

**PROCESS AND OUTCOME EVALUATION FOR CONDITIONAL CASH  
TRANSFERS ON FOOD SECURITY IN KILOSA DISTRICT, TANZANIA**

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**DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
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## ABSTRACT

Based on the findings of the pilot areas, in 2015 the Government of Tanzania decided to scale up the Conditional Cash Transfers (CCTs) programme for the entire country. The programme aims to reduce consumption poverty among the poor. To date no evaluation has been carried on the programme; therefore, this study aimed at evaluating the effectiveness of CCTs programme in attaining food security to the poor in Kilosa District. The study aimed at examining whether the programme has been implemented as planned; examining whether the programme changes food security and food insecurity coping strategies. The survey was conducted in November and December, 2018 involving 120 households from five villages. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were also conducted. The descriptive statistics were used to analyze the quantitative data and qualitative data were analyzed through content analysis. Food security was measured by Food Consumption Score (FCS) and inferential analysis was done through ordered probit regression model. Results show that the programme was largely implemented as planned. Basic transfer and CCT were statistically significant at  $P \leq 0.05$  in influencing food security at borderline and at acceptable FCS. Likewise, CCTs received by child headed households was statistically significant at  $P \leq 0.10$  in influencing food security at poor FCS, statistically significant at  $P \leq 0.01$  at borderline and at acceptable FCSs. The present study found a significant decrease of 50% of the household that used negative coping strategies at the baseline. In conclusion the programme was largely being implemented as planned and food security has improved. The study recommends the programme to create more awareness on co-responsibilities, strengthening monitoring at village level, review the communication of programme grievances and allowances to CMC members. Lastly, the amount of transfers to the programme beneficiaries should be reviewed.

**DECLARATION**

I, KILEO, TUMSIFU, do hereby declare to the Senate of Sokoine University of Agriculture that this dissertation is my own original work done within the period of registration and that it has neither been submitted nor being concurrently submitted to any other institution.

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**DEDICATION**

This valuable work is dedicated to my beloved parents Mr. and Mrs. Kileo, thank you!

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## LIST OF ABBREVIATIONS AND ACRONYM

CCTs	Conditional Cash Transfers
CDD	Community Driven Development
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CGP	Child Grant Programme
CMCs	Community Management Committees
CSI	Coping Strategy Index
CTs	Cash Transfers
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FGDs	Focus Group Discussions
FYDP	National Five Year Development Plan
HFCS	Household Food Consumption Score
HIPCs	Highly Indebted Poor Countries
HSCT	Harmonized Social Cash Transfer Programme
HSNP	Hunger Safety Net Programme
IMF	International Monetary Fund
KII	Key Informant Interview
LEAP	Livelihood Empowerment Advancement Programme
MDG	Millennium Development Goal
MLE	Maximum Likelihood Estimation
NBS	National Bureau of Statistics
NSC	National Steering Committee
NSGRP	National Strategy for Growth and Reduction of Poverty
PAAs	Project Area Authorities

PMT	Proxy Means Test
PSSN	Productive Social Safety Net
PW	Public Works
PWP	Public Work Programme
SAP	Structural Adjustment Programme
SCTP	Social Cash Transfer Programme
SDGs	Sustainable Development Goals
SPSS	Statistical Packages for Social Sciences
SSNs	Social Safety Nets
TASAF	Tanzania Social Action Fund
TMU	TASAF Management Unit
UN	United Nations
UPE	Universal Primary Education Policy
URT	United Republic of Tanzania
VAM	Village Assembly Meeting
WB	World Bank
WFS	World Food Summit

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background to the Problem

Conditional cash transfer (CCT) is an increasingly popular social protection mechanism used by many developing countries to address poverty at household level. Poverty is still a major challenge in most of developing countries particularly in Sub Sahara African Countries. The latest estimates from the World Bank suggest that the share of the African population in extreme poverty did decline from 57% in 1990 to 43% in 2012 (Beegle *et al.*, 2016). All developing regions except Africa have reached the Millennium Development Goal (MDG) of halving poverty between 1990 and 2015 (UN, 2015). Attention is now shifting to the new global development goals-Sustainable Development Goals (SDGs) which target to eradicate extreme poverty worldwide by 2030. The focus on SDGs has made some African countries to reform their policies while others have decided to adopt the Social Safety Nets (SSNs) as a strategic tool towards poverty reduction.

Social Safety Nets have recently been favoured as one of the measures for poverty reduction by the development institutions, especially the World Bank (WB), based on targeted social income cash transfers. Social Safety Net in the form of Productive Social Safety Net (PSSN) was introduced in Tanzania in July, 2012 as one of the strategies towards poverty reduction. The PSSN is one of the four major programme components of Tanzania Social Action Fund (TASAF III). PSSN aims to reduce and break the intergenerational transmission of poverty and is based on two integrated interventions, a labor intensive public works (PW) and targeted conditional cash transfers (CCTs) programme (URT, 2013). The objective of the PSSN is to increase income and

consumption and improve the ability to cope with shocks among vulnerable populations, while enhancing and protecting the human capital of their children (URT, 2013).

The CCTs programme has been given more attention and it operates throughout the year unlike the PW programme which operates for four months (URT, 2013). Despite the growing attention of the CCTs programme in Tanzania, it should be remembered that the war against poverty in Tanzania started soon after the attainment of independence 1961. Three national enemies were then identified: poverty, ignorance and diseases. These enemies were addressed through various programmes and policies such as Universal Primary Education Policy (UPE) of 1977, the Arusha Declaration of 1967 and Socialism and Self Reliance Policy of 1970s among others. Between 1967 and 1973 the economy was still sound but there after a decline in economic growth was experienced and reached its peak in the early 1980s (Mponzi and Mwaiselage, 1999).

In 1982 high inflation and shortages of goods led the Government to introduce Structural Adjustment Programme (SAP) a "homegrown" (Ferreira, 1996). This SAP was an exclusively national effort implemented for three years without any financial support from WB or International Monetary Fund (IMF). However, it did not result in any significant changes in Tanzania's economic performance. Nevertheless, it was not until 1986 that the government adopted the Structural Adjustment Programme initiated by World Bank and IMF to revive the devastated economies of the third world. Unfortunately, SAP was found to be incompatible with the existing policy objectives aimed at reducing poverty, instead it was benefited foreign creditors and investors (Weissman, 2005). At this point the government showed a much lower commitment to reforms. In reaction, the World Bank and IMF reduced their support, suspended payment for development projects and any further financial assistance (Wobst, 2001).

In 1996 the World Bank placed Tanzania among the Highly Indebted Poor Countries (HIPC) and the country was given a debt relief after implementing relevant macro-economic reforms which were articulated in the First National Strategy for Growth and Reduction of Poverty (NSGRP I).

The debt relief was channeled to education, health, water, energy, judiciary, telecommunications and infrastructure, particularly roads sectors (URT, 2010). Unfortunately, the developments of these sectors were not matched well with the increase in economic growth and reduction of poverty. These sectors were then incorporated in Second National Strategy for Growth and Reduction of Poverty (NSGRP II) between 2010/11-2014/15 to ensure more inclusive growth (URT, 2010).

The objectives of NSGRP II were incorporated in various programmes including PSSN programme. The PSSN programme consists of two components; Conditional Cash Transfers (CCTs) programme and Public Work Programme (PWP). The CCTs programme provides two types of cash transfers depending on household composition, basic monthly transfer aimed to improve household consumption and variable conditional cash transfers (health and school transfers) aimed to provide an incentive for households to invest in the human capital of their children (URT, 2013).

The CCTs programme started in the pilot districts of Chamwino, Kibaha and Bagamoyo in Tanzania Main Land in 2010 (Evans *et al.*, 2014). Both the midline and end line impact evaluation surveys found no significant impact on the consumption of almost any key food item. This indicates that the CCT programme likely did not have much direct impact on the individual items consumed by the beneficiary households (Evans *et al.*, 2014).

The evaluation done in Sub Saharan African countries have shown that, households receiving CCTs are particularly likely to prioritize spending on improving food security. In general results show that as households receive cash transfers, they increase expenditures on food (Hjelm, 2016). In three evaluations, Zambia, Malawi and Kenya, a significant impact on increased total food expenditure was found among the poorest (Hjelm, 2016). In contrast, the evaluation done in pilot districts of Tanzania found little shares of expenditure of CCTs on food consumption (Evans *et al.*, 2014). A very high food expenditure shares are also considered a key indicator of food insecurity (WFP, 2013).

Numerous evaluations in Latin America and Sub Saharan African countries have shown positive impact of CCTs programme in improving food security. The CCTs have increased the quantity, quality and variety of food intake in rural Mexico (Ruiz-Arranz *et al.*, 2006). The midline impact evaluation of Social Cash Transfer Programme (SCTP) in Malawi found strong impacts across almost all major domains and among all households, not just among the very poorest (Abdoulayi *et al.*, 2016). In contrast, the evaluation done in pilot districts of Tanzania found little evidence of an increase in food consumption across diverse categories due to the CCT programme (Evans *et al.*, 2014).

In March 2013, the Government of Tanzania decided to scale up the PSSN. The scale up aimed to reach the poorest one million households across the country. By August 2015, the target was exceeded with 1 113 137 households enrolled (URT, 2016). Currently, the PSSN programme operates in all districts referred to as Project Area Authorities (PAAs) in Tanzania Mainland as well as in Zanzibar. The programme focuses on the poor and vulnerable households that live under basic needs poverty line and half of these are so poor they do not earn enough to meet their basic food needs (URT, 2013).

Targeted households are eligible for different programme components on the basis of their differing needs and capabilities.

The PSSN programme started in Kilosa in 2015 with provision of CCTs and PW transfer in December, 2016 (Kilosa District Annual Progress Report, 2016/17). The anticipated outcomes of the programme are to increase consumption both on food and non- food items, up to date visits to health services, higher school enrolment and attendances, better food security, improved child nutrition and health status and high years of schooling and literacy (URT, 2013). The first phase of the programme ends in 2019 (URT, 2013) but no evaluation has yet provided the evidence whether the CCTs programme is attaining its outcome in food security. An ongoing outcome evaluation would provide information on the performance of CCTs programme.

## **1.2 Problem Statement and Research Justification**

Following the success of CCT programmes elsewhere in the world, in 2010 the Government of Tanzania through TASAF rolled out a CCTs programme in three pilot districts (Bagamoyo, Chamwino and Kibaha). Its aim was to see if, using a model Community Driven Development (CDD) approach that relied heavily on communities to target beneficiaries and deliver payments the programme could improve outcomes for the poor (Evans *et al.*, 2014).

Both the midline and end line impact evaluations in pilot districts have found no significant impact of CCTs programme in addressing food security (Evans *et al.*, 2012; Evans *et al.*, 2014). Despite of desperate findings of pilot projects, yet the scaled up projects may come up with different findings (Bennett and Howlett, 1992).

The Government of Tanzania decided to scale up the CCT programme for the entire country in March, 2015 (WB, 2016). The programme aims to reduce consumption poverty in the short, medium and long terms which are expected to occur during the life of the programme (2015-2019) by promoting human capital investment among the poor (URT, 2013). To date, no evaluation has yet provided the evidence whether the out scaled CCTs programme is attaining its outcome in food security, something which has caused the anticipated outcomes to be unknown to local people and other key stakeholders.

Furthermore, little is known about the implementation of the CCT programme which could determine the ability of the programme to attain its overall objective due to insufficient literature on CCTs programme in Tanzania. This raised the important question of whether this approach and context of implementation could yield similar findings as in other countries. Therefore, this study will bridge this gap of knowledge by studying the implementation and outcome of the CCTs programme with the view to assess its attainment in food security in Kilosa District.

The outcomes of the CCTs programme act as determinant factors towards the attainment of SDG number one “end poverty in all its forms everywhere by 2030”. Likewise, the study provides insight towards the attainment of the National Five Year Development Plan Two (FYDPII) 2015/16 – 2020/21 as it assessed the attainment of one of its objectives “improve quality of life and human well being”. The study also provides insight towards the attainment of PSSN programme objective “to enable poor households to increase incomes and opportunities while improving consumption”. In addition, the study informs the CCTs programme practitioners and other key stakeholders about the worthiness of undertaking the CCTs programme.

### **1.3 Objectives of the Research**

#### **1.3.1 General objective**

The overall objective of this study was to evaluate the effectiveness of CCTs programme in attaining food security to poor and vulnerable households.

#### **1.3.2 Specific objectives**

1. To examine whether the CCTs programme has been carried out as planned in the programme document.
2. To determine whether there has been an increase in food security as a result of the CCTs programme.
3. To examine whether there has been changes in food insecurity coping strategies in the study area.

### **1.4 Research Questions**

1. Is the CCTs programme being carried out as planned in the programme document?
2. Does participation in the CCTs programme increase food security?
3. Does participation in the CCTs programme change food insecurity coping strategies in the study area?

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Definition of Key Concepts**

##### **2.1.1 Conditional cash transfers**

Conditional Cash Transfers (CCTs) are programmes that transfer cash, generally to poor households, on the condition that those households make investments in the human capital of their children (Fiszbein and Schady, 2009). The CCTs programmes were first introduced two decades ago and have since spread around the world, now operating in more than 80 countries, in many cases representing a key government strategy for reducing poverty. By linking monetary transfers to children's human capital investment, the programmes aim to both alleviate current poverty and reduce future poverty by increasing the human capital levels of children and thus their lifetime earnings potential. One of the earliest of these programmes was Mexico's programme Progresa, which began in 1997 and is well known due to its initial randomized evaluation, the basis for numerous published studies (Parker and Todd, 2017). The programme's novelty and positive evaluation findings contributed to both a large scale up within Mexico and the spread of its key features to new programmes around the world. CCT programmes now operate throughout Latin America and in a number of poor countries in Africa and Asia, and even in a few developed countries, including the United States (Parker and Vogl, 2018).

##### **2.1.2 Social safety nets**

Social Safety Nets (SSNs) refers to all institutions and regularized practices which serve to protect individuals from remaining or falling below a defined minimum standard of living (Reddy, 1998). SSNs is a set of noncontributory transfers targeted in some way to the poor and vulnerable (WB, 2011). SSNs are a subset of broader social protection

programmes supported by the World Bank as well as broader poverty alleviation programmes. SSNs corresponds to five functions (objectives): reduce chronic poverty and inequality, encourage more and better human capital investments among the poor to provide the opportunity to exit poverty, enable the poor to manage risk from individual shocks, enable the poor to manage risk from systemic shocks and protect the poor if necessary during broader economic reforms (WB, 2011). Generally, SSNs are devoted in form of cash transfers (conditional and unconditional); in-kind transfers; education/health subsidies; energy, water, and housing subsidies; and public works programs (WB, 2011).

### **2.1.3 Process evaluation**

A process evaluation examines the extent to which a programme is operating as intended by assessing ongoing programme operations and determining whether the target population is being served. Process evaluation helps programme staff members identify needed interventions and change programme components to improve service delivery. A process evaluation often collects information, such as; details of programme operation, intensity and quality of services provided, context and community in which a programme is delivered, demographic characteristics of programme participants, collaborative partnerships, staffing and training (Bowie and Bronte-Tinkew, 2008). Process or implementation evaluation refers to the evaluation of an ongoing project or programmes to ensure that objectives of the intervention are being achieved in an effective and efficient manner (Ile *et al.*, 2012).

A process evaluation is distinct from an outcomes evaluation. Process evaluations focus on whether programmes and activities are operating as planned. Outcome evaluations, by contrast, investigate whether programmes and activities affect outcomes for programme and activity participants (Bowie and Bronte-Tinkew, 2008).

The essence of doing process evaluation is to enable an evaluator to have sufficient evidence regarding the variables of interest. Data from process evaluation can help ascertain if a programme's impacts were limited, this was because of a problem in the theory of how the programme was expected to work, or due to limitations in how it was implemented (Peersman *et al.*, 2016). Deviations from original design may affect programme impacts, as such it is important to examine and fully understand them (Handa and Seidenfeld, 2014).

#### **2.1.4 Outcome evaluation**

Outcomes, at the most general level, are changes in individuals, organizations, communities, or governments, depending on the goal and reach of the activities being examined (Sonpal-Valias, 2009). Evaluation is the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision making process of both recipients and donors. Evaluation also refers to the process of determining the worth or significance of an activity, policy or programme (Morra-Imas *et al.*, 2009). Evaluation is a process of systematic inquiry directed at collecting, analyzing and interpreting information so that one can draw conclusions about the merit, worth, value or significance about a programme, project, policy or whatever it is that is being examined (Sonpal-Valias, 2009).

Outcome evaluation, then, at its most general level, is a systematic examination of the outcomes (changes, usually benefits), resulting from a set of activities implemented to achieve a stated goal, and a systematic examination of the extent to which those activities

actually caused those outcomes to occur. The intent of outcome evaluation is to assess the effectiveness of these activities with respect to the benefits achieved, suggest improvements and possibly provide direction for future activities. Outcome evaluation helps determine what outcomes a programme helps achieve, how change occurs in the client as a result of participating in the programme, and the extent to which the change can be attributed to programme activities. In addition to measuring the intentional outcomes desired by the programme, outcome evaluation may also reveal the unintentional or unexpected outcomes (positive or negative) resulting from the programme (Sonpal-Valias, 2009).

### **2.1.5 Food security/ food insecurity**

Food security as made to prevail if all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (WFS, 1996). Food security rests on four pillars of strength (i) Food availability; food availability addresses the “supply side” of food security and is determined by the level of food production, stock levels and net trade (ii) Food accessibility; an adequate supply of food at the national or international level does not in itself guarantee household level food security. Concerns about insufficient food access have resulted in a greater policy focus on incomes, expenditure, markets and prices in achieving food security objectives (iii) Food utilization; utilization is commonly understood as the way the body makes the most of various nutrients in the food. Sufficient energy and nutrient intake by individuals is the result of good care and feeding practices, food preparation, and diversity of the diet and intra-household distribution of food. Combined with good biological utilization of food consumed, this determines the nutritional status of individuals (iv) Food stability; even if your food intake is adequate today, you are still considered to be food insecure if you have inadequate access to food

on a periodic basis, risking a deterioration of your nutritional status. Adverse weather conditions, political instability, or economic factors (unemployment, rising food prices) may have an impact on your food security status (FAO, 2008).

Food insecurity is the situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life (FAO, 2010). Food insecurity could be categorized as either chronic or transitory. Chronic food insecurity occurs when people are unable to meet their minimum food requirements over a sustained period of time (WFP, 2008). Transitory food occurs when there is a sudden drop in the ability to produce or access enough food to maintain a good nutritional status (WFP, 2008).

### **2.1.6 Household food security**

At the household level, the definition of food security has also been extended to include related concepts of accessibility, sufficiency, security and sustainability (Maxwell and Frankenberger, 1995). There are several direct and indirect measurements of food security such as socioeconomic measures, food consumption, anthropometry and coping strategies, and a single indicator may not adequately capture the complexity of food security (Maxwell *et al.*, 2008). Food insecurity as a form of deprivation has been shown to affect many dimensions of well being. Children from food insecure households are more likely to have poor growth attainment, recurrent infections, inadequate energy and nutrient intakes, compromised learning ability and psychosocial problems (Alaimo *et al.*, 2002). Women experiencing food insecurity have lower micronutrient intakes and are at increased risk of overweight, obesity, disordered eating behaviors, depression and anxiety (Adams *et al.*, 2003). Older adults from food insufficient households have been reported

to have low nutrient intakes and functional impairments, even after controlling for socioeconomic variables (Lee and Frongillo, 2001).

### **2.1.7 Food insecurity coping strategies**

Devereux (2001) defines food insecurity coping strategies as a response to adverse events or shocks. Ellis (2000) defines food insecurity coping strategies as the methods used by households to survive when confronted with unanticipated livelihood failure. Coping comprises tactics employed when confronted by disasters, such as drawing down on savings; using up food stocks; receiving gifts from relatives; benefiting for community transfers; sales of livestock and other assets. The strategies pursued by households differ in several aspects, that is, within the household and between households (Maxwell *et al.*, 2003). Due to varying degrees of wealth among households, different coping behaviours are adopted by households at different poverty levels. Above all, the general tendency is that the lower the household asset status, the more likely the household would engage in erosive responses such as selling off of productive assets such as farm implements (Devereux, 2001; Hoddinott, 2004).

### **2.1.8 Coping strategy index**

The Coping Strategy Index (CSI) is an indicator of household food security that is user friendly, generates accurate information and is relatively quick and easy to analyze (Maxwell *et al.*, 2003). The CSI was designed as a rapid household food security assessment and food aid monitoring tool for use in emergencies (Maxwell, 1996). The Coping Strategy Index (CSI), is a tool developed by the World Food Programme (WFP), is commonly used as a proxy indicator for access to food. It is a weighted score that allows one to measure the frequency and severity of coping strategies. Data is collected on the number of days in the last thirty days a household used a specific coping

strategy due to a shortage of food and/or income. A thirty day recall period is used to make the CSI as precise as possible. It allows to capture information on as many coping strategies as possible, especially the most severe. The CSI of a household is calculated by multiplying the frequency of coping strategies used in the last thirty days with their respective severity weights. The sum of the scores is then used to determine the CSI (Maxwell *et al.*, 2003).

### **2.1.9 Food consumption score**

Food Consumption Score (FCS) is a weighted score based on dietary diversity, food frequency and the nutritional importance of food groups consumed (WFP, 2008). Data is collected on the number of days in the last 7 days a household ate specific food items. A seven day recall period is used to make the FCS as precise as possible and reduce recall bias.

The FCS of a household is calculated by multiplying the frequency of foods consumed in the last seven days with the weighting of each food group. The weighting of food groups has been determined by WFP according to the nutrition density of the food group. The sum of the scores is then used to determine the FCS. The maximum FCS has a value of 112 which would be achieved if a household ate each food group every day during the last 7 days. The total scores are then compared to pre-established thresholds as indicated in Table 1.

**Table 1: Food Consumption Score (FCS) thresholds**

<b>FCS</b>	<b>Profile</b>
0 - 21	Poor
21.5 - 35	Borderline
> 35	Acceptable

## **2.2 The Overview of Tanzania Social Action Fund**

Tanzania Social Action Fund (TASAF) was officially initiated in 2000 by the Government of the United Republic of Tanzania. It was one of its initiatives on poverty reduction anchored to Poverty Reduction Strategies using community driven development (CDD) approach. The first phase of TASAF (2000-2005) addressed key issues that were identified in the first Poverty Reduction Strategy Paper (PRSP I), that is reduction of poverty by improving the social and economic services in key sectors of education, health, economic infrastructure and water with emphasis on rural and peri-urban areas. Main focus was on improving social service delivery addressing income poverty for poor able bodied but food insecure households and capacity enhancement (URT, 2011).

The second phase of TASAF (2005-2013) built on Millennium Development Goals (MDGs) and the NSGRP I to assist meeting the targets by 2010 for NSGRP I and 2015 for MDGs. The focus of the second phase was to address, lack and/or shortage of social services income poverty in rural and urban areas, and capacity enhancement of beneficiaries and institutions supporting targeted communities and households (URT, 2011).

The third phase of TASAF started in July, 2013 by consolidating the impressive achievement of previous phases of the TASAF I and TASAF-II using community-driven development (CDD) approach (URT, 2013). It ended to facilitate the implementation of public works, income generating activities for poor and vulnerable groups. Fill gaps in light of demand expressed by communities, scale up conditional cash transfers, community savings and investments, and livelihood enhancement, ensure functionality of created assets (education, health and water), improve institutional arrangement for effective support to poor communities, capacity enhancement of beneficiaries and

organization support delivery of TASAF-III and contribute to the attainment of second National Strategy for Growth and Reduction of Poverty (NSGRP II) and the advancement of the Social Protection Agenda. The objective of TASAF III is to enable poor households to increase incomes and opportunities while improving consumption (URT, 2011).

### **2.3 The overview of Food Insecurity in Rural Mainland Tanzania**

Tanzania Comprehensive Food Security and Vulnerability Analysis (CFSVA) that was carried out from November 2009 through January 2010, covering all the regions in Mainland Tanzania and Zanzibar found that, 4.1% of the households in Rural Mainland Tanzania had poor food consumption, 18.9% had borderline food consumption, and 77% had acceptable food consumption. Poor food consumption households had a mainly cereal-based diet with almost no animal protein and very little of any other food item consumed (vegetables just 3 days per week and pulses 2 days). Borderline consumption households had only a marginally better diet, eating pulses, vegetables and fruits approximately one day more per week than poor consumption households. Acceptable consumption households had an appreciably better diet with about a three-fold increase in pulse and fruit consumption and even higher increases in animal protein and milk consumption (WFP, 2013).

Poor consumption households were most prevalent in the south eastern region of Mtwara 20.0%, the central region of Manyara 17.6%, followed by the northern region of Arusha 6.8%, with high prevalence seen throughout the regions of Singida and Lindi, forming a band of vulnerability which runs from the southeast to the central northern regions. The central regions of Dodoma, Morogoro and the central northern region of Manyara also reported highest prevalence of households with borderline food consumption at 37.8%, 33.8% and 42.9% respectively (WFP, 2013).

The prevalence of acceptable consumption, on the other hand, was highest along the coast and in the western regions. Over 90% of households in the coastal regions of Dar es Salaam and Tanga and the western region of Mbeya reported having acceptable food consumption. Slightly less than 90% of households reported acceptable food consumption in Rukwa was 89.1%) and Kigoma was 88.9% (WFP, 2013).

## **2.4 Empirical Information**

### **2.4.1 CCTs in Latin America and Caribbean**

Numerous evaluations in Latin America have shown positive ability of CCTs in addressing food security among poor households. Fiszbein and Schady (2009) CCTs have had positive effects on household's consumption and on poverty. Households that receive CCTs spend more on food and within the food basket on higher quality sources of nutrients than do households that do not receive transfers but have comparable overall income or consumption levels.

Levy and Schady (2013) carried out the evaluation exercise and suggest that CCTs have been important in reducing poverty and inequality in the region in the last decade. CCT have not only increased consumption, they have also improved its composition. For example, Ruiz-Arranz *et al.* (2006) show that CCTs have increased the quantity, quality and variety of food intake, leading to consumption of more nutritious and expensive goods such as meat and vegetables. Angelucci and de Giorgi (2009) CCTs were also associated with an increase in food consumption among ineligible households, partly because of greater availability of resources within the village but also because resources were shifted away from recipient households.

Hoddinott and Skoufias (2004) analyze the impact of PROGRESA on total calorie availability and find overall large impacts of the programme on calories derived from vegetables and animal products. They find that the impact on food consumption goes beyond a simple income effect and also includes what they call a ‘platica’ effect behavioral change induced by participation in health and nutrition talks.

#### **2.4.2 CCTs in Sub-Saharan Africa**

Impact evaluations in Sub-Saharan Africa have shown the mixed results on the ability CCTs in addressing poverty and food security among poor and vulnerable households. Ward *et al.* (2010) evidenced that cash transfers has significantly increased the consumption of meat, milk, fruit, fats, and sugar among beneficiary households compared with non-beneficiary households in Kenya. The increase in consumption led to a reduction in poverty; the programme led to a reduction of 13% in the proportion of households living below a nominal \$1-per-day poverty line. Similarly, the evaluations of unconditional programmes have found significant impacts on household food consumption for Malawi’s Social Cash Transfer Programme (Miller *et al.*, 2008).

Merttens *et al.* (2013) carried out an in-depth impact evaluation of the Hunger Safety Net Programme (HSNP) in Kenya. This was launched in 2008 with the goal of reducing poverty and food insecurity, and increasing asset accumulation in the arid and semi-arid regions in the north of the country. As is the case with most other CT schemes, the programme has increased both total and food consumption, although it has not succeeded in significantly reducing income poverty and raising household accumulation of productive assets.

Baye *et al.* (2014) found that households receiving cash had higher dietary diversity scores than households receiving food in Ethiopia. This may be partly because some of the cash received was spent on non-staples, which households receiving food were not able to do. This finding evidenced the positive ability of conditional cash transfers on household dietary diversity and children's well-being, especially when the most vulnerable population groups are targeted.

Baye *et al.* (2014) study contradicts with the study carried out by Gilligan *et al.* (2009) who found little impact of food security on the participation of Ethiopia's Productive Safety Net Programme (PSNP). The findings revealed that the programme has little impact on food security on average, partly due to the transfer levels that fell far below programme target. Participants with access to both the PSNP and packages of agricultural support are more likely to be food secure, to borrow for productive purposes, use improved agricultural technologies and operate non-farm own business activities. However, beneficiaries did not experience faster asset growth. Additionally, Daidone *et al.* (2014) found that the Child Grant Programme (CGP) has had a large impact on food consumption, the number of meals consumed, and the ownership of agricultural inputs and livestock in Zambia.

#### **2.4.3 CCTs in Tanzania**

Evans *et al.* (2012) carried out a midline impact evaluation in pilot districts of Chamwino, Kibaha and Bagamoyo. The study found no significant impact on the consumption of almost any key food items. Both the purchased value and the home-produced value of six of the most common food consumption items: super sembe maize flour, husked rice, sugar, dona maize flour, dried beans, and other flour. Thus, consumption of these items seemed to be generally unaffected by the CCT programme. The study also examined the

effects of CCT programme on the full set of food items for which data were collected at both baseline and midline. Few results were statistically significant and even fewer were relatively large (Evans *et al.*, 2012). This indicates that the CCT programme likely did not have much direct impact on the individual items consumed by the beneficiary households. Evans *et al.* (2014) carried out an end line impact evaluation in pilot (districts) of Chamwino, Kibaha and Bagamoyo with a view to assess how participation in the CCT programme affected weekly food consumption and found no systematic impacts on food consumption. Both the purchased value and the home-produced value of six of the most common food consumption items were found unaffected by CCTs programme. The quantitative analysis also found little evidence of an increase in food consumption across diverse categories due to the CCT programme. However, this occurred in both villages that received the programme and those that did not, as shown by the fact that the “after” coefficient is large and significant for most of the food items (Evans *et al.*, 2014).

World Bank (2016) carried out an impact evaluation baseline survey to 16 PAAs in Tanzania Mainland and two (2) PAAs in Zanzibar and found PSSN households have low food security and are vulnerable to shocks. One in four households consume food items from two or less food groups and 73% have low diet diversity. About one-third of households suffered a shock, most of which caused income or asset losses 60%.

#### **2.4.4 Research gap**

Many evaluation studies have been done in assessing the impact of CCT programme on food security in Latin America, Caribbean and Sub-Saharan African Countries. However, the approach and context for implementation of CCT programme differs between countries.

The CCTs programme in Tanzania is being implemented by a social fund agency (TASAF). This programme represents the first time that a social fund agency was used to implement a CCTs programme and the first time that a programme was delivered using a CDD approach in Africa (Evans *et al.*, 2014). The findings of impact evaluations in pilot (districts) of Chamwino, Kibaha and Bagamoyo in Tanzania have left little doubt about the ability of CCTs programmes to address food security (Evans *et al.*, 2012; Evans *et al.*, 2014). Still, the evidence base remains more limited due to insufficient literatures on CCTs programme in Tanzania. This raised the important question of whether this approach and context of implementation could yield similar findings in food security as in Latin America, Caribbean and other Sub - Saharan African countries. In nutshell, no evaluation has yet provided the evidence whether the CCTs programme is attaining its outcome in food security after the programme being scaled up to the entire country. This raised the quest of this study.

## **2.5 Theoretical Framework**

This study adopted the conditions theory of change on Cash Transfers (CTs) to explain the assumptions and reasoning behind the CCTs programme as summarized by Bastagli (2009). The broad aim of conditionality is to improve human capital outcomes and promote resilience through impacts on behaviour. By adding conditions, CTs aim to incentivize investment in midterm to long term human capital accumulation, which can be under served by poor people making short term coping decisions. Conditions also aim to increase intra-household bargaining power of weaker individuals, and increase human capital across society (Browne, 2013).

There are few rigorous comparisons of conditional versus unconditional cash transfers, but the evidence base points towards positive impacts on human capital outcomes through

improved resilience. This variable is depending on programme design and implementation (Browne, 2013). The conditions theory of change is considered appropriate for this study; it explains the mechanism and pathways through which CCTs programme reduce consumption poverty in the short, medium and long term by promoting human capital investment among the poor. Leroy *et al.* (2009) asserts that, cash increases income, which allows purchase of better quality food, leading to increased food security and diet quality. The condition to receive nutrition education may change household preferences to nutrient-rich food, better hygiene and sanitation practices, and improved feeding and care giving practices (Leroy *et al.*, 2009).

Well educated and healthy societies are considered to be economically active. They can invest for massive production in agriculture and in other sectors of the economy hence reduce consumption poverty in midterm to long term. The CCTs programme intends to reduce and break the intergenerational transmission of poverty among poor and vulnerable households (URT, 2013).

In view of the conditions theory of change, programme beneficiaries in Kilosa District are subjected to conditions (co-responsibilities). Programme beneficiaries are expected to comply with the conditions in the use of education, health and nutritional facilities after receiving the transfers (URT, 2013). The non-compliance beneficiaries are subjected to penalty such as cash deduction or being excluded from the programme when they fail to meet co-responsibilities in two consecutive monitoring periods, or three times a year (URT, 2013).

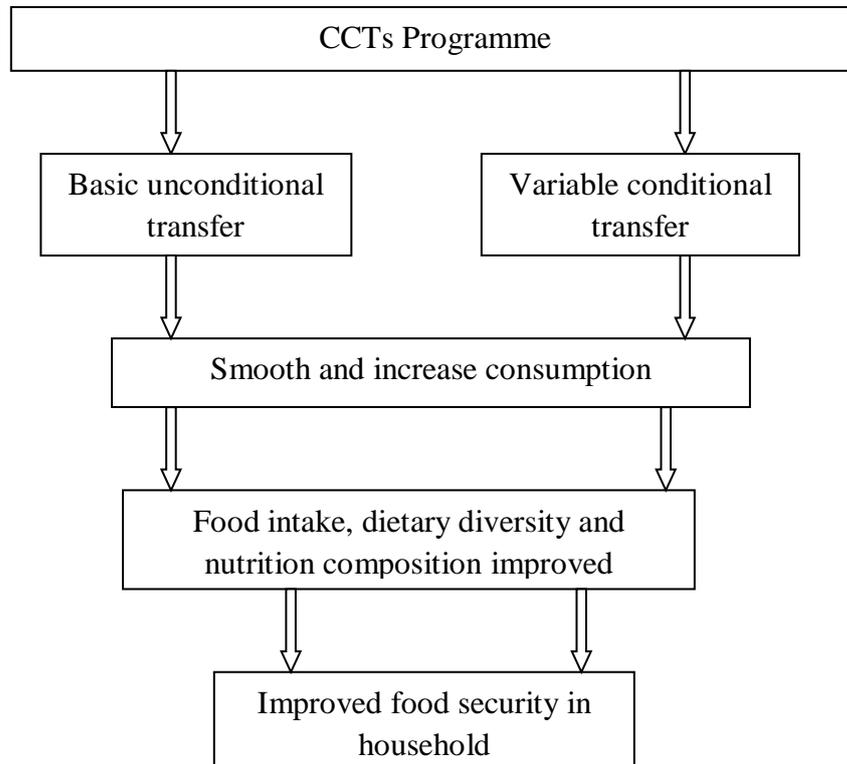
The CCTs programme is expected to promote change in the society in the following ways; as transfers given to beneficiaries, consumptions on food and non-food items are

expected to increase. The transfers are also expected to improve food intake, improve dietary diversity and nutrition composition and ultimately improve food security. The conditions theory of change is in line with this study as the study intends to evaluate the effectiveness of CCTs programme in attaining food security among poor and vulnerable households in Kilosa District.

## **2.6 Conceptual Framework**

A conceptual framework provides the inter linkage between the independent variables and the explained variable also known as the outcomes or dependent variables. The reviewed literatures have shown the impacts of CCTs (independent variable) on various outcome variables including food security. The CCTs programme consists of two kinds of transfers, basic unconditional transfer targeted to all household regardless of programme conditions and variable conditional transfer focused much to impact health and education outcomes. The core concept in support of cash transfers revolves around a sequence of intended positive outcomes. When cash is transferred in a predictable way directly to households it is expected to smooth and increase consumption on food in short term.

This hypothesis has long term effects on households in improving food security. The CCTs programme (2015 - 2019) is organized in three main outcomes periods. The short term outcomes refer to expenditure effects that may be understood to be triggered as a direct consequence of receiving cash transfers. Whereby, in medium term the CCTs programme will improve food intake, dietary diversity and nutrition composition; broadly refer to as a consequence of the immediate expenditure. However, in long term the CCTs programme will improve food security among poor households. The visualization of the conceptual framework is shown in Figure 1.



**Figure 1: Conceptual Framework for a Study on Process and Outcome Evaluation for Conditional Cash Transfers on Food Security**

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY**

#### **3.1 Description of the Study Area**

This research was conducted in Kilosa District, Morogoro Region. Kilosa District is one of the seven districts that comprise Morogoro Region. The other districts are Kilombero, Mvomero, Morogoro, Ulanga, Malinyi and Gairo. It is located in East central Tanzania, about 148 kilometers from Morogoro town and 300 km West of Dar es Salaam. Kilosa extends between latitudes 5°55' and 7°53' South and longitudes 36°30' and 37°30' East. The district has two township authorities, Kilosa and Mikumi. It has seven (7) administrative divisions which are subdivided into 40 wards, 139 registered villages and 835 hamlets. As per Population and Housing Census of 2012, the District has 438 175 people who include 219 797 females and 218 378 males (URT, 2013). The District is estimated to have a land area of 12 394 square kilometers (Kilosa District Socio-Economic Profile, 2012). The study area was chosen because it is the only district in Morogoro Region where an impact evaluation baseline survey on PSSN programme was conducted in 2015. The baseline data provided reference for this study.

#### **3.3 Research Design**

The study adopted a cross sectional research design that involves collection of data in multiple cases at one point in a time (Creswell, 2014). This design was considered to be suitable due to resource constraints such as time, funds and personnel for data collection. However, the study employed mixed methods evaluations to integrate qualitative and quantitative data. Bamberger (2012) asserts that single evaluation methodology rarely fully captures all of the complexities of how a programme operates in real world. The study included both process and outcomes evaluation.

### **3.4 Study Population, Sampling Techniques and Sample Size**

The study populations were programme beneficiaries of Kilosa District. The researcher used multi-stage sampling to obtain the respondent households. Four (4) divisions were randomly selected from the seven (7) divisions. From the four (4) divisions, one (1) ward was randomly selected from each division making a total of four (4) wards. From the four (4) wards, one (1) village was randomly selected from each ward giving a total of four (4) villages. Bailey (1994) asserts that a minimum sample size of 30 respondents is reasonable to draw conclusion. For this study, 30 households were randomly selected from each village making a total sample size of 120 respondents. At all stages simple random sampling technique was used. Purposive sampling was used to obtain key informants and focus group discussion members based on their working positions, convenience, and availability at district headquarters and at village level.

### **3.5 Data Collection Methods and Tools**

Quantitative data were collected through a household survey using a structured questionnaire administered to the household head or any adult person in the household who could provide information on the CCTs programme. Qualitative data were collected through Key Informant Interview (KII) administered to TASAF District Coordinator and to District Community Development Officer. Moreover, four Focus Group Discussions (FGDs) comprising eight (8) to ten (10) participants were used to collect qualitative data from Community Management Committees (CMCs) responsible for the CCTs programme. Patton (2002) argues that focus group discussion is a qualitative research in which a group of people are asked about their perceptions, opinions, beliefs and attitudes towards a product, service, concept, advertisement, idea, or packages. Both KIIs and FGDs were guided by the use of interview guide. Secondary data were obtained from the

findings of impact evaluation baseline survey conducted in collaboration between the World Bank (WB), National Bureau of Statistics (NBS) and TASAF in 2015.

### **3.6 Data Processing and Analysis**

The surveyed data were coded, verified, compiled, and cleaned before the analysis using Statistical Package for Social Sciences (SPSS) version 21. In this package (SPSS), descriptive statistics such as percentages, frequencies and means were computed. Data from KII and FGD were analyzed through content analysis. Given that food security measures take the form of categorical responses, inferential analysis was done through ordered probit regression model using Stata. Davidson and MacKinnon (2003) asserted that the ordered probit is the most widely used model for ordered response data. The details of data analysis are explained in each objective below:-

#### **Objective 1: To examine whether the CCTs programme has been carried out as it was planned in programme document**

Data for this objective were analyzed through content analysis techniques with constant comparison. Content analysis is described as the scientific study of content of communication (Prasad, 2008). Data from FGD and KII were organized and interpreted based on conceptual description of meanings, contexts, concepts and intentions contained in messages.

#### **Objective 2: To determine whether there has been an increase in food security as a result of the CCTs programme**

The FCS was calculated by multiplying the frequency of foods consumed in last seven days with the weight of each food group. The sum of the scores was then used to determine the FCS. Whereby, food security was measured by comparing the

pre-established thresholds of FCS such as poor 0 – 21, borderline 21.5 – 35 and acceptable >35 (WFP, 2008). Ordered probit model was used to analyze the effect of CCTs on food security among household in the programme. Given that the food security measures are categorical and ordinal, ordered probit or logit models are the most appropriate for analysis (Nkegbe *et al.*, 2017). The logit assumes a logistic distribution of the error term and the probit assumes a normal distribution. Generally, ordered probit and logit models give similar results in practice (Nkegbe *et al.*, 2017).

Food security as dependent variable was measured by 1 if poor 0 - 21, 2 if borderline 21.5 - 35 and 3 if acceptable >35. It is important to use a model of this kind because the difference between poor, borderline and acceptable in FCSs may not be the same as due to a variety of curving methods and ranking. The standard ordered probit model is widely used to analyse discrete data of this kind and is built around a latent regression of the following form:-

$$y = x'\beta + \varepsilon$$

Where  $x$  and  $\beta$  are standard variable and parameter matrices, and  $\varepsilon$  is a vector matrix of normally distributed error terms. Obviously predicted grades ( $y$ ) are unobserved. We do, however, observe the following:

$$y_i = \begin{cases} y_1 = 1 \text{ (poor) if } y \leq \mu_1 \\ y_2 = 2 \text{ (Borderline) if } \mu_1 < y \leq \mu_2 \\ y_3 = 3 \text{ (Acceptable) if } \mu_2 \leq y \end{cases}$$

In this regard,  $\mu_1$  is threshold variable in the probit model. The threshold variable is unknown and determined in the Maximum Likelihood Estimation (MLE) procedure for the ordered probit. For the case of this study, the first model considered as the latent regression can be formulated as:-

$$y = \beta_0 + \beta_1 SE + \beta_2 EF + \beta_3 CC + \varepsilon$$

Where:  $y$  = Natural log of odds that food security will occur,  $\beta_0$  = constant,  $\beta_1$ ,  $\beta_2$  and  $\beta_3$  = coefficients of the independent variables,  $SE$  = Socio economic variables,  $EF$  = CCT variables,  $CC$  = other variables and  $\varepsilon$  = Error term.

### Variable Description and Measurement

Variable description and measurements involves describing the variables used in the study including how they are denoted, their definitions and how each of the used variables is going to be measured. Table 2 below shows the description and measurement of the variables used in this objective.

**Table 2: Variable description and measurement**

Variable	Description of the variable	Measurement/ Unit	Expected sign
Household Food security	Food security is measured by Food Consumption Score (FCS) where Poor has 0-21, Borderline has 21.5-35 and Acceptable has >35	Poor = 1 Borderline = 2 Acceptable = 3	
Age	Age of respondent	Year	+/-
Sex	Sex measured as 1 if male, 0 otherwise	Dummy	+/-
Education I	1 if informal, 0 otherwise	Dummy	+/-
Education NP	1 if not completed primary education, 0 otherwise	Dummy	+/-
Marital Separated	1 if separated, 0 otherwise	Dummy	+/-
Marital Married	1 if married, 0 otherwise	Dummy	+/-
Marital Divorced	1 if divorced, 0 otherwise	Dummy	+/-
Household size	Number of members in the household	Number	+/-
Member benefited	Household members benefited from programme	Number	+/-
Fund receiver F	1 if father received, 0 otherwise	Dummy	+/-
Fund receiver C	1 if child received, 0 otherwise	Dummy	+/-
Basic T	Amount of fund provided to beneficiary	TShs	+/-
CCT	Amount of fund provided to beneficiary	TShs	+/-

**Objective 3: To examine whether there has been changes in food insecurity coping strategies in the study area**

This objective was analyzed through descriptive statistics such as frequencies, percentages and means using data obtained through Coping Strategy Index (CSI) survey tool. The CSI of a household is calculated by multiplying the frequency of coping strategies with their respective severity weights. The frequencies of the coping strategies were measured by determining how many days in the last month a household had relied on particular coping strategies (WFP, 2008). Baseline survey findings were used as benchmarks for determining changes in food insecurity coping strategies in the study area. Coping Strategies Index (CSI) is an indicator of household food security that is relatively simple, quick to use and correlates well with more complex measures of food security (WFP, 2008). However, CSI was used during baseline survey, hence offers more reliable comparable results to the present study.

### **3.7 Limitations of the Research**

The researcher met a number of constraints; these included recall period of 30 days to some heads of households on the question relating to food insecurity coping strategies “What do you do when you don’t have adequate food, and don’t have the money to buy food” (WFP, 2008). With regard to this constraint the researcher guided the respondent to recall for the past seven days. Another constraint is about interview fatigue for some respondents resulting from past experiences on research studies, respondents were used to be given money by researchers to respond to questions asked. However, the study was interrupted with community events such as village meetings, funerals and survey studies of the other institution. These constraints were resolved by rearranging the field schedule of the researcher.

## CHAPTER FOUR

### 4.0 RESULTS AND DISCUSSIONS

#### 4.1 Demographic and Socio-Economic Characteristics of Respondents

##### 4.1.1 Age of the household heads

The study revealed that, 20.8% of the respondents were between the age of 71 and 80 years, followed by 18.3% of the respondents who were between the age of 61 and 70 years. This indicates that majority of the household heads were above 60 years. The age of 60 years and above is said to be the beginning of old ages (URT, 2013). The older people are more likely to be exposed to prolonged and frequent poverty spells than other groups (Barrientos *et al.*, 2003).

**Table 3: Demographic Characteristics of Respondents (n = 120)**

Characteristics		Frequency	Percentage
Age categories	21-30	3	2.5
	31-40	8	6.7
	41-50	21	17.5
	51-60	21	17.5
	61-70	22	18.3
	71-80	25	20.8
Respondent's sex	Male	9	7.5
	Female	111	92.5
Marital status	Single	4	3.3
	Married	48	40.0
	Separated	3	2.5
	Divorced	7	5.8
	Widow	56	46.7
	Cohabitation	2	1.7
Household size	1 - 2	25	20.8
	3 - 4	34	28.3
	5 - 6	36	30.0
	7 - 8	17	14.2
	9 and above	8	6.7
Main economic activities	Farmer	118	98.3
	Livestock keeper	2	1.7
Education level	Informal education	68	56.7
	Not completed primary	15	12.5
	Primary	37	30.8

#### **4.1.2 Sex of the household heads**

The selected sample for the study comprised of 120 households of which 7.5% were male headed households and 92.5% were female headed households as shown in Table 3. The results suggest that, women were basically the primary recipients of the CCTs in Kilosa District. In three quarters of cases Kenya Hunger Safety Net Programme (HSNP) beneficiaries were women, and in just over half of all cases they were heads of household (Merttens *et al.*, 2013).

#### **4.1.3 Marital status of the household heads**

Marital status was categorized as single, married, separated, divorced, widow and cohabitation. Among the 120 respondents, majority 46.7% were widowed as revealed in Table 3. In most developing countries, poverty increases with age and is particularly prevalent among elderly women principally those who are living without their spouses (Eboiyehi, 2013).

#### **4.1.4 Household size**

Household size was determined by considering all members who share the same dish in each household including parents, children and other dependents. Findings in Table 3 show that, majority of the households that is 30% had size that ranged from 5 to 6 members with an average of 5.5 members. This finding shows that the average household size in the study area was relatively higher than the regional and national averages of 4.4 and 4.8 members respectively (URT, 2012). This is a major factor influencing demand for food and caused members to seek alternative means of meeting food needs (Adekoya, 2009).

#### **4.1.5 Main economic activities of the household heads**

The respondents in the study area engaged in different occupations which provided the means for their living. The study composed of 120 respondents of whom 98.3% were farmers and 1.7% were livestock keepers. The majority of the household heads depend on farming activity as their main source of income as shown in Table 3. Households that rely heavily on such income in Tanzania tend to be extremely poor (Sarris *et al.*, 2006).

#### **4.1.6 Education of household heads**

The education levels of the head of households ranged from informal to primary education. Thirty percent of the household head had primary education and the majority 56.7% had informal education as shown in Table 3. The findings also indicate that, majority of the household heads had relative low level of education hence have limited ability to participate in labour market. Higher levels of education guarantee numerous options of employment which in turn deliver higher incomes to aid food consumption expenditures (Nkegbe *et al.*, 2017).

### **4.2 Process Evaluation of the Implementation of CCTs Programme**

#### **4.2.1 Procedures and criteria used to identify targeted households**

The eligible criteria for participation in the CCTs programme include:- all households identified as being poor and vulnerable and targeted by the common targeting system are eligible for a basic unconditional transfer. Poor and vulnerable households with children, and a pregnant woman, targeted by the common targeting system, are also eligible for the variable conditional transfer (PSSN Operational Manual, 2013).

The PSSN Operational Manual (2013) articulates that, CMC made up of community representatives elected during a VAM identified potential households using

pre-determined criteria. Once potential beneficiaries have been identified, key household data are collected to facilitate the application of Proxy Means Test (PMT). The PMT is used by TASAF Management Unit (TMU) to prepare a final list of programme beneficiaries.

The following quote highlights the procedures followed by TASAF to form CMC in each village:-

*“TASAF officials came to our Village Assembly Meeting (VAM) and explained about PSSN programme, we were then instructed to elect our representative who will form CMC. The elected persons were interviewed by TASAF officials”* (Male FGD participant from Magomeni Village, November, 2018).

Participants of FGD in all study villages mentioned similar criteria used to identify programme beneficiaries. The mentioned criteria were attached with various socio-economic characteristics of a household. The following quotes highlight the criteria used by CMC to identify the targeted households in their villages.

*“We were looking for households with insufficient food, households with under five children, worn out clothes, poor shelters, lack of assets such as farm, school children, and age of household head”* (Female FGD participant from Kilangali Village, November, 2018).

The participants in FGD also mentioned that, CMCs participated in household’s survey and in the preparation the preliminary list of beneficiaries. The preliminary list was then sent to the Village Assembly Meeting (VAM) for approval prior to the submission of the list to TASAF District Coordinator for further procedures. One of the programme beneficiaries explained that:-

*“TASAF had used fair procedure for our selection, but some non-beneficiaries are still complaining because their names were excluded during the VAM”* (Programme beneficiary from Zombo Village, November, 2018).

The study revealed that, 7 188 households were identified and registered for CCTs programme in 2014. The KI said in an interview that:

*“I believe all 7188 beneficiary households were chosen in a transparent way from 88 villages in a district”* (December, 2018).

The KI also said in an interview that:-

*“The transfers were given to 7188 households in 2014/15 financial year and in 2018/19 financial year; the transfers are given to 6773 households in the District. The shortfalls were mainly due to deaths and transfers of beneficiaries outside their villages without any formal information to programme implementers”* (December, 2018).

The above findings suggest that, procedures and criteria for identifying potential beneficiaries were clearly adhered to as articulated in the project document.

#### **4.2.2 Transfer payments**

Payments to beneficiary households were to be made once every two months, a basic transfer equivalent to US \$ 5 per month per household and a conditional transfer component equivalent to US \$ 5 per month per household. Funds were to be routed to communities through District Council Office and managed at village level (PSSN Operational Manual, 2013).

The study revealed that the amount received by programme beneficiaries varies with the number of beneficiaries in a household. However, the amount received by programme beneficiaries reflected the amount stipulated in the programme document. The quote below indicates the amount paid to programme beneficiaries:-

*“Beneficiaries are receiving transfers as per condition given by the programme” they received an average of 30,000 TShs depending on the number of beneficiaries”* (Male FGD participant from Zombo Village, November, 2018).

The study found that programme beneficiaries received their transfers as indicated in the programme document. However, the transferred amount seemed to be inadequate due to the large size of their families. The following quote highlights the perception of the respondents on payment:-

*“The transfers do not help me to buy my family needs, imagine, I received 20,000 TShs after every two months and family members depend on this amount”* (Female respondent from Magomeni Village, November, 2018).

In practice, a number of evaluations and simulations suggest that cash transfers reduce current income or consumption poverty, especially when the amount transferred is large (Fiszbein and Schady, 2009).

#### **4.2.3 Co-responsibilities of the households**

During the enrolment process, registered households receive specific instructions regarding the co-responsibilities they have to comply with, the facilities in education and health they will use and the place and dates for the health and nutrition sessions (PSSN Operational Manual, 2013). Co-responsibilities for eligible households include the following; all children < 24 months attend routine health services once per month, all children 24 – 60 months attend routine health services at least once every six months and

in areas where there is no health services, all children  $\leq$  60 months attend community health and nutrition sessions every two months and regular attendance of at least 80% of the school days per month for school age children aged 5 and 18 in pre primary, primary and secondary schools (PSSN Operational Manual, 2013).

According to PSSN Operation Manual (2013), co-responsibilities and their implications are supposed to be instructed to all programme beneficiaries prior to the implementation of the programme. However, some beneficiaries seemed to be unaware of the cost implication of the co-responsibilities. This is in line with the following quotation:-

*“I used to receive 40,000 TShs but now I am receiving only 36,000 TShs, just look at this payment voucher”* (Female respondent from Rudewa Batini Village, November, 2018).

This finding suggests that, the specific instructions regarding the co-responsibilities were not effectively imparted to beneficiaries as indicated in the programme document. Likewise, the CMCs seem not trusted by some programme beneficiaries particularly when the CMC members tried to instruct them about the cost implication of the co-responsibilities. This is reflected the following quotation:-

*“Some beneficiaries were complaining about the irregular changes on their received amount, some beneficiaries even blamed us, thinking that we are the ones who deducted their money”* (Female FGD participant from Zombo Village, November, 2018).

Many participants in FGD mentioned conditional form as a tool used to assess whether the beneficiaries are fulfilling the co-responsibilities. The conditional forms are distributed by CMCs to schools and health services in charge to sign for the attendances of children beneficiaries. For instance, school children are required to attend at least 80 percent of the school days per month and forms are channeled to TASAF District

Coordinator to process payment (PSSN Operational Manual, 2013). One participant in FGD reported as follows:-

*“We used conditional forms which are to be filled and signed by head teachers/head masters and doctors regarding attendances of beneficiaries”* (Female FGD participant from Kilangali Village, November, 2018).

Some beneficiaries did not fully comply with the agreed co-responsibilities as stipulated in the PSSN Operational Manual (2013). Handa and Seidenfeld (2014) also argued that, although it was not reported by programme staff but a large number of beneficiaries used social transfer to buy beer. The study also found that, the conditional forms were used as the main tool of assessing the adherence to co-responsibilities. But the tool has limited ability, effective only for school and health transfers but it cannot be applied to assess whether the basic transfer is properly used to meet other outcome variable such as food.

#### **4.2.4 Programme monitoring**

Monitoring of CCTs programme involves a number of tools including regular financial and narrative reports, the computerized management information system, community score cards and rapid response teams. According to the PSSN Operational Manual (2013), the financial and narrative reports are required to be written in each quarter at village and district levels and sent to Regional, TASAF Management Unit (TMU), Development partners and to the National Steering Committee (NSC).

The study revealed that, financial and narrative reports were only written quarterly at district level. One KI said during the interview that:-

*“This is a submission letter of the first quarterly report I sent in October of this financial year (2018/19) and we are now preparing the second quarter progress report which I will send in early January, 2019”* (December, 2018).

In contrast, CMCs were found to write their reports on payment dates (after every two months). One KI said:

*“I used to compile the CMC’s bimonthly report to write the district quarterly progress report”*. (December, 2018).

The KI also narrated the mechanism of receiving feedback from the financial and narrative report:

*“TASAF head office used to arrange the meeting for TASAF coordinators and among other things we discussed issues raised from the quarterly progress reports”* (December, 2018).

According to the PSSN Operational Manual (2013) the community score card is a participatory tool between facilitators and community members to assess the level of satisfaction of the community with services provided. The exercise is contracted out to firms with the relevant expertise.

There was no evidence on the use of community score cards in the study area. The community score cards were found to be unfamiliar at all levels (village and district).

One KI said during the interview that:

*“I am not aware of community score cards...but sometimes the follow up survey teams come to our office and visit our programme villages”* (December, 2018).

The study revealed that programme monitoring was not fully adhered to as indicated in the programme document. The financial and narrative reports were not written on quarterly basis at village level as stipulated in the programme document, but only written

on payment dates. The community score cards were found to be unfamiliar at all levels (village and district). The finding also suggests that, the community score cards were not used as indicated in the programme document. Monitoring not only checks all programme aspects being implemented as indicated but also provides feedback to beneficiaries (Handa and Seidenfeld, 2014).

#### **4.2.5 Community Driven Development (CDD) as a programme delivery approach**

FGDs conducted in all villages and KIIs revealed that, respondents were aware of the CCD approach. This approach required people in their locality to perform the programme activities. The FGD participants in each village expressed how they were involved from preparation, approval of preliminary list of programme beneficiaries to actual implementation of the programme. The study revealed that, CCD approach was used in all study villages. However, there were some challenges associated with the CCD approach. The most mentioned one was little allowance; this is reflected in the following quotation:-

*“We were given very little money, imagine we are paid 10,000 TShs as allowance for issuing payments to beneficiaries, some have already left and only a few have remained to perform the duty”* (Female FGD participant from Kilangali Village, November, 2018).

The PSSN Operational Manual (2013) articulates a list of trainings to be offered regularly to CMC members, among them are trainings on targeting, management of conditions, group management, and savings among others. The study findings revealed that, CMC received only one training prior to the implementation of the programme. This is reflected in the following quotations:-

*“We did not receive any further training since the first training before the implementation of the programme”* (Female FGD participant from Zombo Village, November, 2018).

One KI also said during the interview that:

*“Staff at District head office received regular trainings about the programme but we did not provide any further training to CMC members till now”* (December, 2018).

The study found that, CDD approach was used in all study areas as a programme delivery mechanism. The CMCs members were found to be the primary actors in CDD approach but experienced some challenges which limited their ability in performing their responsibilities. For example, they lacked important trainings which were stipulated in the PSSN Operational Manual (2013). Also, majority of the CMC members complained about little allowances they were being paid to execute their responsibilities.

### **4.3 Outcome Evaluation**

#### **4.3.1 Food consumption score**

The study found that the average Food Consumption Score (FCS) was 43.1, 5.0% of the households had poor FCS, 25.0% had borderline FCS and majority 70.0% had acceptable FCS as shown in Table 4. The average FCS at baseline survey was 19.3 below a poor FCS and almost two thirds (65%) of PSSN households had a poor FCS (URT, 2016). These findings indicate a considerable improvement in the food security situation since the poor FCS was reduced from 65% prior to implementation of the CCTs programme to 5%, signifying a decrease by 92% from the baseline. The findings on FCSs are attributable to high consumption of cereals and tubers, pulses and vegetable as shown in Table 4. These findings are in line with Jonsson and Akerman (2009) who obtained similar findings in Georgia.

**Table 4: Food Consumption Score (FCS) (n = 120)**

<b>Profile</b>	<b>FCS</b>	<b>% Baseline (19.3)</b>	<b>% Present (43.1)</b>		
Poor	0-21	65	5.0		
Borderline	21.5-35	-	25.0		
Acceptable	>35	-	70.0		
Total		-	100.0		
<b>Food Item</b>	<b>Food Group</b>	<b>Weight</b>	<b>Frequency</b>	<b>Score</b>	
Rice, "Ugali", Potato, Cassava other cereals	Cereals and tubers	2	7	14	
Pulses, Beans, Nuts etc	Pulses	3	4	12	
Milk, Milk products	Milk	4	0	0	
Meat, Poultry, Eggs, Fish etc	Meat and Fish	4	1	4	
Dark green vegetables leafy, other vegetables	Vegetables	1	6	6	
Sugar/ Honey	Sugar	0.5	2	1	
Fruit	Fruit	1	4	4	
Oil	Oil	0.5	4	2	

Note: Numbers in brackets indicate mean

Score = Frequency x Weight

### 4.3.2 Results of the ordered probit regression model

This part attempts to assess empirically the second specific objective in which conditional cash transfer (CCT) was analyzed with a focus to understand its effect on food security. The analysis indicated that CCT, basic transfer and fund received by children significantly influenced food security while other variables included in an ordered probit model were statistically insignificant in influencing food security. Thus, only the statistically significant variables in Table 5 are discussed.

Basic transfer was statistically significant at  $P \leq 0.05$  in influencing food security at the households with borderline FCS and households with acceptable FCS while it was statistically insignificant for households with poor FCS. The magnitude of basic transfer effect on food security was 0.1600 at borderline FCS and was 0.1835 at acceptable FCS. This suggests that a beneficiary who received basic transfer was more likely to be at

borderline FCS by 16.00% while a beneficiary at acceptable FCS was more likely to be at acceptable FCS by 18.35% if the programme continues to provide basic transfer to beneficiaries. Probably, households at borderline and acceptable FCSs invested the basic transfers to the intended economic activities that increased food security at household level. The finding is in line with Regmi and Paudel (2016) who found the probability of a household to remain in the acceptable FCS is greater if remittances continued to be given to households.

Conditional Cash Transfer (CCT) was statistically significant at  $P \leq 0.05$  in influencing food security at household with borderline FCS and also for household with acceptable FCS while it was statistically insignificant for household with poor FCS. This confirms that CCT had significant relationship with food security at borderline and at acceptable FCSs. There was no significant relationship between CCT and households with poor FCS. The magnitude of CCT effect on food security at borderline FCS was 0.3178 and at acceptable FCS was 0.3546. As the CCT to beneficiary increases by 1%, the food security of household at borderline FCS was expected to increase by 31.78% while food security of household at acceptable FCS was expected to increase by 35.46%. This suggests that as CCT increases to beneficiary, people in borderline FCS are expected to move into acceptable FCS. In this regard, empirical finding indicated that there was an improvement in food security to beneficiaries of CCT programme. Possibly, the CCT beneficiaries were able to invest their funds in productive activities. Similar finding was obtained by Regmi and Paudel (2016) who found that additional annual remittance increases the probability of a household to remain at the acceptable FCS.

CCTs received by a child as a head of household was statistically significant at  $P \leq 0.10$  in influencing food security at households with poor FCS, statistically significant at

$P \leq 0.01$  in influencing food security at households with borderline FCS and at households with acceptable FCS. Generally, the variable was statistically significant in all categories of FCSs. This confirms that if a child headed household received fund from the programme, food security in the household increased by 2.64% for household at poor FCS and high food security by 26.54% for households at borderline and high food security by households at acceptable FCS by 29.18%. Provision of funds to child headed household may support household to move from poor and borderline FCSs to acceptable FCS, a high level of food security status. In this regard, our empirical finding suggests that giving cash to children headed households on behalf of their parents is the best option for this CCTs programme, probably they used transfers for farming activities in order to produce more foods to improve food security in the households. Alternative explanation was that children were more likely to participate in economic activities so as to supplement household incomes and are responsible for the care of the household members. In contrast to the present study, a number of studies found greater impacts of cash transfer on food expenditure for female-headed households compared with male-headed households (Bastagli *et al.*, 2016).

**Table 5: Ordered Probit Regression Results**

FOOD SECURITY	Poor ( $0 \leq y \leq 21$ )			Borderline ( $21.5 \leq y \leq 35$ )			Acceptable ( $35 < y$ )		
	Marg Eff. dy/dx	Robust Std. Err.	P>z	Marg. Eff. dy/dx	Robust Std. Err.	P>z	Marg Eff dy/dx	Robust Std. Err.	P>z
Age	0.0059	0.0103	0.5640	0.0512	0.0980	0.6010	-0.0571	0.1078	0.5960
Sex	-0.0414	0.0801	0.6060	-0.1970	0.2271	0.3860	0.2383	0.3044	0.4340
EducI	0.0064	0.0096	0.5010	0.0561	0.0823	0.4950	-0.0626	0.0911	0.4920
MaritalS	-0.0045	0.0062	0.4630	-0.0391	0.0488	0.4230	0.0436	0.0544	0.4230
Hhsize	0.0104	0.0088	0.2380	0.0897	0.0644	0.1640	-0.1001	0.0710	0.1580
Mbenefited	0.0116	0.0102	0.2580	0.0998	0.0817	0.2220	-0.1113	0.0896	0.2140
ReceiverF	-0.0066	0.0111	0.5530	-0.0706	0.1366	0.6050	0.0772	0.1470	0.6000
BasicT	-0.0235	0.0160	0.1410	<b>0.1600**</b>	<b>0.0693</b>	<b>0.0210</b>	<b>0.1835**</b>	<b>0.0793</b>	<b>0.0210</b>
CCT	-0.0368	0.0271	0.1740	<b>0.3178**</b>	<b>0.1537</b>	<b>0.0390</b>	<b>0.3546**</b>	<b>0.1707</b>	<b>0.0380</b>
EducNP	0.0313	0.0361	0.3850	0.1702	0.1159	0.1420	-0.2015	0.1479	0.1730
MaritalM	-0.0121	0.0173	0.4830	-0.1072	0.1288	0.4050	0.1193	0.1446	0.4090
MaritalD	-0.0046	0.0049	0.3840	-0.0399	0.0339	0.2400	0.0445	0.0380	0.2420
ReceiverC	<b>0.0264*</b>	<b>0.0148</b>	<b>0.0740</b>	<b>0.2654***</b>	<b>0.0437</b>	<b>0.0000</b>	<b>0.2918***</b>	<b>0.0457</b>	<b>0.0000</b>

N = 120; LR chi2 (13) = 736.84; Prob> chi2 = 0.0000; Pseudo R2 = 0.1479; Log likelihood -73.044414

Source: (STATA Output, 2019). \*, \*\* and \*\*\* indicates significance at 10%, 5% and 1% respectively.

#### **4.4 Food Insecurity Coping Strategies**

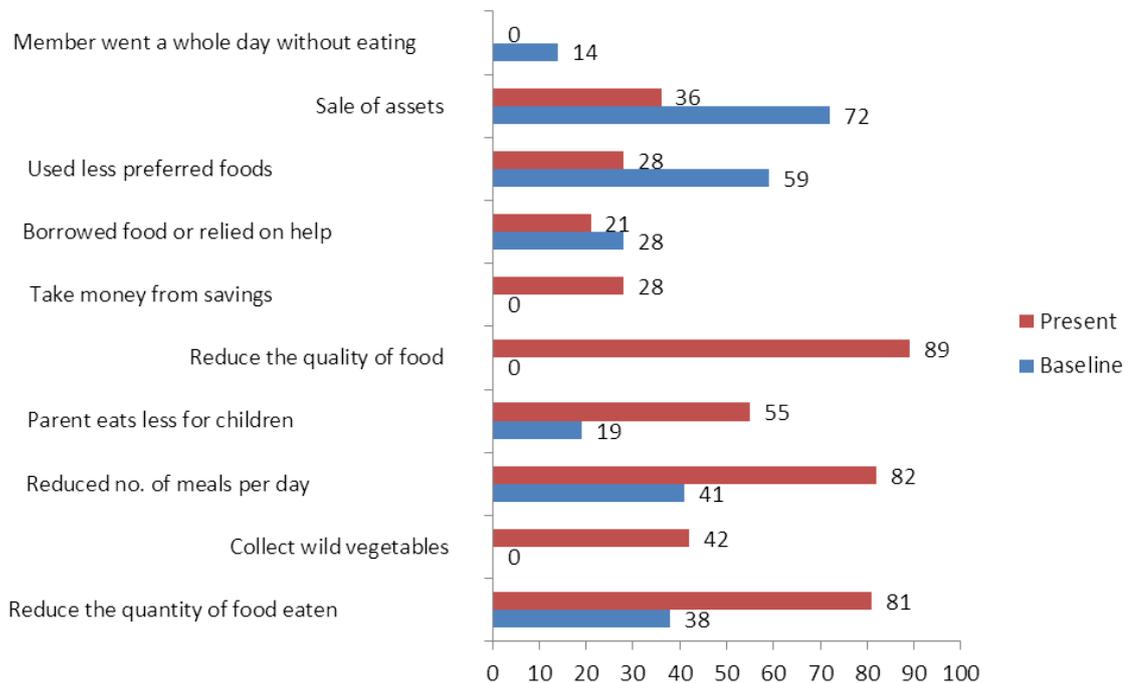
Food insecurity coping strategies were examined based on two categories. Firstly, the short-term or more reversible (positive coping strategies) which includes; used less preferred food, borrowed food or relied on help, parents eat less for children, reduce the quantity and quality of food eaten and alike (Maxwell *et al.*, 2003). Secondly, the long-term or severe (negative coping strategies) category which includes: sale of productive assets, member went a whole day without eating or harvesting immature crops (Maxwell *et al.*, 2003).

The results in Figure 2 show that, there was improvement among households which used negative (severe) coping strategies before their participation on CCTs programme. The study revealed a decrease of 50% among 72% of the households which used negative coping strategies to respond to food shortages at the baseline. Similar finding was also obtained by Handa *et al.* (2013) in Livelihood Empowerment Advancement Programme (LEAP) in Ghana.

The present study also found improvements among households which used more reversible coping strategies (positive coping strategies). The study revealed a decrease of 7% of households relying on borrowed food or help and a decrease of 31% of households that used less preferred foods. However, there is an increase of percentages among households that used more reversible coping strategies. Households that relied on reducing the quantity of food eaten increased by 43%, those that reduced number of meals per day increased by 41% and those in which the parent eats less for children increased by 36%. These strategies do not reflect the current status of food insecurity to the households but reflect the best judgment of household decision makers about the foreseeable future

(Maxwell *et al.*, 2003). Gupta *et al.* (2015) asserts that, these strategies were mainly positive and do not have an impact on increasing vulnerability of the households.

The present study further revealed new positive food insecurity coping strategies which emerged during the implementation of CCTs programme in the study area. These included: collection of wild vegetables which accounts for 42%, reducing the quality of food accounts for 89% and withdrawing money from savings accounts for 28%. Jones (2014) argued that people reported using a range of creative coping strategies to meet the household's financial needs in Palestinian National Cash Transfer Programme.



**Figure 2: Food Insecurity Coping Strategies**

## **CHAPTER FIVE**

### **5.0 CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Conclusions**

The objective of this study was to evaluate the effectiveness of CCTs programme in attaining food security to poor and vulnerable households in Kilosa District. Specifically, the study aimed at examining whether the CCTs programme has been carried out as planned in the programme document; examining whether there has been an increase in food security and examining whether there have been changes in food insecurity coping strategies in the study area as a result of the CCTs programme.

Based on the empirical results it can be concluded that the programme was largely being implemented as planned in the programme document. Examining the key steps for implementation of CCTs programme, the findings confirmed almost full adherence in all the steps; from identification of targeted households, payment transfers, households' co-responsibilities and programme monitoring. However, the study found that co-responsibilities, trainings to CMC members and programme monitoring were not fully adhered to as stipulated in PSSN Operational Manual (2013).

It is also concluded that, food security among poor and vulnerable households has been increased due to their participation in CCTs programme. The CCTs programme significantly improved food security at households with borderline and acceptable FCSs. More positive effects were found in households headed by children who received and controlled the transfers on behalf of other household members.

It is further concluded that food insecurity coping strategies among poor and vulnerable households have improved as a result of their participation in CCTs programme. The most popular coping strategies relied on positive or more reversible food insecurity coping strategies. These included: reduced quantity of food eaten, reduced number of meals, parent eats less for children, borrowed food or relied on help, use of less preferred foods, collection of wild vegetables, reducing the quality of food and withdrawing money from savings.

## **5.2 Recommendations**

Based on the study's observations and conclusions, the following are recommended:

- i. The programme has to ensure that all programme beneficiaries are aware of the co-responsibilities as articulated in the PSSN Operation Manual (2013). There is a need for a programme to come up with alternative ways of creating awareness to beneficiaries about the co-responsibilities and its implication when not adhered to.
- ii. Programme needs to provide regular training to CMCs to ensure that members or implementers at village level have the necessary knowledge and skills required for effective implementation of the programme. Training of CMC members is vital since CDD approach is used as programme delivery mechanism. In addition, regular training will enable CMCs to have knowledge and skills required for effective monitoring at village level.
- iii. Programme monitoring needs to be strengthened at village level; the programme is required to come up with additional monitoring tools that capture all aspects of programme outcomes rather than relying on conditional form which only captures

health and education outcomes. The programme has to ensure that the community score cards are in place. Also, narrative and financial reports at village level must be written in quarterly basis.

- iv. The allowances given to CMC members should be reviewed by the programme and the communication of programme grievances should also be revised to create a more favourable working environment.
- v. Apart from the impressive results on the outcome, the amounts transferred to beneficiaries should be reviewed to reflect the current economic situations. Some of the respondents seemed to have negative perception on the amount they received as they compared the amount received to the current economic situation.

### **5.3 Areas for Further Research**

Further research should be carried on other outcomes variables of CCTs programme to examine the influence of CCTs programme in health and education outcomes in the study area. Since findings of this study showed that CCTs programme has improved food security status among poor and vulnerable households in Kilosa District, a further research will add to the body of knowledge about the ability of CCTs programme in addressing poverty and vulnerability.

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## APPENDICES

### Appendix 1: Questionnaire for Household Survey

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#### Section A: Background Information

Questionnaire No.....Date of Interview.....

Division.....Ward.....Village.....

#### Demographic Characteristics of Respondents

1. Name of household head .....
2. Name of respondent.....
3. Age of the respondent.....
4. Sex ..... [1 = Male, 2 = Female]
5. Marital status of respondent ..... [1 = Single, 2 = Married, 3 Separated,  
4 = Divorced, 5 = Widow/Widower, 6 = Cohabitation]
6. Level of education of respondent ..... [1 = Never been to school,  
2 = Not completed primary, 3 = Primary, 4 = Secondary,  
5 = Advanced secondary school 6 = Higher than above (mention)]
7. Total number of people in the household.....
8. Main occupation of the respondents..... [1 = Farming, 2 = Livestock keeping,  
3 = Small scale business, 4 = Other (specify)]

#### Section B: Detailed Information

9. Are you aware of the CCTs Programme?
  1. Yes
  2. No
10. Were you among the individuals receiving the CCTs?
  1. Yes
  2. No

11. Which year did you join the CCT programme? .....

12. Who made a decision for you to be a beneficiary? .....

1 = CMC, 2 = TASAF Officials, 3 = Village leaders]

13. What are your views on the procedures and criteria used to identify the targeted households.....

14. How many members are directly benefiting from the programme?

Basic Transfer	
School Transfer	
Health Transfer	

15. How much have you received?

		Total
Basic Transfer		
School Transfer		
Health Transfer		

16. How many times the transfers are made per year.....

17. Who receives and manages the transfers on behalf of the other members? .....

[1 = Father, 2 = Mother, 3 = Children, 4 = Others (Specify)]

18. The basic transfer increased the food consumption in your household throughout the year.....

[1 = strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = strongly agree]

**Food Frequency Table**

19. How many times did your household consume meals categorized below for the past seven days?

S/N	Meal Times	Yes	No
1	Any food before a morning meal		
2	A morning meal		
3	Any food between morning and midday meals		
4	A midday meal		
5	Any food between midday and evening meals		
6	An evening meal		
7	Any food after the evening meal		

**Food Consumption Score (FCS)**

20. How many days in the last seven days did your household eat the following food types? Write **0** if no consumption of that food item

S/N	Food items	Food group	Weight (a)	No. of days (b)	a x b
1	Rice	Cereals and tubers	2		
2	Wheat / Other cereals				
3	Potato (Including sweet potato)				
4	Pulses/ Beans/ Nuts	Pulses	3		
5	Milk/ Milk products	Milk	4		
6	Meat	Meat and Fish	4		
7	Poultry				
8	Eggs				
9	Fish and Seafood (Fresh/Dried)				
10	Dark green vegetables- leafy	Vegetables	1		
11	Other vegetables				
12	Sugar / honey	Sugar	0.5		
13	Fruits	Fruit	1		
14	Oil	Oil	0.5		
<b>TOTAL</b>					

**Coping Strategy Index (CSI)**

21. Due to a shortage of food and income, how many days in the past 7 days did any household member .....

<b>Coping strategy</b>	<b>Frequency</b>	<b>Severity weight</b>	<b>Frequency x weight</b>
Reduce the quantity of food eaten		1	
Reduce no. of meals per day		1	
Rely on less preferred and less expensive foods		1	
Borrow food or rely on help		2	
Purchase food on credit		2	
Collect wild vegetables		4	
Limit portion size at mealtimes		1	
Reduce the quality of food		1	
Parents eats less for children		2	
Reduce number of meals eaten in a day		2	
Take money from savings		2	
Sells of assets(hens, ducks, goat, sheep etc)		4	
Used less preferred foods		1	
Skip entire days without eating		4	
<b>Total CSI</b>			

22. Do you think the transferred amounts are sufficient to meet your daily needs?

1. Yes 2. No. If Not, explains why.....

23. What do you think are the major problems of the programme?

24. What are your views in order to improve the CCTs programme in the future?

**THANK YOU FOR YOUR PARTICIPATION**

## Appendix 2: Interview Guide for Key Informant Interview

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Title.....Date of Interview.....

1. How many villages are benefiting by the programme in the District?
2. What procedures and criteria were used to identify the targeted households?
3. Which approach are you using to deliver services to the beneficiaries?
4. What procedures are you using to pay the beneficiaries?
5. What kinds of transfers are given by the programme?
6. What is the average amount transferred to each beneficiary? What is the periodicity of the transfers?
7. Do you think the transferred amounts are enough to meet the beneficiary's needs?  
1. Yes 2. No
8. If not, what amount would you recommend? Tshs.....
9. How many households are benefiting from the programme? .....
10. How many potential beneficiaries were not reached by the programme?.....
11. How many staff are required for the implementation of CCT programme in the District?.....
12. How many staff do you have in place?.....
13. How do you off set the shortage (if any).....
14. Are there any problems that have emerged as a result of this shortage?  
1. Yes 2. No. If not, why.....if yes, what are they.....
15. Do the programme staffs receive regular training required for the implementation of the programme? 1. Yes 2.No, if not why.....
16. Do the CMCs receive regular trainings required for the implementation of the programme? 1. Yes 2. No, if not why.....

17. Are there any unintended consequences of the programme participation?
18. Were there any conditions agreed with the beneficiaries of the programme? If YES, please mention the conditions and the methods used to assess their fulfillment.
19. How did you monitor the programme?
20. What do you think are the major challenges in implementing the programme?
21. What can you say about the success of the programme?
22. What are your recommendations for the improvement of the programme?

**THANK YOU FOR YOUR CO-OPERATION**

**Appendix 3: Interview Guide for Focus Group Discussion with Community  
Management Committee (CMC)**

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Date of Discussion.....

Division.....Ward.....Village.....

1. How was this committee formed?
2. What are the responsibilities of CMC?
3. Do you receive any payments in performing your responsibilities?  
1. Yes 2. No
4. If Yes, How much have you paid? Tshs.....
5. Do you think this amount is sufficient for your responsibilities? 1. Yes 2. No
6. If not, what amount would you recommend? Tshs.....
7. What criteria were used to determine the eligibility of beneficiaries?
8. How much the programme beneficiaries are receiving in average?
9. Please explain what mechanism you are using to ensure that transfers are spent according to the purpose of the programme?
10. Please explain how are you involved in the whole process of the programme implementation?
11. What do you think are the major challenges of the programmes?
12. What can you say about the success of the programme?
13. What are your views for the improvement of the programme?

**THANK YOU FOR YOUR PARTICIPATION**