



PRODUCTIVE SOCIAL SAFETY NET (PSSN) PROGRAMME DETAILS

The **Conditional Cash Transfer** provides (monthly):

- A fixed, unconditional benefit (10,000 Tsh.; 5 USD)
- Additional fixed, unconditional benefits for having a child under 18 in the household (4,000 Tsh.; 1.80 USD)
- A fixed, conditional benefit, for having a child under 5 conditional on health compliance (4,000 Tsh.; 1.80 USD)
- Variable, conditional benefits based on number of children, level of schooling, all conditional on education compliance (2,000-6,000 Tsh. per child; 0.90-2.70 USD)

The **Public Works** component or 'cash-for-work' provides:

- Employment for one able-bodied adult per household age 18 and over for up to 60 days in four months (2,300 Tsh. per day; 1 USD)

The **Livelihoods Enhancement** component provides:

- Training on livelihoods, savings group promotion, and grants for income-generating activities so that vulnerable households are better able to support themselves in the medium- and long-term.

INTRODUCTION

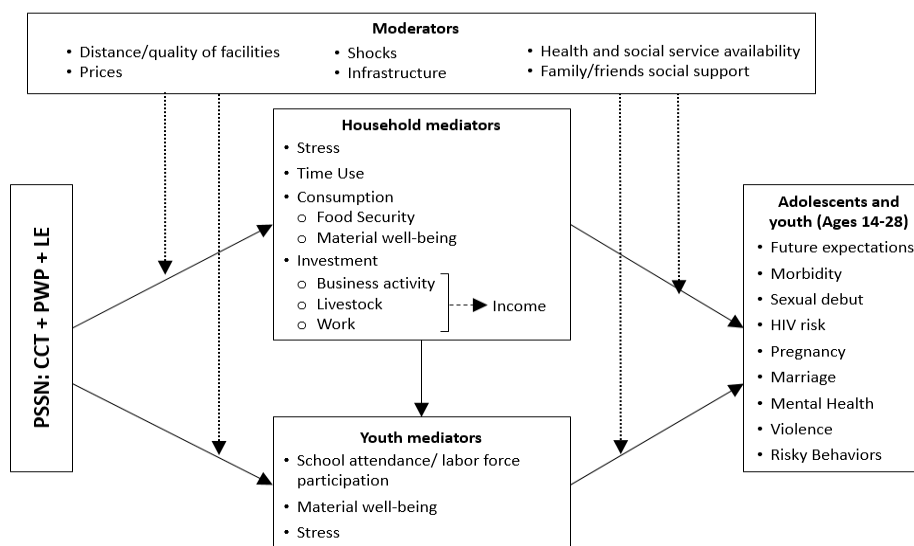
Adolescence is a critical period in which events and transitions have long-term impacts on an individual's health, well-being, and productivity. Decisions about sexual debut, schooling, and partnerships determine an individual's trajectory and can impact earning potential, agency in marriage, future experience of violence, and a range of other health and economic outcomes that affect not only the individual, but their future children as well. In Tanzania, adolescents and youth face barriers to a safe transition to adulthood. Over 30% of females are married by age 18¹; three in ten females and one in seven males report sexual violence before age 18; and three-quarters of males and females experienced physical violence by an adult or intimate partner before age 18². Further, one quarter and one-fifth of girls and boys aged 10-14 years live without their biological parents—and this proportion rises to half of girls aged 15-17 years in urban areas¹. Recently, cash transfers have been highlighted as having the potential to facilitate healthier transitions to adulthood in lower- and middle-income countries³⁻⁹. This research brief describes the Impact Evaluation of the Productive Social Safety Net (PSSN) on Youth Well-being and the Transition to Adulthood, which is being conducted by Policy Research for Development (REPOA) and UNICEF Office of Research – Innocenti as part of the Transfer Project.

THE PROGRAMME

In 2013, the Government of the United Republic of Tanzania initiated the PSSN. This programme was built upon the government's previously community-based conditional cash transfer (CCT) pilot programme implemented by the Tanzania Social Action Fund (TASAF) and represents a massive scale up of the government's existing social safety net. Objectives of the programme (which comprises the third phase of the government's social protection strategy¹⁰) are to increase income and consumption, improve vulnerable populations' ability to cope with shocks, invest in human capital, and increase access to improved social services



Figure 1: Conceptual Framework for the Impact of Tanzania PSSN on Adolescent Well-being



The key element of the programme is a CCT provided to households considered extremely poor (living below the food poverty line), complemented with a public works program (PWP) component and livelihood enhancement (LE) interventions. Participating households are required to comply with certain conditions related to children's school attendance and health care to receive payments, although a portion of the cash transfer is fixed and unconditional. By 2016, the CCT component has enrolled 1.1 million of the poorest households in Tanzania, or approximately 15 percent of the total population. The programme utilizes a three-stage targeting process, including geographical targeting, community-based targeting, and a proxy-means test (PMT). The targeting is followed by a community validation. In the current scale-up phase, a set of households have been randomized to delayed treatment (at the village-level), which allows a rigorous study of programme impacts using an experimental design. Eventually, all eligible households are expected to receive the programme.

IMPACT EVALUATION OVERVIEW

Two impact evaluations of the CCT scale-up are underway; one aims to investigate impacts on women's empowerment in the agricultural sector, led by REPOA, with a complementary component on impacts on youth well-being and transition to adulthood led by UNICEF. The other evaluation, which is led by the World Bank and the National Bureau of Statistics, aims to examine impacts on poverty, food security, and healthcare utilization.

The REPOA/UNICEF study is being conducted in eight mainland districts (Misungwi, Kahama, Kilosa, Kisarawe, Handeni, Mbogwe, Itilima, Uyui) and uses a longitudinal, experimental study design, combining quantitative surveys with qualitative in-depth interviews.

The overarching research questions guiding the youth study are, does the PSSN positively impact youth well-being and the transition to adulthood, and if so, through what pathways?

Primary questions of interest include:

1. Does the programme delay sexual debut, marriage, and/or pregnancy?
2. Does the programme improve youth mental health?
3. Does the programme increase youth schooling attendance and attainment?
4. Does the programme reduce risky sexual behaviors?
5. Does the programme reduce physical, sexual, or emotional violence experienced by youth?

Figure 1 illustrates the pathways through which the PSSN may impact the primary outcomes of the study, by first traveling through mediators and eventually resulting in programme impacts. To begin, the household receives programme inputs in the form of cash from the CCT and/or the PWP/LE components.



Any potential impact of the programme must work through the household, including impacts on stress, spending, or time allocation decisions (including use of services). In other words, cash “inputs” travel through potential mediators within the household. For example, increased cash flow can result directly in increased consumption or material well-being for the youth, reduced stress, and increased school attendance. Following along the pathway, these mediators may, in turn, lead to the outcomes of interest for this study related to youth well-being. In addition to being an important outcome of interest, schooling is also hypothesized as a protective pathway for other positive outcomes, including delayed sexual debut, marriage, and pregnancy. Effects of the programme may also be moderated by household-level factors (family/social support) or local conditions in the community (access to markets and other services, prices, shocks, and distance to schools or health facilities). The main outcomes of interest to be studied among youth are school attendance, labor force participation, aspirations, mental health, sexual debut, pregnancy, marriage, violence, risky behaviours, and future expectations.

STUDY DESIGN

The study utilizes a cluster sample design, whereby clusters (villages) were randomized into treatment and control groups, and households are nested within villages. There are 84 villages in the REPOA/UNICEF youth study, with 48 treatment villages and 36 control villages.

Youth surveys were conducted among household members aged 14 to 28 years (N=1357) at baseline in 2015, and will be administered again at approximately 18 months follow-up (in 2017). Interviews were conducted in private locations where other household members could not hear what was being discussed and were administered by same-sex enumerators. The surveys used validated measures on topics related to mental health, violence, sexual behaviour, among others. Similar adolescent modules have been previously implemented by the Transfer Project in Kenya, Malawi, Zambia, and Zimbabwe.

Qualitative surveys were administered with a sub-sample of youth to explore mechanisms and pathways for impacts on outcomes of interest. Both quantitative and qualitative surveys were implemented in Swahili. Additionally, community questionnaires were administered to assess topics related to access to markets, health facilities, schools; prices; village customs surrounding marriage and care of orphans and shocks. Ethics approval for the study was granted by the Tanzania Commission for Science and Technology (COSTECH).

SUMMARY AND NEXT STEPS

This impact evaluation will add to the growing body of evidence on the impacts of social cash transfers on adolescent and youth well-being and the transition to adulthood. Results from the full impact evaluation (including endline surveys to be conducted in 2017) will inform design of future iterations of the government’s social protection and other complementary programming supporting the safe transition of Tanzanian youth. They will also enable the Government of Tanzania, TASAF, and other stakeholders such as UNICEF Tanzania and Tanzania Commission for AIDS (TACAIDS) to assess what other measures or interventions are necessary to improve adolescent and youth well-being, and how these can complement and induce synergies with the government’s social protection strategy.

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All reports can be found at <https://transfer.cpc.unc.edu/>

¹ Population Council, Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), UNICEF Tanzania. The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, Tanzania 2009-2012. Dar es Salaam: Population Council, TACAIDS, ZAC and UNICEF Tanzania, 2015.

² United Nations Children's Fund Tanzania Country Office, United States Centers for Disease Control and Prevention (CDC), Muhimbili University of Health and Allied Sciences. Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood. Dar es Salaam, Tanzania: United Nations Children's Fund Tanzania, 2011.

³ Handa S, Halpern CT, Pettifor A, Thirumurthy H. The government of Kenya's cash transfer program reduces the risk of sexual debut among young people age 15-25. *PLoS One*. 2014;9(1):e85473-e

⁴ Heinrich C, Hoddinott J, Samson M, Mac Quene K, van Nierkerk I, Renaud B. The South African Child Support Grant Impact Assessment. South Africa: Department of Social Development, South African Social Security Agency, UNICEF, 2012.

⁵ Pettifor A, MacPhail C, Nguyen N, Rosenberg M. Can money prevent the spread of HIV? A review of cash payments for HIV prevention. *AIDS Behav*. 16(7):1729-38.

⁶ Handa S, Peterman A, Huang C, Halpern C, Pettifor A & H Thirumurthy (2015). Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on girls' early pregnancy and marriage. *Social Science & Medicine*, 141: 36-45.

⁷ Heinrich C, Hoddinott J, Samson M. Reducing Adolescent Risk Behaviors in a High-Risk Context: The Effects of Unconditional Cash Transfers in South Africa. 2015.

⁸ Malawi SCT Evaluation Team. Malawi Social Cash Transfer Programme Midline Impact Evaluation Report. Carolina Population Center; UNICEF Office of Research; Centre for Social Research, University of Malawi, 2015.

⁹ Kenya OVC-CT Evaluation Team. The impact of Kenya's Cash Transfer for Orphans and Vulnerable Children on human capital. *Journal of Development Effectiveness*. 2012; 4(1):38-49.

¹⁰ Phase I/TASAF I (2000-2005); Phase II/TASAF II (2005-2013), Phase III/TASAF III (2013-present) builds on past initiatives—scale up of PWP, CCTs and LE interventions; increasing coverage to over 2,000 villages throughout Tanzania.

