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**Conditional cash transfers (CCTs) and  
Poverty Alleviation: A comparative study  
between Jamaica and Tanzania**

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## **Abstract**

Due to the increased family poverty, Jamaica and Tanzania, among other strategies, decided to introduce the Conditional Cash Transfers programs (CCTs) in reducing the magnitude of poverty for marginalized groups. Jamaica introduced the Program of Advancement through Health and Education (PATH) in 2002 to address poverty among the young and the elderly in rural areas, among female-headed households and among large families. Tanzania under Tanzania Social Action Fund phase one (TASAF 1) established the Community-Based Conditional Cash Transfers Program in 2008 to alleviate poverty among the marginalized groups. It is against this background that this study was formulated to review literature on the role played by Conditional Cash Transfers in the process of poverty alleviation, which focused on most vulnerable children in both countries. The study focused on Conditional Cash Transfers to poor families living with most vulnerable children succeeded in investing in human capital using the capability approach in breaking down the intergenerational cycle of poverty.

The study found that, the provision of Conditional Cash Transfers enabled poor families to increasingly enrolling their school going children as well as paying visits to health centres. However, these results cannot sufficiently explain the final outcomes (achievements) in schools. For instance, the capacity of children to get high scores and proceedings to the next class and their health status could have been explained by other factors than the CCTs.

The study also found that the targeting strategies used in these programs are inadequate since some of the most vulnerable children like, street children, are not living with families. However, since donor driven programs lead to weak implementation, for these programs to maintain sustainability, both countries should increase social protection budgets and involve communities to full participation from the beginning to the post completion follow up to check on the quality of services provided.

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## **Chapter 1: Introduction**

### **1.1 Rationale for the choice of the topic**

The selection of this topic was prompted by on my own work experience as a social worker with the most vulnerable children and the elderly. Working under the Ministry of Health and Social Welfare which has the mandate to plan and provide services to the vulnerable children and the elderly, I have been impressed by the way the Community Based-Conditional Cash Transfers s (CB-CCTs) are provided to these groups under the Tanzania Social Action Fund (TASAF). . The long experience I have in working with vulnerable groups have motivated me to undertake this study and to demonstrate my continued dedication to resolving the existing gaps in the provision of CCTs to vulnerable groups as a way of breaking the intergenerational cycle of poverty haunting children who are cared by poor families.

After completion of this study, I expect to submit my thesis to the Permanent Secretary of the Tanzanian Ministry of Health and Social Welfare, the ministry responsible for the welfare of vulnerable groups hoping that it may bring about improvement in the way services are provided to the vulnerable groups in Tanzania. Jamaica has been selected as a country to compare with Tanzania taking into consideration that she is a developing country like Tanzania, but with longer experience of CCTs than Tanzania. Hence we think by this comparison, Tanzania may find some ideas that can be adapted for use in improving the welfare of marginalized groups (most vulnerable children).

### **1.2 Background**

“Conditional Cash Transfers are programs (henceforth CCT) that provide regular cash payments to poor households that meet certain behavioural requirements” (<http://worldbank.org>).The main focus of CCT programs is to improve human capital accumulation among poor families. CCT programs can vary according to their objectives. For example, objectives of some CCTs can be to reduce poverty, identify target groups, reduce child labour and provide a social safety net in time of crisis (Rawlings and Rubio, 2003). “Programs that make cash transfers conditional on investment in human capital need to be judged in the context of a new approach to social protection” (Villatoro, 2006, 83). The result of this debate is that instead of concentrating so

much on short-term poverty alleviation, as experienced by traditional safety nets, social protection systems have shifted towards a risk management approach aimed at enhancing human capital and defeating poverty in a longer term. According to the social risk management approach individuals, households and communities are exposed to multiple risks including poverty (Villatoro, 2006 as cited in Holzmann and Jorgensen, 2000). Poverty can be referred to the greatest vulnerability because the poor have little access to suitable risk management instruments and cannot manage to cope with crises. In the presence of this situation, the mechanisms which are mostly employed by poor families against the economic shocks normally are informal strategies, such as withdrawing their children from school, which will ultimately result in losing human capital thereby leading to intergenerational cycle of poverty (*ibid*).

“Conditional Cash Transfers (CCT) programs are increasingly perceived and employed as an effective tool for poverty alleviation. Cases of success for these programs have been cited in Latin American countries where they have been increasingly perceived as a “magic bullet” for poverty reduction” (Son, 2008:1). The idea to adopt these programs emanated from success stories from Latin American countries where they have been practiced. Some of these countries are like, Brazil and Mexico. Other countries are Bangladesh, Indonesia, Cambodia, Malawi, Morocco and South Africa (Fiszbein and Schady, 2009).

In Brazil and Mexico for instance, CCTs have become important social assistance programs; they covered millions of households. . In the countries where they have been implemented the CCTs , seemed to have been contributing in meeting some of the targets within the Millennium Development Goals in the area of poverty eradication in particular (Fiszbein and Schady, 2009).

However, despite the positive effects recorded through the implementation of these programs, there are reasons to be cautious over some of the more overblown claims made related to CCTs. For example, concerns have been voiced over whether their successes so far can be duplicated in poor countries (Molyneux, 2007). The CCTs were developed in, and have been most successful in middle-income countries that have institutional and administrative capacity. Hence, whether poor states would be able to meet the increased demand for social services generated by these programs is less certain. Other worries centre on whether the stipend offered to qualifying households is adequate to meet their needs, and in particular whether it is sufficient to protect

against shocks such as the unemployment of the breadwinner, illness and environmental hazards (*ibid*). It is also argued that these programs do not generally reach vulnerable groups such as the disabled and elderly or those living beyond the reach of school and health centres, who cannot therefore comply with the program's conditions ( de la Brière and Rawlings, 2006).

It has, as well been emphasized by Michelle and Hoddinot (2007: 4) that “if poor people's preference differ sufficiently from conditions placed on their behaviour by government, the restrictions that conditionality imposes may actually reduce total welfare gains. The debate on CCT programs shows that there is no magic bullet for reforming social protection programs.” Although the evaluations of CCT programs have provided some compelling evidence that they are so effective, these programs cannot claim to be effective in isolation in the provision of quality health and education services. There are some relationships that emerge as a result of the existence of CCT programs that claim to solve certain problems, but they create some new ones, particularly at both community and household level (Rawlings, 2005).

Arguing on the imposition of conditions on such transfers, arguments are posed by some scholars around two streams. From one stream, they argue that, in order for households to change their behaviour from not enrolling their children in school and not sending children to health centres, there is a need to impose conditions to the households since this behaviour leads to under investment in human capital (Sony,2008). Another stream opposes the idea of imposing conditionalities since by so doing; the most vulnerable families will never have access to these transfers. In actual fact, parents fail neither to send their children to school nor to attend health clinic not because it is their behaviour rather it is because they are not capable of doing so (they are materially deprived).

According to (Fiszbein and Schady, 2009: 26), “CCTs are just one option within the agenda of social protection programs that can be used to redistribute income to poor households. They cannot be the right instrument for all poor households. For example, they cannot serve the elderly poor, childless households or households whose children are outside the age of covered by the CCT. Thus, redistribution to those groups is better handled by through other means.”

Additionally, Fiszbein and Schady (2009) put forward two arguments as to why cash transfers are not good instruments in the process of eradication of poverty. The first argument is that,



poverty is best reduced by economic growth particularly in the poorest countries, whereby fiscal efforts and administrative capacity both tend to be low. At the same time, in these countries governments, in order to reduce or eliminate poverty should focus on providing basic infrastructure like improvement of roads and schools and clinics. In their view, proponents see that transferring cash transfers to the poor majority will not build any future for them. To them, to invest in public capital will rather be targeting the poor people among others. The second argument is that, Conditional Cash Transfers are seen to provide wrong incentives to recipients. They therefore discourage labour supply or investment in person's own human capital for future gainful employment.

Sadoulet and Janvry (2004) concur with the above statements by insisting that CCT is a weak instrument for poverty reduction since many of the poor (like those who have no children or no children old enough to be of school age) cannot meet the eligibility condition because the transfer follows rules not related to the depth of poverty

In general, CCT programs according to Sadoulet and Janvry (2004: 4), are said to have 3 major difficulties. First, "they are not able to identify who is really poor. Second, selection among the poor to minimize efficiency leakages when payments are made to categories of children already highly likely of going to school as opposed to children who would be induced to go to school through the transfer and three, low uptake because the cash transfer offered is not sufficient to meet the opportunity cost of the change in behaviour". From these observations, it is clearly seen that CCTs may not adequately provide expected solutions for poor or marginalized groups of people.

In 2001, the Government of Jamaica established a CCT program known as the Program of Advancement through Health and Education (PATH) with the aim of providing child assistant grants which provided health and education grants to eligible poor children 6-17 years old living with poor parents (in households). The condition for this service was the PATH to visit health centres and to attend schools. However, these were encountered by Jamaica as obstacles for future development of children (Levy and Ohls, 2010).

Tanzania established Community-Based Conditional Cash Transfers (CB-CCT) program in 2008 aiming at enabling the targeted extremely poor and vulnerable households break

intergenerational poverty by investing the transfers in nutrition, health and education to ensure that human capital among children less than 18 years. The program's focus was to empower poor families be able to enrol vulnerable children 0-5 years and to ensure that the latter attend schools and increase of health visits to health centres. As stated earlier, emphasis for both programs, as it is stressed by other CCTs elsewhere established, has been to improve the wellbeing of poor families with children. However, less emphasis has been put to most vulnerable children living with poor families.

It was against this background that this study was formulated to examine the effect of the provision of Conditional Cash Transfers s s on poverty alleviation among poor families with a sharp focus on the most vulnerable children (MVC) in Jamaica and Tanzania.

### **1.3 Research aim and questions**

The aim of this study was to investigate whether Conditional Cash Transfers s have enabled most vulnerable children to get out of poverty in Jamaica and Tanzania. More specifically, the study, taking into account that these countries are different, presents the two different viewpoints. In so doing it the study becomes also a comparative in nature. There are two questions that guide this study.

#### **1.3.1 Research question 1**

What is the relationship between Conditional Cash Transfers s (CCTs) and poverty alleviation strategies among most vulnerable children?

#### **1.3.2 Research question 2**

What are the challenges faced by both countries in implementing CCT programs?.

### **1.4 Significance of the study**

It is the expectation of this study that its findings and recommendations will be considered useful to the following groups of stakeholders.

### **1.4.1 Academicians**

Through this study, academicians are expected to learn on the role played Conditional Cash Transfers in poverty alleviation in communities. Again, this study will provide enlightenment to academicians and researchers who wish to undertake further research related to this topic and that they may later come up with useful recommendations that can be considered when reviewing the existing poverty reduction strategies particularly with regard to the improvement of the wellbeing of the marginalized groups.

### **1.4.2 Policy makers**

Taking into consideration that governments have among others, the role of making policies, it is assumed that the government will be in a position to learn more on the role played by Conditional Cash Transfers programs in reducing(alleviating) poverty among the vulnerable groups and therefore be able to formulate policies that will really be suitable for these groups.

### **1.4.3 Practitioners**

As mentioned earlier in the introduction, after my thesis has been approved by the University of Oslo and Arkershus, a copy of this thesis will be sent to the Ministry of Health and Social Welfare to make the Ministry aware of the successes and challenges resulting from the implementation of CCTs in Tanzania and worldwide in general. This will help to understand the contribution made by these programs particularly to issues of empowering the marginalised groups who are under its mandate (the Department of Social Welfare).

## **1.5 Scope of the study**

The study was limited to the provision of Conditional Cash Transfers that operate under the TASAF I project. This project has been used by the Tanzanian government as one among many interventions adopted in poverty reduction initiatives. For Jamaica, the study was limited to the PATH program which was adopted by the Government in 2001 as one of the best instruments preferred as a poverty reduction strategy after the failure of the traditional mechanisms adopted by the same government earlier. Due to successes recorded from the implementation of TASAF I and TASAF II, the government of Tanzania is now operating TASAF 3.

## **1.6 Organization of the study**

This study is organized into five (5) chapters. The first chapter is the introduction which comprises the rationale for the choice of the topic, the background to the study, the research aims and questions, the significance of the study, the scope and the organization of the study. Chapter two presents short and working definitions of concepts that are central for the topic. These definitions include: social protection, Conditional Cash Transfers , poverty, poverty alleviation and most vulnerable children. Chapter three provides the research methodology for the study. This chapter expresses the theoretical framework selected to guide this study: the capabilities approach; it means the types of capabilities embedded in this approach. It also presents the information about data collection sources including the methods of data gathering, data analytical strategies, study limitations and ethical considerations for the study. Chapter four is devoted to the presentation and analysis of results. Chapter five is the discussion of findings whereas chapter six concludes and gives the recommends for further studies.

## Chapter 2: Definition of Key Concepts

This section offers the definitions of four key concepts crucial to this study. These are: social protection, Conditional Cash Transfers, poverty and dependence culture.

### 2.1 Social protection

Social protection has been defined as “public actions taken in response to levels of vulnerability, risks and deprivation, which are deemed socially unacceptable within a given polity and society” (Conway et al., 2000, 10). The International Labour Office (ILO, 2001) divides public actions into three general categories: social insurance, labour market regulation, and social assistance. Social insurance includes contributory schemes designed to protect workers and their households against life-course and work related contingencies, such as maternity, old age, unemployment, sickness and accidents. Labour market regulations are legal framework and safeguarding workers’ rights. Social assistance includes tax-financed policy instruments which are designed to address poverty and vulnerability (Barrientos and Hulme, 2008)

The term social protection has been defined differently in developed as well as in developing countries. In developing countries, social protection has mainly been concerned with issues that address poverty and vulnerability and is defined as:

“Public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society. It focuses on poverty reduction and on providing support to the poorest whereas in developed countries the emphasis is on income maintenance and on protecting living standards for all (especially for workers).” (Armandos, 2010: 1 as cited in Conway *et. al.*, (2002).

In a broad sense, whereas in developing countries social protection deals with the outcome of poverty, in developed countries, social protection is concerned with the causes of poverty. Due to lack of existing mechanisms to face any hazard that happens in time not known, measures taken have been those of crisis oriented or short term in nature. For example, some parents in developing countries, when are in some financial crisis, have always been deciding to withdraw their children from such schools as a way of solving some concerned issues in those schools.

The main factors behind such actions, have been mainly due to failure to pay school fees or buying of school uniforms. As emphasized by Armandos (2010: 2), in order for social protection to be regarded as a key component in development policy, it must involve three (3) functions:

- (i) “It must help those human beings who are in poverty or in danger of falling into poverty by protecting their basic levels of consumption;
- (ii) It must facilitate issues of investing in human, e.g. enabling children attending schools and clinics and in providing other assets that may assist people escape from the traps of entering in the intergenerational poverty; and
- (iii) It must help those already in poverty so that they may be able to struggle against the existing situation.” (Armandos,2002, 2)

When considered in relation to the provision of Conditional Cash Transfers policies, it simply implies that Conditional Cash Transfers s are regarded as boosters for poor people who have been stuck in life and as such failing to acquire their basic necessities like food, shelter, education and health. In so doing, they (CCTs) are empowering the marginalized segment of the society to stand on their own feet in participating in the process of their development. However, “UNICEF views it as a basic human need. In this case, governments are obliged to provide both economic and social support to most vulnerable segments of their population” (Kamerma n and Gobel, 2006: 4).This entails that concerned governments and/or communities are obliged to plan and provide both social assistances and economic supports at the family level as well as at the individual children in ensuring basic survival and development.

## **2.2. Conditional Cash Transfers.**

Conditional Cash Transfers programs (CCTs) give money to poor people in return for fulfilling specific behavioural conditions. These conditions include for example, children’s school attendance, up-to-date vaccinations or regular visit to a health care family by pregnant women. CCTs are a new type of social programs with the primary objective of alleviating poverty ([http://health\\_financing](http://health_financing) 2013). Conditional Cash Transfers s together with other social assistance programs constitute country’s formal, publicly provided safety net system. Conditional Cash Transfers programs represent a new approach to social assistance that explicitly addresses several criticisms often levied at more traditional social programs, including

weak poverty targeting. "One of the weak points for traditional social assistance has been that of redistributing the incomes to the needy. This approach is so remedial and sometimes the assistance provided may not be able to reach the target group(s) and such assistances are provided on crisis basis. However, with Conditional Cash Transfers, targeting is mostly taken into consideration for purposes of reaching the actual needy and the approach that is employed is the one that enables the whole community be responsible for its members' needs and wants. With this approach in place, the degree of bias in targeting is highly reduced. Another advantage of this approach is that, despite treating the immediate problems, it plays a long-term solution and this is actually focusing on individual capacity building. For example, the issue of enabling children to have access to education, is an investment in human of which the kind of education acquired will be a long term weapon in the struggle about one's future life. It is sometimes argued that education "sparks off" development.

### **2.3. Poverty**

The concept has no universally accepted definition. However, it has been defined differently, its meaning perceived differently and used in different contexts by various scholars, researchers, and policy makers depending on their standing points. Besides, the perceptions, meanings, and definitions of poverty change over time and across space (Fitzpatrick *et al.* 2009: 1073-1254)

Poverty is commonly defined in terms of "absolute, relative, and capability and functioning. In absolute terms, poverty means lack of resources (income) to secure an absolute minimum of existence which is guaranteed by meeting the basic human needs-food, shelter, clothes, medical care, safe water for drinking and cooking among other needs. It is expressed in terms of total deprivation where a person is unable to obtain the very basic necessities of life" (Fitzpatrick *et al.* 2006:1039). On the other hand, relative poverty is defined in comparison between individuals, societies or nations. Relative poverty is thus poverty in comparison with others, with some necessities taken care of, but not to have the need to have access to transportation, permanent and nice looking house, and posh car, among other needs (Fitzpatrick *et al.* 2006:1042).

However, Variants and Hulme (2008: 4), define poverty in its wider sense-to refer "to a linked material and social deprivation rather than simply a lack of income". Here, the idea behind is that individual possession of material facts justifies the way one will be able to join hands with other

family/community members. This is because community members' relate together basing on "inter dependence" rather than on "similarities". So, even the way community members join together depends on the degree of material possession. This entails that one who is materially deprived, will as well be socially deprived since it will/may be difficult if not impossible for him/her to join hands with his/her fellow members who are in possession of some material things hence leading to what may be called as "social isolation."

#### **2.4. Poverty alleviation**

"Poverty alleviation is any process which seeks to reduce the level of poverty in a community or amongst a group of people or countries. Poverty reduction programs may be aimed at economic or non economic poverty. Some of the popular methods used are education, economic development, and income distribution" (<http://coricomict4d> 2013). According to Mbeiyererwa (2008: 43) quoted in UNDP (1995), poverty alleviation as a strategy is conceived as one of the priorities that were considered for adoption in the new paradigm of sustainable development. This strategy was stipulated in the 1995 Human Development Report of the UNDP. According to this report, the term poverty alleviation however, was "first conceived as a mechanism to get the poor cross a given threshold of income or consumption". According to the new paradigm, the issue is not only maintaining the process of ensuring that the person concerned does not face with the poverty situation, rather it is a process of ensuring that there is a strategy in place to ensure that the person is involved in the process of increasing the productivity for the person is increased

#### **2.5. Most Vulnerable Children**

This study adopts a definition which has been provided by the National Costed Plan of Action for most vulnerable children [NCPA II] which defines most vulnerable children as "those children under the age of 18 years falling under the extreme condition characterized by severe deprivation as to endanger their health, well-being and long-term development." (NCPA II 2013-2017: 14).

In line with this definition, there is a long list of the categories of these children. However, for purposes of this study, below are some of the categories of these children. These are:



1. “Children living in extremely poor households with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection.
2. Children whose sole care giver has a disability that severely hinders the provision of care, protection and support for the MVC.
- 3.Children living in households with only an elderly care giver (60 years and above) and with significant unmet needs in terms of adequate education, health care, food, nutrition, shelter, HI Orphaned children with significant unmet needs in terms of adequate education, health care, food, nutrition, shelter, HIV/AIDS services, ECD services, and emotional and physical protection
5. Children living in child-headed households
6. Children living or working on the street and
7. Children living in institutional care” (NCPA II, 2013-2017, 15).

Since the provision of CCT programs focus their grants to poor households. It is one of the assumptions of this study that children who live within these families, are considered to be most vulnerable and therefore are of our study.

## **2.6. Characteristics of Conditional Cash Transfers**

“Conditional Cash Transfers (CCTs) have the following characteristics: They are targeted to poor households and that the cash transfers are usually paid to mothers” (Adato and Hoddinott, 2007:1). However, some countries while implementing the same, includes nutritional supplies or school supplies for children as transfers. Cash transfers may be made as a lump sum or determined according to the number of children, with the amount varying by the children’s age and sex. In some countries, higher transfers are paid for girls’ school attendance and for secondary school attendance. It is done so, basing on assumption that most girls in developing countries do not have equal access of services as compared to boys. And in return for these transfers, recipients are obliged to undertake certain actions such as enrolling children in schools and are needed to ensure that they attend school as scheduled; attending pre-natal as well as post

natal health care appointments (Adato and Hoddinott, 2007) and seeing that pre-school children receive vaccinations, growth monitoring and regular check-ups. Eligibility criteria for beneficiary households are based on household characteristics of very poor determined through Proxy Means Testing (Defined by communities at the local level) (Francisco, 2006; TASAF, 2006)

## **Chapter 3: Methodology**

This thesis explored the contribution made by Conditional Cash Transfers in Jamaica (through PATH) and in Tanzania (through CB-CCTs), in alleviating poverty among most vulnerable children. The research used was qualitative methods. As emphasized by Chambliss and Schutt (2010: 251), “qualitative data analysts seek to capture the setting or people who produced this text on their own terms rather than in terms of predefined measures and hypothesis. So, the analyst identifies important categories in the data, as well as patterns and relationships, through a process of discovery”. This study employed a qualitative approach (through literature search) to find out how the provision of Conditional Cash Transfers enabled vulnerable children to get out of poverty in Jamaica and Tanzania.

### **3.1. Theoretical framework**

This section outlines the theoretical approach of the study and discusses critical and capability theories. The capability theory (approach) has been suggested as a perspective employed to examine the relationship between the provisions of Conditional Cash Transfers and poverty alleviation focusing on vulnerable children.

#### **3.1.1. Capabilities Approach**

The concepts of Conditional Cash Transfers and poverty alleviation are closely linked to the Capabilities Approach developed by Amartya Sen. This approach “constitutes a normative proposition to human development, based on the notion that the goal of development should be to expand people’s opportunities to enjoy a greater set of valuable activities or ways of being” (Tjelta, 2005: 24). As emphasized by Sen, individual freedoms are a central part, this actually informs us that if one is to make an evaluation of how society members are arranged, he/she needs as well to understand the degree of freedom these members possess in that particular society. In this approach, Sen (1999: 87) describes “capabilities as the substantive freedoms he or she enjoys to lead the kind of life he or she has reason to value”. Social protection policies can and should be meaningful only if they can liberate a human being from the obstacles of life he is facing in liberating himself. If he can have an access to different choices in life, this may lead

one to have some improvement in life. And if choices are open one can be able to show the kind of capability he/she possesses.

If one is to judge on how far a certain society has developed, s/he will have to look at what level society members have been empowered in contributing to the ultimate development of that society, such as in looking at levels of education of society members.

“The assessment of societies and social institutions can be deeply influenced by the information on which the approach focuses, and that is exactly where the capability approach makes its contribution. A second issue emphasized by this approach is that, it is concerned with a plurality of difference features of people’s life and concern” (Sen., 2009: 232).

According to (Tjelta, 2005) the development of a human being needs to be assessed holistically. This simply means that, the development of a human being depends on many factors not as it has been argued by some scholars that income for instance, is the sole determinant of one’s development, this approach refutes this statement and instead argues that other factors in life can as well be considered as factors contributing for a human being’s development. Sen (1999) proposes some other factors like the degree one can fully participate in every day’s social and economic activities. This element enables people share some social as well as economic activities with his colleague. In so doing this he/she will have an access to some opportunities as a result of building such social capital. Sharing ideas with other people is vital over and above the economic base. Focusing on poverty in relation to our discussion on capability approach implies that there is a need to shift from such variables like income, consumption, utility and primary goods to capabilities. “Policy debates have indeed been distorted by overemphasis on income poverty and income inequality, to the neglect of deprivations that relate to other variables like unemployment, ill health, lack of education and social exclusion” (Tjelta, 2006: 26 in Sen 1999: 108). For example, when one is without any skill, he/she, will not be able to plan his own life, will not be able to maintain his/her own health and this means when one is always sick, he/she will not be able to perform his/her duties which would lead him/her earn an income hence becomes poorer and poorer. Being poor in turn will result into facing some other problems such as health, educational just to mention a few.

### **3.1.1.1. Types of capabilities**

Basic capabilities refers “to the innate powers which exist within a person, powers that make the necessary basis for developing more advanced capabilities such as the ability to avoid under nourishment. Furthermore, when a child is born, the society deals with early internal capabilities such as environment and nutrition. Basic capabilities are thus, the innate capacities for a person which make later development possible” (Nussbaum, 2011, 23). Internal capabilities build on the already existing basic capabilities and appear by using processes such as education, training and exercise. For instance, most people have basic capability of being able to speak, but the internal capability will not develop and appear without socialization and informal education.

If we take an example of women empowerment in developing countries like Tanzania we find that, in the past, women were lagging behind when it came to education, but, today, things have changed particularly after signing certain international instruments (conventions) regarding women’s rights. Tanzania has now adhered to such instruments and putting in place guidelines and legislation that the provision of services to women, including access to education. In this regard, today, women in Tanzania have equal access to education as men and equal opportunities in government positions (from the local government to the central government). In general, education has empowered them to have freedom of speech and performing certain duties which men could have not believed that women could have managed to perform. Another example is that of girls in developing countries having an access to science subjects. This has in return revealed that they are highly competent even than men contrary to what was believed by the society. From these two examples, we can conclude that the total development on man (human being) partly depends on the combination of both internal capabilities and external conditions on the same.

### **3.2. Data sources**

Due to time limit, the study was base on literature review. This means, instead of going to the field location to collect data, the study was focused on reviewing the work of other authors that are ready available to the public including: existing scholarly journals and articles, books, policy papers and other reliable sources such as Academic Search Premier, soc INDEX, Google and Google scholar to locate relevant information on the topic. Precisely, literature review may be

explained as “...a narrative account of information that is already currently available, accessible and published, which may be written from a number of differing paradigms or perspectives, depending on the standpoint of the writer” (Jesson and Lacey, 2006,140). In searching for information, the key words like Conditional Cash Transfers and poverty alleviation in Jamaica, community-based Conditional Cash Transfers in Tanzania, Conditional Cash Transfers in Jamaica, Conditional Cash Transfers in Tanzania, were used.

### **3.3. Method for gathering data**

As mentioned in section 3.2 above, this study was conducted basing on literature review. That means it was based on secondary information gathered through the database engines, including BIBSYS, Academic Search Premier, Social Sciences Citation Index, EBSCO host, JSTOR, Google and Google Scholar. The websites of relevant organizations such as that of The Tanzania Social Action Fund (TASAF), Research on poverty alleviation in Tanzania (REPOA), CCTs (Tanzania) and CCTs (Jamaica). Main search terms such as: Conditional Cash Transfers, Conditional Cash Transfers and poverty alleviation, CCTs and vulnerable children were used to gather relevant information.

### **3.4. Study limitations and assumptions**

Due to limited time and resources, the study relies on literature review whereas sources of data like journals, articles, books, thesis and dissertations among others, were reviewed. This limits the use of primary data, which would employ the methods like in depth interviews. Thus the study relied on secondary data as the alternative source of information. This to some extent limited the scope of analyzing the subject matter. Since CCTs are initiatives with considerable support from donor community, most studies and reports have been published by governments or international organizations with less objectivity. This material highlights mostly positive outcomes about CCTs with little information on their potential problems and challenges, making it more difficult to convey an objective reality. Furthermore, when perusing on government information policy information, some policy documents could not be accessed online. This led to failure of making objective comparison of the two countries as case studies.

A good number of studies that have been conducted on CCTs have been focusing more on the impact CCTs made on sub-projects within them such as the impact of the construction of roads,

construction of dispensaries and schools (both primary and secondary) and other poverty reduction strategies other than on the impact they (CCTs) made on most vulnerable children. Above all, this study had been conducted by the researcher when back home after the completion of the MIS program course work, a situation which has created a cumbersome problems since the researcher had to play other roles including to accomplish some duties at the office as required by the employer and to accomplish some other family duties as a father. This has really been a challenge when compared to another researcher who might have been doing the same at the university's campus. Considering all these factors in place, judgments about the ultimate presentation of this study need to be taken in mind.

### **3.5. Ethical consideration**

Since this study was based on literature review involving secondary data analysis, it does not pose major risks in terms of research ethics. That is, there were no risk of breach of anonymity and confidentiality, and there was no need of consent.

## **Chapter 4: Presentation of Findings**

This section shall present the available information with regard to the situation of poverty in Jamaica and in Tanzania and the basic factors that led to the establishment of Conditional Cash Transfers programs in the two countries. Emphasis is put on showing how these programs have contributed in the alleviation of poverty among most vulnerable children, a group which is among the targets within these programs. In the course of the implementation of these programs, this study observes some successes as well as challenges. This scenario is shown in the second research question and may be the basis for recommendations for the operation of these programs within Jamaica and Tanzania.

### **4.1. The situation of poverty in Jamaica and Tanzania**

#### **4.1.1 Jamaica**

According to Levy and Ohls, (2007, 3) “a major force behind the development of PATH is the nature of poverty in Jamaica and its relationship to education and health care”. The authors argue that poverty is highly concentrated among the following groups:

- “Among the young and old who constitute almost half of the poor younger than 18 years of age and another 10 percent of over the age of 65 years;
- In rural areas, where nearly 80 percent of the poor living in rural areas and less than 10 percent living in the capital city of Jamaica, Kingston Metropolitan Area.
- Among female-headed households who constitute 66 percent of poor households headed by women although women had only 44 percent of all households;
- Among larger families with 40 percent of poor families consisting of six or more members.

Additionally, Levy and Ohls (ibid), further argue that the Jamaican social indicators evidently show that there is a high degree of lack of education that is observed to exist among the poor. It is however, stressed that even where these children are enrolled in schools their attendance is not regular”.



Vividly, this lack of money (capability) has been seen as a great obstacle for parents to send their children to school regularly as well as to failing to provide the basic needs like food, clothing and shelter which are necessary for human survival.

In emphasizing the role played by money in the whole process of achieving education, Levy and Ohls, 2007: 3 as cited in the World Bank, (2001: 43) report:

“Education was widely associated with high well being and so it seemed reasonable to refer that schools are regarded as important because of the personal benefits that are seen to accrue from investing in education. In this vein, the cost of buying into education service was seen as a major impediment to social advancement by the poor group” (Levy and Ohls, 2007, 3) in (World Bank, 2001b, 43).

It is also argued by Levy and Ohls that (2007: 3), that “ poverty is not only related to education but also to the quality and access to health care services”. To underlie this assertion the authors illustrate that .. immunization rates for infants up to 11 months of age fell in Jamaica from 93 percent in 1993 to 85 percent in 1999” as cited in (The World Bank 2001c). Had the situation been stable, the fall could have not happened. However, due to the persistence of poverty it was found that children, who were supposed to be immunized early before joining primary school, failed to reach this target (Levy and Ohls, 2007).

Among other factors, poverty is as well considered to be an obstacle to an access to health care especially in rural areas. One of the basic arguments for this snag is that, in rural areas, as opposed to urban areas, public health facilities are the ones which are assumed to be in favour and reliable centres in health provision for vulnerable patients, though they are sometimes not accessible in these localities. These centres are assumed to be in favour of health provision as opposed to private centres, for one thing among others, that, they are assumed not to be business oriented. Recently the introduction of cost sharing has again complicated the situation for poor people because most of them cannot manage to pay for the initiated community funds. “Both preventive and ameliorative programs are necessary for improving the health of the youth, pregnant and lactating women, the elderly, and the disabled. For youth, preventive programs, which ought to begin during the early childhood development stage, should lay foundation for better developmental outcomes and lead to high returns later in life. For adults, regular checkups

should improve ‘individuals’ health and chronic illness monitoring and reduce emergence visits” (Levy and Ohls, 2007: 4).

#### **4.1.2 Tanzania**

“Poverty affects a large proportion of the country’s population. Despite natural vast and the long period of political stability, Tanzania is still ranked 159 out of 177 countries based on the Human Development Index (HDI)” (Mascarenhas and Sigala 2010:7) in (UNDP, 2007). According to the HBS (2007), the mainland Tanzanian, was found to possess one-third (33.6%) of its population living under poverty needs poverty line and 16.6% below the food poverty line (Mascarenhas and Sigala, 2007).

Many developed and developing countries around the world have been of the hopes that the emergence of globalization would bring some reliefs particularly for developing countries in areas of improvement of their economies. However, things have not happened as expected and as a result, many developing countries, Tanzania inclusive, have not yet benefited much from this process, rather, these positive expectations have turned into negative consequences. Taking Tanzania as an example, we can see that, despite the fact that there has been an impressive situation showing that there has been an increase in the GDP, yet there is no indication that the degree of income poverty is decreasing (NSRP II,2010). From this strategy it is shown that in 2000/2001, out of every 100 Tanzanians, 36 were poor as compared to 34 in 2007 (NSRP II, 2010,5). The rural growth has been characterized by agriculture which has been growing at 4.5 percent lower than the urban areas against the national population growth of 2.9 percent thereby indicating that the rural people are suffering at the expense of the urban people. What has been observed as a result of the existence of globalization is that, the world has turned into breaking in two groups: a small group of the haves (those with high purchasing power) and a big group of the have-nots (those whose survival is uncertain).

As argued by Msambichaka et al., 2002, there have been so many discussions on how the concept of poverty can be defined since it is a multi-factorial concept. From this complication, it has even been difficult to reach at a consensus on its design, strategies to alleviate poverty as well as its assessment (ibid.). The National Bureau of Statistics (NBS) defines poverty “as the state in which a household’s total consumption is inadequate to meet its basic needs” (Osberg

and Bandara, 2012:1). According to Msambichaka *et al.*, (2002: 4), “poverty is caused by lack of adequate resources and capabilities to acquire basic needs. According to them, this problem has tended to increase malnutrition, ignorance, prevalence of diseases, high infant and child mortality and maternal mortality among other effects. With this conceptualization, income is regarded as a relevant welfare indicator and therefore poverty is defined as the ability to attain a minimum standard of living” (ibid, 4)

According to Msambichaka *et al.* (2002, 2) in most developing countries the poor live mainly in the rural areas. And as such poverty is more of rural phenomena as compared to urban areas particularly in southern Africa as it is in South Asia. Poverty is rural in nature because the rural areas depend in most cases on the central plans. Rural people’s life depends on nature in the case of agriculture, whereby, when the nature is unpredicted, due to seasonal changes, such as the inadequate/over flow of rains, the results into unpredictable survival of these people or even when they have harvested their products, still they have no bargaining power over the prices. Those with money will always buy their products at whatever prices they need, in most cases, for lower prices which the producers will never have power to bargain; as a result they will not be able to save what they have collected for future production. They have no choice. We are as well informed that despite the existence of poverty all over the world and particularly in developing countries, still the same (poverty) varies across these countries. A good example of this scenario is the case for a country like “Botswana which had an exceptional situation whereby, it had about a poverty rate of 15% in 1990s as compared to Zambia which had 85 %”( Msambichaka, *et al.*, 2002 in Andersen *et al* (1997).

“Tanzania is not an exception from other sub-Saharan countries for whatever indicator one will come across or will use, still the country remains one the poorest in the world. Empirical evidence reveals that the incidence of poverty in the rural areas is twice as great as in urban areas-while the severity of poverty in the area is three times that of urban areas” (Msambichaka *et al.*, 2002:.2). Though at the moment one may observe some indicators of growth at the household level, but still there is no hope for the decline of poverty at this level.

The rural society is in most cases vulnerable to poverty as a result of the nature of unfavourable agriculture and rural environment. “The household survey conducted in 2000/2001 indicated that

the proportion of Tanzanian households living below the basic needs poverty line was 35.7% and 18% living below the food poverty line” (Simon, 2011, 3). However, According to Simon (ibid). “There were some slight changes between 2000/2001 and 2007 ranging from 35.7% to 33.6% while the population continued to grow. The number of Tanzanians living in poverty increased to 12.7 million in 2007”.. Arguably, this situation has not been in favour of Tanzania and as such, since 1961, when she got her independence. The country has been trying its level best to fight against it. There have been some initiatives to alleviate poverty which have been in the shape of campaigns and slogans, e.g. *Siasa Ni Kilimo* (politics is agriculture) and *Chakula Ni Uhai* (food is life), just to mention a few. These campaigns did not bear any good results due to the fact that though their focus was to promote agriculture, they were not participatory.

“Poverty not only reduces the standard of living of those affected, but it also limits their productive capacity therefore hindering economic growth and wealth creation” (TASAF III, 2012, 3). In fact, it is from the poor people category where one finds the less educated, less healthy and is the ones who suffer most the degree of malnutrition and from this synario. One can easily find them having larger families believing that by having many children, they will later result into a kind of human investment. Actually, this in turn becomes a burden to provide basic needs including failing to provide them education and health services. There is a saying in Tanzania “that for every hand that comes, a gift from God is as well attached to it”. In reality it is the vice versa.

With an experience of the failures from the previous campaigns and slogans, Tanzania adopted various structural and economic changes for an intention to enhance/ensure more people’s participation in economic growth and hence poverty eradication. Among these initiatives were: “The Poverty Reduction Paper (PRSP), The Tanzania Development Vision 2025 and other sector policies/initiatives which were seen to be more participatory” (Msambichaka, 2002: 27). At the moment, Tanzania is implementing the National Strategy for Growth and Reduction of Poverty II, which “emphasizes on(i) focused and sharper prioritization of interventions, projects and programs- in key priority growth and poverty reduction sectors (ii) strengthening evidence-based planning and resource allocation in the priority interventions (iii) aligning strategic plans of Ministries and Departments Agencies (MDAs) and Local Government Authorities (LGAs) to this strategy (iv) strengthening government’s and national implementation capacity (v) scaling

up the role and participation of the private sector in priority areas of growth and poverty reduction and (vi) improving human resources capacity, in terms of skills, knowledge and efficient deployment” (NSGRP II 2010, ix).

## **4.2 Conditional Cash Transfers programs in Jamaica and Tanzania**

“Conditional Cash Transfers programs are an innovative approach to the delivery of social services. They provide money to poor families conditional on investments in human capital, such as sending children to school or bringing them to health centres on a regular basis”(Rawlings and Rubio,2005,29). However, these programs are also meant for short-term social assistances aiming at improvements in daily consumptions and some other basic needs. As a way of breaking the inter-generational poverty cycle, and despite the fact that these countries had some other policies in place for the same, they adhered to these programs which target most vulnerable school going children and under five to have an access to education and health. Below is the narration of the CCT programs in these countries.

### **4.2.1 Jamaica**

“The program of Advancement through Health and Education(PATH) is a Conditional Cash Transfers (CCT) program, which was established in 2002, as a part of a wide range-ranging reform of the welfare system carried out by the Government of Jamaica(GoJ) with support from multilateral institutions aiming at replacing the former system, which consisted of food stamps, outdoor poor relief and limited public assistance, with a single CCTprogram” (Ayala, 2006:1).In this program, cash money was transferred to poor families who actually qualified to comply with the conditions which had been set by the program. The provision of the grants had an intention to promote the members’ human development.

Basically, PATH had four main objectives:

- “To alleviate poverty by increasing the value of transfers to the poor”(Ayala, 2006,1);
- “To increase educational attainment and improve health outcomes of the poor by breaking the intergenerational cycle of the poor”(Ayala,2006,1);
- “To reduce child labour, by requiring children to have minimum attendance in school” (Ayala, 2006, 1);

- “To prevent families from falling into poverty in the event of an adverse shock” (Ayala,200,1);

In its implementation, PATH, planned to provide two grants. The first was a health grant intended to beneficiaries/members of the community who were to attend public health clinics at scheduled intervals. The second was the education grant which was directed to children aged between 6 and 17 years, who were eligible to attend school at least 85% of the total number of days planed for at respective schools (Ayala, 2006).

The eligible beneficiaries per each grant received J\$600 which was approximately US\$10 in the household. The eligibility was determined through the use of ‘proxy-means’ test. “However, rather than asking about income directly, the approach was to ask about indicators that are highly correlated with household income yet are easier to observe (and therefore check), such as education attainment or dwelling attainment” (Ayala, 2006,1).

The amount of benefits to be received by a certain household depended on the number of eligible beneficiaries a household possesses. For instance, if a household had five eligible children under, could have received five times J\$600 which is equal to J\$300.

The following were the eligibility criteria:

**Table 1: Conditionalities for PATH beneficiaries**

<b>Beneficiary</b>	<b>Conditionality</b>
<b>Health</b>	
Children, aged 0-12 months	1 health visit every two months
Children, aged 12=71 months	1 health visit every six months
<b>Education</b>	
Children, aged 6-17 years	Attendance of at least 85% of classes

Source: Adapted from: Ayala (2006) in MLSS (2004)

As reported by Ayala (2006: 3), the procedure for determining eligibility for benefits was carried out at a system of centres-typically a public building, a church or a school- which had been used with earlier welfare programs such as e.g. distribution of food stamps).”. In order for potential beneficiaries to register or enrol for benefits from PATH, they were required to provide necessary information as required by the proxy means test at one of the centres. After that

process, a program official who had the responsibility to point out an official who were to visit the beneficiaries' homes for verification. If they were approved to qualify, payments were made at these centre or the post offices (ODI, 2005).

“The total budget of the program for the years between 2001 and 2005 was US\$78 million, of which approximately half was provided by the Government of Jamaica and the remaining proportion was provided by a loan from the World Bank. By 2005, the program had reached 180,000 beneficiaries, amounting to 8% of the population” (Ayala, 2006: 1).

The PATH grant was provided around two areas-in health and education. Before these grants were provided, processes for verifications were necessary. In health, the PATH Management Information System (MIS) Unit of the Ministry of Labour and Social Security had the responsibility to generate lists of registered PATH beneficiaries which were then submitted to the public health representatives at the local health clinics. These representatives were responsible for recording the trend of visits at the health clinics by the beneficiaries who had already enrolled in PATH, and submitted information to the MIS through the social workers for updating the system. Later, the MIS were responsible to generate information which was to be used for approval of the final payments.

In education, for schools which had been targeted as complying to PATH, at the beginning of every year, the Management Information System Unit (MIS) was responsible for preparing the lists of children for verification. The lists were transmitted to schools principals who were to assign some personnel for verifying them and sending them back to the MIS for payments (Ayala, 2006).

With regard to the verification of health beneficiaries, the following procedure was supposed to be followed. According to this procedure, the Management Information System which was operating within the Ministry of Labour and Social Security prepared lists for registered beneficiaries and later were transmitted to the public health representatives at local health clinics (ibid). After completing the enrolment exercise, the qualified beneficiaries were allowed to visit such health clinics and the health representatives were required to keep records of such visits for

payment verification through social workers who were attached to each parish<sup>1</sup> and assigned this duty (Ayala, 2006).

The verification for education was not different from that of health. What was done in education was that, at the beginning of each school term, the MIS had to establish the lists for school children who were attending as beneficiaries and later school principals were assigned the responsibility to cross-check the actual attendance of such students for verification, and then the information were later returned to the MIS for payment preparation (Ayala, 2006).

In any program always there must be an established mechanism to counter check on how its operationalisation. In so doing, the Government of Jamaica (GoJ) established some mechanisms for monitoring and evaluation of its activities. In adhering to this approach, it employed the use of the generated and stored data by MIS (a co-coordinating body) for health and education beneficiaries for purposes of understanding the actual trend of the program. Secondly, community members were consulted and several discussions were carried out so as to hear from the “Horse Mouth” on the proceedings and challenges arising from the implementation of the program. This was the first hand information in which the GoJ could have used in the improvement of PATH. The third mechanism, but not the least, was the use of the external evaluators, who were also important in advising on how the programs could have been rectified for better service provision for the program and the general welfare of vulnerable groups in Jamaica.

#### **4.2.2 Tanzania**

This section describes how the Tanzanian Community –Based Conditional Cash Transfers (CB-CCT) operated under the Tanzania Social Action Fund (TASAF I) with a sharp focus on alleviating poverty among most vulnerable children.

Historically, “the need for the innovation and ultimate operation of TASAF project in Tanzania has its origin in recognizing the effectiveness, and appreciating the impact of the earlier established funding project (upon the grassroots communities) in Malawi” (Mbeiyerwa,

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<sup>1</sup> By definition, a parish is an administrative division of the Government



2008:107). As a result of the Tanzanian leadership being impressed by this kind of social fund as practiced by the government of Malawi (the Malawian model) which was funded at the grassroots level, and which showed some positive results, particularly in alleviating poverty among the marginalized people, Tanzania was convinced to established the same model for purposes of improving the wellbeing of poor grass root community members.

“The United Republic of Tanzania established the Tanzania Social Action Fund (TASAF) in 2002 as one of the tools for executing the Government National Poverty Reduction Strategy. The TASAF is a multi-sector program that provides direct financing for small scale public investments targeted at meeting the needs of the poor and contributing to social capital and development at the local level”(Kamagenge,2008,2)

The main objective of TASAF is to ensure that communities are empowered so that they can be able to improve their livelihoods and access enhanced services, minimize the public sector’s direct involvement in the implementation of projects such as construction of health facilities, water projects and schools (ibid, 2). Basically, under TASAF facilitation, these projects are proposed by community members themselves according to their priority needs. This is done during the process of project identification at the community level which involves members and local government member staff.

“The purpose and objective of the innovation of TASAF was to ensure enhanced Government support to poor communities, empowerment of communities through giving them voice to take charge of their own development, and stimulation of community demand and eventual contribution to economic growth, reduction of poverty, and protection of vulnerable groups; thus leading to people’s improved livelihoods” (Kamagenge,2008,2).

The establishment and succession of the Community-based Conditional Cash Transfers pilot scheme in Tanzania (in 2008), under Tanzania Social Action Fund Phase One (TASAF 1) led to the implementation of TASAF II and TASAF III. However, due to limited time and resources, this study was only focusing on the implementation of Community-based Conditional Cash Transfers that operated under TASAF I (as the founder of the existing phases). In relation to poverty alleviation this phase targeted most vulnerable children especially investing on education and health. The establishment of the pilot program aimed at testing the effectiveness of its implementation through a social fund using a community-involvement approach in dealing with

the issue of vulnerability (Kamagenge, 2008). TASAF operated under the financial support of the World Bank and other International donor funding institutions.

As a pilot, “it was only introduced in three local government Authorities of Bagamoyo, Kibaha (Coast region) and Chamwino (located in Dodoma region) with a view to facilitating the targeted extremely poor and vulnerable households to break intergenerational cycle of poverty by investing in nutrition, health and education using co-responsibilities to ensure accumulate human capital among the family members” (Kamagenge, 2013, 3).

“The eligibility criteria for beneficiary households depended on who were defined as very poor by communities themselves at the village assembly and were verified through Proxy Means Testing (PMT) and the households which qualified for the program were those who were observed to be very poor and not receiving similar benefits in cash or in kind from any other program and particularly those households with the elderly 60 or an orphan or most vulnerable children” (Kamagenge, 2008, 1)

The targeting was done by the Community Management Committee through using screening forms which were designed to identify vulnerable children and the elderly. It was at this time when all the targeted households were visited for purposes of collecting the information to be validated at the village assembly. A very important step that was done by this program was for local government authority to conduct capacity assessment of both the primary school as well as health facilities in ensuring that they could meet the increased demand that would be expected by the CB-CCT pilot program. This exercise was done in all selected three pilot districts.

“Following the completion of initial activities, namely sensitization, baseline data collection, targeting, supply side assessment, enrolment and training on payment including opening of bank accounts by Community Management Committees, the CB-CCT Pilot Program was launched in September 2009.” (Kamagenge, 2008: 3).

Following the positive results that have been observed, the program has now been extended to the second and third phase of TASAF under CB-CCT which is now covering the entire country.

At the pilot level, the program's goal was "to cover 80 villages, but due to financial constraints, it only started with 40 villages in each district, piloted in three district councils of Tanzania, namely Bagamoyo, Chamwino and Kibaha."(Kamagenge, 2008, 1).

The above districts were selected after a certain criteria were crosschecked as explained by Evans (2013, 19). According to Evans, "regions were ranked using several indicators, for instance, poverty level, food insecurity, primary school gross enrolment ratio, access to safe water, access to health facilities, AIDS cases rates and road accessibility. Districts were then prioritized within the regions using an index of relative poverty and deprivation constructed using data from Tanzania's 1992 Income Expenditure Survey".

This program was treated as a pilot program whereby its basic successes as well as challenges, were to be used as a learning ground( a yardstick) for the following phases mainly using a community-driven (CDD) approach in achieving positive results in mitigating the effects of vulnerability (CB-CCT implementation status.pdf)

Another important point to note with regard to the implementation of CB-CCT program is that, it has been taken into consideration by Tanzania as one of the key instrument in the efforts to poverty alleviation policies. Actually, in Tanzania mainland it is known as National Strategy for Growth and Reduction of Poverty (MKUKUTA) whereas in Zanzibar, it is known as Zanzibar Poverty Reduction Action Plan (MKUZA). All these policies target provide cash to the poor within vulnerable households<sup>2</sup>.

With regard to conditions and monitoring of the program, Evans, *et al.* (2013), for purposes of ensuring that beneficiaries who had received payments perform as instructed, conditions for children to go school and visit health centres were imposed. And, apart from imposing these conditions, monitoring mechanisms were put in place. These mechanism instructed community members to do the monitoring at least after every four months. In so doing, monitoring forms

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<sup>2</sup>([www.tasaf.org/index.php?option=com.content&view=article&id=85:adobe-png-sources&catid=41-links](http://www.tasaf.org/index.php?option=com.content&view=article&id=85:adobe-png-sources&catid=41-links))

were designed to be filled by beneficiaries with support from schools and health centres for verification purposes.

### **4.3 Poverty alleviation strategies for MVC**

#### **4.3.1 Informal poverty alleviation strategies among MVC**

Way back in less developing societies, family members have been living basing on extended life, whereby, members shared basic common necessities of life together like food in case some other members had missed or collected inadequate of it. Generally, family has been assumed to be the cornerstone of societies in developing countries. The degree of cohesion went beyond sharing things in bad times, but as well in times of problems like in times of some other social problems like when one member of the society has lost his/her partner, e.g. wife or husband, members of the community joined their hands in accomplishing some activities like fetching water or building a house for the needy. The same was done to the needy members like the elderly and vulnerable children. Members of the community had the responsibility to make an assessment of the actual needs of the person for assistance. The approach remained the same to most vulnerable children.

Within this framework, children were part and parcel of these societies and every member of these societies was responsible for the upbringing of these children. When it happened that these children were facing some problems like losing their parents due to certain factors, community members and neighbours intervened in solving such problems. However, within these societies some cultural values were maintained as well. For example, a culture of not treating girls and boys equally, e.g. girls not equally sent to schools and /or missing health services, created negative consequences to girl children. Additionally, as time went on and with the advent of globalization, some of the traditional roles have been eroding. For example, with the outbreak of HIV/AIDS tragedy, the behaviour of some community members have since then started to change, whereby the number of orphans and other vulnerable children has increased coupled with diminishing resources at the community level, most vulnerable children have started losing their basic human rights hence calling for some external support. “HIV/AIDS in Tanzania has had a great impact on communities both social and economic which have led to a wide spread of

poverty, stigma, chronic impoverishing forces which have led to pushing communities and households into deeper level of poverty” Child Poverty in Tanzania.pdf).

With this situation in place coupled with the changing structure of most families from extended to nuclear way of life, most vulnerable children find themselves helpless and this element confirms that they(MVC) can no longer depend entirely on the informal support for their survival. This idea has been supported by Gillian (2012) in Benda-Beckman and Kirsh (1999: 26) by propounding that “despite the importance of informal safety nets, there is need to avoid Romanizing or glorifying these systems. With these and other informal support inadequacies in place, some formal support is at certain levels encouraged for most vulnerable children.” The justification behind this scenario is the fact that informal safety nets sometimes comprise certain risks, for example, over depending on the elderly who also need assistance.

#### **4.3.2 CCTs support for households with MVC.**

One would be interested to know as to why targeting this group of children? “Ideally, targeting MVCs allows for concentrating scarce resources on those most in need” (Guga, 2006, 25).

In reaching at this goal there must be some processes that have to take place particularly at the community level which need to incur some costs both at the administrative level as well as at the capacity level. Due to high degree of poverty in Tanzania as it is in other developing countries, it sometimes becomes difficult as to how this exercise should be accomplished especially when it comes to discriminate the MVC from the non-MVC for purposes of reaching those in need.

It is the most vulnerable children program that is responsible in ensuring that the MVC are identified and provided essential services despite the challenges that may be in place particularly from the political arena as to whom these services should be provided to (Guga, 2006). Some of the challenges that have been in place within this program are: there has been some dependence on the external support than internal support. For example, within this program for years now, the main supporter has been the UNICEF country office in Tanzania. In case of establishing community funds, UNICEF has been initiating some amount of money for establishing community funds and villages/ districts were required to top up for the same. In some areas, this approach had been successful and in some not, due to lack of commitment from the grassroots

level. If this process is to succeed, “the state need to step up its responsibilities to its citizens, and especially to children, with adequate support-financial and human- from the districts and NGOs, and with more ‘caring’ communities.” (Guga, 2006, 26). According to the above statement, the state has the responsibility to set aside sufficient resources to ensure that this category is sufficiently covered. However, the local government which is composed of districts and regions as well as existing NGOs in those localities need to pull up their resources as well for the same with a particular emphasis on trickling down to grassroots communities where poor households with MVC reside.

With regard to the establishment of Conditional Cash Transfers s in Jamaica and Tanzania (as discussed in subsections 4.2.1 and 4.2.2), aspects of education and health, among other aspects, have been prioritized by such programs as best ways for targeting most vulnerable children who are living in poor households, in a way to breaking down the intergenerational poverty cycle in such communities. Viewed from this standpoint, this study went through the literature that centred on the impact PATH (in Jamaica) and CB-CCTs (in Tanzania) had on education and health.

### **4.3.3 Impact of PATH on education in Jamaica**

In the report on Child Poverty and Disparities prepared by Witter, et al., (2009, 36) who were commissioned by UNICEF in Jamaica, they argued that,

“Education is an important instrument in eliminating child poverty.”They further stressed this point quoting UNICEF which states “that education is a fundamental human right: that every child is entitled to it. And that it ends generational cycles of poverty and disease and provides a foundation for sustainable development.”

The establishment of Conditional Cash Transfers s in Jamaica and Tanzania aimed at among other objectives; invest in human development particularly for most vulnerable children 0-17 years living in poor households as a way of breaking the intergenerational poverty within these communities. The Government of Jamaica (GoJ) is among developing countries which in the year 2002 the Program of Advancement through Heath and Education (PATH) began as a conditional cash program for purposes of providing two types of grants: the first one was

concerned with the provision of an education grant to vulnerable children who were cared by parents from poor households.

These parents were to comply with the conditions of sending their children to school and be able to attain certain agreed standards. It is emphasized by Levy and Ohls, (2007), that in improving the quality of education in Jamaica, the PATH followed a different path as compared to other countries. It concentrated on empowering poor households to ensure that their children attend regularly at schools. In Jamaica, there was no problem of enrolment something which was observed even before the establishment of PATH program. The only challenge that was facing children at schools was the continuity of attendance since children from poor households were not able to pay for the costs relating to tuition fees and transport. It was also the PATH's belief that if the issue of attendance was ensured, some other outcomes like improvements in grades while at school and being able to proceed/advance to the next grade(s) would be assured.

It is argued by Levy and Ohls (2010) that, by the time PATH was to be effected to children who were already registered for benefits, the school attendance among the children was at about 17 days out of 20 days per month. This was already at 85%; at times, children could not attend due to either being sick or to some other reasons. Levy and Ohls (2010) quoted Fiszbein and Shady(2009) and argued that PATH was introduced to beneficiaries when there was already baseline attendance rate of more than 80 per cent. In reality, this rate was quite high and in this sense, only relative small size of increase could have been realized.

According to Levy and Ohls (2007: 433), "while PATH had a positive effect on school attendance, it did not seem to have an effect on school outcomes such as marks and advancement to next grade." This information was revealed by respondents in a survey conducted by Levy and Ohls, (2007) when he asked them if there were any of their children who had ever graduated to the next grade as a result of improvements in their attendance. Responses showed that such changes were not observed as such, and that only 2% of the age points were observed (which was actually statistically not significant). From these results, we can learn that the increase in the rate of attendance in schools did not automatically meant to have an impact on other outcomes, simply because, that factor could have had an impact depending on other factors. For example, if

there were no improvement in the quality of education, like in having qualified teachers, availability of relevant teaching materials, just to mention some, there could be no positive outcomes with regard to outcomes like students improvement in achieving marks or stepping forward to the next grade. This scenario informs us that reaching at such achievements resulting from the introduction of PATH, depended also on other factors.

“Another potential benefit of PATH was the possibility that by encouraging school attendance, the program could reduce child labour” (ibid, 433). Again, children’s parents were interviewed with regard to this and they responded that there were some indicators that some children were observed by parents pulling out child labour activities, though to lower percentages in samples that were set. But again, the differences observed by parents seemed not to be encouraging. In short, as earlier on mentioned, it is difficult to establish fact/facts that the improvements in marks earned or advancement to next grades were greatly associated with the establishment/provision of PATH to students in schools. Analysts need to go beyond this scope so as to reach a concrete conclusion. In contrast to Tanzania, the issue of enrolment of school children had a higher rate even before the establishment of PATH.

#### **4.3.3.1 Impact PATH on health in Jamaica**

Improvement of health care services utilization by children aged 0-6, was another important objective of PATH. The Government of Jamaica believed that through investing in this category of children, this could have been one of the ways for the government to break the intergenerational poverty.

In a bid to observe what impact PATH had made for the MVC, Levy and Ohls (2013) conducted impact estimation separately on two samples of children (0-6 yrs) and for older people 60 years and older. Their interest in this study was to observe the “PATH impact on children and the dependent variable for the analysis was the number of visits to a health practitioner in the last six months for preventive reasons” (Levy and Ohls, 2013, 22). The results showed that for the previous six months there was an increase of around 36 per cent of the baseline value. In short, it was found that PATH had a positive and statistically significant impact preventive care health



clinic visits by children in the program (ibid, 22). As it was learnt from the impact made by PATH on education, this study has as well learnt that despite the positive outcomes realized from an increase in paying visits to health preventive services, yet it was not easy to establish that all higher immunization rates have been realized as a result of PATH grants as compared to previous years for children 0 to 6 years. According to this statement, it informs us that may be there were some other factors other than health grant that contributed for the increase in a number of visits paid to health clinics.

#### **4.3.3.2 Impact of CB-CCT on education in Tanzania**

Tanzania is now (2014) implementing the second National Strategy for Growth and Reduction of poverty (NSGRP II) (MKUKUTA), after reviewing the first strategy which has been in place since 2010 (NSGRP II, 2010-2015). Among the core issues of this strategy is the improvement of quality of life and social wellbeing which is situated in cluster II of the document. In implementing this document (MKUKUTA) particularly in cluster II, the focus has been on two main issues namely: “(i) improved quality of life and social wellbeing particularly of the poorest and most vulnerable groups; and (i) reduced inequalities for example, in education, survival, and health across geographic areas, incomes, age, gender and other attributes” (NSGRP II, 2010-2015, 10). As a result of this intervention, some remarkable successes have been recorded particularly in education, health and water. Despite these successes, still there have been some inequalities particularly in resource allocation in primary level of education. For example, it has been mentioned that teachers among other factors have been unevenly distributed for both rural and urban areas, which have resulted in low level of attendance resulting for girls more higher than boys (NSGRP II, 2010-2015). As a matter of fact the right to education, is among children’s rights as stipulated by the Ministry of Education and Vocational Education in Tanzania. At the same time, as noted by Mascarenhas and Huruma (2010:5) in (Rajan, Mann & Ledward, 2000; Kuleana Centre for Children’s Rights ,1999; Davidson, 2004) there was a relationship between poverty and poor attendance and performance for school children, especially girls.. In this case therefore, with the provision of Conditional Cash Transfers to deprived school children, some positive changes were expected to be observed.

“Additional cash can enable and encourage poor households to invest in their children’s education. Increased income security enables households to pay fees or other costs associated with attending school. It also reduces the burden on children, particularly girls, to contribute to the family income, enabling them to participate in school”

(<http://www.worldbank.org/tanzania/economic> update).

According to an evaluation with an application of qualitative approach, conducted by Evans et al., (2013) on the impact of Community Based Conditional Cash Transfers in Tanzania (Results from a Randomised Trial) on education for the MVC, the program had “dramatic, positive impacts on school attendance” (Evans et al.,2013,164)The data collected from community members interviewed from the piloted areas (district councils of Kibaha, Bagamoyo and Chamwino) revealed that emphasized that due to the presence of CCTs for school children it was hard to observe absenteeism among them: Only 12% of children were reported to be absent. The program required students to attend school for at least 80% at school.

With particular emphasis on school girl’s attendance, the report stresses that as a result of the provision of CCTs, school girls were to reach a 23 more points of assurance to complete standard seven as compared to the absence of the same. This argument suggests to us that more girls were likely to drop in between or had a very low probability of completing standard seven due to several factors, including among others being married due the fact that most parents in poor societies opt for the marriage of their school girls, mostly due to failure of paying for school costs. Though some authors argue that parents fail to send their children to school due to ignorance, partly this factor may be agreed, but, in most cases, the failure of parents to send their children to school is propelled by lack of capability/poverty existing among vulnerable communities.

On the whole, the community-based CCT program led to improved outcomes in both health and education suggesting that households focused on reducing risk and improving their livelihoods rather than principally on increasing consumption.

#### **4.3.3.3 Impact of CB-CCT on health in Tanzania**

In Tanzania, despite the remarkable improvements over the years since the advent of the health sector reforms in the 90s, still access to health care is still inadequate due to several factors including shortage of skilled workforce across all main cadres at all levels of the system (Guga 2009).

In health, it is emphasized that, as a result of the provision of Conditional Cash Transfers benefits to poor households with most vulnerable children, there have been some notable positive changes with regard to health seeking behaviour. In here, it has been noticed that mothers have developed tendencies to send their children to health centres/dispensaries when their children fall sick, and for immunization and monitoring services as compared to the previous time (Kamagenge, 2013). The idea behind these changes is the capability of parents for sending their children to school as well as paying visits to health centres/dispensaries. Again, the relationship that exists here is the issue of an increase in the purchasing power for parents being able to meet travel costs but as well as being able to buy some basic essentials like food, something which a hindrance without this support.

In an evaluation report submitted by Evans et al., 2013 to the World Bank with regard to the impact made by CB-CCT on health, it was observed that Conditional Cash Transfers had contributed to the improvement of poor beneficiaries by reducing the number of days that a person get sick. However, some of the noted changes observed are that poor beneficiaries were now capable of buying the health insurance, something that was not observed before such benefits were provided. This scenario supports the idea that poor people were now escaping the out-of-pocket expenditure in cases of illness, hence increase the probability of being able to combat health problems whenever they happen.

In the comparison made by Evans et al.,(2013) between households in the treatment and control communities during the evaluation process on the impact of CB-CCT on health, it was observed that these households in both groups had approximately the same number of health clinic visits for children. This observation may have led one to believe that the provision of CCT was not the only factor behind the observed positive changes.

#### **4.4 Implementation challenges faced by Jamaica and Tanzania**

The implementation of CCT programs in Latin American countries in 1997 and in other middle and low-income countries in the world, has mostly recorded positive results. However, some authors have argued against the sustainability of these programs in poor countries. For example, Molyneux (2007) argued that due to the fact that poor countries have been experiencing some weak institutional and administrative capacities, issues which are very important in the smooth running of the CCT programs, there may be some doubts in reaching the intended objectives. Other worries centre on the fact that, it is not certain if these programs can manage to provide sufficient stipend to targeted households and be able to meet their entire needs; and that they can the benefits set really reach all/a great number of vulnerable groups. Rawlings and Rubio (2003, 11) argue that “the application of social experiments poses a number of challenges at each stage of implementation. Experience to date in the evaluation of CCT program reveals two particular issues: the difficulty of coordinating the impact evaluations with the program implementation schedule, and the challenge of fostering the political support required to achieve a successful impact evaluation.” Rawlings and Rubio (2003) further, argue that sometimes it can happen for a delay in the implementation of a program due to some delays created in the development of the management Information System which leads in the delays in the delivery of benefits. This may bring a negative interpretation to beneficiaries and to the entire program. Rawlings and Rubio (2003) also argued that, sometimes, the change of the program administration can affect its implementation. They provide an example by saying that the scenario normally happens when there are some changes in the political elections, many of the budgeted resources may not be allocated as planned due to the fact that for whom administrator will be selected, will administer according to his or her plans and not necessarily to accomplish the existing plans. This behaviour mostly is practiced in poor countries.

##### **4.4.1 Jamaica**

According to Ayala (2006) the implementation of CCT in Jamaica, has shown some positive results, however, there were some observed areas which needed some improvements. For example, by the time of its establishment in 2002, the Program of Advancement through Health and Education (PATH) as a Conditional Cash Transfers program started by the influence of the multilateral banks (in this case, the World Bank) and not the Government of Jamaica’s initiative.

As a result of this lack of internal initiatives, all or most plans and or designs were created by the World Bank. Little contributions came from within the country hosting the program and further, by the time of its start, PATH replaced the other three welfare programs which were existing in providing services to the citizens. According to Ayala (2006: 4) there were four programs which were operating before the establishment of PATH. These were: “the food stamp program, Outdoor Relief and Old age and incapacity programs” (Ayala, 2005, 4). This element brought some misunderstanding during the operationalisation of the program. This meant that beneficiaries from this program were no longer eligible to be supplied assistances as they were used to in the previous programs, something which brought some dissatisfaction. Another challenge that needed some rectification was that “in contrast to other countries in the region, Jamaica had not set an independent unit within the Ministry of Labour and Social Security (MILSS) to operate the beneficiary selection system. The replacement of PATH over the former social assistance programs brought some problems since some beneficiaries over the new program were no longer candidates something which led to some degree of deprivation. Another challenge that PATH faced was the issue of targeting.

PATH used the proxy means test as a way to screen the most vulnerable households. However, it is emphasized by Ayala (2006) that, this approach was new to Jamaica and so it relied on the assessment done by social workers. This approach was not appreciated by beneficiaries since social workers as human beings, could have been subjective (been influenced by other factors) which could have led them to less objectivity hence leaving out the targeted beneficiaries.

#### **4.4.2 Tanzania**

Evans et al. (2013) in (Fiszbein and Schady, 2009) in their evaluation report on PATH argue that, Conditional Cash Transfers s have been proved as good instruments in alleviating poverty particularly through the improvement of health and education around the world. They have been observed as effective particularly when it comes to the improvement of the welfare of marginalized families, children and entire societies. As a result of these recorded successes, African countries, due to problems facing the majority of poor people in this region, have been as

well increasingly interested in implementing CCTs, as suggested ways of solving/alleviating some of the problems.

However, due to limited resources against the great number of the needy, it has been always difficult to manage coverage of all the needy populations who seem to qualify for assistance. (Evans et al, 2013). The Tanzania Social Action Fund (TASAF) was established by the United Republic of Tanzania in 2000 as an alternative strategy for poverty reduction among the vulnerable groups since they (vulnerable groups) were seen not to be captured by the other general strategy for poverty reduction (Mbeiyererwa, 2008). According to Evans, et al., (2013: 8). “TASAF I began in 2000 and completed in 2005 as a pilot phase under which its successes built a learning ground for the following phases under community-driven development” As it is well known for African countries, Tanzania being inclusive, its population has been increasing from year to year. In Tanzania, children’s population has been increasing at 50% within the structure and that of most vulnerable children has as well been increasing due many factors, e.g. poverty and HIV/AIDS being inclusive. “The number of children who suffer multiple (two or more) severe deprivations of basic needs in Tanzania is extremely high at 71%. This is over twice the percentage of the population as below the basic needs poverty line. Mainland Tanzania faces a mature, generalized HIV and AIDS epidemic, suggesting that the negative impact of the epidemic on children still prevails and guided interventions for the MVC are still required” (NCPA II, 2013-2017: 15).“. In this case, the introduction of Community-based Conditional Cash Transfers (CB-CCT) I have been considered as part of a measure in reducing the degree of vulnerability for most vulnerable children. However, other measures/initiatives from other development partners are still highly in need.

Some other challenges faced by the pilot program were distance of villages from the towns. As it is known in Tanzania, Banks (commercial Banks) are located very far from villages in which CB-CCT beneficiaries reside.

This element led for beneficiaries travelling long distances for payments of the money and risk of being stolen on the way when back home. Additionally and more importantly, the community committees which had the responsibility to link between TASAF and beneficiaries faced some

difficulties in predicting for the time at which money could have been delivered to beneficiaries due to some financial irregularities from the banks.

Some other challenges in the implementation of CB-CCTs in Tanzania include:

- “The vastness of villages that led to data collection exercise difficult and taking a long time. This is due to the fact that villages are at distant places from each village hence creating a tiresome situation in covering of the same;
- Due to poor infrastructure and the vastness of some Local Government Authorities (LGAs) the delivery of the collected data to the LGA headquarters faced some problems” ([www.cpc.unc.edu/projects/transfer/cash-transfer-program-implementers-conference/day-1/session1c](http://www.cpc.unc.edu/projects/transfer/cash-transfer-program-implementers-conference/day-1/session1c) Amadeus Kamagenge Tanzania).

With regard to targeting of vulnerable children, this issue has as well been a challenge since those who were targeted were those who have been living with poor families. However, it is worth to note that some other most vulnerable children are not living with their families. Vivid examples of these children are street children, child-headed families and abandoned families as categories of most vulnerable children have no reliable sources of income/survival with an exception of hand to mouth mechanisms which in general perpetuate their poverty.

## Chapter 5. Discussion of Findings

This chapter discusses the relationship that exists between the provision of conditional cash transfer and poverty alleviation strategies for most vulnerable children (MVC) within two countries, Jamaica and Tanzania. In the course of implementation, this chapter also discusses the challenges that have been experienced by both countries. The analysis here mostly relies on the theoretical framework outlined in subsection 3.1.1 and findings presented so far.

After a comparison of the two Conditional Cash Transfers from Jamaica and Tanzania with a focus on the role they have played in alleviating poverty among (the) most vulnerable children, issues of difference emerge around the establishment of these programs, their impact on MVC and the challenges they faced during their implementation.

It has to be remembered that the establishment of CCTs in Jamaica and CB-CCTs in Tanzania had the following objectives.

“CCTs hold out the prospect of killing several developmental birds with one stone by tying receipt of benefits to children’s attendance at school or to family visits to health centres, they aim to reduce extreme income poverty while also addressing other disadvantages suffered by the poor-rectifying what development-speak calls ‘underinvestment in human capital’”(Lavinias,2013).

Despite the aforementioned objective of CCTs, they also play other roles, for instance, raising the household income level of poor families particularly in empowering women who are by procedure, the ones who receive such benefits on behalf of men. It has been assumed so believing that the benefits will surely reach the beneficiaries.

An evaluation conducted by Levy and Ohls (2010) on the implementation of Jamaica’s PATH Conditional Cash Transfers program, found out that the main idea behind the establishment of PATH in Jamaica was among other factors, to reduce poverty among the vulnerable populations, most vulnerable children being inclusive. The report stipulates that the program was established to replace three safety nets which were accounted to be ineffective since they had no actual target mechanism(s) which resulted into saving some of beneficiaries who were not the target leaving out others who were the needy.



The “ three safety nets that were replaced were concerned with the provision of food stamps, the poor relief program and the Public Assistance Program” (Levy and Ohls, 2010: 4). Some of the bottlenecks of these safety nets were that, their establishment was not transparent and in that manner beneficiaries were not even aware of the benefits they were supposed to receive in turn. This behaviour created some doubts among beneficiaries. This study is also informed that even the issue of targeting was not very much considered. Generally, PATH was developed as a strategy to reform the existing safety nets which were functioning inadequately and not covering the whole population as intended.

Over the amalgamation of these safety nets, PATH organized two types of grants. One of them was about child assistance grants which provided health and education grants to eligible poor children who were under 17 years old on condition that children under six years were to be visiting health clinics and those with six years to 17 is attending school.

With regard to targeting, a household to participate in PATH, was supposed to apply to the Ministry of Labour and Social Security (MLSS) parish office and thereby provide detailed demographic and socio-economic information which later was synchronized by the MLSS staff for over all determination of its eligibility. In spite of its accuracy, this process could have developed some biases due to: (1) it could have been difficult by the MLSS office to establish basic facts about the information provided by a certain household, (2) the MLSS staff could as well not be able to be free from subjectivity in accessing of the applicants. With these and other biases in place, those who were to be selected might not be the right candidates.

With regard to the impact resulted from the provision of Conditional Cash Transfers to poor families, in Jamaica, they showed positive results in the increase of consumption rate(s) at household levels. Since the goal was to enable most vulnerable children living in poor households, the improvement of the general well-being at these levels, the rate of attending school(for children aged between 6-17) and visits at health centres/clinics (for children raged between 0-6) increased. However, as it is narrated in chapter 4 (Findings), as opposite to Tanzania, the rate of attendance of children in Jamaica did not show much impact resulting from the provision of Conditional Cash Transfers due to the fact that the rate of attendance for school children was as

low as in Tanzania. This is because, in Jamaica, before the establishment of PATH, already there were some safety nets which were in operation, some of which were already targeting this area.

The implementation of PATH had some challenges. One of the most challenges that differed from CB-CCTs in Tanzania is that, the Government of Jamaica did not create awareness to its people on how to select beneficiaries and their benefits something which later created some problems. From the literature reviewed, it is clear that the provision of Conditional Cash Transfers to poor families with most vulnerable enabled those children to be enrolled in school as well as increased their attendance for both Jamaica and Tanzania. However, the study found out in Jamaica that it was not clear to believe that the increase rate of attendance could be associated with the provision of the benefits since the enrolment was already high as opposite to Tanzania where enrolment has been a problem. The same can be said to CCTs empowering families living with MVC to attend health clinics for immunization and other health services. However, some families may not be able to attend such visits as intended since some other factors like the distance from where the beneficiary is residing to the health clinic may be an obstacle due to having inadequate resources for the continuity of this commitment.

In conclusion, despite the positive results emanated from the provision of grants to empowering poor families to enrol their children to school and to pay visits to health centres for children under five years of age, still there a need to make a holistic assessment of the needs of most vulnerable children since a single component of CCT cannot claim to be a drug to treat each and every health problem existing in a human body.

With regard to implementation challenges observed during the operationalisation of PATH, the study found out that, in the first instance, an awareness creation for the program was not done which resulted to poor targeting of beneficiaries as opposite to Tanzania whereby awareness for the program was conducted and communities were highly involved in the identification of targeted beneficiaries. Another challenge experienced by PATH was, according to Ayala (2005,4), that “ Jamaica did not set up an independent unit with the Ministry of Labour and Social Security(MLSS) to operate the beneficiary selection system, whereas in countries like Equador and the Dominican Republic, the systems were independent”. This led to the efficiency of their programs. In Tanzania, the program is also working independently.

## **Chapter 6: Conclusion and Recommendation**

This study reviewed literature regarding the relationship that originates as a result of the provision of Conditional Cash Transfers and existing poverty alleviation strategies. The focus was to see how poverty can be alleviated among most vulnerable children. The establishment of Conditional Cash Transfers in Latin American countries in 1990s meant to improve living standards of poor families particularly as supplements after certain crisis has happened. The establishment of Conditional Cash Transfers in Jamaica in 2001, had an objective to replace the existing some other social safety nets which, the Government of Jamaica saw that they were not functioning well and in particular were not directly focusing the target groups.

For example, one of the social safety nets was that of food stamp which a vulnerable group like that of vulnerable children, were undoubtedly reached. Through the GoJ planned to improve the wellbeing of poor people, this study found out that still the mechanisms employed to target the beneficiaries had some inadequacies since targeting was done after observing some of the indicators of poverty and not causes of the same. The program also among other challenges, by its start, it had not created awareness to the public and the issue of multidisciplinary teamwork among other sector ministries was not adequately addressed as opposed to Tanzania where awareness creation was the first activity that was performed. The issue of targeting was done at the grass root (village) level. However, this process showed some inadequacies since only poor children who were living within families were targeted. These program need to lay down mechanisms that will cover poor children living out of family households. This study found out that most vulnerable children traditionally were cared for within the extended families and that more emphasis has been put on this kind of care as opposite to institutional life. However, the end result of globalization and the outbreak of HIV/AIDS endemic, family structures have broken down hence the informal social security strategies for poverty alleviation, are no longer in existence, thereby calling for formal social protection strategies as the case is for the establishment of Conditional Cash Transfers programs.

The failure of informal social protection strategies led to the perpetual poverty among poor family members which on the other hand became a burden to most governments in poor countries. Jamaica and Tanzania have been developing poverty reduction strategies as means to

fight against extreme poverty within their countries but always without fruitful results. This led to the establishment of Conditional Cash Transfers which targeted mostly to poor children living in poor families. The end results of these programs have been positive in enabling poor families sending their children to school and continuous attendance and increased rates of paying visits to health centres. Despite these good results, it is to be noted that these programs have termination points. It is the view of this study that in order to ensure sustainability of these programs, governments hosting these programs need to create a great share within their budget frameworks so as to escape from over depending on donor countries. Of utmost, instead of these programs crowding out the existing informal safety nets, they ultimately need to crowd in these safety nets for sustainable development of poor countries.

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