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Addressing chronic poverty and vulnerability through social assistance in Tanzania: assessing the options

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What is Chronic Poverty?

The distinguishing feature of chronic poverty is extended duration in absolute poverty.

Therefore, chronically poor people always, or usually, live below a poverty line, which is normally defined in terms of a money indicator (e.g. consumption, income, etc.), but could also be defined in terms of wider or subjective aspects of deprivation.

This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below the poverty line.

Abstract

Insecurity and vulnerability are widespread in Tanzania. Many people appear trapped in poverty, lacking the resources to participate in growth. Economic growth has not reduced income poverty as expected and upward mobility has become limited. Social transfers can be an important part of a transformative approach to development which can interrupt the exclusion and adverse incorporation which characterises current patterns of development.

The many sources of risk and widespread vulnerability, together with the affordability and capacity contexts, create two difficult choices: between running one versus several programmes of social transfers; and between categorical and non-categorical targeting. Social transfers should be able to support the risks poor people have to take to improve their livelihoods, escape poverty and contribute to growth. Transfers should also be capable of addressing the main reasons for impoverishment, which include divorce and business failure. A non-categorical transfer targeted at poor households would be best. It would have less exclusion and inclusion errors. Local focus group discussions have proven effective at identifying the poor. However, safeguards against corruption would be needed.

Politically, categorical transfers, such as pensions, child allowance and disability allowance, combined with an employment guarantee might be most attractive as they are simple to understand and easier to target. But given likely scarcity of financial resources for the long-term commitments which are required, as well as implementation capacity, one programme addressing many risks and funded from tax revenues would be optimal.

Keywords: vulnerability, insecurity, social assistance, social protection, Tanzania, gender struggle, risk

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Contents

1 Preface: Social transfers – what can they do?	5
2 The big choices	6
2.1 The objective(s)	6
2.2 Contribution to growth	6
2.3 Social protection or social transfers	7
2.4 One programme or several	7
2.5 Universal or targeted provision	7
2.6 Categorical or poverty targeting	8
2.7 Conditional or unconditional	10
2.8 Coverage and transfer size	10
2.9 Regularity, duration and dependency	10
2.10 Start somewhere, build strong M & E systems, and fine tune over time	11
3 The Tanzania Context	12
3.1 Tanzania, Mkukuta I & II	12
3.2 The (draft) 2009 National Social Protection Framework (NSPF)	13
3.3 Social protection pilots	13
3.3.1 Tanzania Social Action Fund community-based conditional cash transfer pilot	14
3.3.2 Kwa Wazee project	14
3.3.3 The National Costed Plan of Action (NCPA) for most vulnerable children	15
3.3.4 The Respect Study	15
3.3.5 Save the Children pilot cash transfers in Lindi District	16
4 The Tanzania vulnerability and poverty context	17
4.1 Persistent poverty	17
4.2 Vulnerability	21
4.3 Food insecurity	27
4.4 The social consequences of despair: Gender struggles, witchcraft and theft	30
5 Social transfer options	34
5.1 Objectives	34
5.2 One social transfer programme or several?	34
5.3 Targeting choices	35
5.4 Gender sensitivity	37
6 An employment guarantee?	38
7 Beyond social transfers	39
References	40

1 Preface: Social transfers – what can they do?

Poverty in Tanzania is widespread and not reducing quickly, especially in rural areas, despite economic growth. Partly, this is due to the pattern of growth, but partly also to the increasingly structural nature of poverty. Additional efforts to transform this situation are clearly called for. The National Social Protection Framework (NSPF) has committed the country to a stronger approach to social protection including social transfers. This policy paper examines the decisions which need to be made and the choices along the road.

Social transfers can protect chronically poor people from shocks and reduce vulnerability by smoothing consumption. Transfers can also promote livelihood development by helping to conserve people's limited assets and thereby enable people to take investment risks. Ultimately they can transform socio-economic relationships and improve long-term well-being prospects (CPRC, 2008).

Regular transfers over substantial periods can improve nutrition, health and education outcomes for poor children, facilitate the rebuilding of household and community assets, enabling inclusive economic growth and reaching the extreme poor (Barrientos and Niño-Zarazua, 2011).

2 The big choices

It is important to be clear what decisions need to be made when putting a programme of social transfers in place. Firstly, there are choices about objectives. Then, about how much to continue to rely on informal social protection, and whether any new formal approaches should strengthen the informal. Finally, questions are raised about the sort of programme which would be appropriate. This policy paper will focus on social transfers (cash transfers), given that social insurance is unlikely to be feasible for poor households. However, the Community Health Fund experience suggests that an insurance approach may be useful and this will also be discussed in the analysis (Kamuzora and Gilson, 2011).

2.1 The objective(s)

The Government of the United Republic of Tanzania has decided that informal systems of protection are no longer working adequately and need to be supplemented with formal social protection. An example of this from CPRC research is women who return home after divorce or widowhood and who are, in many cases, no longer welcomed and protected by their parents or brothers (da Corta and Magongo, 2011).

Income poverty is widespread. It affects three to four people out of ten and is increasing. However, although vulnerable, a large proportion of Tanzania's poor are not far under the poverty line. Plausibly, social protection could prevent the depletion of their assets upon negative shocks and promote asset accumulation, thereby paving a pathway out of poverty. One policy option would be to protect the population in stages: first, reducing the vulnerability of the poorest, then of the poor, then of the remaining vulnerable, progressing equitably towards eventually achieving a near-universal coverage. This would have the advantage of starting with a manageable commitment, and expanding that commitment as the fiscal envelope also expands.

2.2 Contribution to growth

Poverty reduction will come mostly from growth in Tanzania. It is important that social transfers enable the poor to participate better in growth by taking advantage of investment and business opportunities, wage employment, and education. Growth is now reasonably stable but poverty has reduced little, especially in rural areas where there has also been less economic growth. Growth has been most rapid in mining and urban construction, hence not benefiting poor rural people much. The incidence of urban poverty, especially in Dar es Salaam, has been on the decline. Agriculture is recognised as a major part of the problem. This large-scale sector has grown, but most smallholders depend on food crops and livestock, and these sub-sectors have not grown much (Pauw, 2010). It is difficult to make a good income in small scale farming. Agricultural risks are high; many land holdings are too small, and the ability to increase their size is often constrained by high land prices – a

consequence of inequality and population growth. Lacking the resources to make their smallholdings productive, many resort to casual wage labour and petty trading. Working in these saturated markets rarely enables the accumulation of assets or even food security, given rising commodity prices. These are some of the reasons growth has not reduced income poverty faster, while human several development indicators have improved due to high government expenditure on health and education.

Social transfers contribute positively to growth, and especially the inclusiveness of growth, as well as poverty and vulnerability reduction. This is achieved by protecting and enhancing human capital and labour productivity, as well as productive assets since these need not be sold as a response to crisis (Barrientos, 2008).

2.3 Social protection or social transfers

While 'social protection' includes a broad range of measures (social security, social insurance and social transfers, and in some versions labour market regulation), social transfer schemes have been shown to be the most effective strategy for developing countries to address widespread poverty (CPRC, 2008). Formal employment related social security or social insurance is limited as most employment is informal.

2.4 One programme or several

One option is to develop tailor-made social transfer or insurance schemes that separately address each specific major risk – as suggested by the NSPF. However, our research suggests that the poor are trapped by a multitude of risks, over the course of their lives. It may be difficult for top down efforts to predict and effectively respond to the risks encountered by a multitude of individual households. Elsewhere, social transfer programmes have been shown to enable the poor themselves to effectively respond to prevailing insecurities and plan accordingly. Furthermore, it may not be financially cost effective for the government to establish a labyrinth of separate agencies to address different sources of vulnerability through the same medium of social protection. The NSPF suggests that several schemes might be needed. However, for the moment, one well run and wide coverage programme addressing many risks might be better than several patchy and less well run programmes addressing different sources of risk.

2.5 Universal or targeted provision

There is an argument about the universal entitlement to social protection. Free health services at the point of delivery are widely accepted by many governments as a right, whether funded from tax revenue or insurance *premia*. An employment guarantee, as in India, is universally available in theory, but self-targeted in practice, as it is only taken up by those who need it. While a right to social protection may be accepted in principle as a long

term goal, in practice it is also accepted that in the short to medium term some targeting may be necessary for financial sustainability reasons.

Social transfers can be, and most often are targeted to those who need it most, or whose situation will be most transformed by it. A combination of a universal and targeted approach is also possible. Thus certain poor or highly vulnerable regions and localities can be targeted, within which universal provision can be made. This could be a first stage before universal provision nationwide.

2.6 Categorical or poverty targeting

If it is decided that targeting is desirable, then decisions about adopting a categorical or non-categorical approach will be needed. The advantage of categorical targeting (such as children or older people) is that it is usually easier and cheaper to target this way than by income or well-being category. The disadvantage is that categorical targeting usually excludes too many poor or vulnerable people (exclusion error). Or, if the category is sufficiently broad, e.g. all children, all older people, it includes too many non-poor (inclusion error). However, there are a growing number of schemes using income/poverty targeting. Our research in Tanzania and elsewhere has found that local focus groups are very good at categorising households in terms of poverty or well-being (Box 1). This could be a less bureaucratic basis for non-categorical or poverty targeting. But it could be that communities would be less accurate in identifying if the necessary resources follow, and so there would need to be supportive systems for verification, which could be expensive.

Box 1: Focus group based wealth ranking

Focus groups identified six well-being classifications ranging from destitute (1) to rich (6). These classifications sought to take into account assets, income, levels of consumption and vulnerability to risk.

In each cluster, the team sought to conduct four focus group discussions. The first was with 'knowledgeable' people, to map a community timeline, identify key institutions in the community, identify and rank major sources of livelihoods and understand the value of key assets, wages and prices.

Separated by gender, there were two additional 'well-being ranking focus group discussions'. Participants were chosen by community leaders, and a request was made that the participants represent a cross-section of the community. These had two parts. The first was to develop a well-being classification system for the research site. The starting point was a scheme that the research team had developed. The scheme included six well-being classifications, ranging from destitute (1) to rich (6). It sought to take into account assets, income, levels of consumption and vulnerability to risk. Ideally it would work across communities in Tanzania while retaining local relevance; depict distinctions among the many poor people clustering around the poverty line; and capture the specific characteristics experienced by the destitute. Box 2 outlines these classifications.

Box 2: Well-being classifications

1. Destitute = Maskini hohehahe

- Depend on others for basic needs
- Cannot work
- Tend to be socially excluded

2. Very poor = Maskini sana

- No clear livelihood source
- No significant productive assets
- Dependent on selling labour/scavenging
- Erratic income and food access
- Very vulnerable to becoming destitute with shock

3. Poor = Maskini

- Have access to limited productive assets (e.g. land and livestock)
- Cannot earn enough from farming or trade to take family provisioning through whole year and so will reduce family food consumption
- Cannot save much in good years
- Must sell assets in order to cope in a crisis
- Vulnerable to downward mobility to 'very poor' category but not to 'destitute' category

4. Vulnerable but not poor (Tete ila siyo maskini)

- More productive assets which takes family through the year
- During good times they can save
- During bad times will reduce family consumption
- Vulnerable to downward mobility with a significant shock

5. Resilient = Tajiri kiasi (Mwenye uwezo)

- Sufficient capacity (e.g. assets, social networks) to prevent significant downward mobility relative to overall productive wealth
- May employ small amounts of labour on farm or be involved in small scale trade

6. Rich = Tajiri

- Significant assets and local power
- Involved in large scale trade or employment of labour
- Own large scale non-farm assets
- May lend money

Based on this scheme, each well-being ranking focus group discussion was asked to make the classifications locally relevant by attaching characteristics to each of the classifications. The objective here was to understand the types of characteristics that defined these classifications in each community, while being able to aggregate and compare the data. Unsurprisingly, given the diversity of research sites, the characteristics attached to each well-being classification varied from cluster to cluster.

Source: Higgins (2011)

2.7 Conditional or unconditional

The Latin American conditional cash transfers have raised political support among elites and middle-class people for the programmes as a result of imposing conditions – usually that children attend school, or pregnant women and young children attend health clinics regularly – on recipient households. While these conditionalities may address taxpayers' fears that poor people need an incentive to improve their human capital, evaluations suggest that unconditional provision works just as well in terms of achieving these development objectives. Gender roles and inequality may also be reinforced if, as in Latin America, government programmes identify women alone as responsible for taking their children to school and health check-ups, as a condition for grant receipt. (Molyneux, 2007). Additionally, it is administratively costly to monitor and enforce compliance with conditions. But the political capital may still remain.

2.8 Coverage and transfer size

There is a clear trade off here. The more people are covered, the smaller the transfer can be, given a limited budget. The smaller the transfer, the less significance it will have for the recipient, and the smaller the effects in terms of consumption smoothing as well as poverty reduction and growth. However, strict financial constraints should not be assumed since additional money may be found with political momentum. There is now plenty of experience in other countries indicating that relatively small transfers can make a big difference to a significant proportion of the population.

2.9 Regularity, duration and dependency

To give people the security on the basis of which they will save, invest and accumulate assets, they must know that the transfer will be regular. Regularity means that the household budget can be planned around the knowledge that the transfer will be available. Children can be kept in school and small savings and investments in farming and business can be made in the knowledge that the household will not go short of food. Although social protection should be predictable it could still be seasonal, e.g. a well timed public works programme, an off-season employment guarantee or a cash transfer.

Governments worry about creating dependency, and typically want to see people 'exit', i.e. stop receiving transfers, or 'graduate', i.e. move onto a more commercial basis of support such as micro-finance. However, the evidence for dependency in developing countries is very limited. The transfers, generally too small to become dependent on, tend to support poor people's existing strategies to get out of poverty through small savings, investments and education. They also strengthen the informal social protection networks provided by families and kinship groups (Shepherd, *et al.*, 2011).

There are some transfers that have definite cut-off points: transfers targeted at the elderly, school-going children or neo-natal and children under five. Otherwise, it can be difficult for a programme to determine when a participant should 'exit' or 'graduate'. Here again lies the

value of community based targeting – a local community knows when a household is doing significantly better. The discussion would then be whether the improvement is sustainable or whether withdrawing a transfer would simply put a household back where they had been. Graduation may involve the introduction of other services – financial or vocational (Hashemi and Umaira, 2011).

2.10 Start somewhere, build strong M & E systems, and fine tune over time

Where political commitment to social transfers is hesitant, as it often is for reasons of affordability or worries about dependence, it may be advisable to ‘go with the political grain’. – if politicians are keen on a certain sort of transfer they should be supported to implement their initiative, which they may decide to revise over time in light of emerging assessments. Programme sustainability requires government commitment and ownership, which may be lacking if donors pursue their preferred strategy. This may not be in the long term interests of the poor (Niño-Zarazua *et al.*, 2010). Social transfers quickly become a core part of the social contract between state and citizen, so these are important political decisions.

3 The Tanzania Context

Our research suggests the need for a social-protection programme which is part of Tanzania's development strategy and not mere relief. By protecting consumption and enabling more people to participate in economic growth, social protection would boost poor people's demand for basic foodstuffs and in turn strengthen agricultural growth. Boosting the effective demand for education and health services would also have beneficial outcomes in terms of human capital, as shown by the long term monitoring of Mexico's Oportunidades programme. In these ways, the cost of social protection can be more than offset by greater and more inclusive economic growth and human capital development (Barrientos and Niño-Zarazua, 2010).

3.1 Tanzania, Mkukuta I & II

Tanzania, Mkukuta I and II are sympathetic to the idea of social protection, but indicate that there are many questions which remain to be resolved, especially about what the objectives should be, who should be targeted and under what sort of targeting system. The draft 2009 National Social Protection Framework further discusses these issues.

Box 2: Mkukuta II on social protection

The main objective of social protection is to prevent unacceptable levels of socioeconomic insecurity and deprivation. The strategy underscores the developmental role that social protection can play in preventing poverty traps, reducing household insecurity, and encouraging investments in poverty-reducing assets (physical, human, social and financial) that can strengthen people's resilience and capacity for self-sufficiency. Social protection interventions will focus on: orphans and vulnerable children; people with disabilities; the elderly; people living with HIV and long-term illnesses; vulnerable women and youth; former inmates, and people disabled by accidents, wars and conflicts' (p. 92).

Operational targets associated with this goal:

- Proportion of vulnerable children, including children outside family care, disabled, and eligible adults covered with social protection measures increased;
- Proportion of eligible elderly people reached with minimum social pension increased.

Strategies include (p. 92):

- Mainstreaming provision of social protection measures in the plans of state and non-state actors;
- Continuing provision of care and support to people living with HIV and those indirectly affected including home-based care and social-security schemes including food safety nets;
- Strengthening systems and institutions for effective access to a minimum social-protection package, including exemption and waiver schemes for persons with disabilities (PWD), orphans and vulnerable children (OVC), elderly people living with HIV and other vulnerable groups;
- Supporting capacity of poor households to care for vulnerable members;
- Increasing access to civil registration systems for older people, OVCs and PWDs;
- Promoting economic empowerment of vulnerable groups, through such measures as start-up kits for Income Generating Activities (IGAs) and cash transfers;

- Revising policy and regulations to ease access to financial services and exemptions applicable to vulnerable groups;
- Promoting and coordinate involvement of the government, development partners (DPs), NGOs, faith-based organizations (FBOs), the business sector and communities;
- Promoting private-sector initiatives in implementing social-protection measures, including promoting corporate social responsibility to support social protection interventions.

In addition, Goal 2 of Mkukuta II is to improve public service delivery to all, especially the poor and vulnerable. (p. 97). One target is to introduce mechanisms for targeting the poor and vulnerable groups and cover 65 percent of the poor and vulnerable groups currently excluded from public service delivery.

A strategy to achieve this includes promoting social protection interventions which recognise the potential of each individual, to ensure security to all, and to minimise the risks affecting the most vulnerable groups, including the unemployed, pensioners, women, children, the elderly, and victims of disasters.

Source: Ministry of Finance and Economic Affairs (2010): 92, 97.

3.2 The (draft) 2009 National Social Protection Framework (NSPF)

This is part of the national effort to eradicate poverty. Its goal is to reach the most vulnerable; enabling them to engage in productive activities and become beneficiaries of the growth process. There is a range of existing social protection mechanisms, but the challenge is to extend their reach, especially to the informal sector. The NSPF aims to address both the state of generalised insecurity, preferably through universal approaches, and also the vulnerability of the poorest through targeted approaches.

The strategy recognises the potential public expenditure implications. While external assistance can be helpful, it is also unpredictable, which is highly problematic for social protection support, and Tanzania is already highly aid-dependent. At the time of writing (early April 2011), the Framework has not yet been approved.

3.3 Social protection pilots

There are several pilot programmes in operation, which are summarised below. While different in objectives and focus, they share some common features. All are targeted. All are extremely small scale, though the NCPA/MVC is now scaling up. The results from these schemes are currently being evaluated, and lessons should be drawn from the evaluations to inform the development of a national programme. For example, the effects of imposing conditions could be assessed. The various approaches to targeting could be compared.

3.3.1 *Tanzania Social Action Fund community-based conditional cash transfer pilot¹*

Funded by the Government of Tanzania, World Bank and the Japan Social Development Fund, this scheme covers 80 villages and 2,500 households in three districts. Households that qualify for the programme were those which were very poor, not receiving similar benefits in kind or cash from another programme and those which are homes to older people (60+) or an orphan or vulnerable children. Beneficiaries are selected using 'verified community based targeting' which involves community-based pre-selection of the most vulnerable 50 percent of households in the community. A proxy-means test (PMT) questionnaire is then applied and the 50 percent of households are ranked according to vulnerability. Finally, the most vulnerable 15 percent of households (according to the PMT formula) are enrolled in the programme subject to a second round of public validation. This process requires around seven days to implement in each village. Beneficiaries are required to comply with education and health conditionalities: regular attendance at primary schools by vulnerable children and occasional visits to the health centres by elderly persons and children under five years. Households were targeted in December 2008, the pilot was officially launched in September 2009 and first transfers received in December 2009. Those that are eligible will receive benefits for a maximum of 20 months. This is implemented through local government authorities.

3.3.2 *Kwa Wazee project²*

This is an unconditional cash-transfer programme, which aims to reduce the vulnerability of chronically poor households and combat the malnutrition of children. It targets poor and vulnerable people over the age of 60, including those caring for children without parents. Initially, Kwa Wazee used village leaders to target poor households, with a verification carried out by a questionnaire conducted by project staff. Accurately targeting around 90 beneficiaries was reported to take up to two months, with ten to 11 days spent in each village. However up to 60 per cent of households selected by community leaders were ineligible and the methodology had to be abandoned. The project has since attempted to use a community-based targeting approach. Although faster than the original methodology, in one out of three pilot villages it later came to light that local leaders had pre-determined who should be targeted, which again resulted in inclusion errors. In order to achieve its objective of targeting the very poorest, village-level coverage of the Kwa Wazee project needs to scale up significantly – from supporting less than 5 percent to over 30 percent of older people in any one community.

¹ Information for first two pilots comes from their websites and also 'Achieving income security in old age for all Tanzanians: A study into the feasibility of a universal social pension'. Ministry of Labour, Employment and Youth Development in collaboration with HelpAge International (2010).

² REPSSI, World Vision, Swiss Agency for Development and Cooperation (SDC) and HelpAge International (2008).

Each household receives a monthly grant of TZS 6,000 (about US \$4.47) with an additional monthly grant of TZS 3,000 for every child. By 2007 nearly 600 older people were receiving a regular monthly pension.

3.3.3 *The National Costed Plan of Action (NCPA) for most vulnerable children*³

This programme supports especially vulnerable children (MVC), not just those with HIV/AIDS, to avoid stigmatising the latter. This is a UNICEF supported pilot that has now been expanded nationally, with Global Fund, PEPFAR and UNICEF support. Its objectives are to identify the most vulnerable children, protect them from harm, and give them access to essential services. MVC village and ward committees identify vulnerability criteria, and take some responsibility for all the children identified. CSOs support provision of essential services. The Department of Social Welfare is the co-ordinating department.

By 2009, 410,000 MVCs had been identified across at least one ward in 62 districts, as the programme was being rolled out nationally. There are estimated to be one million MVCs in Mainland Tanzania.

3.3.4 *The Respect Study*⁴

This research project used conditional transfers to encourage the prevention of sexually-transmitted diseases. Transfers were given to adults to not have unsafe sex. It gave payments of up to \$60 per person over 12 months to people who tested negative for a group of common, sexually-transmitted diseases. The project was funded by the World Bank, its Spanish Trust Fund for Impact Evaluation and, through the not-for-profit Population Reference Bureau, the William and Flora Hewlett Foundation. Research was conducted in Tanzania's Kilombero/Ulangua districts because its infection rates are about average for Africa. Residents in the district are aware of HIV/AIDS, partly because it is close to a major highway, where migration and mobility have made it a major pathway for HIV transmission in Tanzania and East Africa. The programme enrolled 2,399 people from 10 villages in these districts. Most of the participants were 18-30 years old. Medical teams were sent to each village every four months, for about one week at a time. One team introduced the participants to the project, obtained consent, took samples and conducted interviews, and another team gave out the laboratory results two weeks later in private, face-to-face interviews. All samples and results were marked with bar codes, instead of names, to protect privacy. All participants received free treatment, such as antibiotics, and counselling. But only those tested negative in the cash group received payments.

³ Repoa, NBS, UNICEF (2009)

⁴ World Bank (2010)

After 12 months 9 percent of participants eligible for the \$60 award tested positive for one, or more, of six infections.⁵ By comparison, the rate was 12 percent for a control group who didn't receive payments. But, half of the eligible group were eligible for \$30 a year and the other half \$60. The study found that the \$30 group still had the same infection rate as the control group that received no payments. And, not surprisingly, the programme is more effective for people from poorer and rural areas.

3.3.5 *Save the Children pilot cash transfers in Lindi District*⁶

Cash transfers were given to HIV/AIDS orphans and their caregivers. The programme's goal was to significantly reduce vulnerability, increase household income and improve children's nutrition. It was launched in November 2007, but has now closed. Cash transfers were given to households in three villages, benefiting 198 children in 60 families. Households received a monthly grant of TZS 6,000 (approximately US \$5). An additional monthly grant of TZS 3,000 (approximately US \$2.50) was provided for every orphaned child living in the household.

Eligible households were selected using data from a recent Save the Children study on extreme poverty in Lindi Rural District. These households were: typically smaller than average, i.e. between 1 to 4 people; had the least able-bodied labour (50 percent had no active male labour, 47 percent of households have no able-bodied labour at all, and 33 percent have one person); were dependent on remittance from elsewhere, e.g. family members working in urban areas (40 percent); had the highest dependency ratio (2.2 children and older people dependents for every 18 to 59-year-old adult working); often faced labour shortage due to ageing, sickness and divorce; had a very small annual cash income ranging from TZS 60,000 (£2) per month in the case of older woman-headed household to approximately TZS 150,000 (£5) per month in the case of an active couple profile. The pilot was endorsed by village government and approved by the village assembly.

The aforementioned pilots constitute options which could scaled-up nationwide. To ascertain what kind of social protection would be most effective, it is critically important to understand the poverty dynamics in Tanzania: vulnerability, upwards mobility and resilience. In the following section, we therefore discuss recent evidence on poverty and food security, as background for the assessment of social-transfer options.

⁵ Chlamydia, gonorrhoea, trichomonas, mycoplasma genitalium or syphilis.

⁶ Source: Watson, C. And Gibson, J. (2009) 'Save the Children Fund/ Unicef Multi-Year, Multi-Country Research Programme on the Impacts of Cash Transfers on Children in Eastern and Southern Africa. Joint SCUK/ UNICEF Study, Tanzania Country Report'.

4 The Tanzania vulnerability and poverty context

Recent evidence on poverty, vulnerability and food security are summarised here, as background for the assessment of social-transfer options. Evidence from the CPRC's qualitative field research is woven together with results from the many available survey reports, and some new analysis of the 2007 Household Budget Survey.

4.1 Persistent poverty

Key points:

- Persistent rural poverty has become structural. Many people lack the resources to invest in their smallholdings or diversify elsewhere and so turn to a saturated casual labour market which neither provides a pathway out of poverty nor food security, given rising prices;
- Many people are stuck just below the poverty line and escape routes from poverty are few. While agriculture is foundational, the tipping points taking people out of poverty are typically a non-farm business, non-farm employment or a good marriage.
- There is a high level of inter-generational transmission of poverty through child malnutrition and its effects combined with decline in ownership of productive assets in poor households.

Poverty barely reduced between 2000/1 and 2006/7, despite economic growth, especially in rural areas, according to the Household Budget Survey. There was a widely perceived decline in living standards. A large number of households were just under the poverty line. Many depended on agriculture and the poorest had the least diversified livelihood portfolios. Average productive asset positions, including livestock ownership, were low and declining. This suggests significantly increasing vulnerability, as livestock represent savings which are buffers against shocks. The major improvement in the quality of life came through enhanced access to education, including for the poorest. This was a major achievement and the result of continuous high levels of public investment, though there is still a way to go in terms of achieving quality education, as well as health services.

In 2006, the major correlates of avoiding poverty included the possession of many assets and the monetisation of economic activities through involvement in markets, credit society membership and access to bank loans. Farming was generally associated with poverty, with two caveats. Firstly, the quantity of land owned could mitigate this association. Secondly, farm households engaged in commercial crops have done better than others. There has been a big increase in production of commercial crops, compared to stagnation in food crops (URT, 2010a: 32; Pauw and Thurlow, 2010). Additional important determinants of poverty

status include: the age and education level of the household head, and of spouses in urban areas; household size and dependency ratios; and being on the electricity grid.

Our qualitative research in Mwanza, Rukwa and Mtwara, combined with the evidence from national Household Budget Surveys, suggests that persistent poverty is the overwhelming issue for most Tanzanians. The critical issue is how to promote more 'pathways out of poverty'. We know that escaping poverty involves taking risks, such as educating children, investing in a business, diversifying and so on. Having some protection against destitution, such as through social protection, would make it easier to take such risks.

The Kagera Health and Development ten year panel survey (1991-4/2004) compared people who escaped poverty with those stuck there. Each additional year of education was associated with significant additional assets, which were the survey's welfare measure. The same effect was obtained from having a migrant child remitting. On-farm diversification was critical in income growth, and the lack of it was associated with stagnation and/or decline. The biggest success stories included off farm diversification, especially through trading. Social networks, which includes apprenticeships, were also important and relatively independent of a person's starting position. However, network-based options were not accessible in remote areas. Poor markets, with exploitative buyers, and infrastructure also prevent income growth especially in remote areas (de Weerd, 2009).

There are also broader influences. In the 1990s, stagnant crop prices led to sales of smallholdings and a scramble for nonfarm work, pushing wages down to bare survival level (Bryceson, 2002). Many are trapped in casual labour and unable to re-enter the land market given high land prices – a consequence of population growth and income inequality. While the supply of labourers has increased, demand has not given the low level of private sector job creation (URT, 2010a: 33, 27). Despite these difficulties, it is extremely important to support agriculture and fishing since income growth in these sectors will have the biggest effect on poverty, as shown by Figure 2. Notwithstanding somewhat higher farm-gate prices, it has become harder to escape rural poverty due to rising consumer prices, land shortages, rapid food-price inflation, and the rise in service user costs, especially health. Expenditure on education has declined somewhat for rural households after primary education was made fee-free in 2002, but has increased significantly for urban households, except the poorest. Health expenditure has increased markedly for both rural and especially urban households, with the exception of the rural poorest, who were presumably unable to afford to spend more (Table 1). Older people are often not waived health service costs (URT, 2009a: 90) and children are still turned away from school upon non-payment of non-fee supplementary costs. School enrolment for disabled children is lower than average. Poorer households also pay more for water than their wealthier counterparts. (Research on Poverty Alleviation, 2009: xxiii).

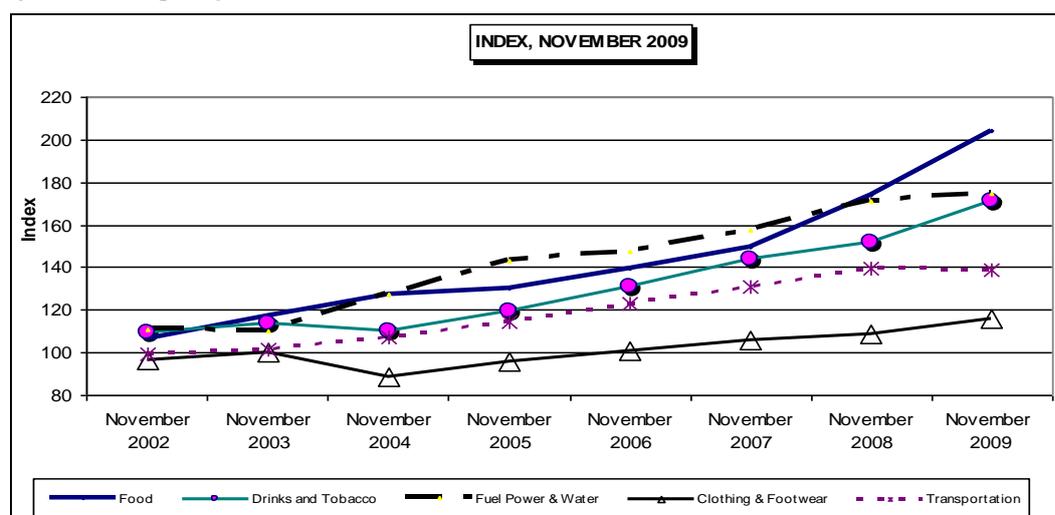
Commodity price increases (Figure 1) have been especially crippling for growing numbers of households reliant on casual labouring (Box 2). Most people in rural areas saw a negligible increase in consumption between 2001 and 2007, while things actually got worse for the 'food-poor' households, leading to lowered investment in education, for example (Table 2).

Table 1. Trends in health and education expenditure 2000/1-2006/7 by well-being category

Poverty category ⁷	Percentage change in rural health expenditure	Percentage change in urban health expenditure	Percentage change in rural education expenditure	Percentage change in urban education expenditure
Very poor	5.3	55.2	-13.4	4.7
Poor	26.4	29.0	-18.1	15.2
Non-poor	28.9	30.7	-16.9	35.9
All Tanzania mainland	26.4	32.3	-13.8	38.3

Source: Calculations from 2001 and 2007 Household Budget Surveys by Dr Eliab Luvanda

Figure 1: The yearly trend in Consumer Price Indices from November 2002 to November 2009 by selected groups of indices



Source: National Bureau of Statistics, Statistics Release, 18 December 2009, Reference: NBS/S.40/21/435

⁷ Very poor: households with expenditure below the food poverty line; Poor: households with expenditure between food poverty line and basic needs poverty line; Non-poor: households with expenditure above basic needs poverty line.

Box 3: Casual wages no longer enough

Asna Burhan relies on heavily casual labouring to supplement her farm income. She complains that her money no longer has value in the market because prices for basic needs are so high and some goods have now become unaffordable. This includes beef, sugar, cooking oil, chicken, eggs and milk. She said when she was first married 14 years ago she could afford all of these items to accompany maize/cassava *ugali* and now only vegetables are affordable to accompany *ugali*, occasionally with some nuts from her farm. Asna wants a government body to regulate prices traders set in the market (Asna Burhan, Key informant, Nkangala, Newala district.)

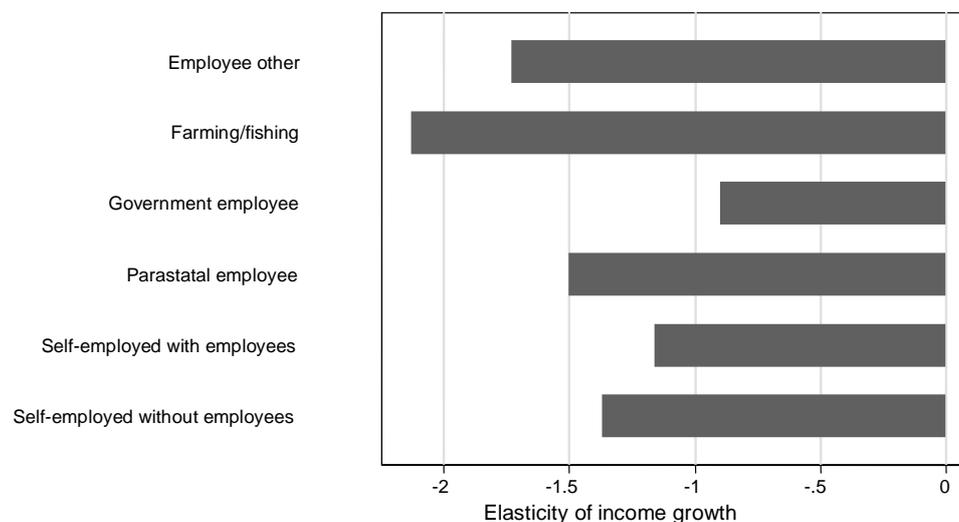
Source: Da Corta and Magongo (2011)

Table 2: Trends in average expenditure on education by poverty categories (All Tanzania)

Poverty category ⁸	2000/1	2006/7	Change (%)
Very poor	1,656.5	1,637.4	-1.2
Poor	2,295.0	2,322.9	1.2
Non- poor	4,869.8	6,207.5	27.5
All Tanzania mainland	4,163.1	5,395.6	29.6

Source: calculations from 2001 and 2007 Household Budget Surveys by Dr Eliab Luvanda

Figure 2: Elasticity of total poverty with respect to average income growth by occupation (2007 HBS)



Source: Calculations from 2007 Household Budget Survey by Dr Eliab Luvanda

⁸ Very poor: households with expenditure below the food poverty line; Poor: households with expenditure between food poverty line and basic needs poverty line; Non-poor: households with expenditure above basic needs poverty line.

4.2 Vulnerability

Key points:

- There is ‘generalised insecurity’ in Tanzania, but very different coping abilities among different households faced with the same risks.
- Idiosyncratic shocks are widespread, but not yet well addressed through policy. In particular, women have to cope with property grabbing, male alcoholism and serial polygamy.
- Life cycle risks are widespread – in childhood and in old age.

While there is ‘generalised insecurity’ in Tanzania, with vulnerability to shocks stretching far up the income distribution chain, there is significant regional variation in the incidence of shocks, and also great variation among households in their ability to cope. Our fieldwork recorded a number of common co-variant and idiosyncratic shocks which had impoverishing effects across the six communities (Table 3). While the range of co-variant shocks (1-6) are well known, and, with the exception of witchcraft, acknowledged in policy documents and some policy responses, the idiosyncratic shocks are not well-acknowledged with the exception of old age.

Table 3: Community wide/covariant and idiosyncratic shocks

Type of shock	Nkasi District		Magu District		Newala District	
	Kayumbe Village	Kalesa Village	Wazabanga Village	Ndite Village	Nchinga Village	Nkangala Village
1. Market-related shocks, for instance market for cashew nut, cotton, and maize	Major	Minor	Major	Minor	Major	Major
2. Market-related shocks (livestock)	N/A	N/A	Major	Major	N/A	N/A
3. Weather-related shocks such as drought and heavy rain (El Niño)	Minor	N/A	Major	Major	Minor	Minor
4. Witchcraft	Major	Major	Minor	Minor	Major	Major
5. Shocks related to crop pests	Major	Major	Minor	Minor	Major	Major
6. Governance-related shocks, for example theft of the agricultural produce while in the farm	Minor	Minor	Minor	Minor	Major	Major
7. Property grabbing	Major	Major	Major	Major	Major	Major
8. Alcoholism	Major	Major	Major	Major	Major	Major
9. Old age vulnerability	Major	Major	Major	Major	Major	Major
10. Serial polygamy	Minor	Major	Major	Minor	Major	Major
11. Selling labour on credit	NA	NA	NA	NA	Major	Minor

Source: Kessy and Tarmo (2010) and personal correspondence.

Looking at individuals moving into poverty in the course of their life histories, CPRC research identified the following principal causes. Divorce was the most commonly given reason for moving into poverty. In nearly all cases women reported this, as did many men. The failure of non-farm business was the next most prominent. Any social protection response would need to be able to address these vulnerabilities.⁹

Table 4: Moving into poverty

Cause	Total ¹⁰
Divorce	12
Failure of non-farm business	6
Drought / El-Niño season	4
Illness/accident and associated medical and caring costs	4
Death of family member	3
Closure of non-farm business by government	2
Unpaid labour	1
Division of family assets	1
Rising costs of living relative to income	1
Loss of salaried job	1
Inheriting dependants after a family member dies	1
Husband takes on more wives	1
Pregnant out of wedlock	1
Failure of agriculture / fish farming	1
Theft of assets	1
Alcohol	1
Livestock disease	1

Source: Higgins (2011)

Agriculture clearly emerges as a risky business, with many and varied sources of risk. This is true for labourers as well as farmers and fisher-people. A major problem widely identified by the majority of our informants was the inaffordability of important agricultural inputs, such as fertiliser, which are key to resilience and upward mobility.

⁹ How this relates to quantitative analysis needs to be explored.

¹⁰ These numbers are in no way statistically representative. They derive from qualitative life-history interviews carried out with 120 households in six HBS clusters. They give a qualitative indication of the kinds of factors which propel people into poverty. The National Panel Survey will eventually be able to validate this picture. The figures are low, as there was relatively few entries to, and exits from poverty found overall.

Box 4: Improved agricultural inputs are key to productivity and well-being

The problem is getting capital', explained Mwanaidi (52-year-old woman, Nchinga village). 'If I got it I would trade cashew nuts, increase the capital and start another business. Otherwise, I may die poor.' Her livelihood hinged on being able to afford sulphur to spray on her cashew nut trees so that they produce more cashew nuts. She wished the government would make sulphur more affordable. Bintimusa (a 39-year-old single mother, Nkangala village, Mtwara) similarly identified access to sulphur spray as the only way in which she can move her family out of poverty. Profits from high cashew yields might then be saved and used as a retirement fund, as planned by Haruna (a 65-year-old farmer, Nchinga) who ate two meals a day).

Ibrahimu Mwanahewa (62 years old, Kayumbe village) started farming with a hand hoe, cultivating finger fillet and maize. Fuelled by only two meals a day, life was hard and they could not accumulate anything. Harvests were used to buy clothes and to take care of medical costs. They had their first child in Mto Wisa, who died after a few days. The second baby also died. Although Ibrahimu's father has since given him land, on which they now farm, accumulation remains difficult without an ox plough.

Inability to afford improved agricultural inputs not only seems to impede improvements in diet and incomes but also impedes the fulfilment of desired social roles, such as marrying or having one's own house. Juma (a very poor but energetic young man, Nchinga, village) complained that the high cost of fertiliser prevented his upward mobility. Only able to afford two meals a day for himself, he currently considers himself too poor to marry.

Rashidi (52 years old, Nchinga village, Mtwara Region) similarly attributes his poor harvest, financial constraints and continued downward mobility to his inability to afford fertiliser. Because they do not produce enough maize to last the whole year, Rashidi and his wife have to work as labourers in other people's farms. This poverty trap not only threatens their food security but also harmonious conjugal relations. Rashidi's wife, in accordance with Makonde tradition, is pushing him to construct his own house so that she can feel that she is married to a real man. But Rashidi cannot, given his poverty of resources.

Contrast these tales of apparent poverty traps that of Hossam (67 years old, Nchinga), who invested in farming with financial support from his brother. Use of fertiliser soon enabled Hossam to increase production. He sold part of the harvest and used the profits to climb out of poverty. Hossam's family were able to afford three meals, finance the education of their children, buy additional farm land for cultivation, build two houses and a well. Hossam explained that his well-being is dependent on fertilisers, in order to secure high yields.

The above life histories reflect a much broader trend. Only those able to invest in improved inputs have been able to participate in modest agricultural growth. If assets are accepted as critical to poverty mobility, it may then be argued that, rather than receive subsidies or cash transfers, poor people should bank on microcredit, as a means of accumulating assets. But our research suggests two limitations to this strategy. Firstly, the loans that rural women currently access through burial societies are not large enough to finance the investments that would enable them to exit poverty. Secondly, even if larger loans were available, they may not be desirable. Many of our informants saw credit as an altogether too risky a strategy.

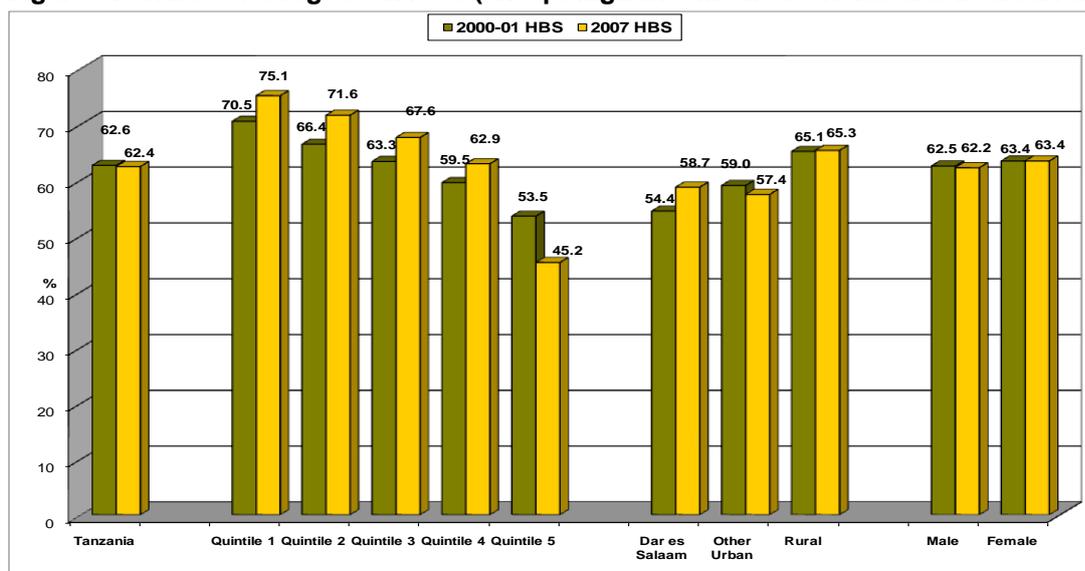
Box 5: Credit too risky

Although Magreth Nachikira (a 45-year-old married woman, Kayumbe village, Rukwa) wishes she had the capital to start a shop and her husband would like a tractor, they have never sought microcredit because they are afraid that they would not be able to repay the loan and therefore be unable to send their children to school. The interest rate is very high and they cannot afford to lose their livestock. Many people in the village have had to sell their houses, farms or cattle, when they cannot repay the loans. This makes them fearful. They have decided to remain patient and work with what they have.

Others, like Alice Mwananhende (53 years old, Nдите, Mwanza), do not even have any assets to risk. She explained: 'I cannot take loans from financial institutions because I do not have assets for them to take when I will not be able to repay'.

Food price inflation has also eaten into household budget. Figures 3 and 4 indicate the extent of this, even before the subsequent food price shocks. For the poorest this has led to lower nutritional levels.¹¹

Figure 3: Shares of budgets on food (except high-income households and in urban areas)



Source: United Republic of Tanzania (2010b).

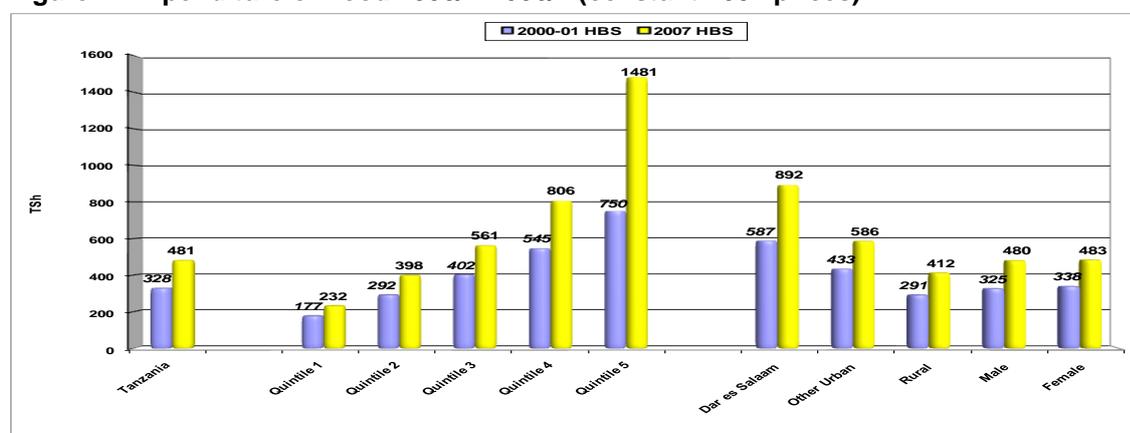
The labour market may also not help to buffer variations and failures in agricultural markets. The most extreme form of insecurity was found in the cashew labour market, where labourers do not always even get paid for work done (Box 6). While this was extreme, the conditions of wage labour were usually insecure and low paid.

Box 6: Selling labour on credit

‘Another misfortune that I have encountered is that I have not been paid for the labour that I had sold. In majority of the cases we sell labour in credit on the cashew-nut farms. We do enter a contract of payment after harvesting the cashew nuts: we are paid a lump sum after the harvest and after selling the cashew nuts. However, I had bad luck in the 2009/10 season as I have not been paid more than half of what I am owed. This is because the landowners are complaining that they didn’t get a good harvest and, as such, they cannot pay the debts. Some of them are trying to pay little by little which is OK but when paid in a lump sum one can do something substantial. Money paid by piecemeal ends up being consumed. For example, in the 2008/09 season I was only paid TZS 25,000 in a lump sum and the balance of TZS 20,000 was paid by piecemeal, in blocks of TSSZ 500, TZS 1,000, TZS 2,000, etc. This money just evaporated as I just used it for small consumption necessities.’

Hawa, Nchinga Village, Mtwara

Figure 4: Expenditure on food 2000/1-2006/7 (constant 2007 prices)



Source: United Republic of Tanzania (2010b).

In addition to the aforementioned sources of vulnerability, to which rural people appear universally vulnerable, there are also significant life cycle risks (old age, childhood, family structure). Children are vulnerable in many situations: 41 percent of mainland children are found to be deprived on at least three counts in the 2004/5 Tanzania Demographic and Health Survey. While child survival indicators have significantly improved and progress is ‘on track’, child malnutrition is still widespread and children are vulnerable to shocks (REPOA *et al.*, 2009). Children rely on parents to feed them, so child nutrition is dependent on getting a good level of care from parents, or other relatives. While most families prioritise the needs of children and older people when there is not enough to eat, sometimes children can lose out from a poor level of care. From an early age, the most vulnerable children are scavenging and going to neighbours to beg (See Box 7).

Box 7. Children scavenge

Sabrina thinks life isn't easy for her family. The family is starving and the children are failing to attend school. It has become very normal to have porridge at 12pm and something very light for dinner. During the interview the children were crying that they were hungry and Sabrina was trying to appease them by telling them that they would have lunch soon. When the lunch was brought it was a maize porridge without sugar. Each child got a very tiny portion, just enough to put something in the stomach. As Sabrina went inside during the interview, I asked one child if he was going to school. His response was very clear: 'I left school as I always went with an empty stomach in the morning and when I came home for lunch, there would be nothing, and sometimes we would have no dinner and would just sleep. After a year of being hungry, I decided to roam and scavenge, and some days I get TZS 100 which is enough to buy a biscuit or a bite to ease the pain of hunger.' When Sabrina's husband came back during the interview, she quickly asked if he has managed to bring any money; he said no, then she just bowed her head.

Samweli Togoro (a 35-year-old man, Kalesa village) similarly stopped school to become a herder. It is a job that assured him of daily food but nevertheless made him feel exploited, like a slave. As a child, he was paid monthly only TZS 2-3000 (the equivalent of two days casual labouring). Furthermore, when he became ill through untreated tetanus his employers refused to help. His father was forced to sell half of his 2 acre farm in order to pay for a series of operations necessary to save his leg – which jeopardised household mobility out of poverty.

Some who miss out on school, such as 27-year-old Hamida (Nkangala village, Mtwara) reported the haunting pain and frustration of seeing their friends go to school daily while they laboured at the farm, suffering from hunger. The family remains trapped in poverty and still often eats just one meal a day. Hamida seems to have lost hope in life and simply prays to God that some miracle may happen. Alice (53 years old, Ndite, Mwanza) likewise explained that because her parents could not produce enough for them to eat, she spent more time farming than studying. Without an education all she could rely on later in life were her physical assets, but she lost these upon divorce and her daughter's ill-health.

Others do go to school but are unable to concentrate on an empty stomach. For this reason Sirila (Wazabanga village) failed her primary-school exams and was unable to continue with secondary education. She now does casual labour. Rafaeli Kurwa (16 years old, Wazabanga village, Mwanza) similarly cannot afford to progress to secondary school and has already taken a long time to finish primary school. He had to repeat grades which he had studied for while also doing casual labour.

By contrast, many of Alice, Sirila, and Rafaeli's educated peers now have government jobs that finance income diversification, investment and asset accumulation, As Violet (34 years old, Wazabanga, Mwanza) observes: 'I know that there are a lot of opportunities for those who have gone to school. I have seen those who continued with secondary education make it while those of us who did not proceed are roaming around in the villages.' She may be talking about people like Selemani (a 50-year-old, agricultural extension officer from Nkangala, Mtwara) and his wife, an assistant nurse. Their salaried government jobs facilitate their upward mobility through income diversification and investments, including in their own children's education, which ensures the intergenerational transmission of resilience.

4.3 Food insecurity

Key points:

- There has been a general improvement in dietary energy consumption, but hunger is still widely experienced, especially in rural areas and in the designated hungry season.
- Hunger has deepened in the poorest quintile.
- Wages are low and uncertain and there are poor returns to farming, upon which many are heavily reliant, despite the price of purchased food.
- Child malnutrition is more widespread than food insecurity, especially in rural areas, where maternal education levels are lower.

Poverty and vulnerability underlie widespread food insecurity. Food security trends are improving overall and, on average, varied by region – 11 regions are improving. The trends are, however, worsening for poorest quintile. Hunger is quite widely experienced by Tanzanian families. Two in five rural children and more than one in five urban children were stunted mid-decade, indicating long-term malnutrition, and one in five overall were underweight, based on a composite indicator of long- and short-term malnutrition (Leach and Kilama, 2009). It is not only children who suffer. Sometimes workers have to make do with only one meal a day.

A qualitative analysis provides a useful counterpoint to the recent more statistically-based publications on food security and malnutrition. The government report on Trends in Food Security in Mainland Tanzania (URT, 2010b), and the analysis in Childhood Poverty in Tanzania: Deprivations and Disparities in Child-Wellbeing (REPOA *et al.*, 2009) paint the following picture. Average food security as measured by dietary energy consumption (DEC) improved on average between 2001 and 2007, but this change largely reflects improvements on the part of urban, rather than rural populations. In the lowest quintile of the household expenditure/consumption distribution, DEC worsened, while overall prevalence of food deprivation remained the same – at about a quarter of the population. For the rural hungry, the depth of hunger also worsened. So there are major persistent food security and malnutrition problems, especially in rural Tanzania and in poor households (URT, 2009).

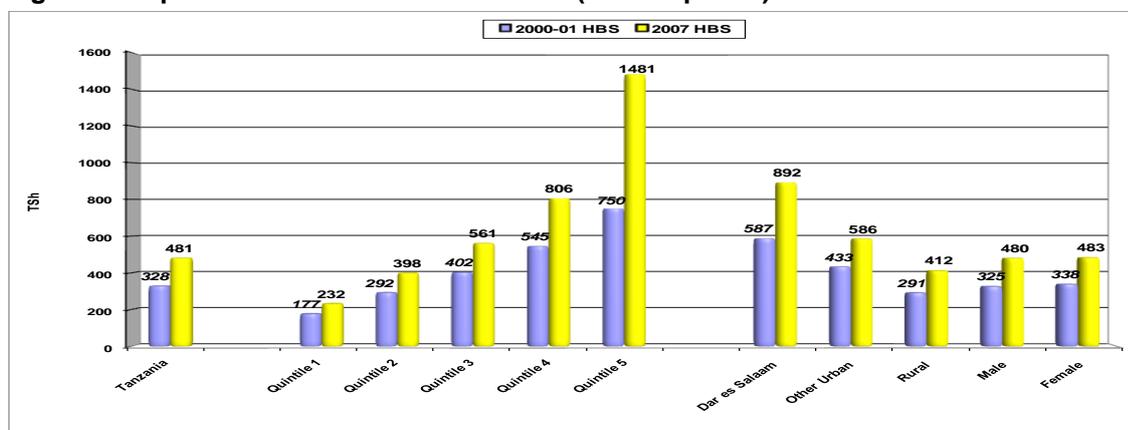
Child malnutrition depends partly on food security, but also very much on maternal education, child health, and caring practices, which are regionally varied. This means that compared with food insecurity, child malnutrition is more prevalent across the quintiles 1-4 in rural areas, where maternal education remained low. In urban areas, increasing incomes are

correlated with increasing maternal education. Ill health is also more widespread across the population distribution in urban areas.¹²

Food insecurity and malnutrition have detrimental short- and long-term consequences, affecting a child's physical and cognitive development, as well as the risk of developing chronic illness (Bird, 2007). Malnutrition also impedes labour productivity and in turn food security since payment for casual waged labour is often at a piece rate. In Koletha and Kalesa villages, slower workers earn TZS 1,000 per day while their faster, more energised counterparts earn double this. The importance of malnutrition to productivity is also recognised in the Tanzanian Agricultural Sectoral Development Programme (ASDP) (United Republic of Tanzania, 2005: 45).

There are many causes of hunger, both macro and micro, of which two can be singled out. The first major issue is the high market prices. This is especially important for the urban poor but also for rural households dependent on wage labour or selling products and services. For the poorest this has led to lower nutritional levels (URT, 2010). In a recent opinion poll, 52 percent of respondents identified high food and other commodity prices as a major economic problem.

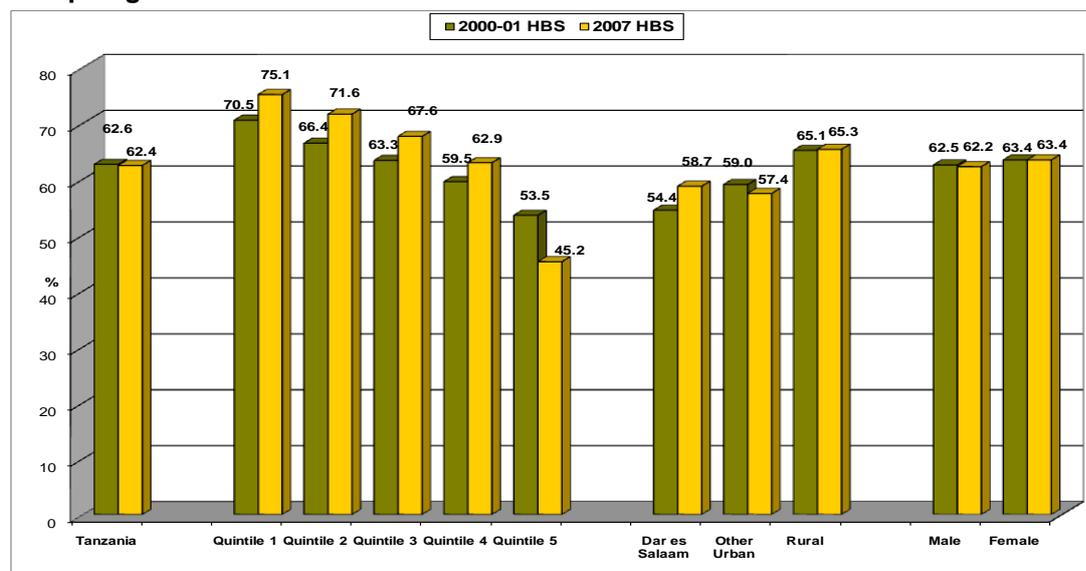
Figure 5: Expenditure on food 2000/1-2006/7 (at 2007 prices)



Source: United Republic of Tanzania (2010b)

¹² This is a hypothesis which needs testing out on the HBS/DHS data.

Figure 6: Shares of budgets on food (2007 constant prices) increased for all groups, except high income households and in urban areas



Source: United Republic of Tanzania (2010b)

A second major cause of food insecurity is the saturated rural wage labour market. These temporary, insecure contracts are especially short in duration. For households where work is the major source of cash, and therefore food, there are no or few buffers against food-price or other shocks. According to several of our interviewees, casual labour is 'not enough for a day's food' and so further work is required on top of their 12-hour work days. This exhausting toil drains hungry bodies, making them vulnerable to ill-health, which is costly. Assets are sold to pay for health expenses and income-generating work is disrupted to make time to care for sick family members. Many remain trapped in casual labour and only eat one meal a day, namely the destitute and very poor in the wellbeing classification used in the CPRC fieldwork (Shepherd, *et al.*, 2011). The destitute can usually eat in other people's houses at the expense of their dignity. Poor but not destitute people will eat at home to preserve their dignity.

Jobs may however bring a relationship with employers, some of whom may be called on in times of difficulty for a loan, or for food. Relatives may also help. For example, a loan from her husband's step-father has enabled Husna (38) and her husband, who live in Nkangala village, to become resilient and upwardly mobile. They can diversify and move between livelihoods as markets fail. But such support cannot be relied upon. In some cases food insecurity is caused by old age and exacerbated by lack of support from spouses, children, or other relatives. Four life histories corroborate this. These individual tales help us to understand aggregated trends, such as that 70 percent of older people (people who were over 60 years old in 1993) reported declining welfare, especially in terms of health, after 1993, as well as dwindling respect and status.

Box 8: Trapped by hunger and food insecurity

Many remain trapped in casual labour, which is neither sufficient for daily food let alone asset accumulation. If Hawa (47, Nchinga village, Mtwara) does not fall sick, she can earn up to TZS 60,000 per season, although she generally averages less than this. Feeding her children remains a challenge for Hawa, who sobbed and cried throughout the interview. If she had more energy or modern agricultural implements, she would work on her own small paddy farm in the wetlands.

Those unable to afford food often lack the strength to work themselves out of poverty. Emaciated Paula (65, Kalesa village) nevertheless tries to support herself through farming and brewing beer, since her children have little income of their own to support her. She said in despair: 'I will be declining in terms of well-being until I die since I am becoming weaker and weaker physically and am unable to produce. I do not have well-off children who could support me materially'.

Kurthumu (a 54-year-old woman, Nkangala village, Mtwara) is in a similar situation. When asked when the family last had a meal, she replied: 'Yesterday, at around 5pm.' She was clearly exhausted and suffering from a persistent stomach pain. She explained that 'for the last three months I have not been able to work... [yet] if I could have money I could use it to maintain the farm and my family. I would then be able to pay for the school fees of my children and cultivate enough land in the hope of a better harvest'. Kurthumu dreams of getting capital from the government, so she can trade rice. Such work would enable her to support her family without being so physically demanding and injurious to her health.

Extra income can also be used to purchase modern agricultural inputs, thereby making work less physically demanding, or alternatively employ others. This is what Kintu Maundu (a 69 year old woman living in Nchinga) envisaged when she explained that a government loan would enable them to pay labourers to work on their five acre farm, of which they currently only cultivate two acres due to limited strength and energy.

4.4 The social consequences of despair: Gender struggles, witchcraft and theft

Feeling unable to work oneself out of poverty sometimes leads to feelings of hopelessness and depression, according to our Tanzanian focus groups and individual life histories. Lugodagula (a 35 year old cotton farmer and casual labourer, Wazabanga village, Mwanza) said in despair: 'I have given up as I don't see a bright future anymore.' He feels that there is little return for his efforts. Similarly, Rahman (a 68-year-old man, Nkangala village) bitterly and angrily said that although he had great hopes for cashew production as a way out of poverty, he had been let down because 'it does not pay'. Rahman thinks it is waste of time and resources to continue investing in his cashew farm. Unable to see alternative pathways to well-being, many find respite in alcohol abuse. Samweli (35, Kalesa village) was pulled out of school to cut charcoal and to provide food for his family. As an unfocused youth he drank away his meagre earnings. But his character changed when he inherited livestock and land, as he appeared to be increasingly thinking like a commercial farmer, renting in paddy land, seeking to store crops so as to avoid forced sales at harvest and sell at a higher price.

However, without fortunate social connections or equivalent support from government, the poorest may be tempted to give up hope. This may adversely affect agricultural production. In the Kalesa village focus group (Rukwa region), despair was identified as a hindrance to agricultural production, as weary people are said to be less inclined to work hard for little reward.

Despair, financial frustration, drink, and conjugal conflicts over scarce resources often culminate in divorce. Marital breakup also results from migration, as men move away in the hope of betterment elsewhere. Not all families receive remittances and many are abandoned¹³. Women are left alone with their children. These dynamics, together with widowhood upon HIV/AIDS related deaths, have created an increase in the number of households headed by women. However, although neoliberalism has made Tanzanian women increasingly responsible for the management of household poverty (da Corta and Magongo, 2011)¹⁴, the enforcement of traditional norms severely constrains their capabilities to do so. Women are stripped of their productive assets upon divorce and widowhood. Furthermore, informal social protection has been strained by widespread insecurity. Many women are thus left with sole responsibility but little else.

¹³ See Tanzania Gender Networking Programme (no date) *Female Headed Households in Tanzania: Facts, figures and recommendations* Dar es Salaam

¹⁴ See also Chant (2007)

Box 9: Gender struggles

When Alice instigated divorce, in fury at her husband's infidelity, she lost all the assets they had accumulated together: the house, savings, land and the fishing businesses. She recounted, 'the divorce made me poor because I lost everything I worked 10 years for. Since then, I have not been able to reach the level that I was at'.

Melina's husband did not permit her to take anything with her, when she left after he threatened violence. With the money she had on her person she rented a single room. Her living standard declined to Level 2. She slept on the floor, ate very little food and received minimal support from her neighbours.

Edith endeavours to support her children through waitressing in town, casual farm labour and tending her parents' farm in Ndite village. She separated from her husband as she was worried about the health risks of his extra-marital affairs. Edith described marriage as 'mental possession and disruption of plans. 'I have been frustrated by men and it has caused my life to become miserable. They are not committed to the family well-being,' she said. Edith nevertheless encounters difficulties by struggling alone: 'It's difficult to acquire any assets with my current salary. If I plan for my expenditures nothing is left and sometime I have to ask for advance salary.'

The desperation caused by some people's hunger also seems to jeopardise other, less vulnerable people's chances of moving out of poverty, because of the subsequent theft and witchcraft. The latter is perhaps prompted by jealousy and infuriation at not being able to progress. Anna (47, Kayumbe) explained that witchcraft always follows someone getting a good job or a good harvest. She maintained that some people residing in town never visit their relatives in the village because they fear being bewitched. Witchcraft often results in ill-health. Assets are then sold to cover costs and such households often descend into poverty.

Theft is regarded as an equally major problem. Abdulrahman (44, Nchinga village) explained that thieves invade the farms at night and collect all the fallen cashewnuts. This community-wide issue pushes household downwards because people are spending time in guarding the farms instead of participating in productive activities. Even if one person does stay awake all night, they can't keep an eye on the whole farm. Furthermore, households are deprived of the long awaited cashew-nut harvest. Another participant, Joanita (60, Kayumbe village, Rukwa), recalled that thieves came at night and stole all the 150 goats and 70 cows. This incident meant that her family suddenly went from being very rich to extremely poor. Joanita and her siblings had to work as labourers. Possibly, fellow villagers would be less inclined to steal if they were more confident in their own means of making a living. Increasing income equality through social protection might reduce everyone's vulnerability, including otherwise rich families like Joanita's.

In conclusion, poverty, food insecurity and vulnerability are all 'mass' phenomena in Tanzania. There is a state of 'generalised insecurity', and vulnerability to shocks reaches far up the income ladder (URT, 2009b: 7). The absence of buffers against shocks lower down the ladder means that the risk of impoverishment, chronic poverty and destitution is high.

Agriculture is at the heart of chronic poverty in Tanzania, although it is also usually involved in rural stories of upward mobility out of poverty – especially through non-traditional and cash cropping, where markets appear to work better than in food crops and livestock. Generally, however, something else is the 'tipping point' that takes people out of poverty. This could be success in a non-farm business, nonfarm employment, migration, or a good marriage. Casual labour, on the other hand, is often a last resort, condemning many households to chronic poverty.

5 Social transfer options

This section discusses the options in the light of the above analysis of poverty, vulnerability and hunger.

5.1 Objectives

Should the government address the generalised insecurity of the mass of poor people, or focus on protecting the most vulnerable and reducing the deepest poverty? It is suggested that the first should be the ultimate objective, but it might make sense to start small and build capacity in terms of revenue and administration over a reasonable period of years before attempting the larger objective. Generalised insecurity can also be addressed by actively promoting the Community Health Fund; working out how to raise resources to cover the waivers, and also continuing to invest significantly in improving the quality of health services so that people feel they are worth the pre-payments. Ensuring that existing fee-waiver systems in education, health and water really work would be another measure. A number of other policies already legislated will also help in addressing generalised insecurity, as indicated in the NSPF.

Specific risks, such as in agriculture, which contribute hugely to the 'generalised insecurity' should be addressed through sectoral policies. Social protection should not be expected to take on all risks. However, any national programme should acknowledge that it is small farmers, fishers, and pastoralists, as well as casual labourers who seem especially vulnerable to chronic poverty.

5.2 One social transfer programme or several?

Given the generalised state of insecurity among the poor, and even some of the non-poor, it might be sensible to develop a programme which starts small but is capable of extending to a wider group as it develops. One such programme could be designed so that it addresses all the major vulnerable groups, and also builds a platform that can be expanded over time. Focusing on one scheme to address multiple vulnerabilities avoids making difficult choices between categories of beneficiaries.

Developing separate schemes to address the insecurities of different vulnerable groups is also possible, and may be politically more desirable, in the sense that naming each group can lend political legitimacy to the programme. This would also facilitate easier targeting. But this would almost certainly take more administrative effort, since several schemes would be necessary to reach the different vulnerable groups. Scaling up to several schemes at the same time may be more difficult than focusing on one.

5.3 Targeting choices

The choices are: categorical transfers; employment guarantee or public works schemes; and poverty-targeted transfers. Employment-based transfers are, by nature, self-targeted and conditional on turning up to work. The others can be conditional or unconditional. As mentioned above, there are no strong technical reasons for making transfers conditional, though there may be political reasons in a given context. Whether there are such political reasons is not known in Tanzania. Another question is whether grants are awarded to individuals or households. A recent universal cash-transfer pilot programme in Namibia makes each person rather than each household eligible. However, with Tanzania's lower fiscal resources, it is likely that the household would be targeted.

Modelling exercises elsewhere have indicated that growth can be differentially affected by social transfers, depending on who is targeted. In Cambodia, modelling suggests that the growth and poverty reduction effects would be greatest if the economically active, and especially those depending on selling the labour to others were targeted, because they will use the transfers to build their productive assets, and thus participate more and better in growth (CPRC, 2008).

There is clearly some head of steam behind a pension as a solution to a widely-recognised need. Any general transfer would have to acknowledge that older people are vulnerable, and support their position. However, notwithstanding current inclinations towards categorical targeting, such strategies may not achieve the Government's stated goals of reaching all the poorest since they do not deal with a homogenous group. Poverty in households with only elderly people and children, for example, is only slightly higher than among the population as a whole (URT, 2009a). For this targeted policy to reach all chronically poor people it would need to be complemented by other categorical transfers, i.e. to families with many children, to the disabled and so on. Transfers to orphans are likewise not a good proxy as they only constitute 10 percent of all children (URT, 2010a), and only in the small proportion of cases where both parents are deceased are their school enrolments rates lower than the rest of the population. The best researched of these categorical schemes, a universal pension, would reach over 40 percent of OVCs and 72 percent of the most vulnerable children. But only 23 percent of households have a person over 60, rising to 30 percent in the poorest 30 percent of households (Ministry of Labour, Employment and Youth Development, Tanzania and HelpAge International, 2010). The implication of this analysis is that one categorical scheme would not be enough. There would need to be several to provide social protection to all chronically poor people.

In Uganda, it has been demonstrated that the most technically-effective approach in terms of reducing the poverty gap would be a transfer targeted to the poorest households, with supplementary payments for each especially vulnerable member of the household; older people, people with disabilities or children). This was the measure which would most

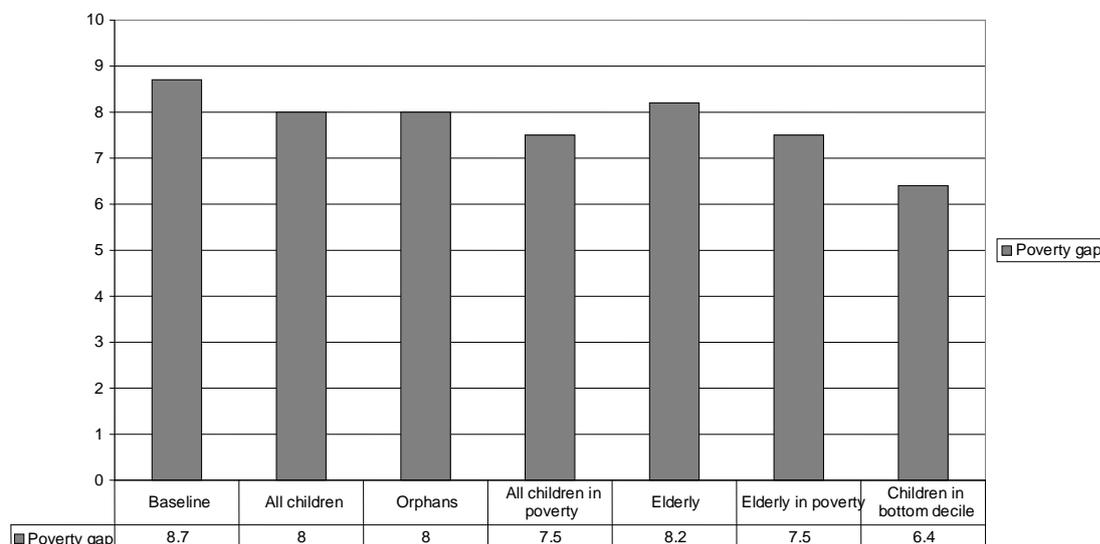
effectively bring the biggest number of people below the poverty line up to the poverty line. Given that the levels of poverty and many other conditions are similar in the two countries, the same effects might be predicted for Tanzania. This is a scheme which can start by targeting the poorest people, and over time gradually expand as resources and administrative capacities develop. It is also a scheme which could be started in the poorest districts, and gradually expand to achieve country-wide coverage.

The critical calculation which underpinned this decision is given in Figure 7. A similar calculation for Tanzania is being produced.

The weakness of this approach is that the poorest households may not be easy to identify correctly, especially when receipt of a transfer hangs on it, providing a substantial incentive for inclusion. Can a proxy be developed? One suggestion was to target a transfer to households with nine or more people, a dependency ratio of over 120, a household head over 50 years old, and a thatched roof. Almost four out of five such households are likely to be poor, according to the Household Budget Survey for 2007, representing a high degree of potential targeting accuracy (Hoogeveen and Ruhunduka, 2009).

Alternatively, verified community base targeting could be relied on to identify the destitute and very poor (see Box 2), or as practiced in the Tanzania Social Action Fund.

Figure 7: Estimated impact on the poverty gap of allocating 1 percent of GDP in different ways. (Simulations assume that perfect targeting is costless and that beneficiary households share transfers equally among household members)



Source: Government of Uganda, Ministry of Gender, Labour and Social Development, Social Protection Task Force (2007) Design of a Cash Transfer Pilot, Final Report, June

5.4 Gender sensitivity

Whichever approach is taken, one which takes gender relationships into account is needed, given the vulnerabilities of poor women discussed above. What does this mean in practice? Gender relationships need to be understood and their implications should be taken into programme design. Monitoring and evaluation systems need to investigate what effects programmes have on gender relationships. And finally, programme implementation needs to address three critical issues (Holmes and Jones, 2010):

- First, it is vital to develop tailored and ongoing capacity-building about gender-related programme aims, including reducing women's time poverty and finding collective solutions to care work responsibilities, for male and female programme participants and programme implementers alike. Poor training undermines the potential for benefiting from the programme's linkages. Support from women's ministries or agencies may be necessary;
- Second, in the case of public works and asset and cash transfer programmes, there is scope to make better use of the regular interactions that social welfare officers/local implementation officers have with local communities on payment days, to initiate community dialogues on ways to address gender inequalities such as gender-based violence, early marriage, the costs of child labour, especially for girls' human capital development, and gendered forms of social stigmatisation; and
- Programmes with strong and well-coordinated linkages to complementary services are more likely to have a notable impact on women's practical gender needs and their more strategic gender interests by tackling their vulnerabilities in a more holistic fashion. Good linkages are needed, for example, across health and reproductive health services, credit access and employment training.

Divorce, and probably separation and widowhood are prominent causes of impoverishment in life history accounts of changing well-being, and the evidence is that many women headed households are poor and extremely poor. While it would be important to include such vulnerable women as a deserving category for social transfers, it is also vital to revisit the inheritance and marriage laws and practices which result in these outcomes (da Corta and Magongo, 2011).

6 An employment guarantee?

Many poor Tanzanians depend on thin wage labour markets where supply exceeds demand, wages are very low and jobs are insecure and seasonal. Other countries faced with similar situations have instituted massive public-work schemes or an employment guarantee. The lessons from programmes in India, Ethiopia and South Africa are many, but include:

- Self-targeting, which is a feature of works programmes, ensures inclusion of the poorest households that have able-bodied members who can work, but may not pick up the less able-bodied, for whom social transfers would be required;
- Creating a right to work, as India has done, does provide additional security, but also requires a big financial and human commitment from government. Both household and community productive assets can be enhanced through public works schemes; and
- The conditional nature of the transfer may be attractive to taxpayers who feel they are getting something in return.

Tanzania has limited experience running public works schemes, but is about to expand TASAF in that direction. The scope for delivering widespread social protection through TASAF in the near future would need to be assessed. While Tanzania's Agricultural Sector Development Programme considers public work schemes a possible strategy to address food insecurity (United Republic of Tanzania, 2005: 68), a simple cash transfer might be easier to implement. Forethought must also be given to the pro-poor value of the public assets created as well as the resilience of labourers' livelihood options upon exit (McCord, 2010). As noted, in a recent international conference hosted in Tanzania, ensuring women's participation in planning public works programme can help ensure selection of projects that reduce their time burdens (World Bank and TASAF, 2010: 39).

7 Beyond social transfers

It should be clear to policy makers designing a social transfer programme what it can and cannot do. Social protection is not a panacea, and other policy responses to vulnerability and risk are needed. These include measures against food-price inflation, decent crop payment systems, some progressive norms and, possibly, local regulations or bye-laws on casual wage contracts and the implementation of provisions giving land rights to women. In this sense, social protection is complementary to inclusive growth, social services for the hard to reach, an inclusive demographic transition and institutional development to modernise agriculture.

To protect against farming risks, insuring small farmers against risk would be a good start. Tanzania can learn from Kenya's pilot weather insurance. To protect against health risks, the Tanzania Community Health Fund is already in existence. Making it work would require improving the quality of health services such that people feel they are worth pre-payment and determining how waivers for older people and others are to be financed.

On objectives for social transfers, the question is which are most relevant in Tanzania? Chronic poverty appears to be widespread and a staged approach could start by protecting people experiencing the most extreme forms of poverty, which are likely to keep their families poor for generations. Social transfers for this group will help prevent the inter-generational transmission of poverty. This is simply a start, recognising that others are also vulnerable. On the big choices, the above analysis would tend to favour unconditional social transfers targeted by local communities at the poorest people as a starting point. The evaluation of the TASAF programme, which has used this approach, will be of great interest.

However, the analysis recognises that political dynamics may favour conditional and/or categorical transfers, perhaps combined with a public works scheme to reach the able bodied poor. If there is a strong political preference in this direction it would be a mistake to prolong the debate too long. Tanzania should have a public debate, then begin to implement a programme monitor its performance and the outcomes it generates, and foster further public discussion on the basis of this information.

There are regional and local variations in poverty, vulnerability and food security. An element of local input into programme design as well as implementation is probably justified, so that any national programme can be adjusted to local realities. This means leaving scope for local actors to determine aspects of the programme's approach to suit local conditions.

On the way forward, the different options need to be costed. Once decisions are taken, a quick start should be made. The approach and targeting procedure should then be refined using new data sources, such as the National Panel Survey, as they become available.

References

- Barrientos, A. (2008). 'Social transfers and growth' CPRC Working Paper 112. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Barrientos, A. and Niño-Zarazua (2010). 'Do social transfer programmes have long term effects on poverty reduction? Lessons from Mexico's Oportunidades and challenges ahead', CPRC Policy Brief 20. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Barrientos, A. and Niño-Zarazua, M. (2011). 'Social Transfers and chronic poverty: design, reach and impact'. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Bird, K. (2007). 'The intergenerational transmission of poverty: An overview'. CPRC Working Paper 99. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Bryceson, D. F. (2002). 'The scramble in Africa: reorienting rural livelihoods.' *World Development*, 30(5), 725-39
- Chant, S. (2007). *Gender, Generation and Poverty: exploring the 'feminisation' of poverty in Africa, Asia and Latin America*. Cheltenham, UK: Edward Elgar.
- CPRC (2008). *Escaping Poverty Traps: Chronic Poverty Report 2008-9*. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Da Corta, L. and Magongo, J. (2010). 'Evolution of gender and poverty dynamics in Tanzania' Conference paper, Ten Years of War Against Poverty, Chronic Poverty Research Centre (CPRC).
- Da Corta, L. and Magongo, J. (2010). 'Evolution of gender and poverty dynamics in Tanzania', CPRC Working Paper 203. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- De Weerd, J. (2009). 'Moving out of Poverty: Evidence from Kagera' *Journal of Development Studies*, 46(2), 331-349.
- Hashemi, S. M., Umaira, W. (2011). 'New Pathways for the Poorest: the Graduation Model from BRAC'. CSP Research Report 10. Brighton, UK: Institute for Development Studies, Centre for Social Protection.
- Higgins, K. (2011). 'Escaping poverty in Tanzania: what can we learn from cases of success?', CPRC Working Paper 204. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Holmes, R. and Jones, N. (2010). 'Gender sensitive social protection and the MDGs', ODI Briefing Paper 61. London, UK: Overseas Development Institute (ODI).
- Hoogeveen, J. and Ruhunduka, R. (2009). 'Poverty Reduction in Tanzania since 2001: Good Intentions, Few Results', Draft paper prepared for Research and Analysis Working Group.
- Kamuzora, P. and Gilson, L. (2007). 'Factors influencing the implementation of the Community health Fund in Tanzania' *Health Policy and Planning*, 22, 95-102.
- Kessy, F and Tarmo, V (2010). 'Exploring resilience avenues for managing co-variant and idiosyncratic poverty related shocks: a case study of three districts in Tanzania.' Conference paper, Ten Years of War Against Poverty, Chronic Poverty Research Centre.

- Leach, V. and Kilama, B. (2009). 'Institutional analysis of Nutrition in Tanzania.' Repoa Special Paper 9.31. Dar es Salaam, Tanzania: REPOA.
- McCord, A. (2010). 'The Social Protection Function of Short-term Public Works Programmes in the Context of Chronic Poverty'. In Barrientos, A. and Hulme, D. (eds.) *Social Protection for the Poorest: Concepts, Policies and Politics*. London, UK: Palgrave.
- Ministry of Finance and Economic Affairs (2010). "National Strategy for Growth and Reduction of Poverty (NSGRP) II".
- Ministry of Labour, Employment and Youth Development in collaboration with HelpAge International (2010). *Achieving income security in old age for all Tanzanians: a study into the feasibility of a universal social pension*. Dar es Salaam, Tanzania.
- Molyneux, M. (2007). 'Change and Continuity in Social Protection in Latin America: Mothers at the Service of the State?' UNRISD Working Paper. Geneva, Switzerland: UNRISD.
- Nino-Zarazua, M., Barrientos, A., Hulme, D., and Hickey, S. (2010). 'Social Protection in Sub-Saharan African: Will the Green Shoots Blossom?' BWPI Working Paper 116. Manchester, UK: University of Manchester, Brooks World Poverty Institute.
- Pauw, K. and Thurlow, J. (2010). 'Agricultural Growth, Poverty and Nutrition in Tanzania.' IFPRI Discussion Paper 947. Washington, DC: IFPRI.
- Research on Poverty Alleviation (2009). *Poverty and Human Development Report 2009*. Dar es Salaam: Research on Poverty Alleviation and Research and Analysis Working Group.
- REPOA, NBS, UNICEF (2009). 'Childhood Poverty in Tanzania: Deprivations and Disparities in Child-Wellbeing', Dar-es-Salaam, Tanzania.
- REPSSI, World Vision, Swiss Agency for Development and Cooperation (SDC) and HelpAge International (2008). 'Salt, soap and shoes for school: Evaluation report. The impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania's Kagera region'. London, UK: HelpAge International and SDC, REPSSI and World Vision.
- Shepherd, A., Darko, E. *et al.* (2011). 'Hidden Hunger in Tanzania: what can qualitative research tell us about what to do about food insecurity?' CPRC Working Paper 205, Manchester, UK: Chronic Poverty Research Centre (CPRC).
- Shepherd, A., Wadugodapitiya, D. and Evans, A. (2011). 'Social assistance and the dependency syndrome'. CPRC Policy Brief 22. Manchester, UK: Chronic Poverty Research Centre (CPRC).
- United Republic of Tanzania (2005). 'Agriculture Sector Development Training Programme (ASDP) Support Through Basket Fund'. Government Programme Document.
- UNICEF, REPOA, NBS (2009). *Childhood Poverty in Tanzania: Deprivations and Disparities in Child-Wellbeing*, Dar es Salaam, Tanzania: REPOA.
- United Republic of Tanzania (2009a). 'Tanzania Poverty and Human Development Report'. Dar es Salaam, Tanzania: Ministry of Finance and Economic Affairs, Research and Analysis Working Group, Mkukuta Monitoring System.
- United Republic of Tanzania (2009b). 'National Social Protection Framework'. Dar es Salaam, Tanzania: National Bureau of Statistics (NBS).

United Republic of Tanzania (2010a). 'Tanzania National Panel Survey Report Round 1: 2008-9.' Dar es Salaam, Tanzania: National Bureau of Statistics (NBS).

United Republic of Tanzania (2010b). 'Trends in Food Insecurity in Mainland Tanzania'. Dar es Salaam, Tanzania: National Bureau of Statistics (NBS).

Watson, C., Gibson, J. (2009). 'Save the Children Fund/ Unicef Multi-Year, Multi-Country Research Programme on the Impacts of Cash Transfers on Children in Eastern and Southern Africa'. Joint SCUK/ UNICEF Study, Tanzania Country Report.

World Bank and Tanzanian Social Action Fund (TASAF). 'Making Public Works Work, Social Protection SouthSouth Learning Forum 2010, Final Report'. 14-18 June, 2010, Arusha, Tanzania.

World Bank (2010). 'Malawi and Tanzania Research Shows Promise in Preventing HIV and Sexually-Transmitted infections'. Available at: <http://go.worldbank.org/YVMPZBKC00>. Accessed 27 June 2011.



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