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ESSENTIAL NEEDS ASSESSMENT

Social Protection Case Studies in Urban Tanzania

March 2023

Acknowledgement

This report describes the findings of the Essential Needs Assessment carried out by WFP and TASAF. The assessment evaluates the financial contribution of the Canadian Government to the PSSN II through TASAF and WFP to support vulnerable urban communities. This exercise and report would not have been possible without the coordination and technical advice of TASAF, both at the national and Project Area Authorities (PAAs) level. Special thanks go to the local authorities in Temeke MC, Kasulu TC, Mtwara MC and Magharibi for hosting and guiding the assessment team, and to beneficiaries for sparing their valuable time to participate in this assessment.

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Executive Summary

To reduce extreme poverty, the Government of Tanzania introduced the Productive Social Safety Net (PSSN) based on integrated interventions including a labor-intensive public works and cash transfers program targeting the poorest households. The specific objective of the PSSN, which is implemented by the Tanzania Social Action Fund (TASAF), is to increase income and consumption, improve the ability to cope with shocks among vulnerable populations, and enhance and protect the human capital of their children. In 2013, the Government of Tanzania scaled up the PSSN to cover one million households in extreme poverty, and by 2015 the program was delivering cash transfers to over 1 million households across the country.

Through a project funded by the Government of Canada, WFP supported the expansion of PSSN II into urban areas by providing budget support and conducting in depth assessments on urban vulnerabilities targeted for unconditional cash transfers. This assistance was designed to address the food security needs of populations affected by the socio-economic impacts of the COVID-19 pandemic.

Social protection has the potential to make a positive impact in food security and nutrition through a range of entry points related to food availability, access, utilization, and stability. Food often represents the largest share of expenditure for the poorest households. Household capacity to meet food and nutrition needs also depends on its ability to meet other essential needs. A well-designed and functioning safety net and social protection system can reduce vulnerability and improve food security and nutrition. It can also protect households and individuals against shocks and prevent them from resorting to negative coping mechanisms that may adversely affect their livelihoods. Social protection also contributes to stabilizing income and improving access to food for populations who would otherwise be unable to access a healthy diet.

The contribution channeled through TASAF, comprised of two bi-monthly payment cycles for over 51,000 newly targeted households in urban and peri-urban areas corresponded to an estimated 250,000 individuals in Kasulu TC (Kigoma), Temeke MC (Dar), Mtwara MC (Mtwara) and Magharibi (Zanzibar). WFP conducted in-depth Essential Needs Assessments (ENA) over a one-year period (November 2021-December 2022) during which targeted households continued to receive transfers. The ENA methodology provides an opportunity to review the adequacy of cash transfer levels to meet essential needs, including food security. The findings may serve as a contribution to technical discussions related to the design of the next phase of implementation (PSSN III). The analysis was also complemented by a compilation of impact stories based on in-depth household interviews.

Generally, the cash transfer has enabled beneficiaries to meet a number of essential needs, including food, NFIs, education, health and shelter. Following the implementation of PSSN II, an improvement in food security was noted in the sampled households compared to the baseline. Household food access improved despite increased food prices. A general improvement was noted in food consumption, with 69% of households reporting acceptable food consumption compared to 63% during the baseline. The proportion of households applying high consumption-based coping decreased from 46% recorded during the baseline to 32% at the endline, reflecting reduced food-related stress among the beneficiaries. The percentage of households adopting crisis and emergency livelihood coping also decreased from 50% to 29%, indicating reduced household stress in meeting food and other essential needs. During the baseline, 6% of the households reported using child labour as a livelihood coping measure, but none of the households had applied this strategy by the endline.

A 46% increase was observed in household income following the provision of the transfer. Reliance on borrowing as a source of income decreased from 8% to 0%. There was also an increase in the percentage of households with access to credit from 23% to 32%. Household borrowing to purchase agricultural land, inputs and livestock increased, demonstrating that some households were investing in improved livelihoods and economic opportunity. About 48% of the households said the transfer reduced their financial burden.

The percentage of households with insufficient capacity to meet essential needs reduced from 96.5% to 89%. This is based on the Minimum Expenditure Basket, which is the same as the national poverty line. As a result, the percentage of households considered highly vulnerable also reduced to 57% from 72% during the baseline. The proportion of the elderly who are highly vulnerable went down from 93% 81%.

The price of food items in the market increased over the duration of the survey period due to global market dynamics and below average domestic production, which affected purchasing power and the ability of the households to meet their essential needs. This was especially relevant for poor urban populations who depend on markets for accessing food. Due to high food prices, it was difficult for the households to access more expensive food items, such as meat and sugar. The real retail price for a kilo of maize flour which is the main staple among many households increased by 39% in Zanzibar, 42% in Dar es Salaam, 56% in Kigoma and 76% in Mtwara. The average transfer amount received from TASAF was found to cover between 58% to 64% of the Minimum Expenditure Basket (MEB).

Access to food remains the primary household concern in terms of essential needs and the priority item for expenditures when cash transfers are received. Food represents the main reason for engaging in livelihood coping strategies and is the most common reason for borrowing. There is a need to further explore how PSSN could further sensitize participants on the importance of accessing a diversified and nutritious diet with the social assistance transfers. In addition, there are opportunities for PSSN to leverage digital financial inclusion, including access to credit and savings, as lending from banks and other formal financial institutions is not the preferred option for obtaining credit for many of the poorest households.

Despite significant improvements in relevant indicators following one year of cash transfers, about 57% of the households remain highly vulnerable to food insecurity and are unable to meet their essential needs. While further improvements would be expected over time, the implications for estimation of transfer values in the context of rising food prices merits further attention. In addition, the role that social assistance could play in responding to shocks, including natural disasters and health crises, would benefit from in depth analysis. This could include the potential for vertical expansion through the temporary increases in transfer values in geographic areas affected by shocks, such as droughts or floods, based on clearly defined thresholds and triggers. There is also a need to review the potential for TASAF payment systems to play a role in horizontal expansion through providing emergency cash transfers to populations who are not included in PSSNII. Disaster response options could review the use of TASAF payment mechanisms for populations targeted and registered by both government and development partners for emergency cash transfers.

Social protection case studies in urban Tanzania

I. Introduction

Why Tanzania?

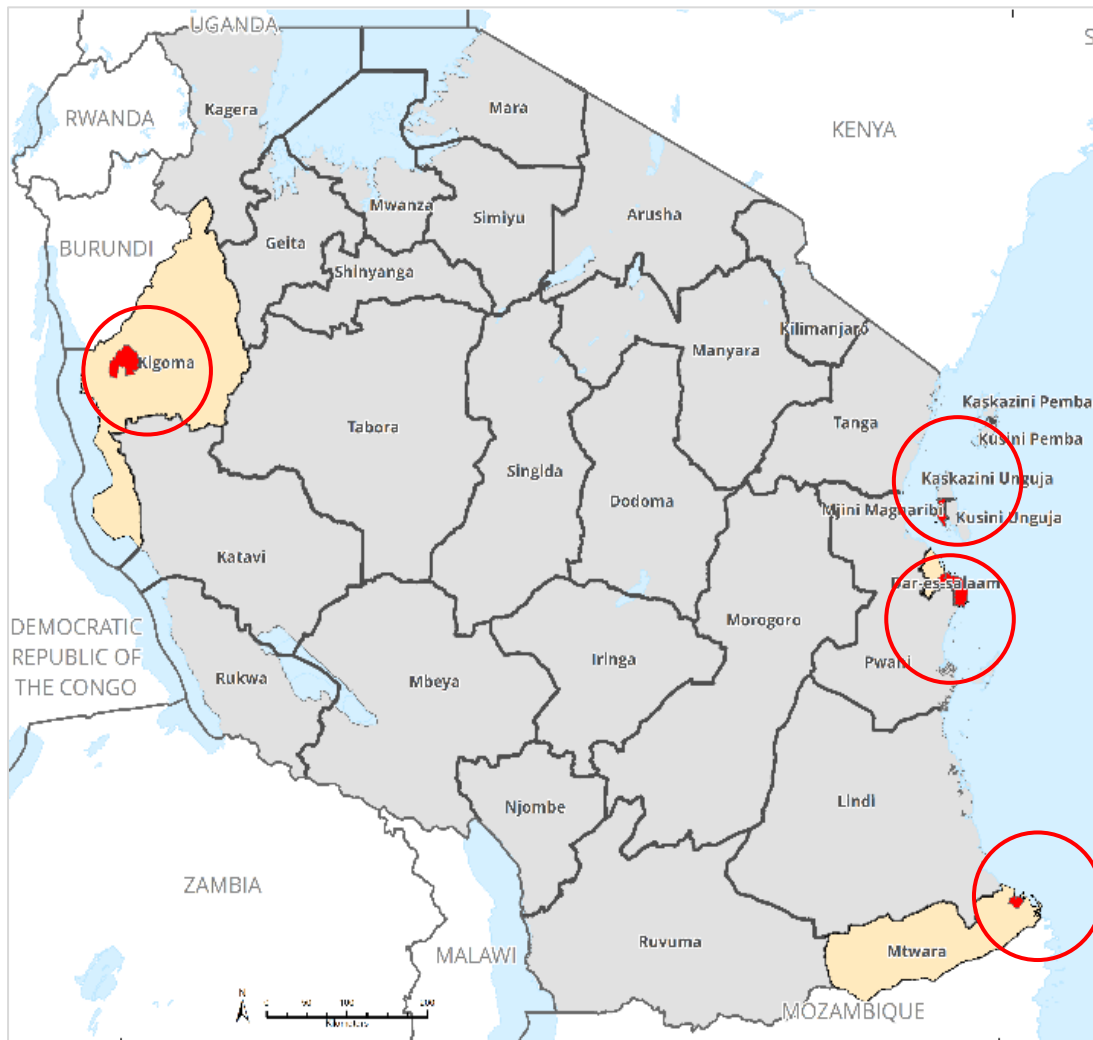
Despite solid economic growth over the last decade, about a fourth of Tanzania's population remains poor and highly vulnerable. While economic growth in the country averaged 6.7 percent per year between 2007 and 2017, progress in reducing poverty has been substantially slower. The national poverty rate is estimated to have declined marginally to 27.0 percent in 2021, supported by the recovery of employment and nonfarm business revenue (World Bank, 2021). The pandemic-induced economic shock pushed the national poverty rate from 26.1 percent in 2019 to 27.1 percent in 2020, while the poverty rate measured at the international extreme poverty line rose from 49.3 percent to 50.4 percent. Households relying on self-employment or informal microenterprises in urban areas were the most affected by the economic slowdown. In 2020, the urban poverty rate rose to 21.1 percent, up 5.5 percentage points from its 2019 level. However, by 2021 non-farm household income had begun showing signs of improvement.

The Tanzanian economy has continued its steady recovery from the COVID crisis, with the GDP growth rate increasing from 2.0 percent in 2020 to 4.3 percent in 2021. Industry and construction led a broad-based acceleration in economic activity, contributing an average of 2.6 percentage points to GDP growth. However, the agriculture sector contributed less than 1 percentage point to growth, largely due to more-frequent floods and prolonged droughts related to climate change. Inadequate rainfall continued to weaken agricultural output.

Poor and vulnerable households also exhibit inadequate levels of human capital development. More than 30 percent of children under five are stunted, which means that close to a third of children will likely have lower capacity to learn and be productive as adults. Furthermore, despite relatively higher levels of primary school completion, less than half of children enter secondary education. According to the last demographic household survey¹, 53% of children aged 24–59 months living with their biological mother are not on-track in health, learning, and psychosocial well-being. All these factors increase household probability of being poor, perpetuating the intergenerational transmission of poverty.

¹ Tanzania Demographic and Health and Malaria Survey Indicator 2022

Figure 1: Map of Targeted Project Area Authorities (PAAs)



Why Social protection?

Social protection plays a crucial role globally in this context. A common definition describes social protection as the ‘policies and programmes aimed at preventing and protecting people against, poverty, vulnerability and social exclusion throughout their life [...with] a particular emphasis on vulnerable groups. Each country has its own definition of social protection reflecting its context and priorities. National social protection strategies, therefore, vary in scope. Social protection typically covers a range of cash and/or in-kind transfers and fee waivers, collectively termed ‘social assistance’ when non-contributory (publicly funded), and ‘social insurance’ when contributory and not risk-rated (i.e. financed by or on behalf of the beneficiary, and where premiums do not vary according to personal level of risk). It also covers labour market schemes and may also include social care services or targeted subsidies.

Broadly, social protection addresses vulnerability, poverty and inequality through the redistribution of resources and interventions that help individuals or households to manage the risks they face. These economic, social and other risks may be caused by structural inequalities, personal circumstances, life-course vulnerabilities or covariate shocks. While social protection alone cannot eliminate the impact of crises, a well-functioning social protection system can make a highly effective contribution to mitigating the consequences of exogenous shocks. It can support those already in need, help prevent temporary needs from becoming entrenched, and promote conditions conducive to building resilience. It has the potential to foster human capital development, social cohesion, and inclusive economic growth.

To reduce extreme poverty and break its intergenerational transmission, the Government of Tanzania created the Productive Social Safety Net (PSSN)². The PSSN is based on integrated interventions targeted to the poorest households: a labor-intensive public works program (including unconditional direct support for households with no labor capacity) and conditional cash transfers. The specific objective of the PSSN, which is implemented by the Tanzania Social Action Fund (TASAF), is to increase income and consumption and improve the ability to cope with shocks among vulnerable populations, while enhancing and protecting the human capital of their children. In 2013, the Government of Tanzania decided to scale up the PSSN to cover all households in extreme poverty and by 2015 the program was delivering cash transfers to over 1 million households across the country.

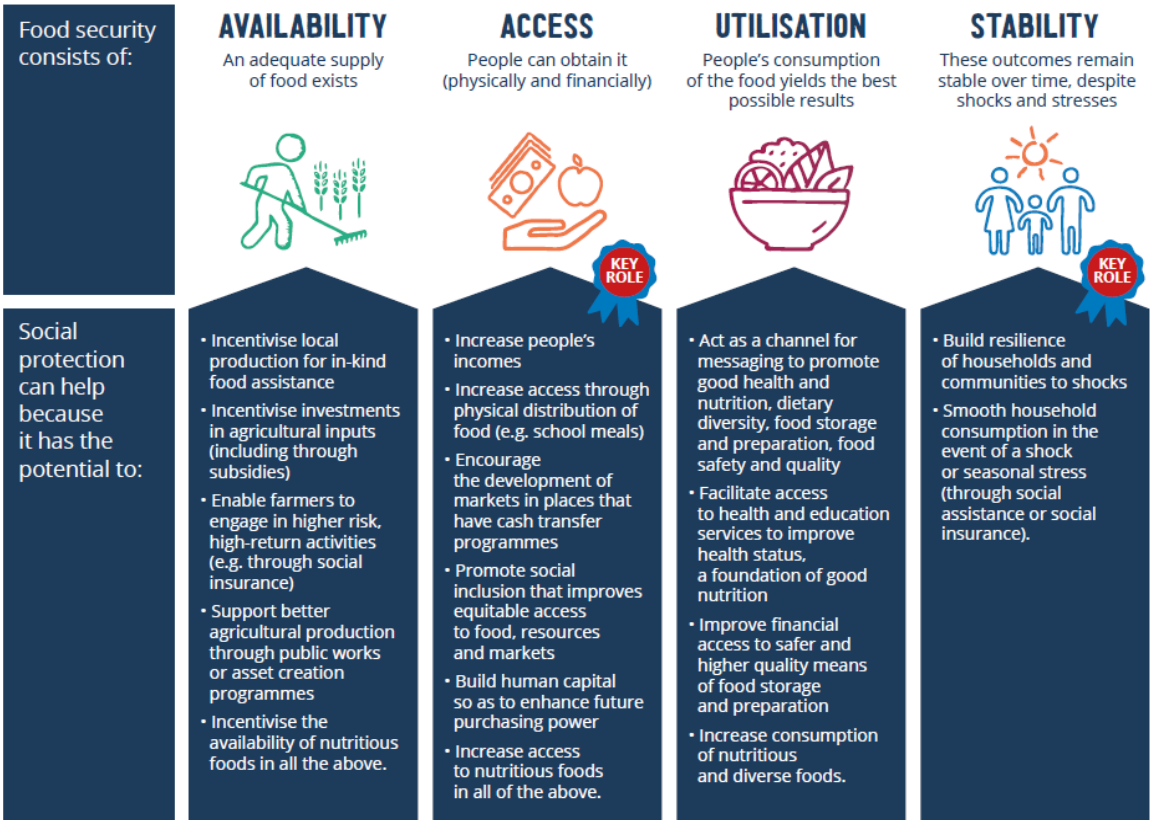
With respect to food security and nutrition, social protection has the potential to make a positive **impact through a range of entry points (see above)³.** Food security has four constituent elements: food availability, access, utilization and stability over time. Addressing any or all of these will enhance food security outcomes. If the food that is produced and accessed is nutritious, and if people are in good health to make effective use of the nutrients, then nutrition outcomes will also be improved. Some of these aspects can be addressed through interventions at a household level, while others— especially those related to effective utilization — require closer attention to the needs of individuals.

² Evaluation of the PSSN 2 – Midline Survey, September 2019

³ WFP Strategy for Social protection, July 2021

Evidence on the contribution of social protection to food security and nutrition reveals many success stories—sometimes even when not designed for that purpose. When social protection programmes achieve their core aims of addressing poverty, vulnerability and social exclusion, they may also contribute to food security and nutrition outcomes. Such success is not guaranteed, however. Design choices may enable them to strengthen these outcomes. With respect to nutrition, social protection tends to be more effective when nutrition goals are pursued deliberately in programme design and implementation. Considerations range from the choice of recipient to the value, modality and duration of a transfer. Design can also ensure that social protection does not inadvertently contribute to malnutrition by increasing access to unhealthy food.

Food security and nutrition are central features of the social protection agenda. Food often represents the basic need on which poor households spend the largest share of their resources.



Source: WFP.

II. Rationale of the Project

The scale of PSSN II coverage is not currently able to address both the poverty and food security concerns of the most vulnerable populations in the country, especially in urban areas. This is particularly relevant for those populations at risk of slipping into poverty and food insecurity as a result of the impacts of covariate shocks generated by pandemics, natural disasters, and food price inflation. **Research indicates that poor urban households spend an estimated 70% of their income on food.** The Household Budget Survey 2017/18 concluded that 4.4% percent of the urban population - equating to approximately 900,000 people - live below the food poverty line. Given that over 80% of Tanzania's urban population is dependent upon opportunities for casual labour, informal trade and services for their livelihood, food security is threatened by decreasing and unstable levels of income caused by shocks, such as the COVID pandemic and the global food price crisis.

With funding provided by the Government of Canada, WFP supported the planned expansion of PSSN II into urban areas by providing budget support to the and conducting an analysis of urban vulnerabilities and how these are impacted by cash transfers. cash programme. The analysis may serve to inform future direction of future social assistance design with regards to addressing food security and nutrition concerns.

The funding was channeled through TASAF to support two bi-monthly payment cycles to 51,000 newly targeted households in urban and peri-urban areas of the country corresponding to over 250,000 beneficiaries in Kasulu TC (Kigoma); Temeke MC (Dar es Salaam); Mtwara MC (Mtwara); and Magharibi (Zanzibar) WFP conducted an in-depth Essential Needs Assessments at Baseline (November 2021) and endline periods (December 2022). WFP used the Essential Needs Assessment methodology to determine the impact of cash transfers on essential needs. The analysis was also complemented by a compilation of impact stories to provide a qualitative perspective on the benefits of social assistance at the household level.

III. Methodology

Why assess essential needs?

The concept of essential needs originates in the basic needs approach proposed by the International Labour Organization (ILO). The ILO report on the 1976 World Employment Conference defined basic needs in terms of household private consumption of goods such as food, clothing and housing, and services such as water and sanitation provision, education and public transportation. Since then, basic – or essential – needs have been broadly defined in several analytical frameworks as the essential goods and services required on a regular or seasonal basis by households to ensure survival and minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets⁴.

An essential needs assessment starts by identifying the basic needs of the population of interest.

There is no set list of criteria and what counts as essential often depends on the context and what people consider the most important aspects necessary for their wellbeing. International humanitarian frameworks offer a solid starting point, protecting the rights of crisis-affected households to food, water, sanitation, clothing, shelter and lifesaving healthcare. However, the definition of essential needs must be adapted to the context of each response. An essential needs assessment should start from a broad list of needs and identify those needs most pertinent to the population of interest, pinpointing where this population is most likely to experience deprivation. This selection process helps focus analytic efforts in the assessment.

The steps of an essential needs assessment are similar to those of a standard household food security assessment. However, each step must reflect the wider essential needs perspective and ideally yield information to help focus subsequent steps on the most relevant needs and questions. The process is designed to make the collection of detailed household data as concise and comprehensive as possible. The figure below illustrates the ideal essential needs assessment process.



The following standard modules need to be included in any essential needs assessment in which primary household data collection is undertaken:

⁴ WFP, Essential Needs Assessment guidance, December 2020

- i. Household demographics and socioeconomic modules (including education and health)
- ii. Main income sources/livelihoods modules
- iii. Food security modules for indicators, such as:
 - Food consumption score (FCS)
 - Food consumption score – nutrition (FCS-N5)
 - Household dietary diversity score (HDDS6)
 - Reduced coping strategy index (rCSI)
- iv. Living conditions modules (which could include modules on water, sanitation and hygiene (WASH); shelter/housing; cooking fuels; lighting and assets)

All five proposed essential needs indicators are based on primary data collection at the household level. The five indicators are:

- Economic capacity to meet essential needs (ECMEN)
- Livelihood coping strategies indicator (LCS)
- Debt indicators
- Multidimensional deprivation indicator (MDDI)
- Perceived needs (based on the Humanitarian Emergency Settings Perceived Needs Scale (HESPER))

The **ECMEN** indicator shows the percentage of households who are able to meet their essential needs through their own economic capacity. The ECMEN can also provide information on the gap between the cost of covering needs through the market and household economic capacity. The **MDDI** helps to detect sectoral deprivation and provides an at-a-glance multidimensional measure of deprivation related to essential needs. **LCS and debt indicators** show whether households have to resort to negative coping strategies in order to meet their essential needs. The **perceived needs** indicator is used to understand how the population of interest perceive their needs and which needs they consider unmet.

Data Collection

The assessment employed a mixed methods approach, where both quantitative and qualitative methods were used. Quantitative data was collected through household survey with selected households. Data collection was done electronically using tablets installed with Open Data Kit (ODK). Qualitative data was collected through Focus Group Discussion with beneficiaries (including male, female, youth persons with disability), key informants' interviews and observation. The results of the different data sources complemented each other and enabled triangulation to control potential bias. Secondary data was collected through document review. Key respondents for the household interviews were household heads and/or their spouses, or another mature household member who is well informed about the household affairs. A household was defined as people sharing the same house and food source.

Sampling

The assessment adopted a multi-stage sampling where the first stage involved developing PAA level sample size using Open EPI, a free and open-source software for epidemiologic statistics, at a 95% Confidence Interval. The second stage was development of the sample size per Mtaa⁵ which was proportional to the population size of the respective village. Simple random sampling was used to draw households as the ultimate sampling units in each Mtaa, using the beneficiary lists as the sampling frame. Priority was given to

⁵ Mtaa is an administrative division level 4 in the urban area, like a village in the rural area.

the households that were covered during the baseline to be able to capture the changes well. The assessment team collected data from a total of 732 households as per the below breakdown:

Table 1: Number of sampled households

Camp	Number of Samples	Percentage
Temeke MC	322	22%
Kasulu TC	407	28%
Mtwara MC	398	27%
Magharibi	340	23%
Total	1,467	100%

Quality Control

To ensure data quality, data collection was done by a team of experienced enumerators who have participated in similar exercises led by WFP. Training of the enumerators was undertaken for four days to ensure a common understanding on each aspect of the assessment tools among the enumerators and facilitate standardization. Questionnaire pre-testing was undertaken to test the accuracy and validity of the tools prior to data collection. During data collection, team supervisors manually checked the completed questionnaires for completeness, consistency and accuracy before finalization and submission to the server. A thorough data cleaning was also done before commencing analysis, to ensure duplications, errors, blanks, and other data issues are rectified as much as possible. The assessment findings were reviewed and validated by technical officers with expertise of the operation.

Ethical Consideration and Community Consent

Prior to the interview, enumerators sought informed consent from the respondents by clearly explaining the objectives of the ENA and how their households were selected. In addition, the assessment observed confidentiality and respected respondent privacy and the voluntary nature of participation in the interview. Beneficiaries could opt out of participating before or during the interview. Consent was also sought before taking photos as part of qualitative data. Photo taking followed ethical standards and photos will be used only for ENA and PSSN II reporting purposes.

Data Analysis

Quantitative data cleaning and analysis was done using IBM SPS Statistics (SPSS) Version 28. Cross-sectional data analysis was employed to compare assessment aspects across socio-economic variables, including demographic characteristics and economic status against food security and vulnerability aspects. Quantitative data presentation was done through tables and graphs. Qualitative data analysis was done using content analysis where information was organized based on different themes to bring the meaning and complement the quantitative data. This report synthesizes the results of the qualitative and quantitative analyses as well as the literature review.

Limitations of the Study

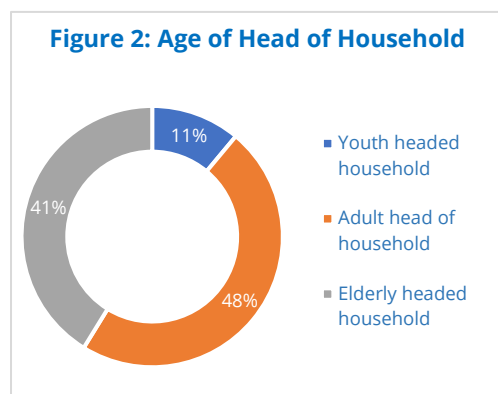
The assessment team took all possible measures to maintain data quality and ensure that the results accurately reflect the true situation in the respective PAAs. However, the following limitations must be acknowledged:

- The ENA questionnaire was written in English but household interviews were conducted in Kiswahili. A thorough translation of the questionnaire was done during the training to ensure standardization in interpretation and administration of the questionnaire, to limit the extent of misinterpretation of meaning by the interviewers.
- Because of potential memory lapses especially for long recall period, some of the respondents may have made inaccurate recall and quantitative estimates. Enumerators were trained to facilitate accurate recall and quantitative estimates and spouses and other knowledgeable household members were encouraged to contribute to the interview to ensure the level of validity was maintained.
- Although the enumerators explained to the respondents that no concealed benefits were to be expected from the assessment, respondent expectations of the assessment's concealed benefits could possibly influence some of their responses.

IV. Results

Demographics

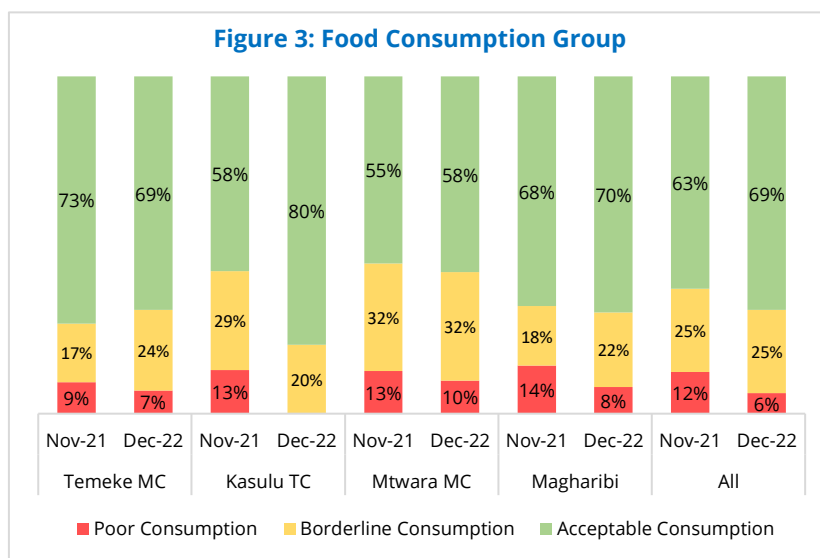
The assessment covered 1,467 households in four Project Area Authorities (PAA), including 407 in Kasulu TC (28%), 398 in Mtwara MC (27%), 340 in Magharibi (23%) and 322 in Temeke MC (22%). About 57% of the sampled households were headed by a male while 43% were headed by a female. Most of the household heads were adult aged 36 to 59 years (48%), followed by the elderly aged 60 years and above (41%) and the youth aged 18 to 35 years (11%). Sampled households had an average household size of six, whereby more than half of the household members (54%) were children below 18 years while 10% were elderly. About 22% of the households had members with a physical or mental disability.



Food Consumption

Food Consumption Score (FCS) is an important food security indicator used to measure household capacity to access a diversified diet. FCS is calculated based on dietary diversity (number of different food groups consumed), food frequency (number of days certain food group was consumed) and the relative nutritional importance of different food groups⁶ that interviewed households consumed over the last seven days prior to the assessment. The scores⁷ were used to categorize each household into either poor, borderline, or acceptable food consumption group.

More than three quarters of the households have acceptable food consumption (69%), which is an improvement compared to 63% during the baseline. A general improvement in food consumption was noted in all councils except Temeke MC which slightly went down due to high food prices as captured during the field work.



⁶ The seven food groups considered are: (1) Cereals, roots, and tubers; (2) Pulses and legumes; (3) Dairy products; (4) Meats, fish and eggs; (5) Oils and fats; (6) Fruits; and (7) Vegetables.

⁷ Poor food consumption = FCS 0 to 21, Borderline food consumption = FCS 21.5 to 35, Acceptable food consumption = FCS > 35.

FGD respondents indicated that TASAF cash transfer has improved their food access, despite high food prices which limit their purchasing power and makes it difficult to access more of the expensive food items such as meat and sugar. Food consumption was better in Kasulu TC compared to other councils. Food consumption was also better among male headed households, with 73% recording acceptable food consumption compared to 66% for female headed households.

- FGD participants indicated that they have improved the number of meals and are assured of food access, even for the type of food they would barely consume in the past, such as fish, sugar and cooking oil.

“Now we can even afford to buy fish once in a while”

FGD Participant, Kilimahewa, Mtwara

Interviewed households consumed starch and vegetables almost daily, complemented with four days of cooking oil and fruits, three days of meats and sugar and about two days of pulses. No consumption of dairy products were reported. A general improvement was noted in the consumption of all food items except pulses which declined mainly due to high prices.

Table 194: Food Consumption

Average number of days households consumed food groups in the last 7 days, broken down by Food Consumption Score Group

		Poor	Borderline	Acceptable	All Groups
Starch	Nov-21	4.6	6.6	6.9	6.4
	Dec-22	3.8	6.4	6.8	6.5
Proteins	Nov-21	0.2	0.8	3.2	2.0
	Dec-22	0.7	1.0	3.5	2.7
Pulses	Nov-21	0.5	1.5	3.2	2.3
	Dec-22	0.3	0.7	2.3	1.8
Vegetables	Nov-21	3.1	3.1	5.8	5.2
	Dec-22	2.7	5.6	6.5	6.0
Oil	Nov-21	0.6	0.6	3.8	2.8
	Dec-22	0.9	2.4	4.8	3.9
Fruit	Nov-21	0.2	0.2	2.5	1.9
	Dec-22	0.8	3.0	4.1	3.6
Sugar	Nov-21	0.5	0.5	2.5	1.8
	Dec-22	1.1	1.5	2.9	2.5
Dairy	Nov-21	0.0	0.0	0.1	0.0
	Dec-22	0.0	0.0	0.1	0.0



We have been struggling for years to make ends meet, but now we have a little more stability. It's not just the money, but the peace of mind that comes with it. We used to eat the same thing every day, but now we can afford to buy different kinds of vegetables and fruits. We also try to include some protein like eggs or beans in our meals whenever we can. It feels good to know that we are eating better and taking care of our health.

Asha Ahmad Njaha
PSSN II Beneficiary - Mtwara



Sources of Food

About 78% of the food consumed by the sampled households was purchased from the market, while 13% was from household production. This is because most of the households are urban residents. Food purchase was more important in Temeke (94%) and Magharibi (91%), which are more densely urbanized areas. Household production contributed more as a source of food in Kasulu (31%) and Mtwara (14%) which included peri-urban populations and limited in Temeke MC (1%) and Magharibi (2%), which had more limited availability of land for agricultural activities. Households receiving gifts went down from 5% to 2% while there were no households depending on begging as a source of food compared to 1% during the baseline.

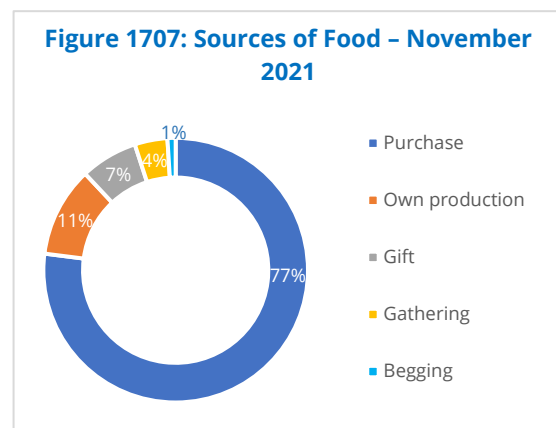
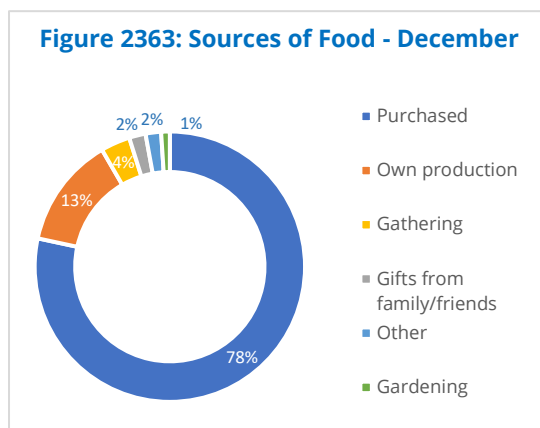


Table 3: Sources of Food by Location

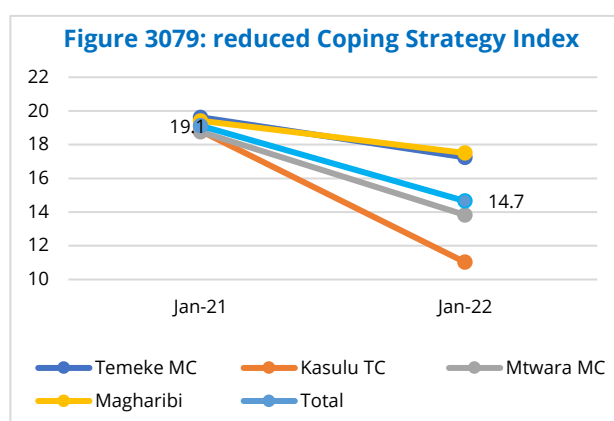
	Own production	Gardening	Gathering	Purchased	Gifts from family/friends	Other (specify)
Temeke MC	1%	0%	1%	94%	1%	2%
Kasulu TC	31%	1%	5%	62%	1%	1%
Mtwara MC	14%	2%	7%	72%	3%	2%
Magharibi	2%	1%	1%	91%	3%	3%
Total	13%	1%	4%	78%	2%	2%

Coping

Consumption based coping

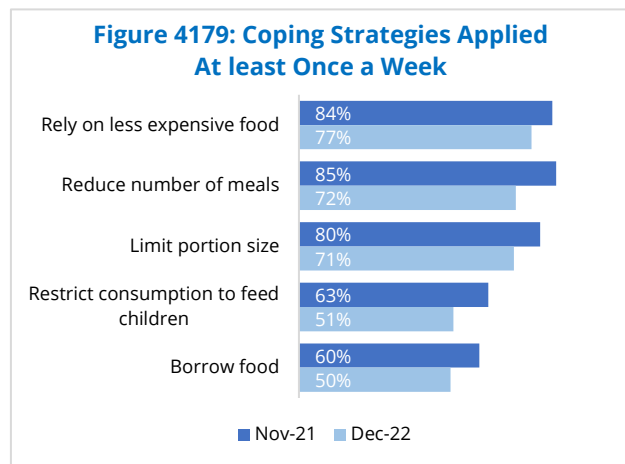
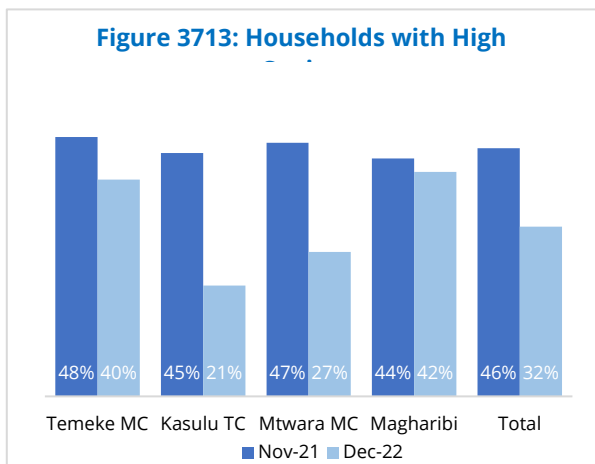
The reduced Coping Strategy Index (rCSI) also known as consumption-based coping, is a proxy indicator of household food security used to measure the level of stress a household faced following the presence or threat of a food shortfall. rCSI considers both frequency and severity of five pre-selected coping strategies⁸ that the household used in the seven days prior to the assessment to cope with food shortages at the household level. The lower the CSI score the better the situation and vice-versa. The overall rCSI score decreased from 19.1 during the baseline to 14.7 during the endline, indicating reduced stress and an improvement in the food security situation among the sampled households.

The rCSI was highest in Magharibi (17.5), followed by Temeke MC (17.2), Mtwara MC (13.8) and lowest in Kasulu TC (11.0). Magharibi and Temeke MC are more dependent on markets, as opposed to Kasulu TC and Mtwara MC who complement their food needs from household production. rCSI was higher among female headed households (16.2) compared to male headed households (12.7), indicating that female headed households were more stressed with food insecurity.



The proportion of households applying high consumption-based coping decreased from 46% during the baseline to 32% during the endline, reflects reduced food related stress among the beneficiaries. There are more households with high coping in Magharibi (42%) followed by Temeke (40%), Mtwara (27%) and Kasulu (21%), indicating that Kasulu was better compared to the other councils. There were more female headed households applying negative coping (36%) compared to male headed households (26%). A reduction was however noted in both female and male headed households compared to the baseline (52% and 49%, respectively).

⁸ Reduce number of meals eaten in a day; rely on less preferred or less expensive food; limit portion size at mealtimes; borrow food; restrict consumption of adults in order for children to eat.



About 83% of the households applied at least one of the coping strategies compared to 94% in November 2021. The most common coping strategies involved relying on less expensive food (77%), reducing number of meals (72%) and limiting portion size at mealtimes (71%). The proportion of households adopting different coping strategies went down across all coping strategies. During the baseline, most of the households reduced the number of meals as their main coping strategy, followed by consuming less expensive food. However, during the endline, most of the households opted to consume less expensive food than reducing the number of meals, suggesting that they had cash to purchase some food.

“ I remember the nights when I would lay awake, wondering how I was going to feed my six children the next day. I felt like I was stuck in a never-ending cycle of poverty, and I didn't know if things would ever get better. With the TASAF money, I have opened a cassava business that is guaranteed to earn me a daily profit of up to TZS 2,500, especially when schools are open in my neighborhood. Since then, my family has greater assurance of having at least two meals, if not three every day.

Darini Rashidi Mindu
PSSN II Beneficiary - Temeke, Dar es Salaam



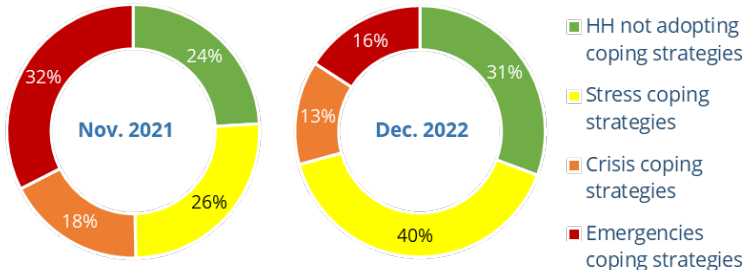
Livelihood Coping Strategies

Livelihood Coping Strategy (LCS) for essential needs identifies the coping strategies adopted by households to meet their essential needs and classifies households according to the most severe coping strategies applied. Such strategies impact on livelihoods and on the dignity of individuals within the household. As a result, resorting to these mechanisms negatively affects a household medium to long-term capacity to generate income and sustain livelihoods. LCS for essential needs assesses the extent to which households engage in various negative coping behaviours to meet their essential needs, and the impact of these coping strategies on households’ livelihoods. Since certain behaviours can affect long-term productive capacity, households engaging in these strategies may be less able to cope when faced with future hardships.

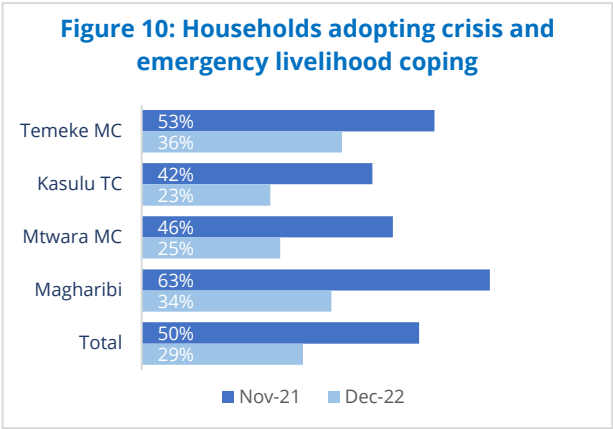
LCS classifies households into three categories according to the nature of their coping strategies, based on the severity of their implications. These include stress strategies, which reduce household ability to deal with future shocks; crisis strategies, which directly reduce future productivity; and emergency strategies, which affect future productivity but are more difficult to reverse or more dramatic in nature.

The percentage of households adopting crisis and above livelihood coping went down from 50% recorded during the baseline, to 29% during the endline. This indicates reduced household stress in meeting food and other essential needs.

Figure 9: Households adopting crisis and emergency livelihood coping

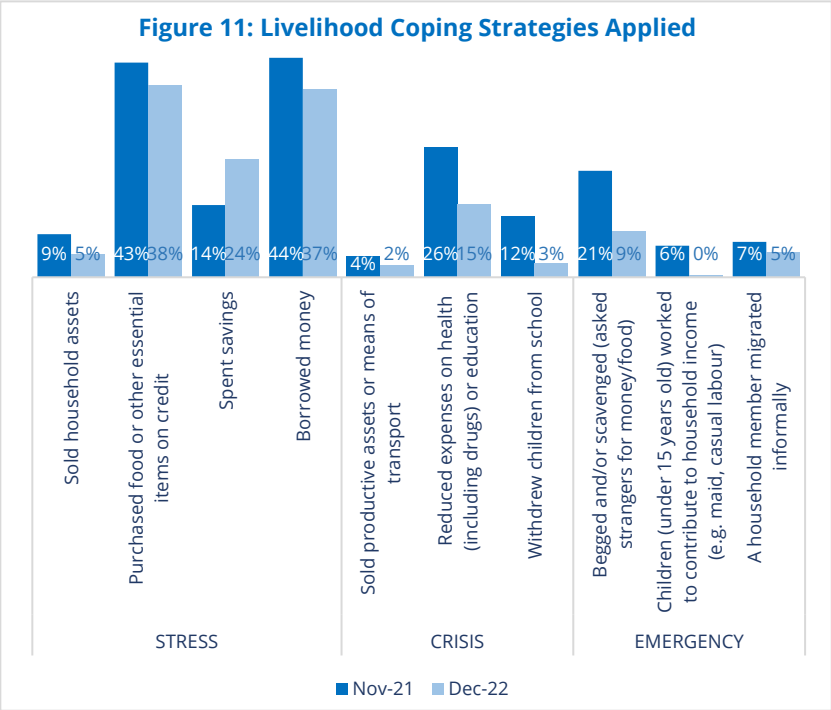


There were more households adopting crisis and emergency coping in Temeke MC (36%), followed by Magharibi (34%), indicating higher coping among the more urban locations compared to the urban and peri-urban areas (25% in Mtwara MC and 23% in Kasulu TC). There are more female headed households adopting crisis and above coping (32%) compared to the male (26%), indicating lower economic capacity among the female headed households and subjecting them to long-term effect on their capacity to generate an income and sustain livelihoods.

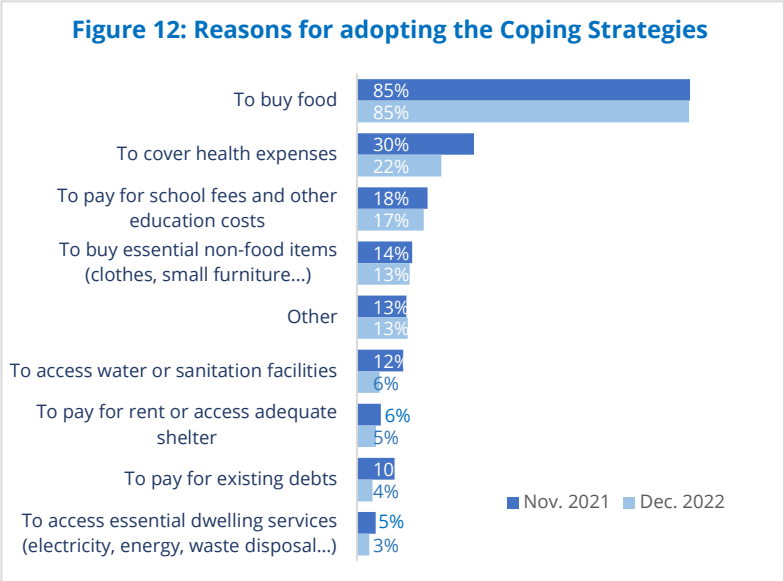


The proportion of households applying each of the livelihood coping strategies went down compared to the baseline. Households mostly applied stress coping as opposed to crisis and emergency coping. The most

applied livelihood coping was purchasing food and other essential needs on credit (38%), followed by borrowing money (37%) and spending savings (24%). This a slight shift in the trend as households relied more on borrowing money as their main livelihood coping strategy applied during the baseline followed by purchasing food and essential needs on credit and reducing expenses on health and education. While during the baseline 6% of the households reported child labour as one of the livelihood coping measures, none of the households applied this coping strategy during the endline.

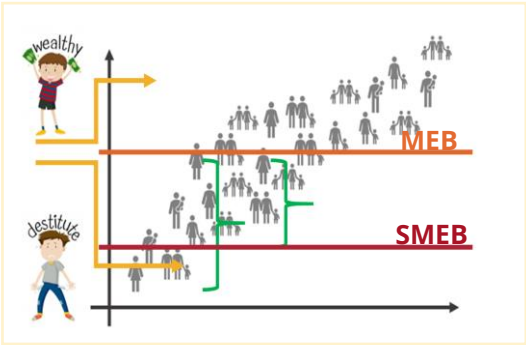


Households that applied livelihood coping did so mainly to meet food needs (85%) followed by health expenses (22%) and education fees and costs (17%). The percentage of households adopting coping strategies to buy food remained unchanged (85%) compared to the baseline. However, the percentage of households citing other reasons decreased. A substantial decrease was also noted in the percentage of households that applied coping to access water and sanitation facility (from 12% to 6%) and households that applied coping to pay existing debts (from 10% to 4%).

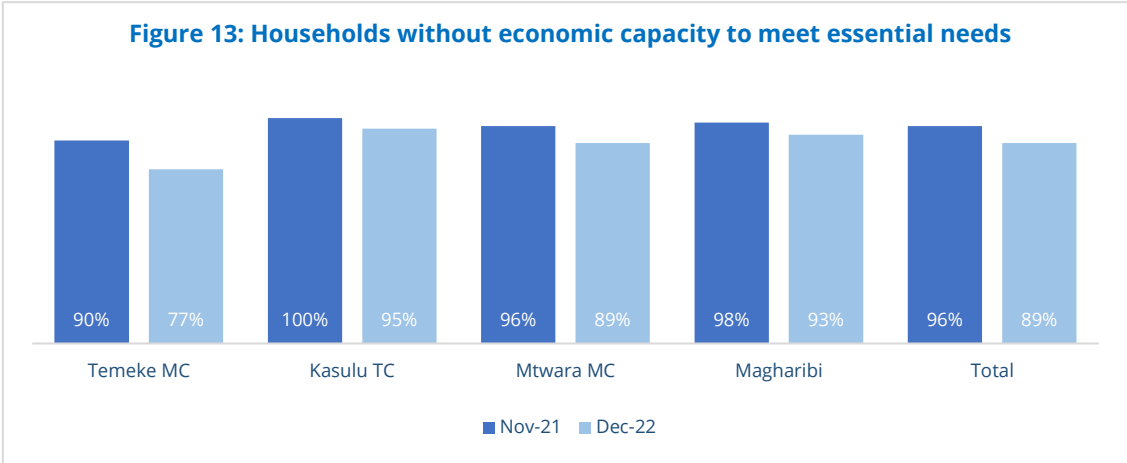


Economic Capacity to Meet Essential Needs (ECMEN)

Economic Capacity to Meet Essential Needs (ECMEN) is an indicator used to identify the percentage of households that are able to meet their essential needs through existing economic capacity (their expenditures exceed the Minimum Expenditure Basket). The Minimum Expenditure Basket (MEB) is defined as the cost of what a household requires to meet their essential needs, on a regular or seasonal basis. The MEB covers those needs that households meet fully or partially through the market and serves as a monetary threshold that can be used to assess a household’s economic capacity to meet their needs. To compute the ECMEN, household expenditures are used as a proxy for household economic capacity. The ECMEN can also provide information on the gap between the cost of covering needs through the market and a household’s economic capacity.



The assessment adopted the estimated basic needs poverty for Tanzania mainland (TZS 49,320) and Zanzibar (TZS 66,313) as established during the 2017/2018 and 2019/2020 Household Budgetary Surveys respectively, as reference MEB for the respective areas, to be compared against households’ expenditures. Overall, 89 percent of the surveyed households had expenditures below the MEB, meaning that these households did not have enough economic capacity to meet their needs (Fig 13). A general improvement was noted compared to the baseline, where the proportion of households with insufficient capacity to meet essential needs was 96.5%. There were more households with insufficient capacity to meet essential needs in Kasulu TC (95%) followed by Magharibi (93%), Mtwara (89%) and Temeke (77%). There were slightly more male headed households without capacity (90%) compared to female headed households (88%), although the difference is not statistically significant.



Expenditures were used to identify the gap between households’ economic capacity and the amount needed to fulfil their essential needs. The ‘expenditure gap’ indicates how far household expenditure is above or below the MEB. For households with expenditures below the MEB, the median expenditure gap is 0.59, or 59 percent of the total MEB. On the other hand, for households with expenditures above the MEB, median expenditure is 1.7 times the MEB. Households below MEB in Kasulu TC had the largest gap (0.56) followed by Magharibi (0.53), Mtwara MC (0.44) and Temeke MC (0.22). There is no statistically significant difference between male and female expenditure gaps.

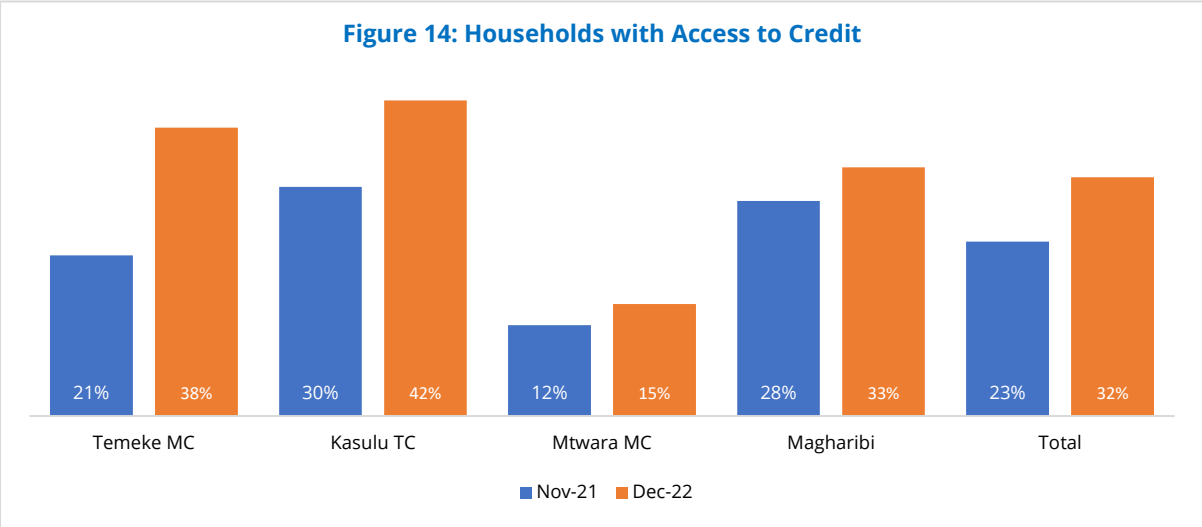
Monthly expenditures were also compared to the Survival Minimum Expenditure Basket (SMEB) also known as the food MEB. The SMEB was equated to the food poverty line in Tanzania mainland (TZS 33,748) and Zanzibar (TS 45,541) as established by the respective Household Budgetary Surveys. Seventy-seven percent of the households had expenditures below the SMEB, suggesting that monthly expenditures are not able to meet food needs unaided. There were more households who are unable to meet their food needs unaided in Kasulu (89%) followed by Magharibi (82%), Mtwara MC (77%) and Temeke MC (56%).

Table 4: MEB and SMEB Amount

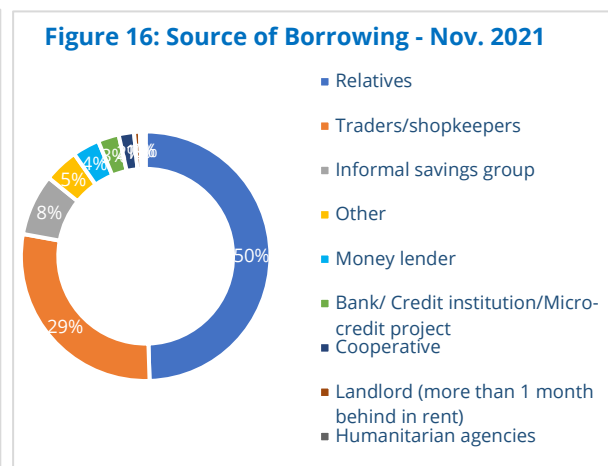
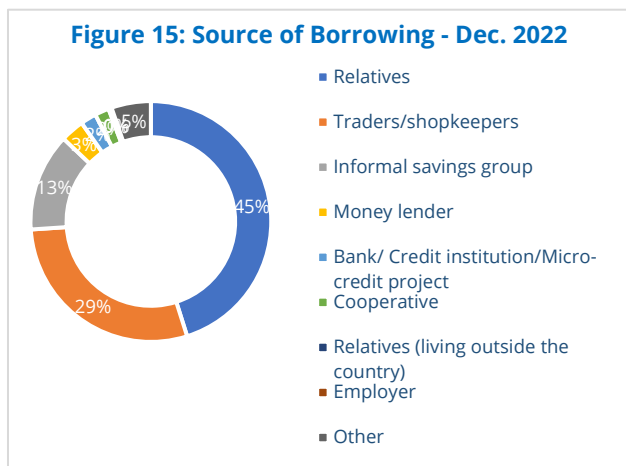
	MEB	SMEB
Dar es Salaam	49,320	33,748
Kigoma	49,320	33,748
Mtwara	49,320	33,748
Zanzibar	66,313	47,541

Access to Credit

An estimated 32% of the households have access to credit, which is an increase compared to 23% during the baseline. The percentage of households borrowing money also increased due to increased assurance to repay loans, where 32% of the households with access to credit took loans within six months compared to 27% during the baseline. Access to credit was slightly more among more male headed household (33.1%) compared to female headed households (30.5%). Households borrowed an average of TZS 59,484 within three months, compared to TZS 47,384 during the baseline. Households indicated that they would take an average of 3 months to repay the loan, compared to 4 months during the baseline.

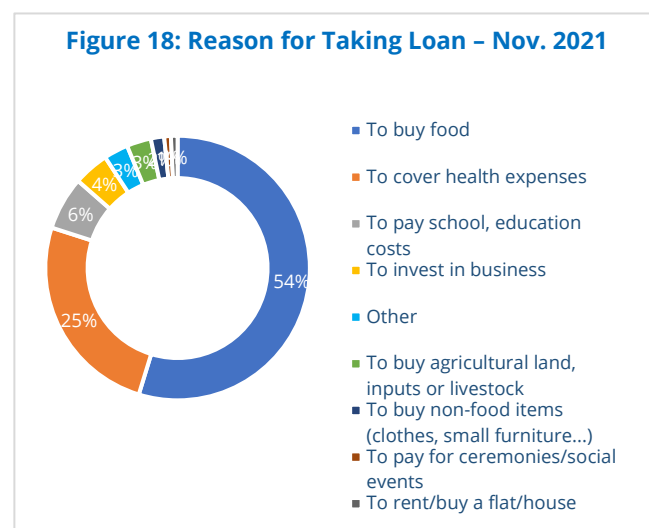
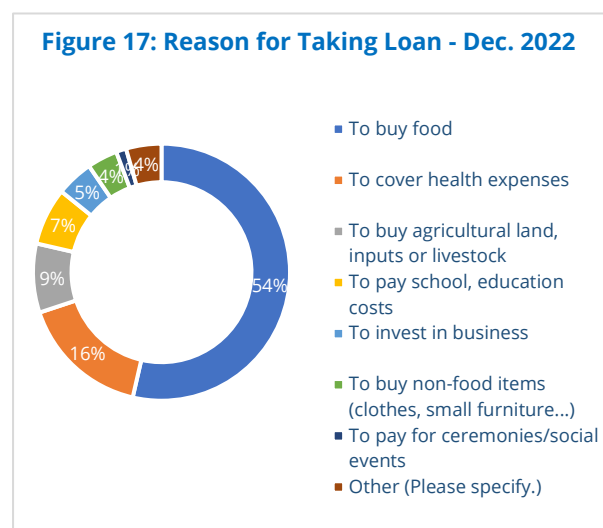


From the graph above, limited access to credit is noted among the households in Mtwara MC (15%), followed by Magharibi (33%). This could be because the PAAs received their transfers late compared to Temeke MC and Kasulu TC. Households mostly borrowed from relatives and friends (45%), followed by traders and shopkeepers (29%). There is increased reliance on informal savings groups (13% vs. 8% in 2021), based on the formation of informal savings and credit groups.



More than half borrowed for the purposes of purchasing food (54%), which is the same as baseline. This is followed by health expenses (16%) and the purchase of agricultural land, inputs or livestock, which increased from 3% during the baseline to 9%. This demonstrates that some households were investing in improved livelihoods and economic opportunity.

An estimated 71% of the households that took loans have outstanding debt of an average of TZS 56,144 compared to 44,998 during the baseline.



Multidimensional Deprivation

The Multidimensional Deprivation Index (MDDI) is a measure of **non-monetary dimensions** of poverty based on a range of 'deprivation' across dimensions of the essential needs' framework (food, health, education, shelter, WASH and safety). MDDI helps to detect sectoral deprivation and provides an at-a-glance multidimensional measure of deprivation related to essential needs. It draws on the concept of multidimensional poverty, and its methodology follows the principles of the Global Multidimensional Poverty Index (MPI). The proportion of households deprived in one or more of dimensions went down from 35% to 19%. There were more households that were deprived in Temeke MC (29%), followed by Mtwara MC (23%) and Magharibi (21%). A remarkable decrease was noted among the deprived households in Kasulu, which also recorded the lowest percentage of households facing deprivation (4%).

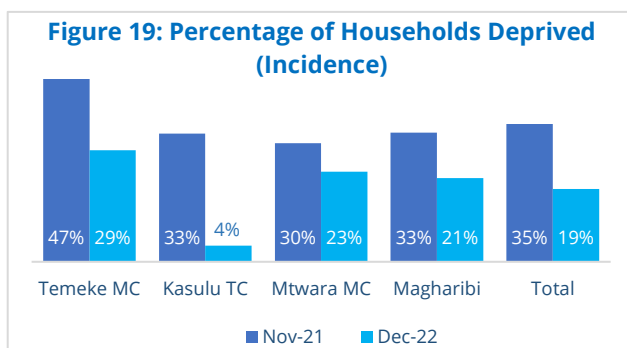
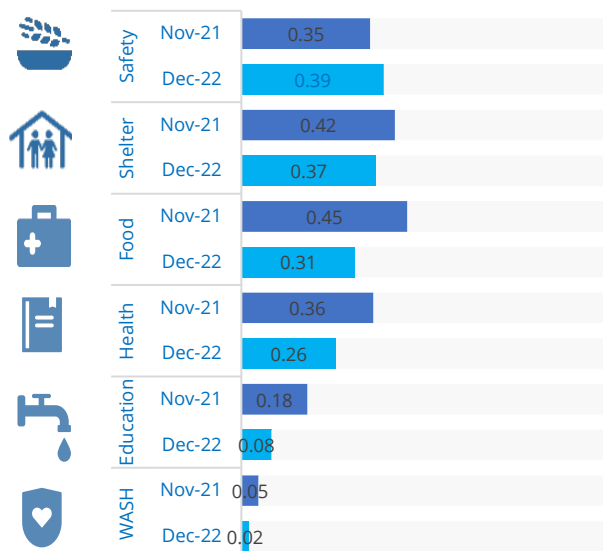


Figure 20: Multidimensional Deprivation Index (MDDI) Score by Sector (Intensity)



The MDDI score also decreased among all sectors, except for safety which increased by four percentage points. While food scored the highest intensity (45%) during the baseline, it ranked third during the endline (31%), reflecting an improvement in food access. Safety recorded the highest intensity during the endline (39%) compared to 36% during the baseline.

The majority of households were deprived in the shelter dimension (89%), compared to 93% during the baseline. This was more linked to lack of electricity (especially in Kasulu TC and Mtwara MC) than overcrowding.

NOVEMBER 2021

Figure 21: Percentage of households deprived by dimension

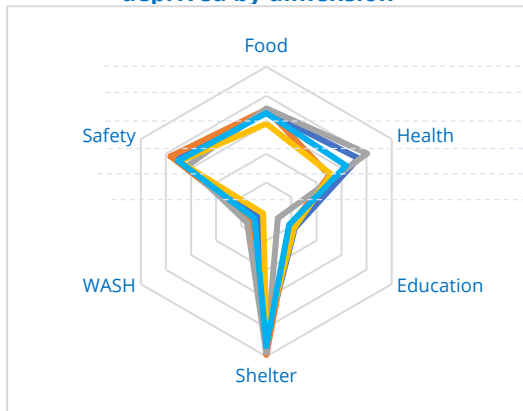
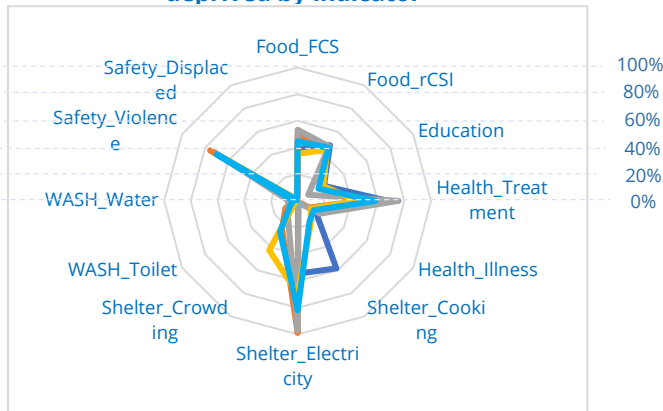


Figure 22: Percentage of households deprived by indicator



— Temeke MC — Kasulu TC — Mtwara MC — Magharibi — Total

DECEMBER 2022

Figure 23: Percentage of households deprived by dimension

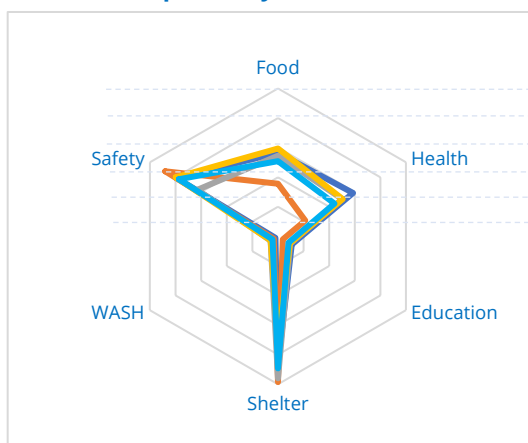
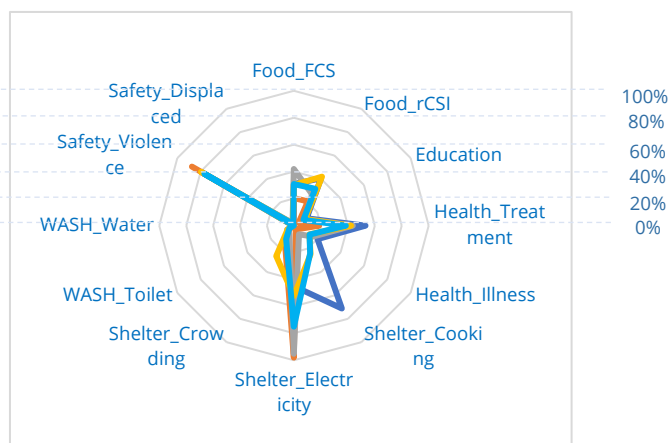


Figure 24: Percentage of households deprived by indicator



— Temeke MC — Kasulu TC — Mtwara MC — Magharibi — Total

Deprivation by dimension follows a trend observed during the baseline. However, the proportion of households deprived went down for all dimensions except safety where the percentage of households reporting fear for safety increased to 77% compared 68% during the baseline. Through Focus Group Discussion (FGD), households cited various safety issues including theft/crime, land related conflicts (especially in Mtwara), misunderstanding in the household and threats.



During times of hardship, the thought that causes me the most anguish is the knowledge that my young child is also suffering. With the money I received, I was able to stock up on maize flour and buy school supplies. I use the maize flour to prepare porridge which my child takes every morning before heading off to school. This has ensured that he is no longer surviving on a single meal per day, and he now complains less about hunger. My hope is that he will grow up to be a person of great significance, one who will lift our family out of the shackles of poverty.

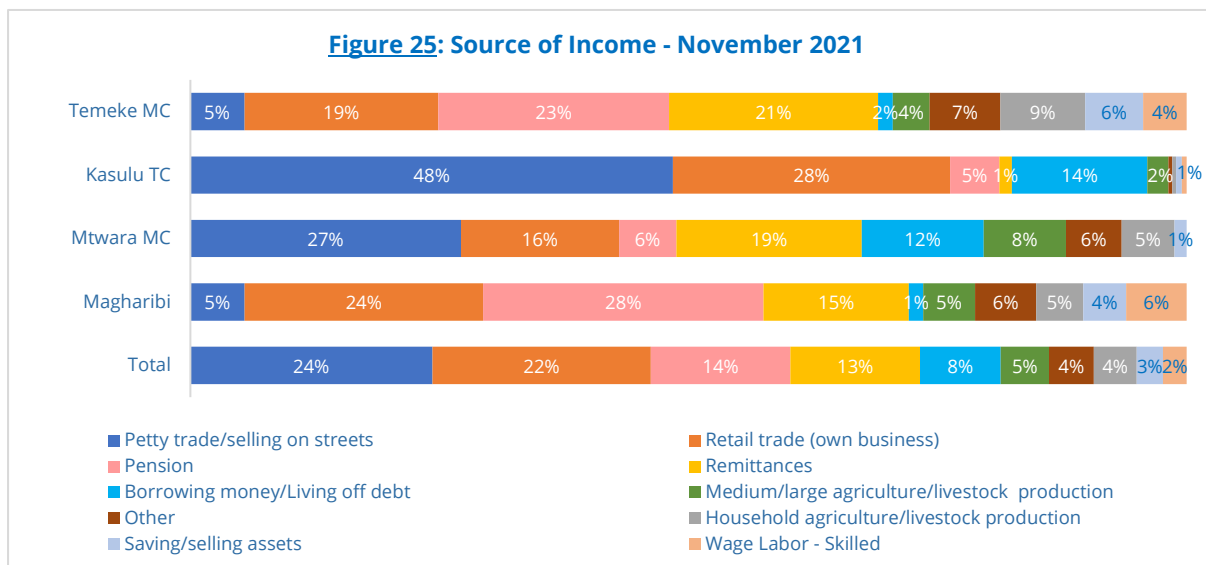
Aibuni Kassim Ali
PSSN II Beneficiary - Mtwara

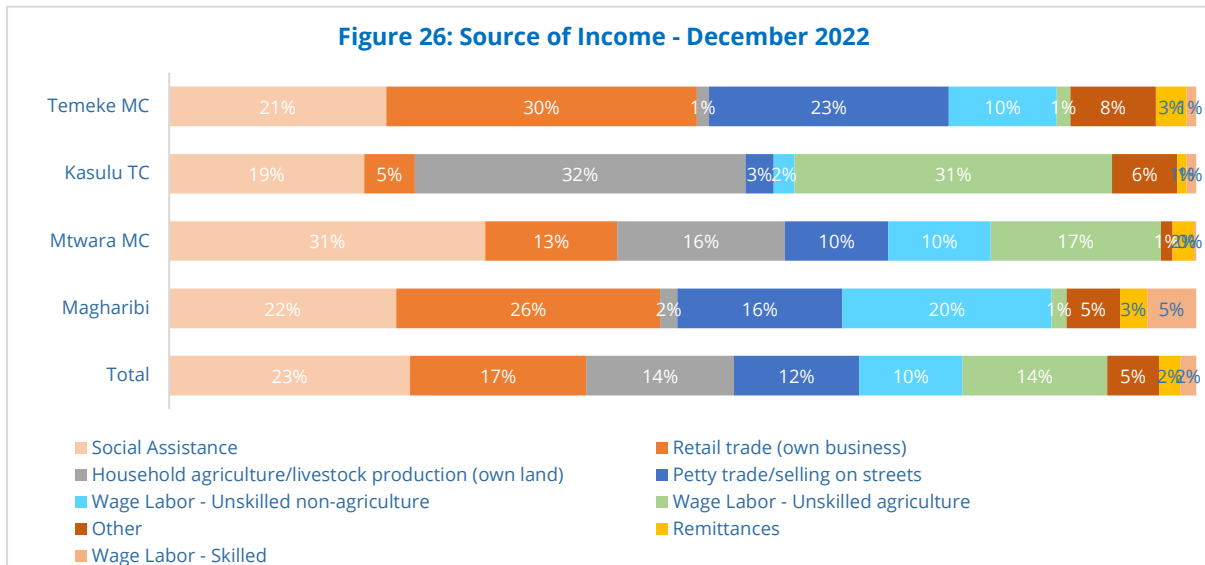


Sources of Income

Close to a quarter of the sampled households derived their income from social assistance (23%), attributed to the TASAF cash transfer. This was followed by retail trade (17%), agriculture/livestock production (14%) and petty trade/selling on streets (12%). The percentage of households depending on petty trade reduced compared to 24% during the baseline, as households are moving away adopting more formalized trade. The percentage of households relying on agriculture production including livestock increased from 4% to 14% while reliance on borrowing and remittances reduced remarkably (8% to 0% and 13% to 2% respectively).

Figure 25: Source of Income - November 2021



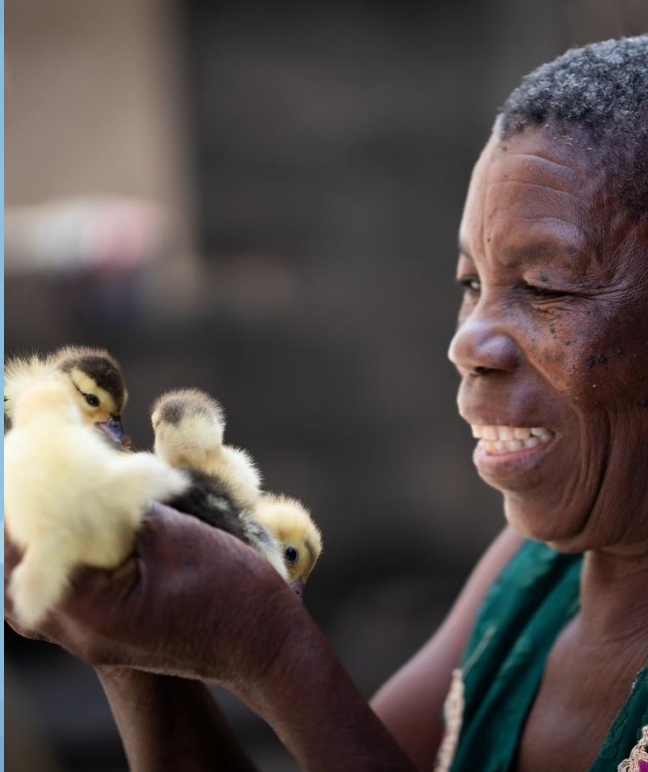


Sampled households earned an average of TZS 73,425 per month, compared to TZS 39,836 during the baseline. A 46% increase was noted in household income following the injection of the transfer. Male headed households had a relatively larger income (TZS 86,215) compared to female headed households (TZS 63,690). The share of household income contributed by female members increased from 38% during the baseline to 54% during the endline based on the prioritization of women as recipients of the cash transfers.

“

I found myself facing new challenges when I took in seven of my grandchildren. Some of them lost their parents and others just lacked parental support. Despite my hard work, the unpredictable nature of my snack business has led to constant struggles to provide for the household, leaving us vulnerable to hunger and poverty. I decided to invest in a long-term solution with the funds I received from TASAF. I purchased ducks and I have high hopes that this duck project will increase our income and ultimately improve our living conditions.

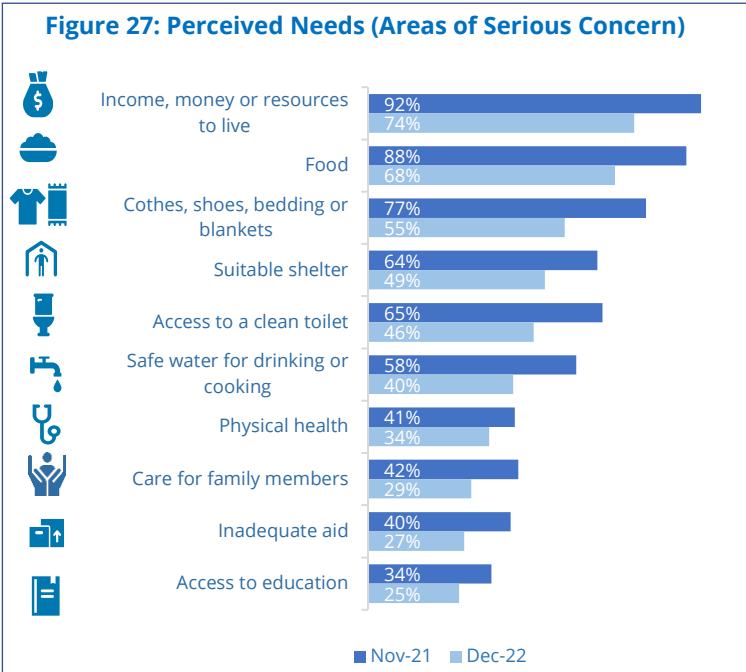
Anna Ulaya
PSSN II Beneficiary – Temeke, Dar es Salaam



Perceived Needs

Perceived needs is a perception-based indicator used to understand and analyze how a population perceives and prioritizes unmet needs. The indicator measures whether households believe that they have a “serious problem” with respect to a variety of needs. Perceived needs are understood as needs that are felt or expressed by people themselves and indicate gaps that they are experiencing. The indicator is based on the Humanitarian Emergency Settings Perceived Needs Scale (HESPER) and primarily highlights unmet needs.

The percentage of households citing various areas as of a serious concern declined compared to the baseline. Income, money or resources remains the top priority among the unmet needs for most of the households (74%), followed by food (68%), clothing (55%) and suitable shelter (49%). Perceived needs follow a similar trend compared to the baseline and between male and female headed households. No statistically significant difference in perceived needs was noted between male and female headed households. About 15.3% of the households reported facing physical or sexual violence, which is almost the same as 15.6% recorded during the baseline.





Before, I was really struggling to provide for my children. Now, they have uniforms for school, they have books and supplies, and they have food to eat every day. It makes me very happy to see them doing well. I am very grateful for what TASAF has done for me and my family, it has given us hope and a chance to build a better life.

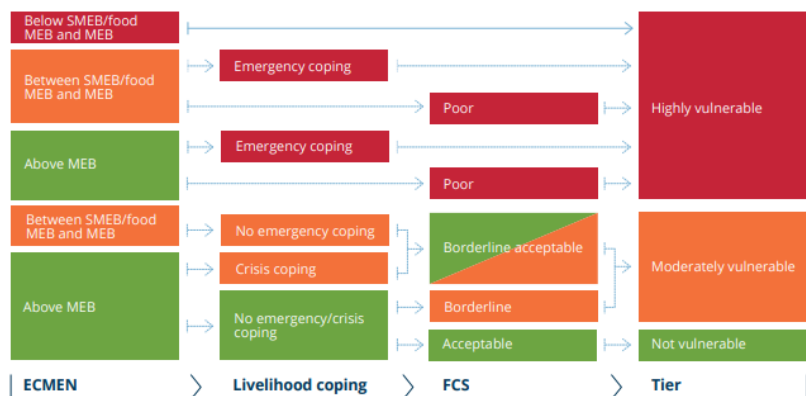
Before, I was really struggling to provide for my children. Now, they have uniforms for school, they have books and supplies, and

Namboto Hassan Makame
PSSN II Beneficiary - Mtwara

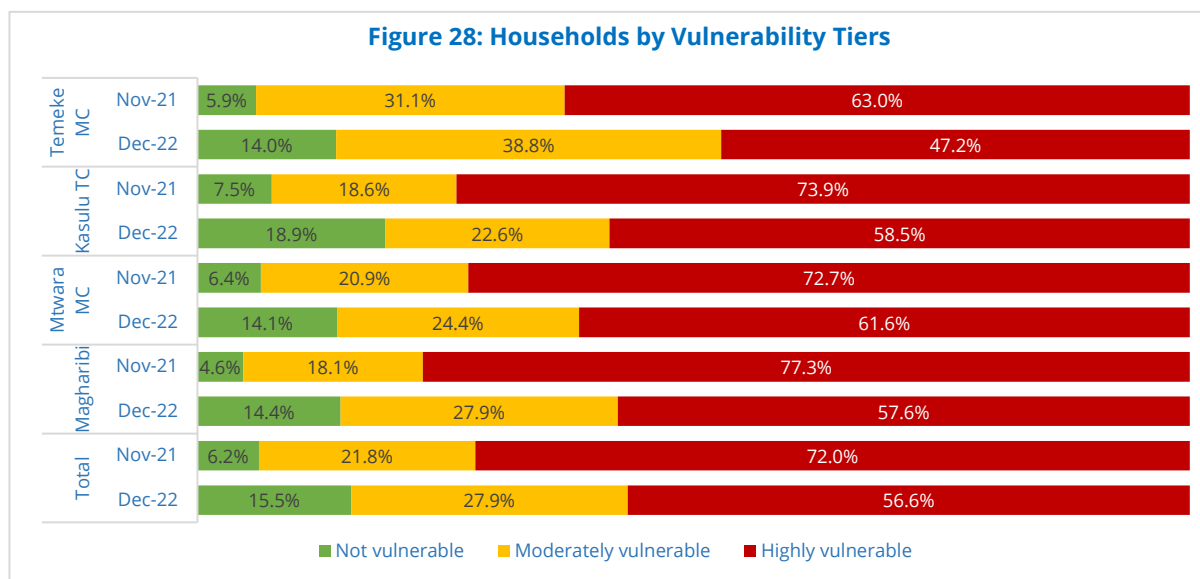


Vulnerability Classification and Profiling

ENA combines ECMEN, livelihood coping and food consumption scores to classify the households into different vulnerability tiers, ranging from not vulnerable, to moderately vulnerable and highly vulnerable. For example, a household which is above MEB, does not adopt emergency or crisis coping and has acceptable food consumption is classified as not vulnerable. Similarly, a household which is below SMEB or between SMEB and MEB but relies on emergency coping is considered highly vulnerable.



An estimated 57% of the households were identified as highly vulnerable, compared to 72% during the baseline. There were more households in Mtwara MC that were highly vulnerable (61.6%) followed by Magharibi (57.6%) and Kasulu TC (58.5%). Temeke MC recorded the lowest percentage of households that are highly vulnerable (47%). The results indicate a general improvement across the PAAs.



Household profiling identifies characteristics of the households that fall into each vulnerability tier. Profiling associates the households with specific socioeconomic and demographic characteristics that are more common among vulnerable households. Vulnerable households were profiled to understand how many are unable to meet their essential needs, where they are located and characteristics such as demographics, household composition, livelihood source, and economic capacity.

Table 5: Summary - Characteristics of Vulnerability Categories

		Not vulnerable	Moderately vulnerable	Highly vulnerable
Household Head Characteristics	Female headed households	6.5%	16.3%	77.2%
	Male headed households	6.7%	12.2%	81.1%
	Youth headed households	6.8%	6.8%	86.3%
	Adult head of household	4.4%	10.8%	84.8%
	Elderly headed household	3.3%	16.0%	80.7%
	Household size (mean)	4.4	5.1	6.4
Household Composition	Household with 1+ children under 2 years	2.1%	12.4%	85.5%
	Household with 1+ children under 5 years	3.7%	11.4%	84.9%
	Household with 1+ elderly member	6.5%	16.4%	77.1%
	Household with 1+ member with disability	6.8%	13.0%	80.1%
	Household with 1+ chronically ill member	5.1%	15.3%	79.6%
	Single elderly living alone	16.7%	29.2%	54.2%
	Household with more than one elderly living alone	14.3%	28.6%	57.1%
Economic Capacity	Household who did not receive remittance	6.4%	13.7%	79.8%
	Household without savings	5.5%	15.3%	79.2%
	Household without an income source	3.8%	9.0%	87.2%

Comparing the highly vulnerable groups between the baseline and the endline, the percentage of households in the vulnerable groups went down across various household characteristics during the endline compared to the baseline. A remarkable reduction is observed in the elderly category.

Table 6: Highly Vulnerable Groups Compared

Characteristic	Household Group	Highly Vulnerable	
		November 2021	December 2022
Household Head Characteristics	Female headed households	96.2%	77.2%
	Male headed households	93.1%	81.1%
	Youth headed households	97.5%	86.3%
	Adult head of household	95.6%	84.8%
	Elderly headed household	93.2%	80.7%
Household Composition	Household size (mean)	6.3	6.4
	Household with 1+ children under 2 years	95.6%	85.5%
	Household with 1+ children under 5 years	96.6%	84.9%
	Household with 1+ elderly member	94.0%	77.1%
	Household with 1+ member with disability	95.1%	80.1%
	Household with 1+ chronically ill member	94.2%	79.6%
	Single elderly living alone	88.9%	54.2%
	Household with more than one elderly living alone	92.6%	57.1%
Economic Capacity	Household who did not receive remittance	95.0%	79.8%
	Household without savings	95.3%	79.2%
	Household without an income source	93.7%	87.2%

“

Before, we would avoid going to the hospital because we couldn't afford the costs, but now we can go to the hospital when we fall sick and not worry about the bills. We are grateful for this support. We are planning to sell some of the chickens to get some money, we want to invest in our farm and plant more crops so that we can have enough food for ourselves and maybe sell the surplus to the market.

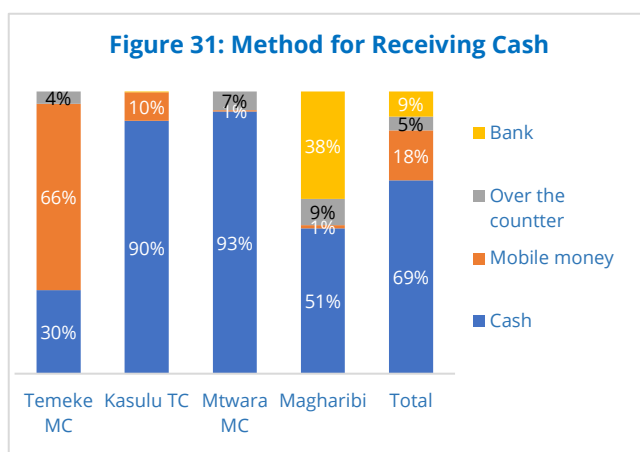
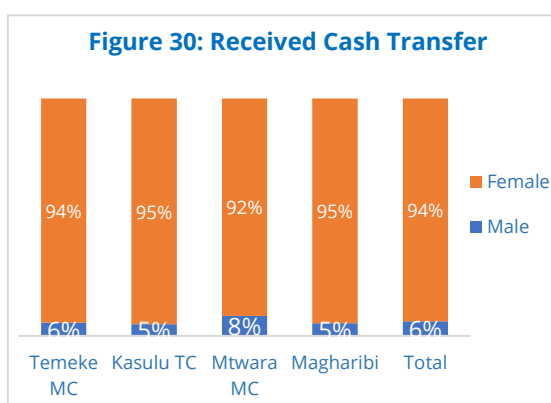
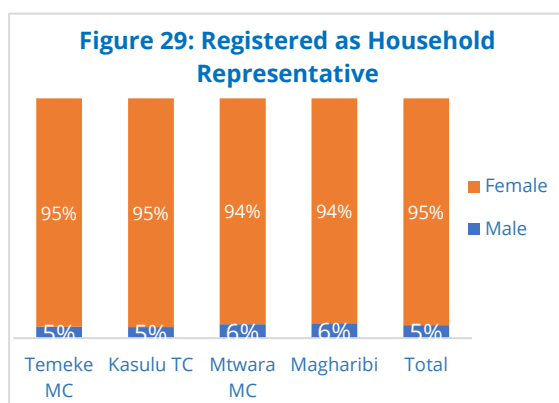
Before, we would avoid going to the hospital

Hassan Nasri Ali
PSSN II Beneficiary - Mtwara



Access to Cash Transfer

For most of the households, female members were registered as household representatives for cash transfers (95%), as per TASAF guidelines. Cash transfers were also primarily received by female members from the redemption point (94%).



- FGD participants on Mtwara indicated that they have registered with CRDB bank but they have not started receiving their retransfer through bank.
- Some FGD members thought it was costly to travel to the bank to collect cash.

“We were deducted TZ 5,000 to open bank accounts during the first payment, we have never used the bank accounts”

“I receive 34,000 shillings, if I deduct fare to the bank how much will I remain with?”

Although TASAF advocates for e-payment, most of the beneficiaries in Mtwara MC (93%) and Kasulu TC (90%) received their entitlement in cash due to concerns for e-payment associated charges (levy) and travel costs. Some households do not have national IDs to complete registration. Some beneficiaries were not aware that the cash transfer received through e-payment already covers associated costs. The number of households using banks and electronic transfers have increased compared to July 2022 when Post-Distribution Monitoring was conducted.

Decision making at the household level

Decision making on use of household resources not related to TASAF entitlement were either done by females (61%) or jointly by both males and females (34%). Decision making on the use of the TASAF transfer, including when, where and what to buy with the TASAF cash transfer was also mostly done by females (61%) or jointly by males and females (35%). Almost all households (99%) were satisfied with the decision made as the best choice for the entire household.

Constrains in Accessing Cash Transfer

During the interviews, households were asked if they faced constraints in accessing and using the cash transfer. More than 21% of the households indicated long distance to cash out point as the major constraint in accessing cash, especially households in Kasulu TC (27%) and Mtwara MC (25%) where the transfer was largely received in cash from the ward office. Households spent an average of 28 minutes to walk to the cash redemption point and 2 hours 17 minutes to wait to receive the cash. Households in Kasulu TC and Mtwara MC, where the transfer is mostly received as cash rather than electronic transfer, spent two hours more to receive cash, as compared to Temeke and Magharibi.

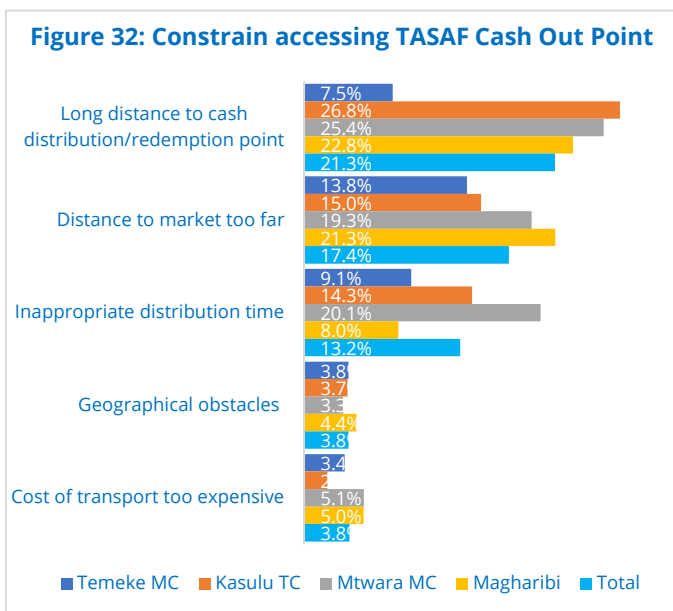


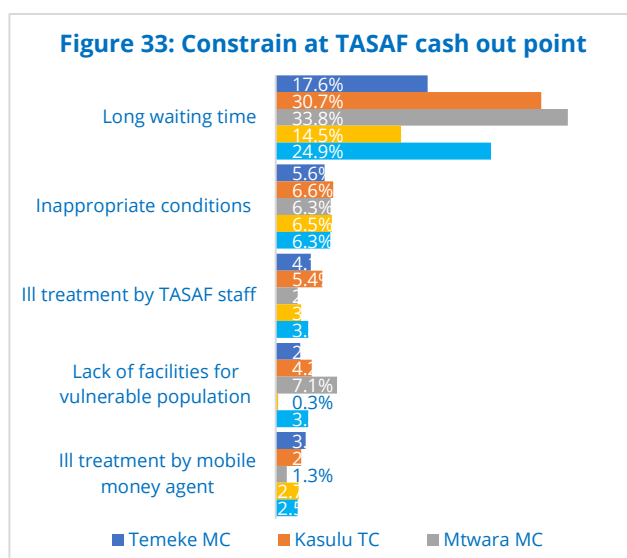
Table 7: Time Spent Receiving Cash

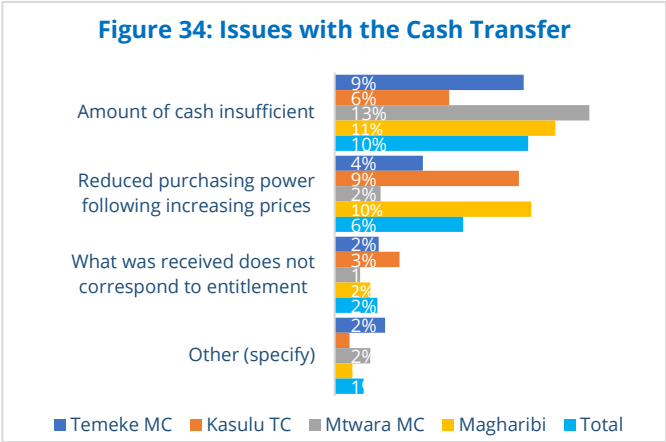
Project Area Authority (PAA)	Time to travel to the cash distribution site (Min)	Time to wait at the distribution site to get cash (Hrs)
Temeke MC	13	1.1
Kasulu TC	35	3.2
Mtwara MC	26	3.1
Magharibi	36	1.4
Average (All)	28	2.3

- FGD participants indicated that they walk long distance to the Ward office to collect cash, and think they should be receiving it from their respective mtaa (street) offices.

“We have eight mitaa (streets) and we all receive cash from the ward office. There is no proper system for calling names. We better receive our money from the mtaa office.”

Households cited various constraints while at the TASAF cash out point, the major issue being long waiting times (25%). This was more of an issue in the PAAs receiving their transfer in cash from the Ward offices, Mtwara MC (34%) and Kasulu TC (31%). FGD participants indicated that they arrive in the morning to attend the awareness session and remain waiting for their turn to receive cash.

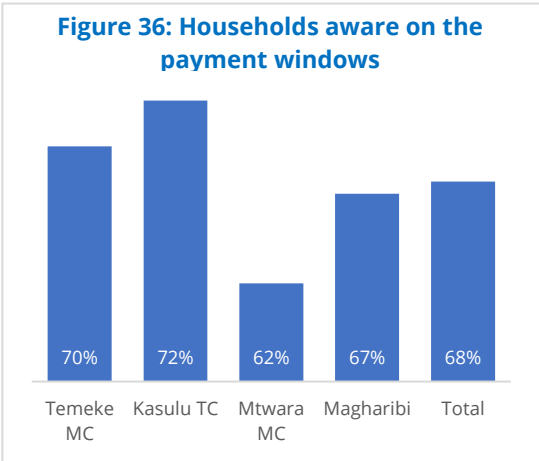
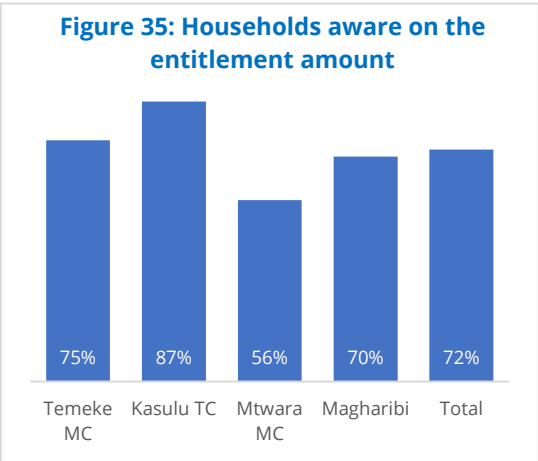


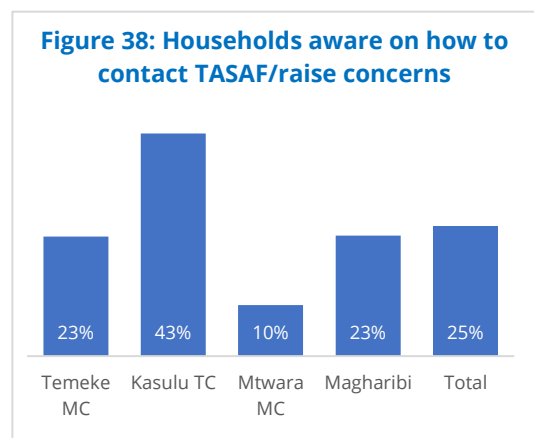
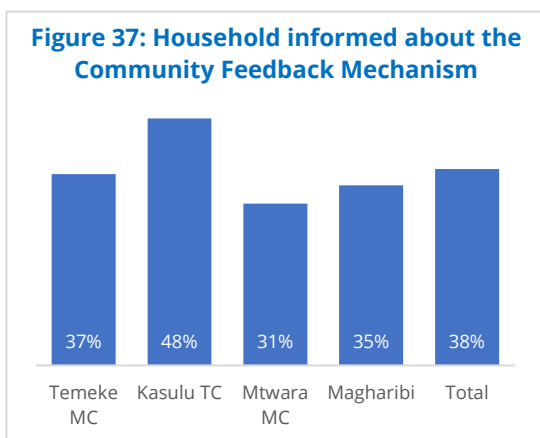


The major issues related to cash transfers include insufficient amount (10%) and reduced purchasing power following increasing food prices (6%). 2% indicated that what they received did not correspond to the entitlement. There were more households in Mtwara indicating that the transfer value was insufficient (13%) compared to the other PAAs. On average, households in Mtwara received the lowest cash transfer (TZS 28,623) compared to the other PAAs. Mtwara was also more affected by high food prices compared to the other PAAs.

Community Engagement and Community Feedback Mechanism/Grievance Redress Mechanism.

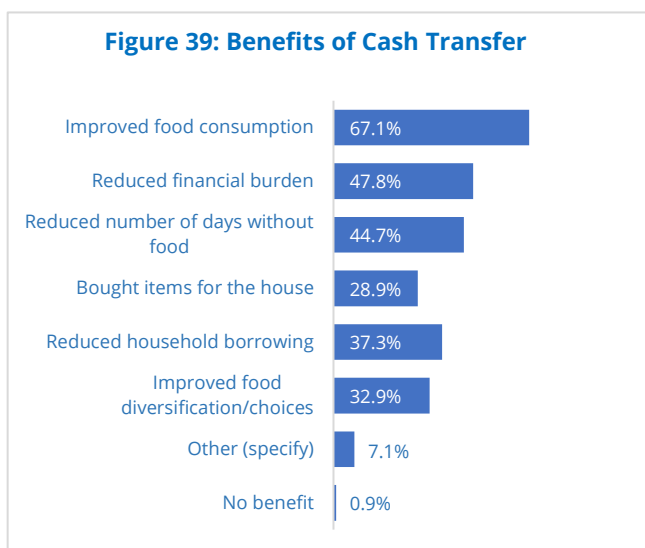
About 72% of the households were aware on entitlement amount they are supposed to receive while 68% were aware of the transfer windows. There is generally lower awareness on the entitlement amount and payment windows among the PAAs that received the transfer later (Mtwara MC and Magharibi). There is also low awareness among the beneficiaries on the Community Feedback Mechanism/Grievance Redress Mechanism, especially in Mtwara MC. Only a quarter of the sampled households indicated that they were aware on how to contact TASAF and raise concerns. FGD respondents indicated that when they have issues or concerns, they would channel them through the village authorities. Awareness on entitlement, payment windows and availability and use of feedback mechanism was highest in Kasulu TC and lowest in Mtwara MC.





Use and Benefits of Cash Transfer

Generally, beneficiaries appreciated the transfer, as it has enabled them to meet essential needs, including food, NFIs, education, health and shelter. More than two thirds (67.1%) of the households indicated that the transfer enabled them to improve their food consumption while about 45% said it reduced the number of days they would go without food. About 48% of the households said the transfer reduced their financial burden. Some FGD participants indicated that they purchased land and started preparations for house construction while some used the transfer to repair their houses. In addition, some households invested in livestock and small businesses. Inappropriate use of cash transfer was reported in few households during the FGD (e.g. drinking), thus affecting the amount of cash available to meet essential needs.



- FGD participants confirmed that they were able to improve their food consumption and meet other essential needs.
- FGD participant noted that some have invested in petty trade and purchased livestock.
- Some FGD participants indicated that they bought land and started preparations for house construction/repair.

“Before the project, I was not able to buy food for my family and could not afford school necessities for the students”.

“Through TASAF funds I have managed to buy two goats. I expect to buy two more during the next round”.

Transfer Amount

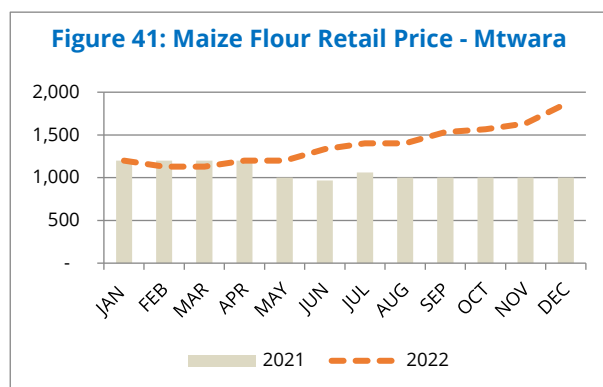
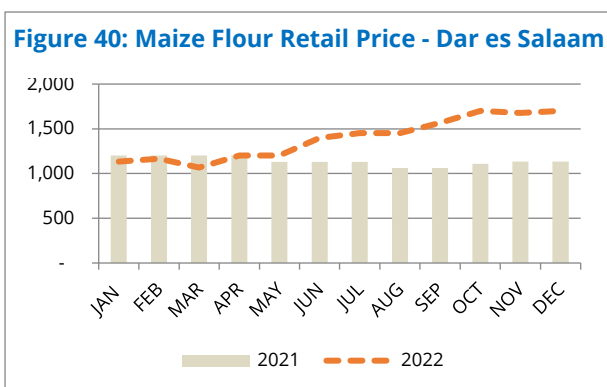
The TASAF transfer value is divided into basic transfer and variable conditional transfer. All households identified as poor using TASAF selection criteria and registered in the system are entitled TZS 12,000 per month. This amount increases by TZS 5,000 as the household meets other criteria, including having children below 18 years, people with disability and children below five years attending clinics. Variable conditional transfer applies to households with children in school from a maximum of TZS 12,000 for primary school children and TZS 16,000 for secondary school children. Thus, a household can receive between a minimum of TZS 12,000 per month to a maximum of TZS 55,000 based on household criteria. Analysis of the amount that sampled households received was based on six months recall period, translating to an average of TZS 31,603 per household per month.

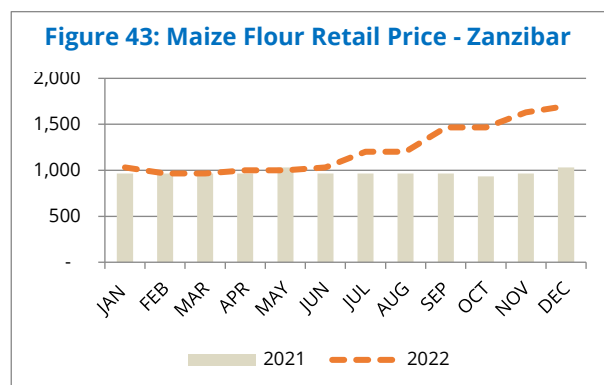
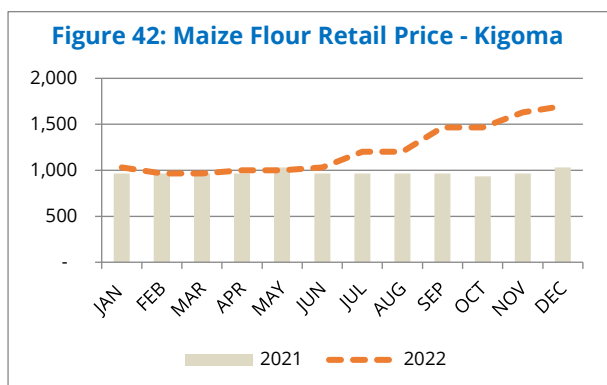
Table 8: Summary – TASAF Transfer Amount and Eligibility Criteria

Type of Transfer	Target	Amount (TZS)	Eligibility	Maximum Amount (TZS)
Basic Transfer	Households identified as being poor and vulnerable and registered in the system.	12,000	Households identified as being poor and vulnerable and registered in the system.	12,000
Basic Transfer	Children	5,000	Having children below 18 years	5,000
Basic Transfer	Children	5,000	0-5 years, attending clinic	5,000
Basic Transfer	Disability	5,000	People with disability	5,000
Variable Conditional Transfer	Primary school (Grade 1-4)	2,000	Attending primary school	12,000
Variable Conditional Transfer	Primary school (Grade 5-7)	4,000	Attending primary school	
Variable Conditional Transfer	Secondary school (Form 1-4)	6,000	Attending secondary school	16,000
Variable Conditional Transfer	Secondary school (Form 5-6)	8,000	Attending secondary school	

Nominal Retail Prices of White Maize Flour

Prices of different food items in the market have been on increase, thus affecting the purchasing power and the ability of the households to meet their essential needs. Poor urban populations who are market dependent tend to be more affected by high food prices. The real retail price for a kilo of maize flour, which is the main staple among many households for example, has increased by 39% in Zanzibar, 42% in Dar es Salaam, 56% in Kigoma and 76% in Mtwara.





Share of the MEB covered by the transfer value

To understand how increasing food prices are affecting the capacity of households to meet essential needs, the MEB was analyzed against inflation. The average transfer amount received from TASAF was found to cover between 58% to 64% of the MEB.

Table 9: Transfer Value Compares to MEB and SMEB

Nominal (Nov. 2021)			Real Baseline (Nov. 2021)		Average Transfer Value	Share of the MEB	
PAA	MEB	SMEB	MEB	SMEB	Dec. 2022	Before Inflation	After Inflation
Dar es Salaam	49,320	33,748	47,602	32,573	30,243	64%	61%
Kigoma	49,320	33,748	47,602	32,573	29,395	62%	60%
Mtwara	49,320	33,748	47,602	32,573	28,623	60%	58%
Zanzibar	66,313	47,541	64,003	45,885	39,000	61%	59%

V. Conclusion

Access to food is the primary household concern in terms of essential needs. Food is frequently the priority item for expenditures when cash transfers are received, the main reason for engaging livelihood coping strategies and the most common purpose for borrowing. Opportunities need to be explored for using PSSN to improve awareness of beneficiary households on the importance of a diversified and nutritious diet. Lending from banks and other formal financial institutions is not the preferred option for credit for many of the poorest households, especially those in the peri-urban areas. Opportunities to leverage PSSN for digital financial inclusion, including access to credit and savings, may serve to improve household access to essential needs over time.

Despite significant improvements in relevant indicators following one year of cash transfers, about 57% of the households remain highly vulnerable to food insecurity and are unable to meet their essential needs. The implications for estimation of transfer values in the context of rising food prices need to be investigated. In addition, the role that social assistance could play in responding to shocks, including natural disasters and health crises could be further explored.

Acronyms

CCT	Conditional Cash Transfer
COVID	Coronavirus Disease
ECMEN	Economic Capacity to Meet Essential Needs
ENA	Essential Needs Assessment
FCS	Food Consumption Score
FCS-N	Food Consumption Store - Nutrition
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HDDS	Household Dietary Diversity Score
HESPER	Humanitarian Emergency Settings Perceived Needs Scale
ILO	International Labour Organization
LCS	Livelihood Coping Strategies
MC	Municipal Council
MDDI	Multidimensional Deprivation Index
MPI	Multidimensional Poverty Index
MEB	Minimum Expenditure Basket
PAA	Project Area Authority
PSSN	Productive Social Safety Net
PW	Public Works
rCSI	Reduced Coping Strategy Index
SMEB	Survival Minim Expenditure Basket
TASAF	Tanzania Social Action Fund
TC	Town Council
TZS	Tanzanian Shilling
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme