Potential of Social Protection Policy Interventions for Breaking Poverty Cycle in Tanzania

Francis Mwaijande [1], Joshua Mwakalikamo [2]

[1]*Mzumbe University, Upanga Olympio Street, P. O. Box 20266, Dar Es Salaam, Tanzania*

[2] *MASSA Institute of Social Sciences Research, Sam Nujoma Road, P. O. Box 79116, Dar Es Salaam, Tanzania*

ABSTRACT

The purpose of this article is to ascertain the theory of change that by providing income assistance, consumption transfers and empowerment interventions, the poor and vulnerable groups overcome risks of falling into extreme poverty. This article adopted a cross-sectional descriptive survey research design to assess the effect of social protection on outcome variables. Both probability and non-probability sampling techniques were used. A random selection of regions, districts and households was conducted for obtaining quantitative data. Whereas, non-probability sampling techniques of purposeful sampling was used for selecting key informants to provide qualitative and rich information on the studied social protection programmes. The sample size was 204 distributed into on-programme (102 households) and non-programme (102 households) in Tanga and Mtwara regions. Triangulation methods includes use of both quantitative and qualitative methods in data collection and analysis of before and after interventions to determine net effect of social protection policy. Productive Social Safety Net is a Tanzania social protection policy intervention to overcome poverty to poor households. It provides cash transfers to increase households' income, health insurance to increase access to health services and economic empowerment to increase employment and income generating opportunities. The study results indicate positive significant (r=.159*, P<.05) relationship between Productive Social Safety Net (PSSN) and poverty reduction in Tanzania, results also proved positive significant (r = -.284**, p<.01) relationship between health insurance and poverty. This means implementing social protection policies reduces intergenerational poverty in the Sub-Saharan Africa. These are triangulated with qualitative voices saying " our group, we are able to buy equipment when we get funds from Economic empowerment, we buy hall and chairs. This enables us to get income. I use for food in my family ". As for NHIF, it helps when I go to hospital I see the doctor, I get medical treatment". However, no single social protection intervention can reduce poverty because poverty is multi-dimensional. While economic empowerment reduces income poverty through enabling job creation, income generation activities and asset building, productive social safety net enhances social capital to overcome intergenerational poverty through conditional cash-transfers on child education attendance and improved nutritional status. The article implies that multiple social protection interventions produce effect on poverty reduction based on the PSSN, health insurance and economic empowerment interventions in Tanzania.

INTRODUCTION

Social protection is one of the critical issue in development policy that gained more relevance after the Copenhagen World Summit for Social Development in 1995, whereby Governments in the Sub-Saharan Africa committed themselves to implement policies that ensure all people have adequate economic and social protection on unemployment, ill-health, maternity, child-rearing, disability and old age (Armando, Barrintos;David, 2008; Barrientos Armando, 2010; Handa, Frank and Paul, 2021).

Tanzania like many other developing countries implements social protection (SP) programmes as an adoption of the western social welfare policies to overcome poverty. The SP as an emerging and revolutionary a poverty reduction revolutionary strategy in the Sub-Saharan Africa, are implemented in a form of social assistance programmes that entail direct cash or in-kind transfers that aim to eradicate to protected the poor and vulnerable population from falling into extreme poverty (Hickey et al., 2018). Social protection theory of change states that by providing income transfers to the poor and vulnerable groups, it protects them from risk of falling into extreme poverty (Barrientos Armando, 2010; Browne, 2015). Based on this contention, social protection programmes are implemented to support poor and vulnerable households falling into extreme poverty (Gentilini and Omamo, 2011).

Three categories of social protection are prominently developed and implemented by governments, these are; contributory social protection programmes, non-contributory social protection programmes, and market social protection programmes (Cook & Pincus, 2014; Fiszbein, 2015). The contributory social protection programmes include social insurance schemes; whereas non-contributory social protection includes social assistance, social welfare services, and productive inclusion measures, whereas market social protection ensures poor households get minimum income, decent job and nutritional requirements.

The theory of change of social protection presumes that, when poor households are supported to build on social and human capital are likely to get out of poverty. One school of thought argue that social protection programmes that use cash transfers eradicate poverty (Chalamwong and Meepien, 2012), while other school of thought critic that social protection discourage people from searching for or keeping jobs, and that there is insufficient evidence that social protection programmes eradicates poverty (Cecchini, 2014).

National Health Insurance is a contributory social protection based on insurance principles. The government of Tanzania provides a policy framework whereby individuals or households get protection against health risks through health insurance programme (Janzen, Carter and Ikegami, 2021) . The National Health Insurance is provided to individuals or households in order to protect them against risk of falling into poverty due to lacking access to health services. It is argued that "Health insurance is potentially of great benefit, given that unexpected medical expenses constitute one of the main threats to household livelihood" (Nishat and Mustafa, 2018).

Theoretically, social protection assumes that; conditional cash transfers encourage parents to keep their children in school and thus raise the human capital stock of the country and lower intergenerational poverty and inequality. It has been observed that conditional cash transfers (CCTs) represent social policies by conditioning welfare benefits on recipients' behaviors associated with human capital development (Brooks, 2015). Of recent many SSA countries have adopted and implemented social assistance in various ways to various vulnerable poor population. Whereas social health protection increases access to health care services, health status and participation on labour market (Barrientos, 2017; Janzen, Carter and Ikegami, 2021). In this vein, Tanzania implements economic empowerment to youth for creating income generating activities, job creation, and poverty reduction as social protection programme for reducing risks of youth falling into intergenerational poverty. Given the insufficient evidence on the effect of social protection programmes, this article generates empirical evidence on the effect of social protection programmes on poverty reduction in Tanzania.

Social protection (SP) provides basic income security to poor households with children, access to nutrition, education, basic income security for persons in active age who are unable to earn sufficient income, unemployment, and increasing access to health care. Social policy scholars' question; "Do social protection programmes reduce poverty?" There are varied findings and school of thoughts for and against social protection programmes' ability to reduce poverty. Some scholars argue that social protection eradicate poverty in industrialized countries because they allocate between 10-30 percent of their gross domestic product (GDP) to social protection of population near the bottom of income distribution (Kenworthy, 2015). This could be different to many African countries which invariably allocate budgets on social protection programmes below 10 percent (Fiszbein, 2015).

The Government of Tanzania has been implementing social protection programmes with the objective to reduce poverty of poor households living under poverty line in rural and urban areas. Three types of social protection programmes have been implemented targeting poor households to increase income, access to health and economic empowerment. Specifically, Productive Social Safety Net (PSSN) provides Cash Transfers (CTs) to households to poor households in rural and urban districts. PSSN covers 1 million households benefiting from the PSSN cash transfer program. Health insurance is the second social protection that provides access to health services as a means of protecting households out of poverty. Economic empowerment programme is the third social protection programme aiming at increasing women and youth employment opportunities. Despite the implementation of social protection programmes, poverty persists in Tanzania. According to the 2018 Household Budget Survey (HBS) poverty rate in Tanzania fell from 34.4 in 2007 to 26.4 percent in 2018. The HBS indicates that 14 million people lives below national poverty line of TZS 49,320 per adult equivalent per month and about 26 million (about 49 percent of the population) lived below the $1.90 per person per day international poverty line. Moreover, poverty inequalities between rural and urban areas still persist. Whereas, where poverty fell from 20.0 to 15.8 percent in urban areas, it fell only from 39.1 to 33.1 percent in rural areas (NBS, 2012). Given the persistence of poverty, some social science researchers argue that social protection programmes do not reduce poverty, while others contend that SP reduces intergenerational poverty (Barrientos and DeJong, 2006; Gentilini and Omamo, 2011), promoting and enforcing social protection policies in SSA brings rights based approach to African governments (Ludick, 2021), it also enhances implementation of No-one left behind of the Sustainable Development Goal 2030.

METHOD

This article adopted triangulation methods of research whereby both quantitative and qualitative methods are applied in data collection and analysis in order to increase reliability of findings using various lenses, sources and techniques (Fusch, et al., 2018). Sampling and sample size: Both probability and non-probability sampling techniques were used. A random selection of regions, districts and households was conducted for obtaining quantitative data. Whereas, non-probability sampling techniques of purposeful sampling was used for selecting key informants to provide qualitative and rich information on the studied social protection programmes. The sample size was 204 distributed into on-programme (102 households) and non-programme (102 households) in Tanga and Mtwara regions.

Quantitative method

A cross-sectional descriptive survey was used to collect data to assess the effect of social protection on outcome variables. Data on the ex-ante and post-ante socio-economic indicators were collected from Treatment and Comparison groups represented as: DD = (B-A)−(D-C). The difference in difference (DD) method constructed participating groups to determine the net program outcome of intervention.

Qualitative method

Interviews were conducted to treatment and control groups to have an in-depth understanding of people's socio-economic conditions before and after social protection programme interventions.

RESULT AND DISCUSSION

The article aimed at finding out the effect of PSSN social protection on households' income and consumption. The majority 99% -100% respondents had households' annual income below 1million Tshilling before and after intervention. This implies PSSN protection had no effect on household's income and so income poverty reduction if that is taken to be the threshold.

Similarly, the article findings show the majority of households (99%) respondents had households' below 5 units per day before and after intervention. This implies PSSN protection had no effect on household's consumption. This article findings examines the type of activities that people have for income generation. Findings show that between 44% -54% of respondents were involved on farming activities before and after intervention. This implies PSSN protection effect can be on farming activities because the majority of households depend on and or practice farming as a source of livelihoods and poverty reduction. It was important to go beyond the peoples' perceptions to find out from the statistical tests.

The article aimed at finding out the effect of economic empowerment on job creation and income. Findings showed 33% of respondents had annual income below Tshillings 50 thousand, 28% had annual income up to 50 thousand and 28% had up to 50

million Tshillings. About 40% of respondents had moved up to 50million annual income after economic empowerment intervention. This implies effect on household's income and so income poverty reduction.

Relationship between Productive Social Safety Net and Poverty Reduction

The objective 1 of the article was to find the relationship between social protection programmes and poverty reduction in Tanzania. It set out to establish the relationship between social protection programmes of Productive Social Safety Net (PSSN), Health Insurance, and Economic Empowerment Fund and poverty reduction in Tanzania.

Poverty reduction is conceptualized under the dimension of level of increased income, improved consumption, increased school attendance, increased health access, job creation and increased employment which are measured with measurement items. The analysis indicates poverty reduction in Tanzania is moderate (Global Mean = 3.36; Std = 0.369). The respondents agree that the poverty has reduced in Tanzania, although, moderately. This means the living standards of the people are improving in Tanzania as verified in the statement, "Household income reduces poverty", the respondents moderately agree (Mean = 2.86; Std = 0.477) to reduction of poverty due to household income, with 27.5% of the respondents stating "agree", 16.3% "strongly agree", 43.3% "disagree", and 12.9% "neutral" (Table 1).

Table 1. Descriptive statistics for poverty reduction

Article variable measurement items	Mean
Household income reduces poverty	3.17
Poverty reduced after social safety net programme	2.86
Poverty reduced after economic empowerment	3.48
Poverty reduced after health insurance use	2.94
Poverty reduced after labour intensive public works introduced	3.18
Increases employability reduces household poverty	3.68
Increases household assets reduces poverty	3.65
Increased nutritional consumption reduces poverty	3.65
Increased household consumption reduces intergenerational poverty	3.65
Global Mean	3.36

Productive social safety nets are conceptualized under the dimension of household income and measurement items were developed to measure these aspects. The descriptive statistics for productive social safety nets in Tanzania are presented in table 2. The results indicate that Productive social safety nets reduce poverty in Tanzania with (Global Mean = 2.29; Std = 0.184) to reduction of poverty due to PSSN, with 35.8% of the respondents stating "agree", 1.7% "strongly agree", 2.4% "disagree", and 59.2% "neutral".

Table 2. Descriptive statistics for productive social safety nets

Article variable measurement items	Mean
Social Safety Net programme increased my household income	3.35
Social Safety Net programme increased my household consumption	3.28
Social Safety Net programme increased my children school attendance	3.20
Social Safety Net programme increased reduced poverty	2.86
Social Safety Net programme increased Household economic activities	2.85
Social Safety Net programme increased Household health status	3.23
Social Safety Net programme increased employability	2.77
Social Safety Net programme reduced children's time engaged on collecting firewood in household	2.63
Social Safety Net programme reduced children's time engaged on fetching water in household	2.63
Social Safety Net programme reduced children's time engaged on household economic activities (small business selling, animal keeping)	2.58
Global Mean	2.94

Correlation analysis is a statistical method used to evaluate the strength of relationship between two quantitative variables. A high correlation means that two or more variables have a strong relationship with each other, while a weak correlation means that the variables are hardly related. Correlation analysis investigated the relationship between the independent variables: Productive Social Safety Net, Health Insurance, Economic Empowerment Fund and poverty reduction in Tanzania. To investigate the relationship between Social Safety Net and poverty reduction in Tanzania, hypothesis: H0 = There is no relationship between Productive Social Safety Net and poverty reduction in Tanzania, was tested. Table 3 shows the correlation analysis.

Table 3. Correlations analysis

Article Variable	1	2	3	4
ProductiveSN (1)	1			
HealthIns (2)	-.027	1		
EconomicEmp (3)	.263**	-.631**	1	
PovertyRed (4)	.159*	-.284**	.695**	1
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

N=240

The results indicate there is positive significant (r=.159*, P<.05) relationship between Productive Social Safety Net and poverty reduction in Tanzania (**Error! Reference source not found.**4-8). This means Productive Social Safety Net is associated with poverty reduction in Tanzania. This association implies poverty reduction in Tanzania varies with Productive Social Safety Net, as Productive Social Safety Net is improved poverty is reduced within the population. Hence, the null hypothesis that: "There is no relationship between Productive Social Safety Net and poverty reduction in Tanzania", is rejected and while the alternate hypothesis is accepted, which would state, "*there is a relationship*".

Relationship between health insurance and poverty reduction in Tanzania

The relationship between Health Insurance and poverty reduction in Tanzania. The quantitative analysis included descriptive statistics: frequency, mean and standard deviation are used to understand the article variables. The descriptive statistics indicate variable measurement items and response percentage by Likert scale, mean, and standard deviation. The measurement

items are scored on 5-likert scale, where scores range from 1-5 representing "strongly disagree: to "strongly agree".

Frequencies were computed according to likert scale points. To determine the central position on items the Mean score is used. The Mean is interpreted according to the following scale:1.00 – 1.80 (strongly disagree), 1.81 – 2.60 (disagree), 2.61 – 3.40 (moderately agree), 3.41 – 4.20 (agree) and 4.21 - 5.00 (strongly agree). The results indicate that health insurance reduces poverty Tanzania with (Global Mean = 3.29; Std = 0.288) to reduction of poverty due to health insurance, with 57.1% of the respondents stating "agree", 3.3% "strongly agree", 0% "disagree", and 39.6% "neutral". The descriptive statistics for Health Insurance in Tanzania in table 4.

Table 4. Descriptive statistics for Health Insurance

Article variable measurement items	Mean
hin13 13. Health Insurance enables my household to get medicines	2.63
Use of health insurance increased school attendance	3.22
Use of health insurance increased access to health services	3.60
Increasing household access to health insurance reduces poverty	2.91
Use of health insurance reduces household expenditure	3.52
Use of health insurance reduces poverty	2.89
Use of health insurance improves health status	3.58
Global Mean	3.29

In order to ascertain the relationship between Health Insurance and poverty reduction the following hypothesis, "H02: There is no the relationship between Health Insurance and poverty reduction" guided the article. The results indicate there is a positive significant (r = -.284**, p<=01) relationship between health insurance and poverty reduction. The positive relationship implies introducing health insurance increases poverty conversely elimination of health insurance reduces poverty. According to the regression analysis (table 4-9), Health Insurance is found to be a significant predictor (t(236) =4.638, p<.01) of poverty reduction in Tanzania. This means changes in Health Insurance affect poverty reduction.

The study objective 3 was to find the relationship between Economic Empowerment and poverty reduction in Tanzania. The quantitative analysis included descriptive statistics: frequency, mean and standard deviation are used to understand the article variables. The descriptive statistics indicate variable measurement items and response percentage by Likert scale, mean, and standard deviation. The measurement items are scored on 5-likert scale, where scores range from 1-5 representing "strongly disagree: to "strongly agree". Results indicate SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, and SA=Strongly Agree. Frequencies were computed according to likert scale points. To determine the central position on items the Mean score is used. The Mean is interpreted according to the following scale:1.00 – 1.80 (strongly disagree), 1.81 – 2.60 (disagree), 2.61 – 3.40 (moderately agree), 3.41 – 4.20 (agree) and 4.21 - 5.00 (strongly agree).

The results indicate that Economic empowerment do reduce poverty Tanzania with (Global Mean = 3.27; Std = 0.391) to

reduction of poverty due to increasing youth employment, with 34.2% of the respondents stating "agree", 0% "strongly agree", 0.4% "disagree", and 65% "neutral". In order to ascertain the relationship between economic empowerment and poverty reduction the following hypothesis, "H02: There is no the relationship between Economic Empowerment and poverty reduction" guided the article. The results indicate there is positive significant (r=.695**, p<=01) relationship between economic empowerment and poverty reduction, table 4-8. This means improving economic empowerment may improve poverty reduction.

The regression analysis on economic empowerment is found to be an insignificant predictor (t(236) =14.519, p<.01) of poverty reduction. This means improving economic empowerment cause improvement of poverty reduction.

The above findings were triangulated with interviews conducted to beneficiaries of social protection in Lindi region from 26th July to 30th July, 2021 based on the qualitative purposeful sampling techniques. Respondents were asked; what can you think about TASF- Productive Social Safety Net to reducing poverty to your household? Respondent2 was asked; What can you say about TASF-Productive Social Safety Net (PSSN) on reducing poverty to your household? the response was;

"TASAF helps us very much to our groups. We get money, which helps us to run our daily living".

This respondent is a beneficiary of PSSN cash-transfer, which he gets as an intervention for poverty reduction. The notion for such assistance is that the government will be continuously providing cash-transfer to poor households. Such approach of social protection does not sustainably build capacity of the poor households to overcome poverty. However, it is only when the cash-transfer comes with a condition on human capital investment in the poor households for their children's nutrition uptake and attending school that it will have impact on intergenerational poverty reduction.

Respondent 3 replied; "I have nothing to say about TASAF, I know nothing completely about TASAF". But, when she was asked; "What can you say about National Health Insurance to reducing poverty in your household?", she said; "for me, when I go to hospital, I am attended well, I take health check, laboratory test. NHIF enable me to see doctors and get treatment and medicine. But for my mom, when she goes to hospital, she can see doctors, but she is told there are no medicines, she is told to go buy medicines from pharmacy elsewhere".

This could be interpreted that the economic empowerment as social protection is implemented to increase youth employability and income, so that the recipient increases their capabilities to overcome poverty. It was noted that the generated income is also used for human capital investment on children's education, which in a long run address the households' capacity to overcome intergenerational poverty. However, the social protection programmes operate in silos as beneficiaries of Youth Economic Empowerment are not aware of TASAF- Productive Social Safety Net (PSSN). We observe that there is insufficient synergy and knowledge to recipients that the empowerment could be used for enabling them to access health services as well.

Respondent4 was asked; What can you say about Youth Economic Empowerment programme to reducing poverty? His responses were recorded saying;

"For our group, we are able to buy equipment when we get funds from Economic empowerment, we buy hall and chairs. This enables us to get income. I use for food in my family"; whereas Respondent1 said; "Youth Economic Empowerment Fund, through the district council has enabled me well- "nzuri". First of all, it gives me income, I am able to feed my family and to send my children to school".

An analysis from Nvivo pulled relevant literature and interviews that provide evidence that economic empowerment approaches are established to reduce poverty as indicated in the narrative content analysis that "Youth Economic Empowerment Fund, through the district council has enabled me well- "nzuri". First of all, it gives me income, I able to feed my family and to send my children to school".

The Nvivo analysis enabled to show evidence of youth economic empowerment in countries such as Zimbambwe that implemented Graduate Entrepreneurship Employment Programme (GEEP), Training for Rural Economic Empowerment (TREE), Youth Empowerment Fund (YEF), Wealth Creation Fund and Skills for Youth Employment and Rural Development Programme that empowered beneficiaries out of poverty. Similarly, TASAF-PSSN in Tanzania enabled beneficiaries out of poverty as interview respondents say; "TASAF is very useful because I get money which helps to meet my daily needs, but it is not sufficient".

"As for NHIF, for me it helps when I go to hospital I see the doctor, I get medical treatment. The challenge is for medicine, I have to buy from other pharmaceuticals".

Respondent5: What can you say about TASF-Productive Social Safety Net (PSSN) to reducing poverty on your household? He says; "For me as a TASAF beneficiary, what I can say, we get money, but it is not enough to meet all our needs. It is for only sufficient for 2-3 days food.

This respondent was asked; What can you say about National Health Insurance to you or your household?" He responded that;

"As for NHIF in my household, it enables to see doctors, but not for medicine. We only get services to see the doctor, but not medicine; we are told to go buy from outside pharmacy".

More evidence on social protection programmes to eradicate poverty is triangulated from similar social protection programmes in Ghana, Zimbabwe and Malawi where it found strong effects on food security that improved livelihood and showed positive income multiplier effect (Handa, Frank and Paul, 2021).

CONCLUSION

Promoting and enforcing social protection policies in SSA is not only brings rights-based approach to African governments, it also enhances implementation of No-one left behind of the Sustainable Development Goal 2030. Therefore, addressing poverty multiple policy interventions including social protection policies. Three social protection policy interventions were studied to advance the question of whether social protection reduce poverty in Tanzania. These were; productive social safety net that provides cash transfers and labor-intensive public works to low-income households, health insurance and economic empowerment. It was found that PSSN reduced poverty moderately with slightly improved living standards in households. Our findings concur with the SP literature whose arguments contend that social protection theory protection reduces poverty

On the question of whether health insurance reduce poverty, the results indicate that health insurance reduces poverty. A test result for the hypothesis; "H02: There is no the relationship between Health Insurance and poverty reduction" indicates there is a negative significant (r = -.284**, p<.01). This implies that health insurance increases poverty conversely elimination of health insurance reduces poverty. Similarly on the question of whether there is relationship between economic empowerment and poverty reduction, it was found an increase on annual household income after economic empowerment intervention. This implies economic empowerment effect on household's income and so income poverty reduction with a positive significant (r=.695**, p<.01) relationship between economic empowerment and poverty reduction.

It also recommends to introduce universal health insurance to the entire public. This approach will promote social equality on accessing health services. By the time of this article, only those who are on compulsory contributory health insurance had access to health care services with or without having cash at the time of falling ill-health. It is therefore recommended to introduce health reforms on universal coverage public health insurance as well as enhancing economic empowerment social protection for youth, women and disabled in local government authorities because these are the disadvantaged social groups by increasing budgetary allocation, targeting viable economic activities, and monitoring the entire process so as to attain the desired outcome of poverty reduction in the country. In the overall, the article findings confirms that social protection reduce poverty as theorized in SP literature. Since there is positive significant relationship between Productive Social Safety Net and poverty reduction, it is recommended that Governments in Sub-Saharan Africa enhance budgets for implementing social protection policies for pro-poor growth and poverty reduction of Productive Social Safety Nets, targeted cash-transfers and health insurance to the most vulnerable households. The conditional cash transfers should increase monitoring of the utilization so that it makes impact in the long run of increasing health outcome and school attendance of children in poor households whom will reduce the intergenerational poverty.

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