxy Means Testing (PMT) in which households' characteristics of the poor were identified and the eligible households were registered. Then conditions were attached upon receipt of the cash which varied according to population, in which for children under five, a monthly clinic visit is necessary, one health visit for older of age 60 and above and school attendance for school going children aged 5-17 years. The beneficiaries received five dollars as basic transfer and five additional dollars for each school going child (URT, 2013a).

The TASAF III project has provided financial resource in which the poor can use to construct their livelihoods through the CCTs, Ellis, (2000) suggests that financial assets may be stocks of money or regular inflows of money to which households have access therefore the CCT can be termed as financial asset in which can be used to improve livelihoods. Assets represents building blocks by which households are able to undertake production and they are stocks of capital from which means of survival can be generated. Also he argues that assets play a big role to determine the capabilities of households or individuals to construct livelihoods which are above the poverty line. He also suggests that they represent a platform upon which livelihoods are built. This supports an observation from Ashley and Hussein, (2000) that, the ability of people to escape from poverty depends on their access to assets or capital endowments.

Therefore the TASAF III project has been a transforming structure and a mediating organization which determine the achievement of the livelihood outcome, as Ellis and Mdoe, (2003) refer transforming structures as organization (government and non-government), social norms and structures, associations, policies and all which translate assets into a livelihood.

2.5.2 Improved livelihood (increased income)

The dictionary meaning of income is the money received, especially on regular basis for work or through investments, whereas income is synonymous with earnings and salary, but as put by the World Bank, (1999) income are earnings from productive activities and current transfers, which can comprise claim on goods and services by individuals and households, in other words, income permits people to obtain goods and services. According to (Ellis, 2000), income comprises of both cash and in kind contributions to the material welfare of the individual or household deriving from a set of livelihood activities in which the household members are engaged. The cash earnings components of income include items like crop, or livestock sales, wages, rents and remittances, for that case cash transfers also fall into the category of income.

Different studies indicate the contribution of CCTs in provision of steady income to have helped beneficiaries from the worst effects of unemployment, chronic illness and other sudden income shocks. (World Bank, 2009)

To measure income is a hard task since there are disagreements on what are the productive activities and what should be included in the income measures (Beaman and Dillon, 2012) however Ellis, (2000) argues that the composition and level of individual or household income at a given point in time is the most direct and measurable outcome of the livelihood, in which he distinguished farm, off-farm and non- farm income sources.

In Tanzania, the agriculture sector provides the major source of income as it employs the majority of the population, as the URT, (2014) observed the sector has employed 80% of the total population, and therefore majority of livelihoods depend on it. The growth of national income has been impressive over years, shown by a 7% growth rate in GDP; however such growth has only resulted in marginal reductions of the poverty level. On the other hand, there are a significant number of those below food poverty and basic needs poverty lines as shown to be 9.7% and 28.2% respectively,

this insinuates that income poverty is still high due to low levels of income which is insufficient to meet the basic needs including food.

2.5.3 TASAF III CCT coping with shocks outcomes

TASAF identified that when vulnerable households were affected with shocks, they engaged to a number of negative coping strategies which ultimately indicated that school enrollments decreased, attendance decreased, while there was increased reports of malnutrition, illness and deaths among children and pregnant women, while others sold assets during shocks and as a result they were continuously trapped into poverty. As a result, of the intervention, it was expected that improved coping with shocks would be indicated by increase in enrollment, health visits, financial assets acquisition and increased food sufficiency, among others.

2.5.3.1 Increased school enrolment

Economic crises have resulted to a decline in school enrollment on the poor and young children. Poor households experiencing economic crisis withdraw children from school due to financial barriers and thereby reduces school enrolment. According to a household survey in Tanzania, URT, (2016) about 10% of the children were reported not to attend schools because the household could not afford.

Income shocks on poor households ‘occurrences in particular have been indicated to reduce school enrolment. Taking children out of school and induce them to child work are among the coping strategies that many households resort to when other coping instruments are insufficient. Income shocks have been identified to result in lower school enrollment and attendance, according to Janvry *et al.* (2006) agricultural shocks reduces school attendance and increase child labor.

The role CCTs on schooling have been analyzed to have a positive impact in the South African income transfers to increase children schooling. Also *progressa programs* (CCT) in Brazil, according to Schultz, (2004) have indicated a positive impact on schooling on which the conditionality was attached.

In Tanzania, Masunzu, (2014) in the CCT evaluation study, found that it has increased investment in human capital due to increase in enrolment of children to school. However, the URT, (2016) reported lower enrolment rates to younger and older children, financial constraint being the reason but indicated higher attendance rates of attendance to schools for those already enrolled.

2.5.3.2 Acquisition of financial assets

According to DFID, (1999) financial assets are defined as the financial resources which are available to people (whether savings, supplies of credit or regular remittances or pensions) and which provide them with different livelihood options. Also they have been further described as availability of cash or equivalent, which enables people to adopt different livelihood strategies.

In his argument, Ellis, (2012) described financial assets as stocks of money to which the household has access, which can take the form of savings, or credits (loans) or even in form of livestock that the rural Sub Saharan Africa keep as a store of wealth, therefore acquisition of financial assets may take different forms depending on the society characteristics.

The provision of cash transfers to poor households' income immediately injects into the financial assets. According to Laws, (2016), poor people experience an increase in income due to cash transfers being a basic guarantee, however he argues that the income increased do not improve livelihoods because it is not enough to meet the needs of the household.

In the effort to enable acquisition of financial assets TASAF III was determined to enhance savings as well as store of income received in different forms including insisting on the use of financial services and keeping wealth in forms of cattle.

As described by URT, (2016) very few of PSSN households had access to financial accounts, and among those were found to use more the mobile money services including savings. They had loans from informal sources such as families, friends and others most of which have been used for subsistence needs. Therefore

acquisition of financial assets is still at minimal as observed among the poor households surveyed.

2.5.3.3 Increased food sufficiency

Food sufficiency is part of being food secured as The Food and Agriculture Organization reviewed the food security definition FAO, (2001), as *'a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.* Food insecurity therefore is when physical, social and economic access to food is inadequate.

As part of food security, food sufficiency is also equally important in the fight for improving livelihoods of the poor whose livelihoods are faced with insufficient food. The oxford dictionary meaning of sufficiency is *"...of a quantity that can fulfill the need without being abundant", or "meeting the need" or enough*". And therefore food that is sufficient is that which is considered enough to meet the need without being abundant. Food self- sufficiency is a major step toward food security and to be food insecure is to be prone from food related problems such as malnutrition, food poverty and hunger, to mention a few.

Moreover, the study has dealt with food insufficiency which has been more aligned with hunger than with food insecurity. Yaroch, (2011) described food insufficiency that, *" Food insufficiency has been defined to represent household members who have been physically hungry because they lacked adequate resources for food"* according to this view then for food to be sufficient stands for people who are not physically hungry just because they lack adequate food resources.

As it is expected, people who are extremely poor hardly have sufficient food for their households, a situation which leave them exposed to hunger. It is however justified by Andrews *et al*, (2000) that those inadequate household resources is the major reason as to why households are unable to acquire adequate food to meet basic needs. Such observation is precisely indicated with a study by Ribar and Hamrick, (2001) which explains income poverty and food insufficiency being related and they are

both indicators of economic hardship although they have different processes and capture distinct dimensions of economic hardships. Also Beverly, (2000) adds that income is a single predictor of food insufficiency than any other factor. The world Bank (1991) characterize poverty as inadequate income and wealth that perpetuate inadequate access to available food, this pins out that having food insufficiency has a lot to do with being poor.

Many developing economies are observed to report being food sufficient but suffer from food insecurity issues especially to those living in the rural. In Nigeria for example, despite being reported to increase food production and reduced importation still it is not a food secured economy (Ayodele, 2011) just the same for data that Tanzania is a food sufficient country as it produces more than 95% of her food requirements, but there are disparities in sufficiency levels across its regions, however the URT, (2013b), observed that 9.7% of the population in Tanzania mainland are faced with extreme food poverty, with 11.3% living in the rural areas.

Despite efforts like the MDG₁ of reducing the proportion of people who suffer from hunger, progress has been low, given the large proportion of the poor in the rural who depend on agriculture as their main livelihood are still prone to hunger and food insufficiency problems. According to Hadley and Patil, (2006), their study in Tanzania, observed that food insufficiency is more linked with hunger and in periods of food insufficiency, many households responded by reducing intakes of foods, consuming less preferred foods, selling of assets as well engagement to risky works such as prostitution and theft.

Food insecurity is at large still very high among PSSN beneficiaries, which was indicated by various behaviors taken by respondents during food shortage periods such as use of less preferred foods, reduced number of meals, limited portion size, borrowing food from friends and going a day without food. URT, (2016) Question is, has TASAF III enabled the beneficiaries improve food sufficiency?

2.5.3.4 Increased health visits

Human diseases have been attributed to be a source of vulnerability to households and communities at large. Diseases have been the cause for poverty, according to the WHO, (2012) it identified 1 to 2 billion people in the world that are living in absolute poverty to be the most vulnerable from infectious diseases such as malaria, HIV and tuberculosis. Vulnerability to diseases affects individual or households livelihood. Work based payments or occupation are affected by illness or sickness of a worker or household labour and so is the treatment which reduces wages, loss of productivity or even work to those who fell seriously ill and incapable to produce (World Bank, 2011)

Individuals will tend to invest in health to produce health or restore health after illness. Demand for health services indicates the individual's willingness and ability to seek appropriate health care, which would be indicated by the number of health visits (Glassman *et al.* 2006).

The demand for Health services are affected by the ability to pay for the poor in Tanzania. According to URT, (2016) indicated that financial constraint was the major reason for households to not seeking health services. About 61% of the households reported not visiting health care providers because it was too expensive. That is why the use of CCTs was to enable the poor who could not afford health services

In an attempt to intervene, various projects worldwide including the CCTs have been formed to help different groups which were identified as being more vulnerable to diseases such as infants, under five years old children and pregnant women from diseases that frequently attack them. According to the study in central Tanzania, by Mashindano *et al.* (2011) diseases such as malaria, trachoma and HIV/AIDS were identified to be the major shocks experienced by the poor households, which resulted to loss of income, and households due to treatment and deaths respectively

The use of CCTs on improvement of health outcomes have provided considerable impacts such as increased use of prenatal care, increased food consumption, receipt

of nutritional supplements and so much more. As Gertler, (2000) explained in Brazil for example the CCT project has contributed a decrease in rate of illness from 0.2% to 3.5% among the children beneficiaries within the age of 0 to 3 years old. Also a 58% increase in the hospital visits for the beneficiaries within the age of 0 to 2 years old and those of 50 and above suggest a significant positive impact on health status.

Findings from a randomized trial on CB-CCT in Tanzania by Evans *et al.* (2014) show a significant increase in demand for health services and therefore to increase health center and/or hospitals from an average of 2.8 visits to 4.0 visits per year. This suggests that there were improvements in health service demands, productivity and wellbeing of individuals. This study intended to find out the impact on beneficiaries of CCT project in Ngudu ward in relation to cope with livelihood shocks.

2.6 Conclusion

The literature reviewed contains five major parts, which are presented in sub section 2.1 definition of key terms, 2.2 the theoretical literature review, 2.3 the empirical literature review, 2.4 the research gap and synthesis and 2.5 the conceptual framework of the study. The literature reviewed provided the understanding that Conditional Cash transfers provided to the poor to find out how regularly and predictably increased the incomes of the beneficiaries and enabled the vulnerable to cope with shocks.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Overview

This research methodology chapter deals with research design, the targeted population and characteristics of the sample, area of the study, sample size, sampling technique, types of data, data collection methods and data analysis. Kuzilwa, (2002) argued that the impact assessment intends to establish whether or not the intervention achieved the intended goal and this appears in the methodology. In case study researches comparison of information between participants and non-participants is undertaken to evaluate the differences which happened during intervention. However, this study found it expensive and challenging to obtain a comparable group in order to avoid biased results. Alternatively, the participants were compared based on the situation that was there before CCT project implementation and after the implementation. Determining incremental changes that happened another methodology would have been used, even that such methodology would be criticized as it would have been subjective as it would have relied on memory recall although both methodologies recognize that it is the participants who best know the effect of an intervention to them. Therefore, this proves that it was not an easy task to determine a perfect methodology for determining the impact of improved livelihood in coping with shocks. Therefore, triangulation of methods was employed in this study.

3.1 Area of the study

The research was conducted in Ngudu Kwimba district located in Mwanza region in Tanzania. Its geographical coordinates are 2° 58' 0" South, 33° 20' 0" East and its original name is Ngudu. Kwimba District is one of the seven districts of the Mwanza Region of Tanzania. According to the population census of 2012, the population of Kwimba District was 406,509. The majorities of the residents of Kwimba are from the Sukuma tribe and speak Sukuma along with Swahili. Most of the residents are

engaged in the subsistence farming of rice, sweet potatoes, cassava and maize and livestock keeping (URT, 2013b).

Due to limited time frame and resources allocated to this study, only the Ngudu ward was selected for the study. The study involved five villages in Ngudu ward of Kakora, Welamasonga, Ngudulugulu, Ilumba and Kilyaboya because in those villages the direct beneficiaries of the TASAF III project were residing.

3.2 Research Study Design

3.2.1 Triangulation of methods

Bryman, (2004) describes triangulation of methods as the use of more than one approach to investigate the research question in order to enhance confidence in the findings. The study used multiple approaches discussed below in order to limit difficulties arising from the use of a single research method as well ensure richness in information in which both qualitative and quantitative data were collected and analyzed. The use of a case study design which triangulates the descriptive and explanatory designs was used in the study.

3.2.2 Case study design

The case study design is a qualitative research approach, used to explore in depth information about a social phenomenon. (Yin, 2009), also added that it is an empirical inquiry that investigates a phenomenon in depth within its real life context. The application of a case study design was used to investigate beneficiaries of TASAF III CCT project by using a before and after method to determine whether there were differences in coping with livelihood shocks given the improvement in livelihoods impacted by the project.

The study used the year 2014 as the year before the beneficiaries engaged in the project and in 2016 the year after their engagement in the project in order to compare and determine the change in their livelihoods attributed to the project implementation. Therefore memory recall of information in the year 2014 and in 2016 was relied on to provide required data.

- **Descriptive design**

Yin, (2003) explains the descriptive design type of case study that is used to describe an intervention or phenomenon and the real-life context in which it occurs and its prevalence. The descriptive design was used to describe shocks which affected households and strategies which were used to cope with, also to differentiate coping with shocks as occurred before and after the project. In which the use of graphs, charts, tables, cross tabulations and measures of central tendency in order to provide descriptive summary of what actually the findings of the study were.

- **Explanatory design**

According to Yin, (2003) explanatory design is used to explain phenomena while also allow describing the causal chain of events. The study used the explanatory design to determine the statistical relationship between the dependent and independent variable or the explanatory variable. The following functions were used to determine the relationship existing between dependent and independent variable as described below.

- i. Increased food sufficiency as a function of increased income
$$Y = B_0 + B_1X_1 + \mu$$

Y = increased food sufficiency
X₁ = increased income
- ii. Increased enrollment as a function of increased income
$$Y = B_0 + B_1X_1 + \mu$$

Y = increased enrollment
X₁ = increased income
- iii. Increased financial asset acquisition as a function of increased income
$$Y = B_0 + B_1X_1 + \mu$$

Y = increased financial asset acquisition
X₁ = increased income
- iv. Increased health visits as a function of Increased income
$$Y = B_0 + B_1X_1 + \mu$$

Y = increased health visits
X₁ = increased income

Where as

B_0 = constant mean

B_1 = coefficients of variables X_1

μ = error term

3.2.3 Variables and their measurements

Table 3.1 show variables used in the study, their measurements and expected signs. Positive signs indicate the relationships expected between the dependent and the independent variables.

Table 3.1 Variables and their measurements

Variable name	Measurement	Expected sign
Household income	Income generation (Tsh.) (Annually)	
Food sufficiency	Number of meals per day	positive
Child enrollment to school in a household	Number of children enrolled (Annually)	positive
Financial asset acquisition	Value of livestock owned (Annually) (Tsh.)	positive
Health visit	Number of health visits (Annually)	positive

Variables used in the study as indicated in table 3.1 shows Household income as the Independent variable and food sufficiency, child enrollment to school, financial asset acquisition and health visit as dependent variables.

3.3 Target Population, Unit of analysis, sampling technique and sample size

3.3.1 Target population

The targeted population involved in this study comprise the direct beneficiaries of the TASAF III CCT project, those who received cash disbursements from the project in the five villages of the Ngudu ward in the reference year of 2015/2016, the beneficiaries were residents of the simple randomly selected sample of the villages

Kakora, Ngudulugulu, Welamasonga, Ilumba and Kilyaboya constituting the Ngudu ward.

3.3.2 Unit of analysis

The study assessed the contribution of TASAF III CCCT project on its beneficiaries in Ngudu ward. Beneficiaries of the project are the households who are residents of Ngudu ward. The unit of analysis used in the study is households which benefit from the TASAF III CCT project in the five selected villages in Ngudu ward in Kwimba District.

3.3.3 Sampling Procedure

Drawing a sample from a population is necessary because in many cases a complete coverage of the population is not possible due to resource constraints such as time and money. For that reason, sampling is conducted for the purpose of measuring the elements of population characteristics and drawing conclusions regarding the entire population (Miles and Huberman, 1994).

3.3.3.1 Probability sampling

The study used probability sampling technique to obtain the representative sample of beneficiaries of TASAF III CCT project in Ngudu ward. In probability sampling design, according to Miles and Huberman, (1994) every element of the population of the population has an equal chance to be included in the sample. Therefore all the beneficiaries in the selected villages in the ward had an equal chance of being in the sample.

3.3.3.2 Simple random probability sampling.

Simple random sampling gives equal probability to each element in the population to be picked up and being included in the sample. The study used a sampling frame with a list of beneficiaries of the project in Ngudu ward which was obtained from the Kwimba District Office. Out of 106 total beneficiaries in the ward, 70 Beneficiaries were randomly selected from the sampling frame. In order to avoid bias, the list of beneficiaries were numbered in papers from 1 to 106 households, folded and mixed

thoroughly and then drawn without looking until 70 beneficiaries were selected with the help of Village Officers and TASAF District Office in Kwimba ward reaching out the beneficiaries for data collection was facilitated.

In order to compare differences in livelihoods, it was required that a comparable sample of households who did not benefit from the project but had the similar socio-economic characteristics with the beneficiaries to be included in the sample. However the study found it difficult to obtain the poorest households not in the project to compare with the beneficiaries since the CCTs eligible households were pre tested using the Proxy Means Testing that were the poorest in the ward.

3.3.4 Sample Size

Prince (2005) suggests that a sample of thirty (30) elements and above is sufficient and can warrant statistical analyses to be carried out, Roscoe (1975) as well recommends samples of 30 or more. The study also took into consideration that logic for statistical considerations. Until the time of the research it was estimated that 106 households were registered as beneficiaries of the CCT project and actively received their transfers.

In this study a sample size of 70 among 106 households who were the direct beneficiaries of TASAF III in the Ngudu ward. The sample size used in this study provided relevant and reliable information regarding the TASAF III subproject in Ngudu ward. All the questions intended to be asked to the respondents were answered accordingly. Tables 3.1 provide a summary of villages and number of respondents selected from the five villages among seven constituting the Ngudu ward. The study had a total of 70 respondents who were the beneficiaries of the project and the other two project officers provided key information as required in the study.

Table 3.2 Number of respondents in each village (N = 72)

S/No	Villages	No of respondents
1	Kakora	12
2	Ngudulugulu	18
3	Welamasonga	15
4	Ilumba	12
5	Kilyaboya	13
6	Ward project officer	2

Source: Field data, (2017)

Table 3.2, indicates the number of respondents randomly selected among the beneficiaries indicated in the sampling frame. Total numbers of respondents (beneficiaries) were 70 and the ward project officers in Ngudu (02) who responded to a number of questions useful to the study makes a total of 70 respondents

3.4 Demographic characteristics of the sample

The general demographic characteristics that were considered in the study were occupation, gender, age, education level and marital status of the respondents. The mentioned characteristics were important in the study in order to understand the socio-economic characteristics of the beneficiaries of the project in Ngudu ward. These were important to understand their livelihoods.

Table 3.3 shows the demographic characteristics of the total sample size of 70 respondents who were chosen to represent the total population of TASAF III CCT beneficiaries in Ngudu ward. The table presents occupation, gender, age groups, education level and marital status of the respondents as they were summarized after data collection.

Table 3.3 Demographic characteristics of the sample size in Ngudu ward (N = 70)

Demographic characteristics	Frequency	Percent %
Occupation		
Farmer	61	87.1
Livestock keeper	4	5.7
Self employed	5	7.1
Gender		
Female	44	62.9
Male	26	37.1
Age group		
20-39	20	28.6
40-59	27	38.6
60-79	19	27.1
80-99	4	5.7
Education level		
Informal education	45	64.3
Primary education	25	35.7
Marital status		
Divorced	10	14.3
Married	36	51.4
Single	14	20.0
Widowed	10	14.3

Source: Field data, (2017)

3.4.1 Occupation

As table 3.3 describes, the respondents in the study engaged in different occupations which provided the means to their living. During this study, the sample was composed of 61 (87.1%) farmers, 4 (5.7%) livestock keepers and 5 (7.1%), self-employed, out of 70 (100%) respondents. The majority of the respondents were farmers who engaged in farming activities for income generation.

3.4.2 Gender

The selected sample was composed of 26 (37.1%) males and 44 (62.9%) females as described in Table 3.3. The female participated more than the male during data collection. According to the researcher, the reason behind the disproportion was that, most of women were available in their homes during data collection and were basically the primary recipients of the CCTs on behalf of the household therefore they provided the data as required.

3.4.3 Age of the respondents

With regards to age, the findings reveal that the age of the respondents ranged from 20 to 90 years old. The majority 27 (38.6%) of the respondents were between the age of 40 and 59 years and others were 20- 39 years old (28.6%), the rest 19 (27.1%) and 80.99 (4%) were old aged. This indicates that the majority of the respondents who were the beneficiaries of the CCT project were middle aged and energetic which according to Makauki, (1999) people within the age of 20 to 59 years fall in the category of economically active group.

3.4.4 Education level

The respondents' level of education ranged from no formal education (informally educated) to primary education level. The findings revealed that the majority, as it is indicated, more than a half of the respondents 45 (64.3%) did not attend to formal education therefore they had informal education while the rest 25 (35.7%) attained primary level education. This suggests that the majority of beneficiaries of the project were with informal education since they did not attend formal education.

3.4.5 Marital status

Marital status was categorized as single, married, divorced and widowed. Among 70 (100%) of the total respondents 14 (20%) were single, and the majority 36 (51.4%) of the respondents were married and 10 (14.3%) were divorced and the rest 10 (14.3%) were widowed.

3.5 Data sources and collection instruments

3.5.1 Data sources

Both primary and secondary data were used to fulfill the objectives of the study. Primary data was collected from household beneficiaries of the project and TASAF District officials who provided the required information on the study. Secondary data was also used in the study which was found in TASAF annual reports, journal, articles and books all of which was very useful in the study.

3.5.2 Data collection instruments

i. Interview method

The interview method was used to get data from the district project officer and project coordinator as well from the health attendant at Kakora health centre. The data were collected through verbal communication. The researcher used semi-structured interview schedule to ensure flexibility in questions but also control the diversion from the main theme.

ii. Questionnaire

Questionnaires were prepared to gather data and record them through a set of written questions and statements in which data gathered was filled in respectively. The instrument was used by the beneficiaries of the TASAF III project who were the respondents of the study.⁷³ Open ended questionnaires were administered and provided the respondents with freedom to think and fill in the required information. The questions were written in English language and translated to Swahili and Sukuma whenever there was a need to. A number of 70 questionnaires were filled in correctly and were used for data analysis.

3.6 Data Reliability and Validity

3.6.1 Data Validity

Babbies (2001) refers validity as the extent to which an empirical measure adequately reflect the real meaning of the concept under consideration, while also Kumar, (2005) indicates that major sources of validity threats are instrument and construct soundness. The study minimized validity threats of data collection instruments by using data collection instruments which were appropriate for the kind of study. By that it ensured that the required data has been appropriately collected and also questions were constructed to reflect the needs of the study and in a way that will not mislead respondents. The study used the memory recall of answers to questions which required recall of shocks which affected beneficiaries in 2016 (past 12 months) and differences in coping with shocks in the year 2014 and in 2016. The

recall period of 2 years was small enough to get required data, as opposed with more than 10 years as argued by De Weerd and Dercon, (2005)

3.6.2 Data reliability

Shutteworth, (2008) describes reliability as consistency of measurements in a research instrument to give the same outcome under same conditions with the same subjects. The data collected in this study were reliable because they revealed the real situation concerning coping with livelihood shocks as reported by the beneficiaries in Ngudu ward. Moreover, other studies similar to this concurred with the findings of this study.

3.7 Data analysis methods

Quantitative data processing involved categorization, reorganization, editing, coding and entering of data in computer software. Excel and SPSS v20 software provided useful support during data analysis. However, thematic analyses of qualitative data obtained during interview schedule were established through editing, coding and transcribing the recorded responses. The study employed both quantitative and qualitative data analysis procedures. Data was analyzed in descriptive and explanatory manner.

3.7.1 Descriptive data analysis

Descriptive statistics of quantitative data were presented in tables, figures, charts, frequencies, cross tabulations and percentages for data analysis of the findings. It helped the researcher in describing, summarizing, and showing data in a meaningful way. The researcher used descriptive statistics because it enabled well presentation of analyzed findings.

3.7.2 Explanatory data analysis

Inferential statistics was used to analyze quantitative data where as parametric test; paired sample t-test was used to compare the mean differences between variables before and after the project. The paired sample t-statistic was used in order to

compare changes for similar households who were examined under two conditions (before the project and after the project) therefore pairing was necessary. Also, Pearson Chi -square test was used to determine the relationship existing between the dependent and the independent variables as described in section 3.1.1.4. In which case, it was used to determine the relationship between increased Income of the households and increase in food sufficiency, increase in health visits, increase in enrollment and increase in acquisition of financial assets.

3.8 Ethical issues

To ensure ethical issues in research course, the researcher followed all the protocols of research which include; authority to collect data from selected respondents which were obtained from the Kwimba District Council, Ngudu ward and villages in which data was collected from. The respondents were assured that the information given was treated with confidentiality and the data collected was used for the research purpose only. Consent was sought from the respondents after explaining to them the purpose of the study. The participants were given a chance to ask questions or seek clarification at any point during the research.

Respondents were assured of confidentiality and anonymity for taking part in the study. Confidentiality of the respondents was assured by removing all the identifiers of respondents in data analysis and report writing.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Overview

This chapter presents the findings of the study obtained from Ngudu Ward in Kwimba District which are statistically organized in order to provide meaningful summary on coping with livelihood shocks after receiving cash transfers from TASAF Project in Section 2.5.5.1 above. The general aim of the study was to determine the contribution of TASAF III CCT in coping with shocks affecting the beneficiaries before and after the project implementation. Section 4.1 is about livelihood shocks facing the beneficiaries, section 4.2 strategies used, 4.3 differences in coping before and after the project, 4.4 the relationship between increased income and coping with shocks. Finally the chapter concludes.

4.1 Livelihood shocks which affected households in 2016

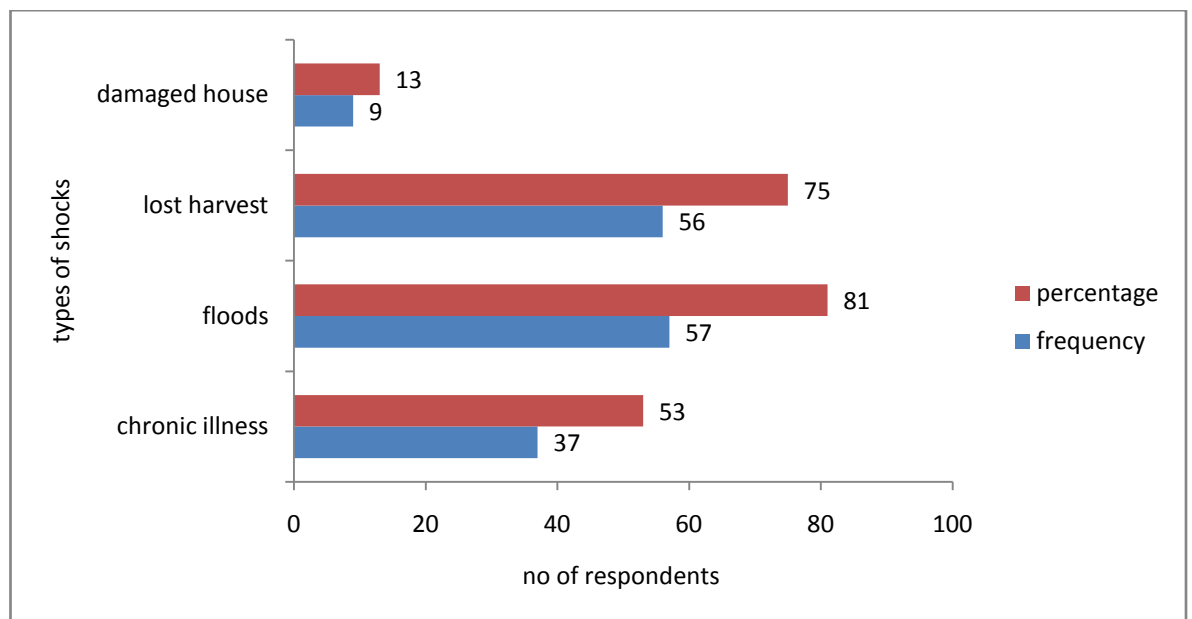
As explained in sub-section 2.5.2.1 in the literature review, stated by both Ellis, (2000) and Dercon, (2005) poor households are faced with a number of shocks. The findings show that four shocks affected the project beneficiaries in Ngudu ward. Those are namely damaged houses, flood, diseases and lost harvests as presented in Figure 4.1.

Findings in figure 4.1 describe type of shocks that respondents recalled to have affected them in the past 12 months. Members of Ngudu ward who were involved in the project were facing different shocks in 2016 although the project started in 2014. The data presented here are basically after they started realizing the project's impact in 2016.

In the year 2016, Out of 70 (100%) respondents, 57 (81.03%) recalled to have experienced floods in the year 2016, the other 56 (75%) recalled to experience a decrease in their harvest due to floods which destroyed their farms and therefore led to low farm yield.

Severe illness of a household member was another kind of shocks that respondents recalled to have experienced in the year 2016 as 37 (53%) of the respondents recalled to have member(s) of their household severely ill in the year 2016 and the rest 9 (13%) recalled to have their houses damaged. Fig 4.1 provides the summary of the shocks as reported to be experienced by the households during the year 2016.

Figure 4.1 Experience of shocks for the year 2016



Source: Field data, (2017)

The findings in Figure 4.1 associated with what one of the respondents said,

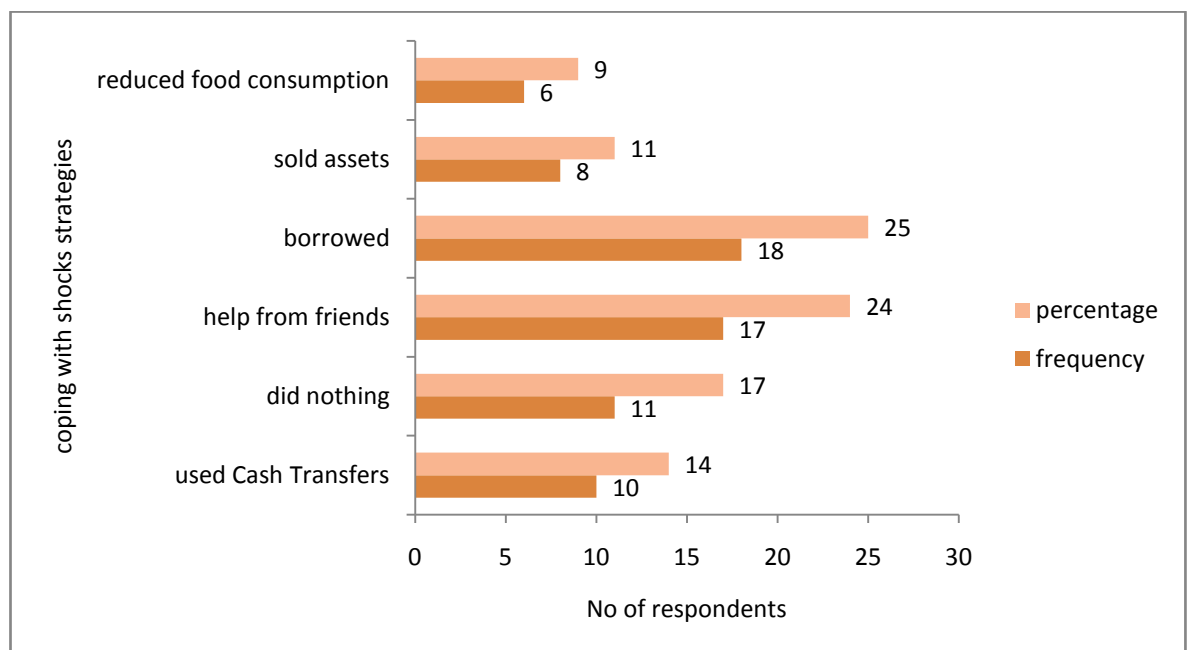
Last year was very bad to me, there was too heavy rainfall which swept away my farm and so I couldn't get the harvest I was used to over the years, I only harvested three cans of maize. Source: Field data, (2017)

Moreover, according to URT, (2016) about one third of the surveyed households suffered any shock, where as the most prevalent shocks affected 30% of the households are droughts. In which floods and death of a household member led to income and assets loss while accidents and illness (19%), robbery (1%) and damaged dwellings (23%) were less common.

4.2 Strategies used by households in coping with shocks

According to Snel and Starring, (2001) coping strategies are important to ensure the vulnerable to shocks overcome the adverse impacts of shocks. Findings in figure 4.2 below summarize types of coping strategies used by beneficiaries in Ngudu ward to cope with shocks.

Figure 4.2 Coping strategies used by beneficiaries in 2016



Source: Field data, (2017)

As Figure 4.2 describe, respondents recalled to have chosen several coping strategies after being affected with shocks. The study found out that after the project implementation, out of 70 (100%) beneficiaries about 17 (24%) of the respondents sought help from friends and relatives, 18(25%) borrowed from friends, neighbors and relatives, 6 (9%) reduced food consumption, 10 (14%) relied on TASAF Cash Transfers, while 11 (17) sold their assets, and the rest 18.6% surprisingly said they did nothing when they were affected with shocks.

One of the respondents shared his experience of the shocks and what he did to cope as he told the researcher during data collection,

When I got an accident that ruined my left foot last year, I couldn't do farming activities at all, and therefore my family did not yield much, I sold my goats to get money and also when I received TASAF money I used it so get treatment and support my family. Source: Field data, (2017)

Other studies also found several coping strategies used by households to cope with shocks as indicated by de Weerd and Dercon, (2005) that about 37% of surveyed households sold their assets when they faced a shock, 41% used their savings, 18% earned extra income and 1% got help from the government. Also, URT, (2016) indicate almost half (47%) of the surveyed households reporting to do nothing when faced a shock while (23%) used their savings, 8% changed their eating patterns and (4%) used child labour the rest 1% used government assistance (Cash Transfers).

4.3 The difference in coping with livelihood shocks among beneficiaries before and after TASAF III CCT project

In order to determine the difference in coping with livelihood shocks before and after the TASAF III CCT project, the study used various indicator variables used by the TASAF project to establish whether beneficiaries have successfully coped with livelihood shocks or not. Such factors are presented in sub-section 4.3.1 financial asset acquisition, 4.3.2 educational enrollment, 4.3.3 food sufficiency and 4.3.4 health visits.

4.3.1 Financial asset acquisition

Financial asset acquisition is one of the factors that the study used to determine the perception that livelihood shocks are mitigated by the TASAF project. According to DFID, (1999) availability of cash or equivalent enables the adoption of livelihood options. Therefore acquiring financial assets is important in coping with shocks.

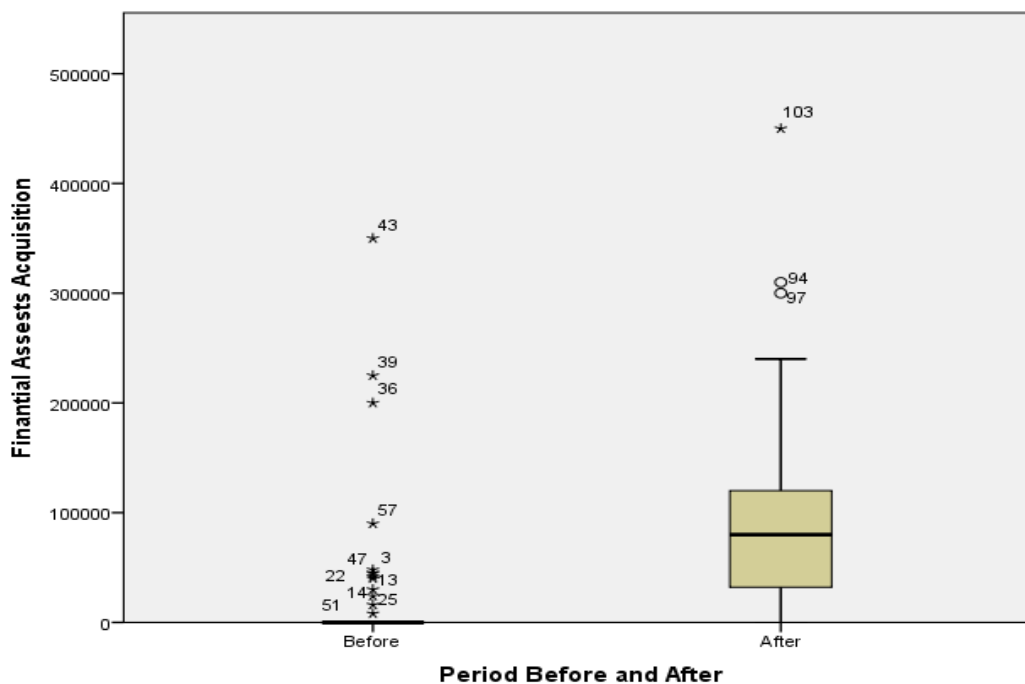
4.3.1.1 Value of cattle owned.

Cattle ownership is a useful determinant of financial asset acquisition for the rural poor. Cattle ownership has been termed by Ellis, (2012) as financial asset for the rural due to the ease into which they can be changed into cash or goods and services.

Findings summarized in figure 4.3 show the value of owned cattle in Tsh in the year before the project (2014) and after the project (2016).

Findings in figure 4.3 indicate that there is an increase in the value of livestock owned from an average of 20, 000Tsh in 2014 to an average of 85,000 Tsh in 2016 after engaging in the project. The majority of the respondents have increased the number of cattle (chicken, goats and sheep) they owned from 0 Tsh value before the project as indicated by the median at zero value before the project as indicated in figure 4.3.

Figure 4.3 Value of owned livestock before (2014) and after the project (2016) in Tsh.



Source: Field data, (2017)

Figure 4.3 presents a box plot distribution of the value of livestock owned by respondents in the year 2014 (before) and after the project (2016). As indicated in Fig. 4.3, the value of financial assets in terms of cattle owned in 2014 and 2016 has increased. One of the respondents was quoted saying,

My daughter (referring to the researcher), I really had nothing of value in my home, until when TASAF started to give me money, although they are not much but I managed to buy my four chickens as they told us to use the money to buy cattle. Source: Field data, (2017)

To determine the statistical significance in the mean difference between financial assets owned in 2014 (before the project) and financial assets in 2016 (after the project), a paired sample t-test was used and below are the hypotheses statements assumed.

H₀: There is no statistical significant difference in financial asset acquired before and after the project

H₁: There is statistical significant difference in financial asset acquired before and after the project

Table 4.1 Shows Paired sample t-test results on financial assets acquired in 2014 and 2016

	Paired differences			95% confidence in differences			t	df	Sig.
	Mean	Std deviation	Std. error mean	lower	upper				
Financial asset acquired in 2014	18,1433	55928	6685	39127	74844	6.366	69	0.000	
Financial assets acquired in 2016	75,129	78962	9438						

Source: Field data, (2017)

Findings from the t-test in Table 4.1 above show the mean difference in financial asset acquired in year 2014 and 2016. The financial assets acquired have increased from an average of 18,143Tsh in 2014 to 75,129 Tsh in 2016. Findings also show that $t(69) = 6.366$ with a P-value of 0.000. At 95% confidence level, the results show a statistical significant difference in the mean of financial asset acquisition before

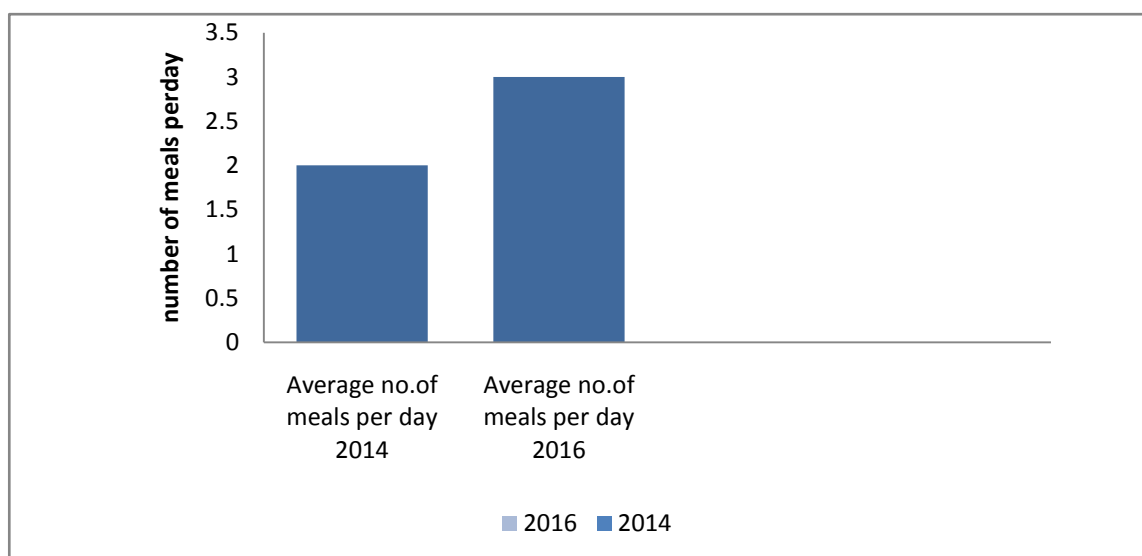
(2014) and after the project (2016). Therefore the study **rejects** the null hypothesis that there is **NO** statistical significant difference in the mean of financial asset acquisition before the project and after.

Similar findings from a randomized control trial in Burkina Faso by Akresh *et al.* (2016) found a significant positive impact of cash transfers on overall livestock holding which suggests that assets of the households have improved.

4.3.2 Food sufficiency

Food sufficiency is indicated by having adequate food. According to Hadley and Patil, (2006), they argue that food insufficiency is more linked with hunger and reducing intakes of foods. To determine changes in food sufficiency, number of meals per day was used. Figure 4.4 describes the difference in the number of meals per day among beneficiaries as observed in the year 2014 and in 2016.

Figure 4.4 Number of meals before and after the project



Source: Field data, (2017)

According to Figure 4.4, there is an increase in the average number of meals per day observed after the project from an average of two meals in 2014 to three number of meals in 2016. Beneficiaries of the TASAF project indicate to have more meals per day after the project implementation.

To be more confident with the findings, a paired sample t-test was used to determine if there is statistically significant difference in the mean of food sufficiency (measured by number of meals) in 2014 and in 2016. The hypothesis for the test is shown below.

H₀: There is no significant difference in the mean of number of meals a household could take per day before and after the project

H₁: There is significant difference in the mean of number of meals before and after the project.

Table 4.2 Results of a paired sample t-test on number of meals a household could take per day before and after the project.

	Paired differences			95% confidence in differences		t	df	Sig.
	Mean	Std deviation	Std. error mean	lower	upper			
Number of meals in 2014	1.91	0.558	0.067	0.396	0.661	7.933	69	0.000
Number of meals in 2016	2.44	0.528	0.063					

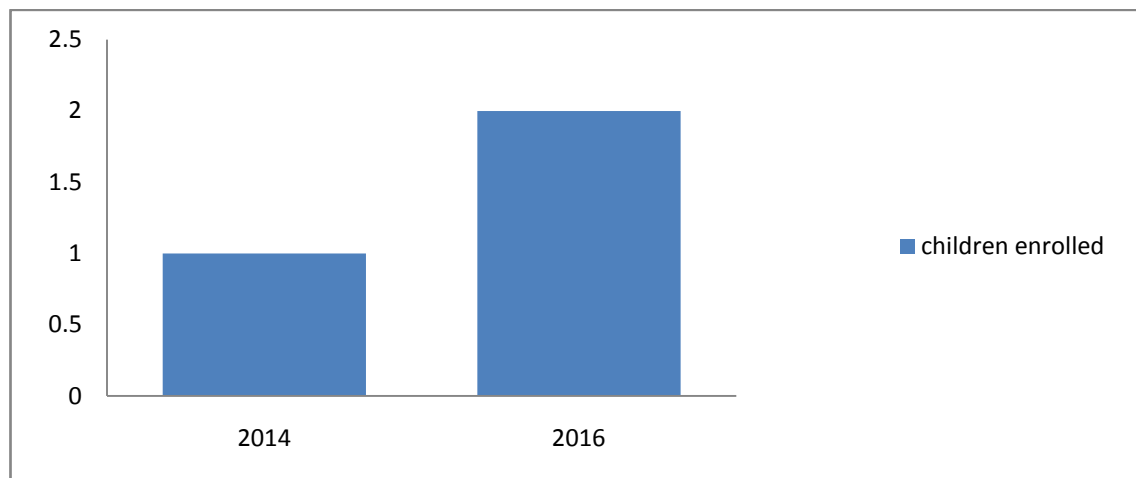
Source: Field data, (2017)

According to results presented in Table 4.2 above, the paired sample t- test results of number of meals a household could take per day before and after the project. The mean of number of meals is indicated to have increased from 1.91 in 2014 to 2.44 in 2016. Also findings indicate $t(69) = 7.993$ and a P-value of 0.000. At a confidence level of 95%, the average number of meals in 2014 and in 2016 are statistically significant different. For that reason, there is a significant difference in food sufficiency measured by number of meals in 2014 and in 2016. Therefore the study **rejects** the null hypothesis that there is no mean difference in the number of meals before and after the project

4.3.3 Education enrollment

Poor households experiencing economic crisis withdraw children from school due to financial barriers and thereby reduces school enrolment (World Bank, 2011). The respondents were asked to mention the number of school going children that they were able to enroll to school in 2014 and those that they enrolled to school in 2016.

Figure 4.5 Average number of students enrolled before and after the project



Source: Field data, (2017)

Findings in Figure 4.4 above, shows that in the year 2014 average number of children that respondents were able to enroll to school was 1, in the year 2016 an average number of children enrolled were 2.

The findings indicate an increase in the average number of students enrolled after the project implementation. However school child enrollment relied on data provided by parents/guardians without further information from the schools.

Moreover, a paired sample t- test was used to determine if there was a statistically significant change in the average of education enrolment in the year before and after the project, 2014 and 2016 respectively. The hypothesis statements are provided below.

H₀: There is no significant change in the average number of children households could enroll to school in the year 2014 and 2016

H₁: There is significant change in the average number of children households could enroll to school in the year 2014 and 2016

The results of the paired sample t-test are provided in table 4.3 below which gives the statistical difference between the number of children enrolled in the year 2014 and in the year 2016.

Table 4.3 Paired sample t- test results on children enrolment to school before and after the project.

	Paired differences			95% confidence in differences		t	df	Sig.
	Mean	Std deviation	Std. error mean	lower	upper			
Number of children enrolled in 2014	1.81	1.575	0.188	0.101	0.671	2.700	69	0.009
Number of enrolled children in 2016	2.20	1.448	0.173					

Source: Field data. (2017)

According to the findings presented in the Table 4.3 above, the paired sample t-test results on children enrollment indicates the average of number of children enrolled to school in to be increasing from 1 child in 2014 to 2 children in 2016. Findings also indicate (69) =2.7 with the P-value of 0.009 at a confidence level of 95%, the P-value of a t-test is less than 0.005 and therefore it is statistically significant. For that reason the study **rejects** the null hypothesis that there is **NO** significant change in the average of enrolment of children to school in year 2014 and in year 2016. Therefore, there is a statistical significant difference between the number of children households could enroll in before and after the project.

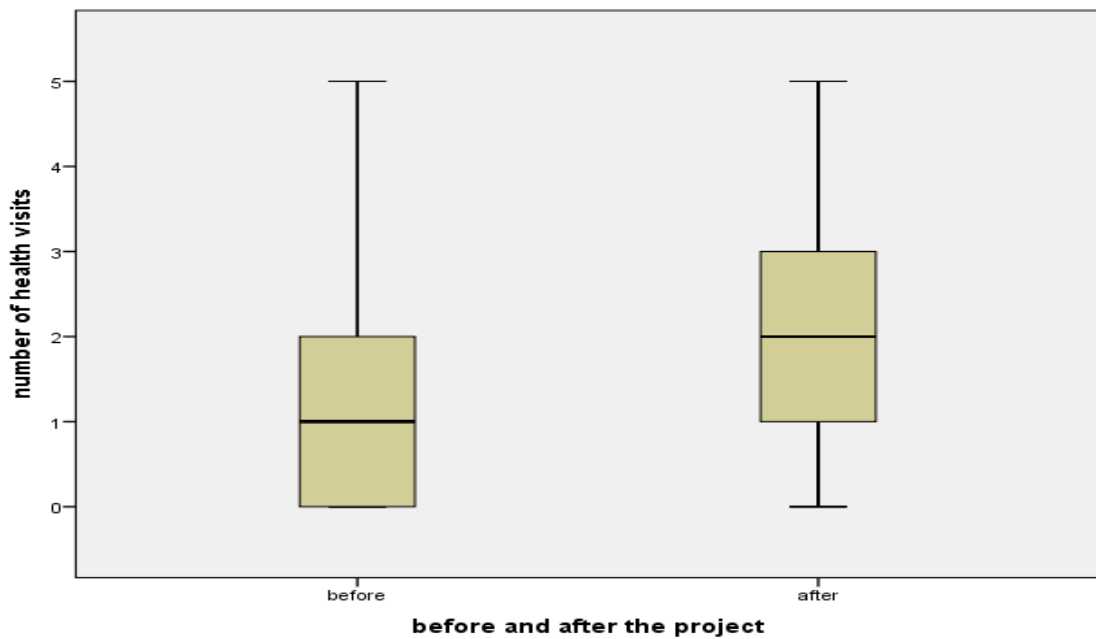
Findings from the study concur with those of Evans *et al.* (2014) who found that 59% of the children aged (0-18) being enrolled to school at the baseline in which the CB-CCT made 6 percentage point of children were more likely to be enrolled to school, which is 10% increase of enrollment over the baseline mean rate. The

findings are also similar to Kabeer, (2012) findings who found out that participation in the CCT helped to mitigate the likelihood of reduction in enrollment in response to shocks affecting the household.

4.3.4 Health visits

As literature in section 2.5.4.4 explains, number of health visits indicates the ability and willingness of an individual to demand health care after being illness (Glassman *et al.* 2006). Beneficiaries of the CCT project in Ngudu ward were asked to mention the number of times anyone in their household attended to health centers in the year 2014 and 2016. A box plot giving the distribution of visits in health centers is provided in the figure 4.6 below.

Figure 4.6 A box plot distribution of health visits before and after the project.



Source: Field data, (2017)

Findings in figure 4.5 above describe average number of visit to health centers for the respondents in the year 2014 was once annually while in the year 2016 it was twice annually. The number of health visits is indicated by the median of one before the project and a median of two after the project respectively. Also 75% quartile had more than two health visits after the project which indicates the increased demand for

health after the project implementation. This would suggest that households in the project could afford health service bills.

Additionally, In order to determine whether there was a statistical significant mean difference between health visits in the year 2014 and in 2016; a paired sample t- test was performed with the hypothesis statements below.

H₀: There is no significant difference in the average number of health visits for households in the year 2014 (before) and 2016 (after) the project

H₁: There is a significant difference in the average number of health for households in the year 2014 (before) and in 2016(after) the project.

Table 4.4, t-test results of health visits before and after the projects

	Paired differences			95% confidence		t	df	Sig.
	Mean	Std deviation	Std. error mean	lower	upper			
Number of health visits in 2014	1.36	1.216	0.145	0.350	0.907	4.498	69	0.000
Number of health visits in 2016	1.99	1.173	0.140					

Source: Field data, (2017)

Findings from Table 4.4 above indicate paired sample T- test results of health visits in year 2014 and in 2016. The average number of health visits is 1.36 in 2014 and 1.99 in 2016 which is greater than that of 2014 which is 1.36. Also the P-value of 0.000 at a confidence level 95% (5% significance level) shows that there is a statistical significant difference between the average number of health visits in 2014 and 2016. Therefore the study **rejects** the null hypothesis that there is **NO** significant change in health visits before and after the project.

The study has similar findings with those from the URT, (2016) which indicated 54% among the surveyed households who were the beneficiaries of the CCT also

visited the health provider in the past year which suggests that more than a half of the surveyed households utilize health services. Moreover, according to Evans *et al.* (2014) in the study on the impact of CB-CCT, findings show that there is a significant increase in health clinics by all people from an average of 2.8 visits to 1.2 additions in visits per year which suggests large improvements in health, productivity and wellbeing of individuals.

4.4 The relationship between CCTs income support and coping with livelihood shocks

Income is a useful factor in coping with shocks. Sufficient income is useful when households are hit with shocks, according to, Sen, (1982) vulnerability to shocks is caused by insufficient wealth and income, therefore in order to determine whether there was an improvement in income or not, income of the beneficiaries was compared before and after the project.

4.4.1 Income of households before and after the project

In order to determine the ability of households to cope with shocks, a comparison of income before and after the project is made in order to determine whether there are any changes in incomes of the beneficiaries.

The paired sample t-test was used to determine the statistical significant difference in income of the households before and after the project and the hypothesis are stated below.

H₀: There is no statistically significant difference in the mean of income of households before and after the project

H₁: There is statistical significant difference in the mean of income of the households before and after the project.

The results of the t-test on income of the households measured before and after the project are given in table 4.5 below indicating a slight increase in the income of the households.

Table 4.5. T-test results on income of the households before and after the project

		Paired differences				95% confidence in the differences			
		Mean	N	Std. Deviation	Std. Error Mean	t	df	Sig.	mean diff
Income of households in 2014	of	195260.71	70	98525.479	11776.04	-.166	69	0.869	1751
Income of households in 2016	of	197011.43	70	92481.618	11053.668				

Source: Field data, (2017)

Findings from Table 4.5 above indicate the mean difference of income of the households before and after the project to be 195,261 and 197,011 in Tsh respectively. Also it shows the mean difference between incomes of the households in 2014 and in 2016 to be 1751Tsh. Findings also show a t value of (-0.166) and a P-value of 0.869 At a confidence level of 95%, a P value of 0.869 shows an insignificant difference in the mean between income of the households before and after the project. For that case the study **fails to reject** the null hypothesis that there is no statistical significant difference in income of the households before and after the project.

According to the findings, the study have the same opinion with Laws, (2016), that poor people experience an increase in income due to cash transfers being a basic guarantee, however he argues that the income increased do not improve livelihoods because it is not enough to meet the needs of the household.

4.4.2 Relationship between income and coping with livelihood shocks

Income of the households is important in coping with shocks. According to World Bank, (2009) steady income provided by CCTs has helped beneficiaries from the worst effects of unemployment, chronic illness and other sudden income shocks. The

study used the Pearson Chi-square test to determine if there exists a statistical relationship between income of the respondents and factors for successful coping with shocks.

4.4.2.1 Relationship between income and health visits

A chi-square test was used to determine whether there was a statistical significant relationship between increased health visits and increased income of the respondents. The hypothesis statements are stated below to indicate the relationship between the variables.

H₀: Household income and number of health visits are independent

H₁: Household income and number of health visits are dependent

When the null hypothesis was tested, the findings in table 4.6 below indicate yes and no responses regarding increased income against increased health visits. The majority 28 (71.8%) had their incomes and health visits increasing. The relationship between income of the households and health visits among beneficiaries is given in table 4.6 below.

Table 4.6 Chi -square test results between income and health visits

		Increased income		Total	χ^2	P-value
		No	Yes			
Increased health visits	No	20 (64.7%)	11(35.5%)	31 (100%)	9.229	0.002
	Yes	11 (28.2%)	28(71.8%)	39 (100%)		
Total		31 (44.3%)	39(55.7%)	70 (100%)		

Source: Field data, (2017)

The Pearson chi-square was used to tell whether the association was significant. According to the findings in table 4.6 above, at a confidence level of 95%, a P-Value of 0.002 shows a significant statistical association between increases in health visits and increase in income. Therefore the study **rejects** the null hypothesis that increase in income of the households and increase in health visits are independent.

The findings relate with those from the URT, (2016) which indicate more than a half 58% of the surveyed households indicating financial constraint as one of the reason for not visiting health providers. Therefore this suggests that increase in income of the households have likely increased the number of health visits among the beneficiaries in Ngudu.

4.4.2.2 Relationship between income and food sufficiency

In order to determine the relationship between Income of the households and food sufficiency, the chi-square test was used to indicate whether relationship between these variables occur, with the hypothesis statements provided below

H₀: Household income and food sufficiency are independent

H₁: Household income and food sufficiency are dependent

Table 4.7 Chi-square test results between income of households and number of meals

		Increased income		Total	χ^2	P-value
		No	Yes			
Increased number of meals	No	13 (65%)	7 (35%)	20 (100%)	4.869	0.027
	Yes	18 (36%)	32 (64%)	50(100%)		
Total		31 (44.3)	39 (55.7%)	70 (100%)		

Source: Field data, (2017)

The null hypothesis as stated was stated. Findings in table 4.7 above indicate that there exists a statistical significant relationship between increase in income of the households and increase in number of meals, as shown by a P-Value of 0.027 at a confidence level of 95%. Therefore the study **rejects** the null hypothesis that increases in Income of the households and increase in food sufficiency (measured by number of meals) are independent.

4.4.2.3 Relationship between income and enrollment of children to school

A Pearson chi-square test was used to determine if there is a statistical significant association between increase in income of the households and increase in enrollment of the children to school, the reason was to ensure if there is a relationship between the two variables. The hypothesis statements for the two variables are provided below

H₀: Household income and educational enrollment are independent

H₁: Household income and educational enrollment are dependent

Table 4.8 provides the relationship between income of the households and enrollment which describe increased enrollment of children to school and increased income of the households.

Table 4.8 Pearson Chi-square test results on increased enrollment and increased income of the households

		Increased income		Total	χ^2	P-value
		No	Yes			
Increased enrollment of children to school	No	15 (48.4%)	16 (51.6%)	31 (100%)	0.379	0.538
	Yes	16 (41.0%)	23 (59%)	39 (100%)		
Total		31(44.3%)	39 (55.7%)	70(100%)		

Source: Field data, (2017)

When the null hypothesis was tested according to table 4.8 findings indicate a Pearson chi-square of 0.379 and a p-value of 0.538. At a confidence level of 95%, this indicates an insignificant statistical relationship between increased income and increased enrollment. For that reason, the study **fails to reject** the null hypothesis that increase in income of the households and increase in enrollment of children to school are not related. Therefore increased enrollment of children to school as findings indicate is not associated with increased income of the households.

4.4.2.4 Relationship between income and financial assets acquisition

To determine the association between increase in income of the households and increase in financial assets acquisition, the chi-square test was used to determine the relationship between the two variables with the hypotheses statements as stated below

H₀: Household income and financial assets acquisition are independent

H₁: Household income and financial assets acquisition are dependent.

The Pearson Chi-square has given the results of the association test between increase in financial assets acquired by the respondents and the increased income of the respondents in table 4.9

Table 4.9 Pearson chi-square test results on financial asset acquired and income of the households.

		Increased income		Total	χ^2	P-value
		No	Yes			
Increased financial assets	No	19 (76.0%)	6(24%)	25(100%)	15.83	0.000
	Yes	12 (26.7%)	33(73.3%)	45(100%)		
Total		31 (44.3%)	39(55.7%)	70(100%)		

Source: Field data, (2017)

The null hypothesis was tested. Findings in table 4.9 above indicate a significant relationship between increase in income of the households and increase in financial assets acquisition, given by a 0.000 P-Value at a 95% confidence level, for that case, the study **rejects** the null hypothesis that the two variables are not related. Therefore increased financial assets of the beneficiaries is related or associated with the increased income of the households.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Overview

This chapter contains the discussion of findings as obtained in the previous chapter (chapter four). It gives the discussion of the findings as per specific objectives of the study which aimed to determine the role of improved livelihood in coping with shocks. The findings of the study are as found in the study area of Ngudu ward, in the five villages of Kilyaboya, Ngudulugulu, Welamasonga, Kakora and Ilumba in which the sample of beneficiaries of the project were drawn.

5.1 Livelihood shocks which affected the beneficiaries in 2016

Livelihood shocks, according to the findings in section 4.1 have been an existing part of livelihoods of the rural households, particularly those who benefited from the CCT project. The majority of the households recalled to have been affected by multiple shocks in the past 12 months. The most frequent reported shock is that which affected 57 (81%) of the respondents, which is identified as floods, another is lost harvest reported by 56 (75%) respondents, followed by severe illness which affected 37 (53%), and lastly damaged houses reported by 9 (18%) of the respondents.

Findings about types of shocks which have affected households do not so much differ with those of de Weerd and Dercon (2005) on their study in Tanzania and that of Yilma *et al.* (2014) in Ethiopia which identified illness and income shocks, weather shocks and agricultural prices to have been reported among others. Also according to the URT, (2016) majority of the surveyed households suffered any shock, in which the most prevalent shocks affected 30% of the households are droughts, floods and death of a household member, in which led to income and assets loss. Accidents and illness (19%), robbery (1%) and damaged dwellings (23%) were less common.

In terms of the scope of shocks, the study could tell that floods and lost harvest were mostly covariate as they affected the majority of the sampled respondents in Ngudu ward while chronic illness and damaged houses was seen to be idiosyncratic as few of the respondents reported to be affected with.

Therefore, the study found out that households suffered from different type of shocks in the year 2016 after the project implementation which had negative effects on the incomes and welfare of the households as described in qualitative data although the amount of the effect was not measured.

5.2 Strategies used by households in coping with shocks

To accommodate the effects of a shock, the findings in section 4.2 indicate different responses to shocks as undertaken by the respondents when they faced a shock. The beneficiaries of the project responded to shocks by choosing several coping strategies in the year 2016 after they were in the project.

Findings indicate that respondents had multiple coping strategies and surprisingly enough, there are some other respondents 11 (17%) who reported to have done nothing when faced a shock. Which might be because they were unable to choose a coping strategy or rather because the shock was less severe, as indicated by Yilma *et al.* (2014) whose 13(37%) respondents in his study did not choose an active strategy when they faced a shock and also the URT, (2016) indicated a half of the respondents reporting not having reacted to shocks.

However, for those who reported having shock coping strategies, the majority 25 (18%) reported to borrow from friends and relatives, 24 (17%) received help from neighbors, friends and relatives while 14 (10%) relied on TASAF aid provided in terms of Cash Transfers, the other 11 (8%) sold their assets mostly kept as livestock or crop produce while the rest 9 (6%) reported to have food consumption reduced.

The choice of coping strategies indicated in the findings point out some of them could be damaging in the long run. To be specific, it has been documented that vulnerable households may respond to shocks in a way that may destroy their

livelihoods, in this case selling of assets and borrowing could be seen as attributed to have lost income of the households as described by Dercon, (2005).

In terms of severity in coping strategies, borrowing and reduced food consumption as coping strategies are classified as non-erosive while sale of productive assets are seen as erosive coping strategies which lead to increased poverty (WHO, 1998).

The type of coping strategies of the households also indicate that despite the project intervention, households are still unable to choose positive coping strategies which does less harm to the household assets and wellbeing. As evident in the findings only the few 14 (10%) of the respondents relied on CCTs provided to cope with shocks. Therefore the study found out that majority of beneficiaries are still resorting to negative coping strategies, which is most likely because the project has less impact on enabling the choice of positive coping strategies.

5.3 The difference in coping with livelihood shocks before and after TASAF III CCT project

Indicators for TASAF successfully coping with shocks have been used to determine the difference in coping with livelihood shocks as reported by respondents before and after the projects intervention. In this case indicator variables used were financial asset acquisition, food sufficiency, enrollment and health visits.

Findings (see section 4.3) show the value of financial assets acquired by the households before the project and after the project as shown by a box plot distribution which indicate a median of 85,000Tsh value of financial assets acquired after the project as compared to a median of 0Tsh value of financial assets before participating in the project which was supported by testimonials from one of the respondents that they were actually advised to keep money received by buying cattle. In addition results from a paired sample t-test between the mean of financial assets acquired before the project and after show the mean of 56,986 Tsh and $t(69)=6.366$ with a P-value of 0.000 at 5% significance which suggest a significant difference. Therefore according to the findings there is an increase in financial assets acquired by the households after the project.

Food sufficiency was another factor used to describe the difference in coping with shocks before and after the project, as findings indicate in section 4.3.2 there is an increase in the number of meals per day from two to three meals as measured before and after the participation in the project. The difference in the mean of number of meals was tested by using the paired sample t-test, results indicate that there is a significant difference in the mean of number of meals before and after the project, given the mean of 0.529 with the value of $t(69) = 7.933$ and P-value of 0.000 at (95%) confidence level.

Therefore, respondents has indicated a significant increase in the number of meals, after their engagement in the project which according to Baye *et al.* (2014) in his study he found that households receiving cash transfers in Ethiopia had significant increase in sufficient food in the comparison with those who did not.

Enrollment of children to school was used to indicate whether there is a difference in coping with shocks before and after the project. As shown in section 4.3.3 the number of children enrolled to school have increased from an average of one child in 2014 to two children in 2016, the difference which is statistically significant when a t-test was used to measure the mean difference in enrollment before and after the project, as findings indicate the mean of enrollment equals 0.386, $t(69) = 2.700$ and $P = 0.009$ at the confidence level of 95%.

Results therefore indicate that beneficiaries of the CCT project in Ngudu ward increased enrollment of their children to school after their engagement in the project. According to Masunzu, (2014) and Evans *et al.* (2014) they found out that enrollment of children to schools in Tanzania increased significantly after the participation in the CCTs.

Lastly the number of health visits as compared before and after the project have increased, as indicated by a box plot distribution in section 4.3.4 a median of one visit in 2014 and a median of two visits in 2016 show that there is an increase in the number of health visits annually, which a paired sample t-test was used to measure the statistical difference in the mean of health visits before and after the project, results indicate that the difference is statistically significant with the value of $t(69)$

=4.498 and a P-value of 0.000, at the confidence level of 95%. Therefore according to the findings, the number of health visits in the health centers has significantly increased after the participation in the project which is most likely because they are able to demand for health services.

This corresponds with findings from Evans *et al.* (2014) that health visits significantly increased after participation in the CB-CCT.

Therefore, the study has found out that there is a significant difference in coping with shocks as observed before and after the project, in which the indicators for successful coping with shocks as used in the study show significant positive difference before and after the project in food sufficiency, financial assets acquired, health visits and enrollment of the children to school. The study in which case associate the increase in food sufficiency, enrollment, financial assets and health visits with participation in the project as observed in section 4.3.

5.4 The relationship between CCT income support and coping with shocks

Income is an important factor in coping with shocks, according to Snel and Starring, (2001), vulnerable households to shocks, need extra income to overcome the impacts of shocks so that their welfare are not threatened.

The findings in section 4.4.1 show that income of the households has increased from the mean of 195,261 in 2014 to the mean of 197,011 Tshs in 2016 however when those means were compared by a paired sample t-test, results indicate $t(1) = -0.166$, $P=0.869$ (95% confidence level), suggesting there is **NO** statistical significant difference between the mean of income in 2014 and income in 2016.

A lot of reasons could explain why there is no significant difference in the income of the households in the two periods of time, the study highlights the occurrence of shocks in 2016 as described in section 4.1 which had negative impact in the income of the respondents. To be specific the occurrence of floods and harvest shocks had a direct negative effect on the incomes of the households as the majority of farmers their incomes were affected as qualitative data testifies, which could offset the increase in the incomes due to the project.

Also another reason could be because the CCTs provided goes directly into enhancing the provision of basic necessities for the households, therefore the increase in income is most likely translated in food, health and investment in financial assets such as cattle and others therefore when income of the households is measured at a point in time it is difficult to tap the difference in the incomes of the households.

Findings from Laws, (2016), concurs with this study as he argued that beneficiaries of CCTs experience an increase in income due to cash transfers being a basic guarantee, however he argues that the income increased do not improve livelihoods because it is not enough to meet the needs of the household.

Moreover, the relationship between income and coping with shocks is determined in order to determine the association between increase in income (improved livelihood) and indicators for successful coping with shocks.

The relationship between increase in income of the households and increase in the number of health visits was determined by a Pearson Chi-square, where as those with increase in income and without an increase in income were compared with those who had increase in the number of health visits and those without. Results indicate that there is a statistical significant relationship between increase in the income of the households and increase in health visits indicated by a Chi-square value of 9.229 with a P-Value of 0.002 at a confidence level of 95%.The study findings suggests that increase in the income of the households is more likely associated with increase in the number of health visits.

Findings from the URT, (2016) also indicated a 54% among the surveyed households who are the beneficiaries of the CCT also visited the health provider in the past year which suggests that more than a half of the surveyed households utilize health services

When income of the households and number of meals were compared using a Pearson Chi-square where as income of the households between those with an increase in income and those without against the respondents who had increase in the

number of meals and those without, whereas results indicate that there is a statistical significant relationship between increased income of the households and increase in the number of meals as indicated with $\chi^2=4.869$ and $P= 0.027$. Findings reveal that increase in the income of the households and increase in the number of meals are related. This suggests that increase in the income of the households more likely increased the number of meals in the households which indicates that food sufficiency has definitely enhanced after the participation in the project.

Enrollment of the children to school was also compared with income of the households; as the findings in section 4.4.2.3 describe results of Pearson chi- square of the value $\chi^2=0.379$ and a P-Value of 0.538 pointing that there is no statistical significant relationship between increase in income of the households and increase in the number of enrollment of children to school. This is likely to be true because increase in the number of enrollment do not necessarily associate with increase in income of the households, for example there are households who did not have school going children therefore had no enrollment, which does not necessarily mean they had insufficient incomes. But yet insufficient income still explains the existence of lower rates of enrollments as URT, (2016) explains financial barriers were significant reason for lower rates of enrollment as reported by surveyed households.

Lastly, the relationship between financial assets acquired and income of the households were compared using the Chi-square test and findings according to section 4.4.2.4 indicate that $\chi^2=15.83$ and a P-Value of 0.000 (at 95% confidence level) which show that increase in income of the households and increase in financial assets acquired are significantly related. The study suggests that increase in the incomes of the households has more likely increased the financial assets acquired after the project implementation. The study relates with the findings from Akresh *et al.* (2016) that Cash Transfers significantly increased livestock holdings among the beneficiaries in Burkina Faso.

Therefore, the study has found out that income of the households has been seen to enhance positively coping with shocks, as indicated to be positively related with health visits, financial assets acquired and food sufficiency. However income of the

households has shown to be not related with the enrollment of the children to school, which suggests that other factors apart from income better, explains the increase in enrollment as observed in section 4.3.3. The study thus attributes the positive relation existing between increase in the income of the households and increase in health visits, financial assets and food sufficiency to be contributed by TASAF III project.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Overview

This chapter provides summary, conclusions, recommendations and policy implications of the study, all of which will use the findings as was obtained in the study. Findings are based on data collected from beneficiaries of the TASAF III CCT project in Ngudu ward from which the representative sample was withdrawn.

6.1 Summary

The study determined the contribution of TASAF III CCT project in coping with livelihood shocks among beneficiaries in Ngudu ward. The study first, described livelihood shocks which affected households in the year 2016, secondly, it explored mechanisms used by households to cope with shocks, thirdly, determined the difference in coping with shocks before and after their engagement in the project and lastly determined the relationship between income of the households and coping with shocks. The study has found that chronic illness, floods, lost harvest and damaged dwelling were livelihood shocks that were experienced by respondents in the last 12 months. Several coping strategies to shocks were identified, which were, reducing food consumption, help from relatives, borrowing from friends, selling of assets, using TASAF Cash Transfers and doing nothing. The difference in coping with shocks before and after the project indicate a statistical significant positive difference between health visits, enrollment, food sufficiency and financial assets acquired before and after the project. Lastly findings indicate existence of significant association between increase in income of the households and financial assets acquired, in health visits, and in food sufficiency. Moreover, the study found insignificant association between increase in income of the households and enrollment of the children to school.

6.2 Conclusion

The study has used different methods to assess the contribution of the project in coping with shocks. Beneficiaries of the TASAF III CCT project in Ngudu ward were affected with livelihood shocks even after the project implementation in the year 2016. To cope with shocks several coping strategies were identified, in which the study suggests that the majority of beneficiaries 36 (26%) used strategies which are erosive and damaging to their livelihoods, in which case the projects contribution was evidently minimal in enhancing the use of positive coping strategies as indicated by a few 14 (10%) of the respondents who used the CCTs to cope with shocks.

The study has identified the existence of statistically significant increase in food sufficiency, increase in the number of health visits, increase in financial assets acquired and increase in the enrollment of children to school when they were compared before and after the project. Such difference is suggested to be more likely contributed by the TASAF project.

Improved livelihood, according to the findings does not seem to be evident in the difference of the incomes of the households as measured before and after the project, despite the increase in the mean income after the project, such difference is insignificant after being t-tested. The study speculates that increase in incomes of the households is translated in the direct expenditures such as in food, health services, financial assets, school uniforms for households with school going children and others as qualitative findings indicate. In addition, it is attributed with shocks that had a direct negative impact on their incomes which better explains the insignificance.

Nevertheless, income of the households has been a crucial factor in coping with shocks, for the majority of the households; it has shown a significant relationship with the indicators for successful coping with shocks, in particular, and increase in income is significantly related with increase in financial assets acquired, increase in health visits and increase in food sufficiency. The study relates that achievement with the project intervention. However income has been insignificantly related with

increase in enrollment of children to school the study speculates that to relate with other factors apart from increase in the income of the households due.

Therefore study emphasizes the role of increased income in coping with shocks as it has shown to be important in coping with shocks especially for the poor whose vulnerability to shocks could be damaging to their livelihoods. Having insufficient income to spend on necessities during shocks could affect their welfare as well pull them lower down the poverty line.

6.3 Recommendations and policy implications

- i. TASAF should continue to increase income for the poor as findings have indicated that it has assisted in coping with shocks in improving food sufficiency, increase health visits, and acquisition of financial assets.
- ii. Improved livelihoods in terms of CCTs provided has shown a greater association with positively coping with shocks, therefore such approach should take greater coverage including increasing a wider range of vulnerable households consisting of individuals who are not in households like street children and others who would benefit from increased income.
- iii. Households benefiting from the Cash Transfers should be educated in directing the money received into the required uses so that they realize benefits intended while also improving their livelihoods and get out from extreme poverty trap
- iv. Policies to protect the vulnerable poor from the adverse effects of shocks should be emphasized in order to provide resilience, without which, the vulnerable populations would be trapped into extreme poverty.

6.4 Limitations of the study

Despite its useful contribution to knowledge and policy, the study has not been able to specifically determine the contribution of the TASAF III CCT project in isolation in coping with shocks due to methodological limitations discussed, a comparative

research is needed to ascertain the impact of the project intervention by the use of experimental designs in order to control for other factors which might have enhanced coping with shocks apart from the CCTs alone. The study found it difficult to find other poorest households not in the programme to compare with, since beneficiaries were eligible after Proxy Means Testing conducted by the project and also was seen to be expensive to the researcher.

6.5 Areas for further research

The study provides further direction in the use of the methodology that can clearly follow up beneficiaries from the beginning of the project so that they can track measurable changes attributed by the project, while also control for other factors apart from the project that could have induced changes identified in order to quantify the amount of the project intervention alone in coping with livelihood shocks.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

My name is Valentina Domonko, a project planning and management student at Mzumbe University. I am conducting a research under the title, ‘**Assessment of the Contribution of TASAF III CCT project in coping with livelihood shocks among the beneficiaries in Ngudu, Kwimba District in Mwanza Region**’. Your responses are confidential and will be useful only for the purpose of the study.

I. SOCIO-ECONOMIC INFORMATION.

- 1) Gender of the respondent (a). Male (b). Female
- 2) Marital status: (a) Married (b) Single (c) Divorced (d) Widowed
- 3) Age of the respondent (years)
- 4) Level of education.....
- 5) Occupation (a) farmer (b) Livestock keeper c) Other (Explain)
.....

II. IMPROVED LIVELIHOOD

INCOME GENERATION/ INCREASED INCOME

- 6) If your answer is (a) in (6), what is the major cash crop you are depending on?
- 7) Based on the answer in (7), how many sacks were you harvesting per season (annually)in 2014 (2yrs back) and what is your current harvest in year 2016.
- 8) If your answer is (b) in (6) , what is the major livestock you are keeping ?Please mention the number of that livestock you kept in 2014 (4 yrs back)How many do you have now.....
- 9) If you have any income generating activity other than those mentioned in 6 and 7, what are theyWhat was the value in terms of assets of your activities 4 years back (2014)how is it now 2016

- 10) Have you been receiving any support other than the project?
What was the value of the support in 2014how is it
 in 2016.....Please explain.....

III VULNERABILITY CONTEXT; SHOCKS (affecting livelihood assets/income)

- 11) What problems did your household experience in 2015/2016 that affected your Income?
 i. ii. iii.
- 12) What did you do to overcome the problems you faced in number 11 above?
 i.
 ii.
 iii.

TASAF VERIFIABLE INDICATORS; IMPROVED WELLBEING

I. food sufficiency

- 13) Can you remember how many meals did you take per day?
 Before the project (2014)..... (Last year).....
- 14) 12. Did you store surplus food/ did you have surplus food stored
 Last year? (1. Yes 2. No) before the project?
- 15) 13. How much food did you have in store?
 a) Before the project b) last year
- 16) 14. Has anyone in the family suffered from kwashiorkor, marasmus or any other dietary deficiency disease?
 a) Before the project b) Last year

II. Health visits

- 1) Can you remember how many times you or one of the family members have been hospitalized in 2014..... How many times.....
- 2) Please using 12 above, how many times in 2016.....

III. Enrollment of children to school

- 3) How many of your children were you able to enrol to school in 2014
- 4) How many of your children were you able to enroll to school after the project in 2016.....

III. Acquisition of financial assets

- 5) Did you have debts in 2014 (Before the project) 1. Yes 2. No last year (2016) 1. Yes 2. No
- 6) How many debts did the project enabled you to clear last year?
- 7) Did you have savings before the project?
- 8) Did the project money allowed you to save last year
- 9) How much did you manage to save in 2014 (Before the project)..... last year
- 10) How much livestock did you own?

livestock	Before the project(quantity) 2014	Last year (2015/2016)
cows		
goats		
chicken		
sheep		