

SAVE THE CHILDREN FUND/UNICEF

MULTI-YEAR, MULTI-COUNTRY RESEARCH PROGRAMME
ON THE IMPACTS OF CASH TRANSFERS ON CHILDREN
IN EASTERN AND SOUTHERN AFRICA

Joint SCUUK/UNICEF STUDY Tanzania Country Report

Draft for review

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This is the first draft of the country report for Tanzania prepared as part of the research design phase for the joint Save the Children/UNICEF multi-country, multi-year study of the impact of cash transfers on children in Africa.

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ACRONYMS AND ABBREVIATIONS

CB-CTT	Community-Based Conditional Cash Transfer
CCT	Conditional Cash Transfer
CDD	Community Driven Development
CHF	Community Health Fund
CMC	Community Management Committee
COBET	Complementary Basic Education in Tanzania
CSO	Civil Society Organization
CTA	Chief Technical Advisor (WB)
CTO	Cash Transfer Officer
DC	District Commissioner
DPs	Development Partners
EDI	Economic Development Initiatives
ESRF	Economic and Social Research Foundation
FBO	Faith-Based Organization
GEPF	Government Employees Provident Fund
HAAI	HelpAge International
HBS	Household Budget Survey
HEA	Household Economic Assessment
HIV and AIDS	Human Immuno-Deficiency Virus and Acquired Immune Deficiency Syndrome
IEC	Information, Education and Communication
ILO	International Labour Organization
LAPF	Local Authorities Pension Fund
LGAs	Local Government Authorities
LGMD	Local Government Monitoring Database
LGRP	Local Government Reform Programme
M&E	Monitoring and Evaluation
MCDGC	Ministry of Community Development, Gender and Children
MIS	Management Information Systems
MKUKUTA	Mkakti wa Kukuza Uchimi na Kuondoa Umaskini Tanzania (National Strategy for Growth and Reduction of Poverty)
MLYED	Ministry of Labour, Employment and Youth Development
MOFSW	Ministry of Health and Social Welfare
MVC	Most Vulnerable Children
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
NSPF	National Social Protection Framework
NSSF	National Social Security Fund
NVF	National Village Fund
OVC	Orphans and Vulnerable Children
PEDP	Primary Education Development Programme
PEED	Poverty Eradication and Empowerment Department
PHDR	Poverty and Human Development Report
PMO-RALG	Prime Minister's Office, Regional Administration and Local Government
PPF	Parastatal Pension Fund
PSPF	Public Service Pension Fund
RAWG	Research and Analysis Working Group
REPOA	Research on Poverty Alleviation
RHVP	Regional Hunger and Vulnerability Programme
SACCOS	Savings and Credit Cooperative Societies
SCUK	Save the Children UK

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SEDP	Secondary Education Development Programme
SGR	Strategic Grain Reserve
STI/D	Sexually Transmitted Infections/Diseases
TASAF	Tanzania Social Action Fund
TDHS	Tanzania Demographic and Health Survey
TFNC	Tanzania Food and Nutrition Centre
TMU	TASAF Management Unit
Tsh	Tanzania Shillings
UNICEF	United Nations Children's Fund
WB	World Bank
WFP	World Food Programme

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I. Context

A. Who are the Most Vulnerable?

The Republic of Tanzania has made significant progress over the past several years towards the achievement of global and national development targets embodied in its national strategy for growth and poverty reduction known as MKUKUTA. Particular progress has been recorded in education and health – with steady improvements on some of the most critical indicators of child survival and development rights such as primary school attendance and infant and child mortality. Nevertheless, Tanzania remains one of the poorest countries in the world, classified among the least-developed countries (2008) and ranking 152 out of 172 in the latest Human Development Report (2007/8). Nationally, the under-five mortality rate is 112 deaths per 1,000 live births; and 38% of children under five years are severely or moderately stunted. Results from the 2007 household budget survey (HBS) confirm the persistence of poverty and the often stark disparities that characterise different population segments. Children are particularly affected by poverty and inequality. Yet their rights and needs are often seen as marginal to development efforts and the central role of childhood in shaping individual capacities and human development opportunities is left overlooked.

According to the HBS, some 34 % of Tanzanians fall below the basic needs poverty line and 17 % below the food poverty line.¹ This represents a small and statistically insignificant decline of just 2 percentage points in the **proportion poor** on both measures since 2000/01. Moreover, the rate of decline has not kept pace with population growth and the absolute number of people living in poverty has actually increased since 2000/01. Based on official population projections, there are now 12.9 million Tanzanians below the basic needs poverty line compared with 11.4 million in 2000/01. With over 50% of the population composed of children and young people, **children** are disproportionately represented among the poor. According to Lindeboom et al. (2007) there were over 6.6 million poor children in 2006 – about 5.8 million in rural areas and 0.8 million in urban areas (based on projections from the 2001/2 national census). About 5.3% to 12% (between 1 to 2.2 million) children under the age of 18 are estimated to be living in extremely difficult circumstances, with poor or minimal access to protection, education, health care, nutrition, shelter, property and legal rights (based on projections from estimates arising from the Department of Social Welfare's programme for most vulnerable children (MVC)).

Poverty remains overwhelmingly rural, with some 83% of individuals below the basic needs poverty line being resident in rural areas. However, the general increase in the urban share of the population has also been accompanied by a rise in the share of poor living in urban areas. **Inequality** in the population as a whole has remained unchanged since 2000/01 according to the Gini coefficient, which stands at 0.35; overall, though, inequality has increased slightly since 1991/92. The 2007 HBS also found many of the same **relationships between poverty** and other household characteristics found in previous surveys. These include households with a large number of members or dependents, with an economically inactive head or who depend on agricultural sources of income (HBS, 2007); food insecurity is a significant problem for many as

¹ The food poverty line represents the cost of obtaining sufficient food to meet calorie needs with a consumption pattern typical of the poorest 50 % of the population. The basic needs poverty line includes an additional allowance for non-food essentials. These two poverty lines were used in the 2000/1 HBS and updated for price inflation in order to assess poverty levels in 2007. They stand at TSh 10,219 and TSh 13,998 respectively. A similar measure of household consumption was also used in the 2007 analysis, to maximise comparability over time (HBS 2007).

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well, with food shortages reported in 50 out of the 106 districts in the country (PHDR, 2007) (see Table 4 in annex D for comparative indicators and trends from successive household budget surveys)

A poverty mapping exercise conducted for the Poverty and Human Development Report 2005 found considerable differences in poverty and well-being indicators among regions and districts, with some evidence that unequal outcomes are related to unequal opportunities. The general picture, though, is one of variation across geographic areas for the different indicators of human development. The high incidence and significant breadth of poverty in Tanzania, coupled with the weakness of measures for effective social protection, have led analysts and – increasingly – policy makers to characterise the situation as one of **'generalized insecurity'**, suggesting that vulnerability to impoverishment is more or less endemic in the society: *'Vulnerability to poverty reaches high up the ladder of income distribution with only a few pockets of robust socioeconomic security in the top strata of income distribution'* (Wuyts, 2006).

Within this situation of generalized insecurity, however, particular population sub-groups have been identified as particularly vulnerable and open to the risk of adverse outcomes such as impoverishment, ill health, or social exclusion. In MKUKUTA and other policy documents, these include the elderly, the disabled, widows, people affected by HIV and AIDS and most vulnerable children (MVCs) – this latter a flexible and often community-defined category which includes children with disabilities, orphans, child labourers and street children as well as the very poor, children affected by HIV and AIDS, or children living with the chronically ill. Consultations conducted for the development for the National Social Protection framework also identified youth whose mental health has been affected by drug abuse and girl mothers among the vulnerable groups whose rights to development remain unfulfilled (Draft NSPF, October 2008).

Table 1 shows comparative statistics on some key indicators from two of the four districts where cash transfer programmes are currently operating in Tanzania – Bagamoyo and Lindi.- drawn from the poverty mapping exercise and other sources presented in the 2005 Poverty and Human Development Report. Both of the districts were also visited during the design phase for the study. These will need to be updated with more recent information from the latest Household Budget Survey, but they give a general sense of the level of human development in these districts.

Table 1. Comparative Indicators for Bagamoyo and Lindi Districts

Indicator	Bagamoyo	Lindi Rural
% HHs below basic needs poverty line . 2000/1	40%	51%
Poverty gap, 2000/1	11	17
Under-five mortality rate, 2002 (per 1,000 live births)	174	220
Net primary enrolment rate, 2004	93%	79%
Teacher/pupil ratio 2004	1:59	1:46
Adult literacy rate, 2002	63	53
%HHs with access to improved water supply, 2002	31	23
% HHs using improved sanitation, 2002	1.5%	0.3%
% household with electricity, 2002	6 %	0.4%
Population per health facility, 2002	6,025	13,430
% children under 18 orphaned (single or double), 2002	10.8%	10.5%

Sources: PHDR 2005;

B. What is the State of Social Protection/Transfers in the Country?

In spite of recent mapping exercises and analyses, consolidated data on the scope and scale of social protection measures in Tanzania remains limited. Much of what is known has been summarized in the draft national protection framework which notes that while there is a range of

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available social protection mechanisms, their reach and impact are very limited (see Box 1 for an overview):

“In general, social protection programmes have been largely viewed as residual or peripheral to pro-poor economic development. Social protection providers have invoked these programs in times of economic or social crises such as the provision of basic safety nets to specific individuals, communities or groups affected by particular shocks. These programmes have generally been short term and discontinuous, localized, mainly targeted to address transitory poverty emanating from temporary shocks and lacking drives to sustaining and improving livelihoods over the medium and long term.” (Draft NSPF, October 2008)

Box 1. Overview of Existing Social Protection Programmes and Measures in Tanzania

- **Disaster Management and Food Security:** A range of interventions defined in the National Food Security Policy and the National Disaster Management Policy (2004) aim to prevent and respond to natural or man-made disasters, with institutional responsibility resting with the Disaster Management Department of the Prime Minister’s Office and the National Food Security Department of the Ministry of Agriculture and Food Security overseen by the interministerial Tanzanian Disaster Relief Committee. The Strategic Grain Reserve (SGR) exists for distribution in times of shortages and the Government also supports the development of rural livelihoods. The World Food Programme (WFP) is the most significant non-State actor providing food assistance through emergency, relief operations and development activities, coordinated by the Prime Minister’s Office, with other non-governmental organizations (NGOs) and faith-based organizations (FBOs) also providing assistance.
- **Social Security and Life/Health Insurance:** Six major mandatory government schemes provide social security in Tanzania, administered by agencies of different ministries:
 - i. National Social Security Fund (NSSF) for employees of the private sector and non-pensionable parastatal and government employees
 - ii. Public Service Pension Fund (PSPF) for central government employees eligible to receive pensions
 - iii. Parastatal Pension Fund (PPF) for employees of both private and parastatal organizations
 - iv. Local Authorities Pensions Fund (LAPF) for local government employees
 - v. Government Employees’ Provident Fund (GEPF)
 - vi. National Health Insurance Fund (NHIF) for coverage to central government employees eligible to receive pensions.

Together, by 2007, these schemes covered approximately 760,000 long-term beneficiaries, representing only 2% of the total population (4% of the total labour force). Tanzania currently has no social security arrangements for the majority of the population that works in the informal sectors. A Social Security Regulatory Authority has been created to help harmonize funds and reduce fragmentation as well as to expand coverage of social security to the informal sector, as per the 2003 National Social Security Policy. The policy envisages three major areas of development: mandatory schemes; non-contributory, means-tested social assistance to vulnerable individuals and groups; and voluntary market-based schemes to provide coverage over and above the mandatory schemes. The Government also established the Community Health Fund (CHF) in 1994/95 as a pro-poor intervention to improve the financing and provision of healthcare to needy households. The CHF collects prepayments from households on a voluntary basis, and the government provides a matching grant (equal to the prepayments) towards the cost of future primary level healthcare for CHF members. More recently, the private sector has developed private insurance schemes which are expanding rapidly.

- **Health, Social Welfare, and Community Development:** The Ministry of Health and Social Welfare (MoHSW) delivers a wide range of health services under its Health Sector Strategic Plan (2003-08) with particular focus upon extending healthcare to poor and vulnerable groups – especially the

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elderly, disabled, women and children – and integrating prevention, support and treatment for HIV/AIDS. Health services are largely publicly financed, but the Government introduced user fees and opened up the health sector to private providers in 1993. The current Government fees policy is a cost sharing model with a system of exemptions for certain priority services, specific age groups, and those unable to pay; in the private sector the policy is cost-recovery.

The Department of Social Welfare within the MoHSW provides social assistance particularly to the elderly, people living with disabilities and vulnerable children as stipulated by the National Ageing Policy (2003), the National Disability Policy (2004) and the National Costed Plan for Most Vulnerable Children (MVC) (2006). A large number of non-governmental, faith-based, and civil society organizations are also actively involved in providing social welfare to poor and vulnerable groups. This takes the form of income support and social services provision across multiple sectors ranging from food security, child development and protection, education, health, shelter, and water and sanitation. The Ministry of Community Development, Gender and Children (MCDGC), meanwhile, is charged with promoting and safeguarding the rights of women and children and to catalyze programmes aimed at enhancing gender equality.

- **Social protection measures in other sectors:** Under the national Education and Training Policy (1995), the Government guarantees access to pre-primary and primary education and adult literacy for all citizens as a basic right. It also assumes the responsibility to ensure equitable geographic distribution of educational institutions, and to facilitate access to education for girls and disadvantaged individuals and groups, such as children with disabilities. In order to ensure access to education to all children, the Government has abolished fees in public primary schools and reduced fees in public secondary schools.
- **Labour Market Policies and Regulations** The Ministry of Labour, Employment and Youth Development oversees development and implementation of the National Employment Policy (2007) operationalised through the National Employment Creation Programme which aims to enable all participants in the labour force to obtain full and productive employment, and to ensure equal access to decent employment opportunities for men and women, including vulnerable groups such as youth, the disabled and people living with HIV/AIDS who are well enough to work. In addition, the Youth Employment Action Plan was developed to implement the employment objectives of the National Youth Development Policy. The overall thrust of these initiatives is to increase formal and informal sector employment through increases in investment and the provision of a favourable regulatory environment. The majority of unemployed individuals in Tanzania are not covered by any formal protection mechanisms. Moreover, social security benefits available even to formal employees are frequently inadequate and employment opportunities for people with disabilities are limited. A time-bound national programme against child labour has also been implemented with the aim of reducing the proportion of children engaged in child labour from 25 percent to less than 10 percent by 2010, and to ensure the right to schooling for all Tanzanian children. Moreover, the Occupational Health and Safety Authority (OHHSA), established in 2001, aims to promote, oversee and enforce workplace health and safety practices, with a national occupational health and safety policy currently being developed.
- **Social Funds and Capability-Development Initiatives:** The Tanzania Social Action Fund (TASAF), financed through a World Bank credit, is a multi-sectoral programme established in 2000 to provide financing and support for small-scale, local-level public investments targeted at meeting the needs of poor and vulnerable households through asset creation, safety nets provision, skills development, income generating activities, and capacity building in economic development management issues. TASAF is now in Phase II (2005- 2009) of its operations. Through the National Village Fund (NVF), TASAF II provides employment opportunities to food-insecure households, offers income-generating opportunities to vulnerable groups, promotes access and use of social services, and raises awareness and builds community capacity to save and invest. TASAF II is also piloting a community-based conditional cash transfer program (CB-CCT) to test if cash transfers can be implemented through a social fund employing a community-driven development approach. The CB-CCT is intended to provide cash transfers to poor and vulnerable families conditional upon increased family

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access to education and health services.

Savings and Credit Cooperative Societies (SACCOS) remain the most common financial institutions providing micro-finance at the local level, particularly in rural areas. Assessments are being conducted to improve the performance of the national system of SACCOS, and during 2006/07 the Government agreed terms with three commercial banks – National Microfinance Bank, CRDB Bank Plc and Tanzania Postal Bank – to guarantee loans to small entrepreneurs (for a total of 21 billion shillings over one year) with the aim of empowering poor and marginalized households. The Government, however, recognizes the need for long-term programmes for the provision of start-up finance for small and medium enterprises. The Second Generation Financial Sector Reform Programme is also being implemented, with aims to broaden provision of mortgage finance in Tanzania, thereby enhancing access to loans to low-income households, though the potential exclusion of the poor from accessing purely market based financial products will need to be taken into consideration.

Source: Draft National Social Protection Framework (October 2008)

The analysis of these programmes and initiatives presented in the draft national framework highlights challenges posed by fragmentation of effort and lack of coordination among those providing social protection; weak institutional capacity and absence of intersectoral linkages; lack of robust M&E mechanisms for up-to-date data to eliminate targeting errors; and significant resource constraints as well as problems of governance. Low levels of community participation in programme design and decision-making and lack of recognition of gender equity in both targeting and control of resources for social protection are also identified as critical challenges that the national social protection framework aims to address.

Cash transfer programmes per se are relatively rare in Tanzania as an instrument of social protection, with a few pilot programmes just now being initiated.

C. Governance and Policy Processes re: Social Protection

The Poverty Eradication and Empowerment Department (PEED) in the Ministry of Finance and Economic Affairs (MOFEA) is the government agency charged with coordinating the development of a national social protection framework consistent with the principles of MKUKUTA and the long-range development Vision 2025 and drawing in all key stakeholders. Working in a highly consultative manner through a national task team which includes other government departments, NGOs and key development partners, the Division has produced several drafts of the framework over a period of more than a year, with the current draft (as of 28 October 2008) considered near final pending Cabinet approval.

The intended focus of social protection in Tanzania, as outlined in the National Social Protection Framework, is to address in a comprehensive manner the structural and multi-causal vulnerabilities that can lead to persistent poverty and generalized insecurity. Thus the NSPF defines social protection quite broadly to include *“traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and for social and economic progress in Tanzania”*.

The NSPF acknowledges that some social protection interventions have transformative potential if well-designed and well-implemented and that such interventions could be a ladder out of poverty. It recognizes that sound investments in social protection can empower individuals and communities

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to protect and manage their livelihoods, enhance their capabilities, expand their access to economic opportunities, and realize their rights and entitlements. Beyond its intrinsic value to greater human security and well-being, a comprehensive system of social protection is seen to promote the social cohesion and political stability needed for sustainable economic development. The NSPF emphasizes the central role of Government and full participation of development partners (DPs), NGOs, FBOs, the business sector, communities, families and individuals in a comprehensive national system of social protection.

The NSPF has in this context been developed “*to improve coordination and enforce implementation of pro-poor policies that ensures improved livelihoods of extreme poor and vulnerable people. It establishes guidelines for stakeholders involved in the funding, planning and provision of social protection interventions in Tanzania*”. It is built around a number of key principles as follows:

- Universal provision of social protection to address generalized insecurity;
- Recognition, respect and application of positive social and cultural norms and practices;
- Investment in long-term human and systemic capabilities;
- Broad-based community participation and decision-making;
- Adherence to gender equity and equality, children’s rights and the rights of other vulnerable groups;
- Coordination and harmonization of social protection programmes;
- Development and pursuit of an integrated approach;
- Adherence to international standards and codes;
- Good governance and accountability;
- Measures (including private, market-based initiatives, to ensure sustainability).

The draft framework emphasizes the linkages between social protection interventions, economic development and sustainable livelihoods, with the aim of replacing the view of social protection as being consumptive and replacing it with a perspective of social protection as a strategy for development. Cash transfers are foreseen as one possible intervention to support the needs of the poorest and most vulnerable, including people with disabilities and extremely vulnerable women. Facilitation of access of the elderly to existing fee waivers for social services will be accompanied by a gradual move to universal pensions for the elderly, as economic conditions allow. Cash transfers are also seen as an important part of social protection for the most vulnerable children (MVCs), within the overall objectives outlined in Box 2.

Box 2. Social Protection Measures Foreseen for Most Vulnerable Children

- Ensure effective legal, policy, and service delivery environment that addresses comprehensively the complex needs of the MVC. This requires addressing broad issues such as the development of guidelines and mechanisms for mainstreaming MVC issues in MDAs as well as building the capacity of state and non-state actors to mainstream and monitor MVC issues. Furthermore, it calls for promotion of advocacy programmes targeted at increasing awareness of the rights of orphans and poor children as well as scaling up of successful state and non-state actors, community-based care and support programmes for MVC. This will be achieved if there is robust and reliable information sharing system with regards to issues and programmes for MVC and strengthening the existing MVC responding systems (MVC Committees) and establishing the systems where they do not exist.
- Increase access to non-targeted social services such as early childhood intervention programs, education and training, and grants/financial support, cash transfer, child grants, social scheme, start up kits for Income Generating Activities (IGAs) to enable households with MVC to meet basic needs. These could involve school grants schemes on capitation basis, school feeding, school health and psychosocial support.

Source: National Social Protection Framework (draft, October 2008)

II. Purpose of Visit/Study

The two-week country visit to Tanzania (1-15 November 2008) was conducted as part of the design phase for the development of a five-year, six-country study being planned by Save the Children and UNICEF to assess the impact of social transfer programmes on child development outcomes in Eastern and Southern Africa. The overall goal of the study is to contribute high-quality evidence to influence policy formulation and to improve the design of social transfer programmes that will achieve positive impacts on child well-being in particular and poverty reduction for children and their families more broadly. Tanzania has been identified for inclusion in this research, along with Kenya, Ethiopia, Rwanda, Mozambique and Malawi.

During the design phase of the study (October 2008-March 2009), country visits undertaken by a two-member team consisting of lead researcher and research advisor aim to:

- Develop a clear understanding of the country's transfer programme(s), their management and operational structure;
- Consult with key stakeholders in country on the design of the framework, the development of indicators and methods for collecting and disseminating relevant data;
- Document details of the country's transfer programme (including data collection systems); identify information gaps; and recommend potential options for filling those information gaps

III. Methodology for Design Phase

During the two week visit, the Research Team undertook the following:

- 1) Semi-structured interviews were carried out with representatives of key government ministries, NGOs engaged in social protection work, and international organisations to better understand how the programme(s) work, what key questions stakeholders have regarding impacts upon children and what the key debates regarding social protection in country are. See Annex A for a complete listing of stakeholders interviewed.
- 2) Site visits were carried out to see the relevant programmes in action. During the site visits, the research team held focus group discussions with beneficiaries and interviews with local officials and staff involved in implementation of the transfer. In Tanzania, there were two site visits: Bagamoyo, where TASAF is in the process of launching its CCT and Lindi, where Save the Children currently operates a small scale unconditional cash transfer. See Annex B for further information.
- 3) A stakeholder workshop was held at the end of the second week. The workshop provided a forum through which the Research Team could report back preliminary findings and also served to discuss further some of the outstanding questions that need to be resolved around the effectiveness of transfers in the Tanzanian context. See Annex E for the notes from this meeting.
- 4) The Research Team also met with potential local research partners to garner interest in the project and assess capacity to carry out different aspects of the proposed framework. In Tanzania, the team met with REPOA, IFAKARA and EDI, all of whom have strengths and weaknesses that are detailed later in this document. A fourth potential research partner – ESRF – was unavailable for a meeting during the country visit, but bears further consideration.

In addition to the various meetings, site visits and workshop, the Research Team also consulted key background documentation, project plans and assessments and M&E plans, in order to better understand gaps in the existing monitoring systems and how the proposed research could complement what already exists.

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This report of the Tanzania country visit, compiled using the information obtained during the visit, will be shared in January 2009 with the study's external advisors for technical comments and with all stakeholders at country level for further discussion and feedback. Based on this feedback, the research outline will be revised and finalized, in line with emerging issues and work on the research designs from the other countries involved in the study, with an overall research framework developed to guide and integrate the effort.

Representatives from all 6 countries involved in the study as well as the research team, Save the Children/UNICEF steering committee and external advisory board will meet in March 2009 to finalize the research outlines and discuss plans for implementation. During this design phase, it is expected that Save the Children and UNICEF at country level will bring together and continue to engage with a multi-stakeholder reference group for the study, based on current work underway as well as discussions and stakeholder meetings conducted in the course of the country visit.

In each country, either UNICEF or Save the Children, has been designated as the lead agency for the design phase of the study. In Tanzania, Save the Children country office is currently assuming the lead role for the coordination of stakeholders around this research project and has constituted a small reference group for this purpose. It has also been agreed, with the Director of the Poverty Eradication and Empowerment Division (PEED) of the Ministry of Finance and Economic Affairs that the current national Social Protection Task Team (coordinated by PEED) would be the appropriate forum for discussion of progress on the design and implementation of the study. Towards the end of 2008, it was planned that Save the Children Country office would present the idea of the proposed study for information and further discussion at the Research and Analysis Working Group (RAWG), part of the MKUKUTA Monitoring System coordinated by REPOA.

IV. Social Transfer Programme Design

In each country, the Research Team identified a government-run programme to serve as the focus of the study prior to visiting. In Tanzania, this programme is the pilot CCT run by the Tanzania Social Action Fund (TASAF) with technical support from the World Bank. TASAF has been operational in the country since 2000 and aims to build social capital and development at the local level through small scale public investments targeted at meeting the needs of the poor. TASAF sits within the Office of the President and is funded entirely by external assistance, including from the World Bank through IDA. Prior to the CCT pilot, TASAF accomplished this by building the capacity of community management committees (CMCs) to administer small scale grants.

During the country visit, the Research Team also identified three other transfer programmes running in country: Save the Children UK's unconditional cash transfer pilot in Lindi, the KwaWazee pensions project and the World Bank initiated HIV and AIDS cash transfer pilot.

After additional discussions in country, the Research Team proposes that the Save the Children UK pilot be included in this study provided it obtains the necessary funding for scale up. The scale-up must also be accompanied by a rigorous monitoring effort coherent with the TASAF M&E framework so as to produce comparative results: it is envisioned that the comparative analysis of conditional and unconditional cash transfers could then be an important element of the study.

A. TASAF Pilot Conditional Cash Transfer Programme

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Background

As mentioned above, the Tanzania Social Action Fund (TASAF) with technical assistance from the World Bank is currently designing a conditional cash transfer (CCT) programme for poor districts in the country. The pilot will test the delivery of the CCT programme through the social fund, using a community-driven development (CDD) approach – the first time that such an approach has been tried for a cash transfer programme. The programme is designed to test the extent to which cash transfers can improve human capital indicators (including school attendance and health visits) by facilitating access by poor and vulnerable households to education and health services. The pilot is currently planned for two years, at which time TASAF hopes the government will decide to fund an expansion and scale up.

Coverage

The pilot will be implemented as part of the second phase of TASAF activities (TASAF II, from 2005-2009/10) in three districts (Bagamoyo, Cahmwino, and Kibaha) which were included in TASAF I (initiated in 2000), which targeted the poorest and most vulnerable districts of Tanzania. All three of the districts already have functioning community management committees (CMCs) who have previously implemented small scale grants from the fund and who will be responsible during the CCT for aspects of its implementation, including identification of beneficiaries and monitoring. This is an important element of the pilot: the CMCs have already had several years of capacity building that future scale up to non-TASAF districts would be unable to replicate.

The pilot will cover around 2,000 households in 80 villages for a total of about 6,000 individuals covered. Approximately half of these will receive the transfer, while the remainder will serve as a control group. The 40 villages to receive the transfer will be selected through a randomised trial, stratified for village size and district. All households, including those in the control group, will receive microcredit.

Eligibility/beneficiaries

Targeting will be conducted by the CMCs under the oversight of the Village Council using the following criteria:

Vulnerable Children are defined as:

- 1) One parent or both parents deceased, or
- 2) Abandoned children, or
- 3) Having one or two chronically ill parents (e.g. HIV/AIDS), or
- 4) Chronically ill children despite having two parents alive.

Vulnerable elderly are defined as follows:

- 1) Elderly with no caregivers
- 2) Poor health
- 3) Very poor

Using EDI, a private Tanzanian research firm, TASAF will perform proxy means testing on a sample basis to ensure that beneficiaries targeted qualify. This will be done through a 10 minute household economic assessment EDI will conduct in participating villages. Any discrepancies on the list will be discussed with the CMC to determine whether the household does indeed qualify. As with other CCTs in Africa, limited funds means there are a limited number of households who can participate in the transfer in a given community. In this case, approximately 25 households per village. In the event that the number of beneficiaries exceeds available resources, priority ranking will use the following criteria:

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First Priority: Households with a child as head of the household
 Second Priority: Households with an elderly person as a head of the household
 Third Priority: Households with only elderly persons

Size of transfer

Payments ranging from a minimum of US \$12 to \$36 will be made to households every other month. The amount is determined by the number of people in the household, based upon the following: \$3/month for OVC, and \$6/month for elderly. These amounts were designed to make up 100% of the most recently available per capita food poverty line for adults, and 50% for children.²

Conditionality

Transfers will be conditioned on children attending primary school (80% attendance for primary school-aged children 7-15); health and growth monitoring attendance 3 times a year for young children (0-5 with growth monitoring and 0-2 with vaccination); and elderly health checks (60+ attending health facilities for check-ups twice a year).

Sector	Beneficiary	Conditionality	Frequency of Required Compliance	Frequency of Compliance Monitoring
Education	All beneficiary children 7 -15 years	Admission in primary school	Once a year	Once a year after the enrolment period ends, by filling out compliance form
	All beneficiary children 7 -15 years	Individual attendance	80% attendance of total school days	At the end of each trimester (3 times a year) by filling out compliance form
Health	Children 0 - 5 years	Visit to health facility to monitor growth	Three times a year	At the end of each visit (3 times a year) by filling out compliance form
	Children 0 - 2 years	Vaccination and growth monitoring		
	Elderly (60+ years)	Visit to health facility for basic check and	Once a year	At the end of annual visit by filling out

² NOTE: the food poverty line based on caloric requirements for 28 days is indicated as of 2006 as US\$6 – or TSh 6,631, based on Gassmann and Behrendt simulations for that year.

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		orientation		compliance form
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*TASAF CCT Pilot Note July 2008

These, according to project planners, are considered 'soft' conditionalities – their role to enhance human development indicators. Monitoring of compliance will take place over a period of time, and can provide an occasion for project recipients, project administrators and service providers to collectively examine supply and demand factors linked to compliance. It was the Research Team's understanding at the time of the country visit that beneficiaries were unlikely to lose their benefits as a result of non-compliance, hence the 'soft' conditionalities. A subsequent powerpoint presentation sent to the team indicates that beneficiaries will be monitored for compliance for four months after the first transfer is received. Non-compliance during this period will result in a warning and an extension of the monitoring period for an additional 4 months. If non-compliance persists during the second four month monitoring period, the household will have their transfer reduced by 25% and a second warning issued. After two warnings, beneficiaries that still fail to comply will be suspended indefinitely, with re-entry into the programme determined by the community and TASAF.

Funding

Projected costs overall come to \$4,532,000, of which \$2,172,100 was secured as of June 2008 from the Japanese Social Development Fund (\$1,720,500) and IDA/Government (\$451,600), leaving a shortfall of \$2,358,900. The assessment component (including baseline and impact assessment) was estimated to need \$1,000,000, of which only \$185,000 was secured, leaving a shortfall of \$850,000, with the impact evaluation not fully funded. Project organizers are confident, however, that the required funds will be forthcoming.

Implementation

The pilot programme will be implemented through the institutional structures of TASAF II, which is organized in a decentralized manner to facilitate greater autonomy and empowerment to local government structures and the community. Community Management Committees (CMCs) which have previously been supported in TASAF I, and report to Village Councils, will be responsible for many aspects of the CCT implementation, including screening of potential beneficiaries and transferring funds. At district level, TASAF Coordinating Officers and Village Fund Assistants will oversee field activities, with supervision and technical back-stopping from TASAF Management Unit (TMU) at central level. As mentioned earlier, the use of pre-existing structures and prior capacity building raises concerns about the scalability of the transfer, as it is questionable whether the CCT would be as effective in areas where capacity has not already been built. Alternatively, the cost of building this capacity in other districts/villages could be time-consuming and costly.

The project will work through and make use of existing governance and accountability structures. Payments will be disbursed by TMU on a bi-monthly basis to a bank account managed by the Local Government Authority (LGA) if they are compliant with conditions set through the Local Government Report Programme; the LGA will then disburse directly to a CMC-managed account. If the LGA is not compliant with the reform conditions, TMU will transfer funds directly into the CMC-managed accounts. Planned innovations in implementation include exploration of the use of mobile phones for affecting the cash transfers (through Vodacom's M-PESA programme in Tanzania). Complementary interventions could include linkages with micro-finance/income generation in order to ensure sustainability.

Initiation of the project has been substantially delayed. Initial design has been completed; sensitization, training, targeting and enrolment exercises (planned for Oct 2007-February 2008) were just getting underway at the time of the country visit (November/December 2008) and the pilot launch is planned for February 2009, with the first payments to beneficiaries expected to be made

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in March 2009. The pilot is expected to run for 2.5 years, through end December 2010. The first impact evaluation will be conducted in December 2009 (one year after the baseline data collection planned for December 2008; January 2009) and the final impact evaluation will be conducted in December 2011.

Monitoring and evaluation

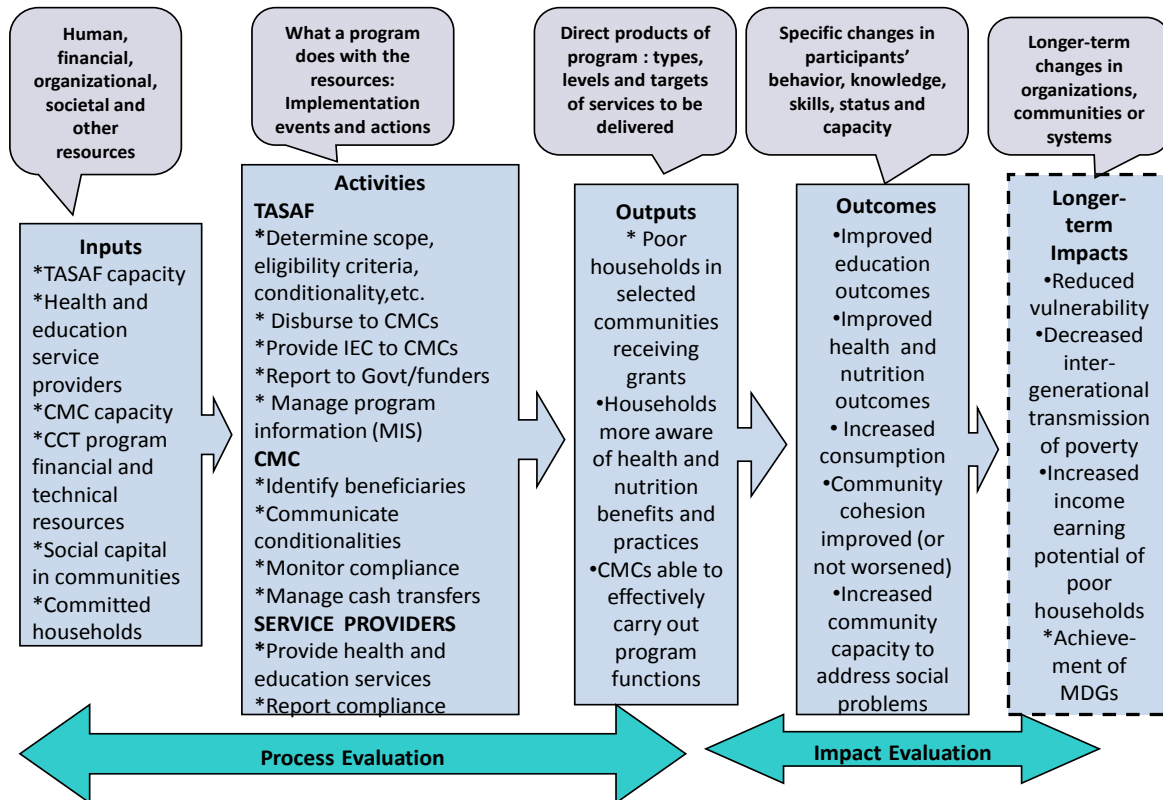
The programme will be accompanied by a rigorous M&E system, with results and lessons learned intended to influence national scale-up as well as uptake in other countries. Routine monitoring and reporting activities will be carried out as part of implementation by TASAF and local government authorities, with input from communities to ensure that activities are being carried out as planned, proper targeting has taken place, and funds are properly disbursed. Monitoring of adherence to conditionalities will be conducted by the community management committees and cross-checked against school and health facility information. An impact evaluation will cover 80 villages – 40 ‘treatment’ and 40 ‘control’ (or ‘pre-treatment’) villages³ selected by randomized sample and stratified for size and location. The ‘control’ villages will receive the transfer if the programme is extended beyond the proposed two year pilot. In order to address the ethics of a ‘control’ group, TASAF will be providing microcredit to both control and treatment villages throughout the two year pilot.

Changes of outcomes among beneficiary households in the 40 selected villages will be compared with would be beneficiary households in 40 control villages in the same districts. Quantitative assessment of the impact of the programme on health, education and nutrition outcomes will be accompanied by qualitative evaluation of programme processes and their impact on community dynamics, particularly through the use of the ‘community score card’ technique consisting of 4 elements: input-tracking; community performance scorecard; self-evaluation scorecard, and interface meetings between the community and service providers. Altogether, programme evaluation aims to cover three main areas: individual/household level outcome; community dynamics; and programme processes (see log-frame model in figure 1)⁴.

³ There has been much discussion of the appropriateness of the use of ‘treatment’ and ‘control’ terminology, with one option to favour ‘treatment’ and ‘pre-treatment’ as an indication of the intention to include the non-beneficiaries during scale-up.

⁴ Fuller information on the planned evaluation, including selection of treatment and control villages, qualitative fieldwork, issues and indicators for household-level impact, community dynamics, and process evaluation as well as the integration of different methodologies and instruments can be found in the document: ‘Proposed Pilot Evaluation Design, Community-Based Conditional Cash Transfer Pilot, Tanzania Social Action Fund (TASAF)’, 7/7/2008 – See bibliography. These, in turn, inform the proposed research plan for evaluation and comparison of the two cash transfer programmes selected for this study.

Figure 1. Tanzania CCT Basic Logic Model



Source: Tanzania Community-based Conditional Cash Transfer Pilot, Note of July 22 08

B. Save the Children Pilot Cash Transfer in Lindi District

Background

The HIV and AIDS pandemic has led to a large and increasing number of orphans and other vulnerable children in Tanzania. Most of these children are cared for by family members or communities, but poverty is undermining their capacity to care for these children. As a result the most vulnerable children and their caregivers are faced with multiple challenges. Save the Children UK's project addresses the direct needs of the most vulnerable children (MVC) and their caregivers through provision of cash transfers to these households. The goal is to significantly increase household income, to reduce the vulnerability of chronically poor children and households, and to improve the nutritional status of children. The project aims to test and document the impact of cash transfers on the health and wellbeing of MVC and serve as a model and provide evidence-based input into national debates on best practice for MVC activities. As with the TASAF project, Save the Children UK aims to see this approach adopted by the government as part of the national MVC response.

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SCUK's cash transfer is currently being piloted on a small-scale in three villages in Lindi District (Chikonji, Mnolele, and Narunyu). Lindi is one of the poorest districts in Tanzania, where 1 out of 5 children die before their 5th birthday; 54% of children under 2 are stunted, and maternal mortality is 750/100,000 live births. The project currently covers approximately 20 extremely poor households per village, for a total of 60 households overall, including as direct beneficiaries a total of 197 children aged 0-18 and 103 adults (including 18 aged 55 or above). In the second year, the initial proposal was for the project to be expanded to 50 households in each of the three villages, reaching a total of 150 households overall with approximately 450 MVC and 150 caregivers; however the planned expansion is currently under discussion in an effort to reassess the current monitoring system and to consider whether a larger scale up might be possible.

Eligibility/beneficiaries

Eligible households were selected using data from a recent Save the Children study on extreme poverty in Lindi Rural District⁵. The study was undertaken in three villages and collected specific data through Household Economic Assessments (HEA) on the most vulnerable households. The study identified a number of crucial characteristics of extremely poor households, including that they::

- are typically smaller than average, i.e. between 1 to 4 people;
- have the least able-bodied labour (50% have no active male labour, 47% of households have none, and 33% have one person);
- are dependent on remittance from elsewhere (e.g. family members working in urban areas) for their survival (40%);
- have the highest dependency ratio (2.2 children and older people dependents for every 18-59 year old adult working);
- often face labour shortage due to ageing, sickness and divorce;
- have a very small annual cash income of Tshs 60,000 (£2) per month ('older woman' headed household) to approximately Tshs 150,000 (£5) per month ('active couple' profile).

Using this information, households who met this profile were selected to participate in the pilot transfer programme, endorsed by the village government and approved by the village assembly (21 households in Chikonji, 20 in Mnolela, and 19 in Narunyu). Table 1 below shows the characteristics of the households currently included in the transfer programme.

Table 2: Characteristics of Households Involved in the Lindi Cash Transfer Programme

No. of Households	60
% of Female HHH	37
% of Grandparent HHH	40
% of HH with husband and wife	58
% of Single Adult HH	22
Average No. of Children in HH	3.2
% of Female Children in HH	48
Average Age of HHH	51
Average Age of CR	44
Average Age of all adult HH members (HHH and other)	42.5

Source: Save the Children UK Cash Transfer Programme Review, Final, 27 June 2008

Size of transfer

⁵ Save the Children (2007) Tackling Extreme Poverty, The Role of Cash Transfers

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Poor mothers or grandmothers taking care of MVC and in some cases children who head households receive monthly a grant of Tsh 6,000 (approximately US\$5). An additional monthly grant of Tsh 3,000 (approximately US\$2.50) is provided for every MVC living in the household. The cash transfers are grants, not loans and do not have to be repaid. Prior to receiving the transfer, the average annual income of these extremely poor households was 110,000 Tanzanian shillings (approximately US\$92). Save the Children UK estimates that the cash transfer will increase their income by almost 70%.

Funding

The total cost of the Cash Transfer Project was estimated at £73,686 (~US\$110,529) for the first two years, with the cost shared equally between a Cash Transfer Grant from a private donor grant (Peter Astleford) and the Save the Children UK “Lindi Saving 100,000 Lives Project” funded through Reckitt and Benckiser (R&B). Because of the integration of the two projects, the largest part of the staffing and implementation costs are covered by the existing R&B budget. While the grant money has been used as a means of ‘kick-starting’ this innovative project, the integration of the two projects has limited the ability of staff to conduct in-depth monitoring as originally planned due to staff splitting their time between the cash transfer and other on-going health work. To address this, Save the Children UK intend to undertake substantial fundraising to increase the number of villages and households receiving cash transfers. In discussions with district authorities, it has also been planned that after 4 years of funding through Save the Children, the project will be absorbed into the government’s own district plan and budget (Lindi Cash Transfer Programme Progress Report, 27 February 2008).

Implementation

The project was launched by the President of the Republic of Tanzania in November 2007, with the first distribution in December 2007. It is implemented through the existing Save the Children UK project team in Lindi comprised of a District Health Manager and three Community Development Officers, with the addition of a Cash Transfer Officer (CTO) recruited specifically to establish the cash-transfer distribution systems, undertake training, do social mobilisation and carry out monitoring. The team is managed by a National Health Manager based at the Save the Children office in Dar es Salaam and works closely with the Council Health Management Teams and community groups at village and ward level

It was foreseen that grant delivery mechanisms might vary per village during the pilot stage, depending on the availability of financial structures (e.g. micro-credit banks, postal banks) or other reputable institutions which could administer the monthly payments. In practice, while such alternative modalities are still being explored, distribution is carried out by the Save the Children CTO, accompanied by the government Community Development Officer based in the district. During the early phases of the project, security during the delivery of the cash was an issue and steps have since been put in place to ensure the safety of the CTO during delivery. The CTO also helps households develop an income expenditure plan to ensure that the transfer benefits the whole family and visits the family once a month to deliver the money to the women and monitor project activities.

Monitoring and evaluation

Beneficiaries are currently asked to record household income and expenditures on a monthly basis in record books provided for this purpose. In addition to this, the CTO regularly visits households (approximately once every two months) to assess how families are doing, provide assistance in record keeping and planning and to record case studies of the transfers impact. An external assessment in 2008 identified a number of draft M&E tools, indicators and steps forward to enhance existing monitoring systems. Steps forward include analysis of the record books, which,

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although reviewed by the CTO monthly, have not yet been entered into a database or systematically analysed. A number of individual 'case studies' are also being built up through interviews with project recipients and focus group discussions that provide qualitative indicators of project impact. Based on such focus group discussions, the results of the programme review of 2008 suggest that the project is having a beneficial impact on recipients, particularly through enhanced food security, ability to afford school supplies, elimination of the need to labour on other peoples' land, and some investment in potential income-earning possibilities through, for example, purchase of goats or chickens. Adoption of a clear M&E plan and its regular implementation, as recommended by the programme review, when it takes place, will allow programme managers to complement such qualitative feedback with clear indicators of both process and outcomes. Further discussion of M&E development in the context of the current research plan will also contribute.

C. Other Transfer Programmes

In addition to the pilot CCT currently being designed and implemented by TASAF and the small cash transfer programme being piloted (since 2007) by Save in the Children in 3 villages in the district of Lindi covering 60 households, only two other programmes came to light in the course of the country visit.⁶

- The **KwaWazee** project has been implemented since 2003 in the northwestern district of Kagera, with the aim of providing poor and vulnerable people over the age of 60, including those caring for children without parents, with a regular cash income in the form of pension and child benefits. By the end of 2007, according to the project evaluation report (HelpAge et al., 2008), nearly 600 elderly people were receiving a monthly pension of Tsh, 6,000 (US\$5) with additional child benefits of Tsh. (US\$2.5) for each grandchild under their care. This amount more than doubled the cash available for the average elderly person and – for many pensioners – represented at least 80% of what they had to spend. The cash was most often spent on basic needs, food and clothes. The transfer served to improve the quality of life for older people and their grandchildren through increased quantity of food, a more varied diet, improved health and well-being, and better protection against crises such as drought or illness. It has promoted greater self-reliance, reduced the need for begging, and enabled the elderly to buy labour for help in cultivating their land. It also significantly improved the psycho-social well-being of the recipients. The impact on children was equally positive in terms of material well-being, improved school attendance and progress, and improved relationships at home. Management and administration of the project were found to have run smoothly, with “effective targeting, reliable delivery, and flexibility to adapt to new needs.”. As per recommendations from the evaluation, issues related to longer-term sustainability are now being considered by project administrators, while additional recommendations are directed at national policy (HelpAge et al., 2008, and field interviews with Humaliza director involved in KwaWazee project and evaluation).

The **World Bank** is supporting a CCT pilot aimed at promoting behaviour change to enable high-risk individuals to stay free of sexually transmitted diseases. With technical support from the Economics Department of Berkeley, the pilot is being implemented in Tanzania through the Ifakara Health Institute in 2 districts where there are high STI prevalence rates and Ifakara already has a demographic surveillance system up and running. Pending research clearance, the programme is to be launched in late 2008. It will provide US\$15-20 on a quarterly basis to a sample of 1,500 men

⁶ It was not possible to contact **Oxfam** in the course of the country visit, but it appears that they may be implementing some sort of cash transfer programme which would bear further exploration.

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and women aged 18-35, contingent on their ability to stay free of STIs. An additional 1,500 will serve as a control group. STI status will be verified through testing. Health education and IEC will be a significant part of the programme (Field interviews with Ifakara staff). The transfer will only last for four quarters (1 year), after which time it will be discontinued. Ifakara will then follow up with the participants one year after the transfer ended to analyse whether the transfer was successful in changing longer term behaviour.

V. Policy Context: SWOT Analysis

Based on analysis of key policy documents and plans, discussions during the country visit, and inputs from stakeholders at the national stakeholders' workshop, the following analysis might be made concerning the strengths, weaknesses, opportunities and threats of the policy environment around social protection in Tanzania:

- **Strengths:** Recognition of poverty, vulnerability, risk and their complex and intersecting causes and consequences is high in Tanzania. Social protection is identified as a priority in the national development framework – MKUKUTA, which identifies particularly vulnerable populations whose rights are not being met. A solid and comprehensive draft national social protection framework (NSPF) has been developed through broad consultative processes and now awaits approval by the Cabinet. Key development partners and national stakeholders have been working together as members of a national task team in the formulation of the framework; moreover, a joint UN programme on social protection is currently being formulated – linked to support for implementation of the framework. There is openness to cash transfers as a form of social protection, recognized in the NSPF. The importance of monitoring and evaluation for programme design and accountability is acknowledged by all, and a well-developed national system exists for monitoring and analyzing progress towards the goals set out in MKUKUTA. Efforts are also underway to strengthen M&E at sub-national level, in line with decentralization processes underway through the local government reform programme (LGRP).
- **Weaknesses:** Current social protection programmes remain quite weak, uncoordinated, and with limited scope and impact. This is the case as well for social protection around children. There is some feeling that social protection does not have buy-in or champions at the highest political levels or within the Ministry of Finance, and a general perception that government remains both fearful of it creating a situation of further dependency and sceptical of its transformative potential. Social transfers, in particular, are not currently high on the government's agenda and there remain those who are unconvinced of its link to growth, which is high on the agenda. Delays in the development and finalization of the national social protection framework led by the Poverty Eradication and Empowerment Department can be interpreted as evidence of the lack of political buy-in or sense of urgency accorded to social protection. The MKUKUTA monitoring system could benefit from further strengthening of national capacity for production of robust and timely statistics as well as pertinent analysis of results. Overall M&E capacity and administrative capacity in general in the country also remains weak, at both national and sub-national levels.
- **Opportunities:** Completion of the long-awaited National Social Protection Framework will provide a basis for development of a concrete plan of action for implementation of social protection programmes and measures. The completed framework will also allow work to go forward on the joint UN programme of support for social protection. Findings from the latest Household Budget survey indicating that poverty reduction has not kept pace with population growth may serve as a spur to heightened prioritization of social protection as a

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key instrument to address the needs of the most vulnerable and the ‘generalized insecure’. With the period covered by MKUKUTA (2005- 2010) nearing its end, planned processes of review and analysis leading into the development of a new national strategy for growth and poverty reduction offer scope for further embedding social protection within the national development framework. Progress on decentralization through roll-out of the local government reform programme will also provide opportunities for capacity development and social protection implementation, monitoring and evaluation at district and community levels.

- **Threats:** A renewed emphasis on growth in the latest national Poverty and Human Development Report (PHDR 2007) could potentially detract from firm and continuous prioritization of social protection on the national policy and development agenda. Leadership and coordination of social protection policies and programmes may arise as thorny issues for further national consensus. Weak data collection, analysis and monitoring capacity as well as uncertain administrative systems, particularly at the local level, may lead to errors in targeting and weaknesses in accountability of social protection programmes and provisions. In a situation of ‘generalized insecurity’, issues of inclusion in and exclusion from social protection benefits could threaten social cohesion – particularly, again, at local level.

VI. Key Stakeholders for Social Protection

In addition to the primary stakeholders and planners/implementers of the study (TASAF/WB, Save the Children and UNICEF), the following are some of the key national stakeholders in social protection in the country.⁷

A. Government Departments

- The **Poverty Eradication and Empowerment Division** (PEED) of the Ministry of Finance and Economic Affairs (MOFEA) has the lead role in the development and coordination of the National Social Protection framework. PEED is also responsible for coordination of the MKUKUTA Monitoring System. The Director of PEED is very supportive of the planned study and its proposed focus, which she feels will be a very useful input into policy planning.
- The **Ministry of Labour, Employment and Youth Development** (MLEYD) oversees development and implementation of key labour and employment policies and legislation and participates in efforts to strengthen and expand social security.
- The **Ministry of Health and Social Welfare (MoHSW)** delivers a wide range health services under its Health Sector Strategic Plan (2003-08) with particular focus upon extending healthcare to poor and vulnerable groups – especially the elderly, disabled, women and children – and integrating prevention, support and treatment for HIV/AIDS.
- The **Department of Social Welfare within the MoHSW** aims to promote policies and provide social assistance through programmes developed particularly for the elderly, people living with disabilities and vulnerable children as stipulated by the National Ageing Policy (2003), the National Disability Policy (2004) and the National Costed Plan for Most Vulnerable Children (MVC) (2006). It has a small cadre of trained social welfare officers which it hopes to expand under its current strategic plan.
- The **Ministry of Community Development, Gender and Children** (MCDGC) is responsible for policy development and coordination around child rights and gender equality as well as policies for family development. Community Development workers posted at

⁷ These include key national stakeholders in social protection in general – not all of whom were contacted in the course of the country visit in relation to the study specifically. See also Box 1 above.

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regional and district levels work to promote these policies and relevant programmes in the field.

- The **Prime Minister's Office for Regional Administration and Local Government** (PMO-RALG) is responsible for the planning and implementation of the current local government reform programme which is gradually devolving powers and financial resources to local government bodies, particularly in the provision of social services. Local government authorities (LGAs) are key stakeholders in all social protection measures and programmes.
- The **Ministry of Education and Vocational Training** (MOEVT) is responsible for the development and implementation of national education policy and programmes, including the Primary Education Development Programme (PEDP), now in its second phase, and the Secondary Education Development Programme (SEDP), as well seeking to expand educational access to the excluded through programmes such as Complementary Basic Education in Tanzania (COBET).

B. Development Partners

- **World Bank:** Support for broad national policy development and implementation; TASAF; poverty monitoring and analysis; analysis of social protection policies in Tanzania (including joint analysis with UNICEF of social protection and children); a key member of the National Task Team on Social Protection.
- **UN system:** Several UN entities have an active stake and participate in social protection issues, including UNICEF (support for poverty monitoring, research and analysis; national and sub-national planning and capacity development; programmes for most vulnerable children; lead role for the joint UN programme on social protection that is being developed); ILO (policy development and capacity building around labour and employment issues as well as time-bound programme against child labour; support for social security system and its expansion to the informal sector; production of social protection expenditure review); UNDP (capacity building for national development policy formulation; national poverty monitoring and support to PEED); WHO (have expressed interest in health insurance issues as part of the joint UN programme on social protection); UNIFEM and IOM (participating members of the joint UN programme on social protection); WFP (providing food assistance through emergency, relief operations and development activities, coordinated by the office of the Prime Minister).
- **DFID:** Promotion of broad national policy development and poverty monitoring. A key member of the national task team for the development of the social protection framework; DFID has – among other things – provided support for high-level government participation in experience-exchange visits (to Lesotho and Brazil); analytical work and programmes of ILO and WB; joint sponsorship, with HAI, of a national workshop on social protection in Tanzania in October 2008, in an effort to keep it high on the national agenda. At the time of our visit, DFID was developing a brief on potential ways forward for DFID support for social protection, which could include support for analytical work; according to our field interviews, DFID may be also interested in exploring potential inclusion of Tanzania in the 2nd phase of the Regional Hunger and Vulnerability Programme (RHVP)

C. NGOs

- **HelpAge International (HAI):** HAI has been a key member of the National Task Team on Social Protection, supporting PEED in its efforts to develop the national social protection framework; seeking to strengthen NGO/CSO/FBO participation in national social protection policy dialogue and programmes; and working with the Department of Social Welfare to develop and implement appropriate policies and programmes for the elderly, including

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support for the above-mentioned KwaWazee project of cash transfers HAI itself works in 47 districts, strengthening awareness and capacity of district officials on the needs of older people and supporting the creation of age-care organizations at local level (with more than 200 to date). Older people themselves are involved in monitoring their status and tracking expenditures from project support.

- **Concern WorldWide:** While not yet directly involved in social protection or cash transfers in Tanzania, Concern is currently exploring possibilities of engagement. The current director has 6 years of experience in work on cash transfers in Malawi, with analytical links with the Institute for Development Studies (IDS) in Sussex and the University of Bath that produced a reference paper on the multiplier effect on cash transfers and how these are spent within the community. In discussions with the director, it was suggested that Concern could potentially help bring in expertise, operational research, and advice on scaling up, based on the Malawi experience. Concern internationally is also looking at a potential multi-country research project in a number of countries, linking with IDS.
- **Pact Tanzania:** works with civil society organizations and networks to increase participation and effectiveness of non-governmental groups in public dialogue. It is also active in care for vulnerable children, implementing two programmes with funding from USAID and the Global Fund to support the National Plan of Action for Most Vulnerable Children/ it assists the Social Welfare Department through support for its system for identification and tracking of MVC and service providers and helps the department coordinate activities and interventions for vulnerable children through the Implementing Partners Group for MVCs.

VII. Current and Potential Research Partners

- **EDI (Economic Development Initiatives)** is a private consultancy/firm/company founded 6 years ago and based in Kagera, in the west of Tanzania. According to the director, EDI's comparative advantage is its high-quality data collection. They have broad experience in surveys, including a panel survey in Kagera, current work for the Millennium Challenge Account on the socio-economic impact of roads, and others. EDI has been contracted by WB/TASAF to conduct the baseline study and are also engaged in the TASAF II panel evaluation overall, with a team of 35 researchers looking at the impact of income generation projects for vulnerable groups, for which they are doing baseline now; EDI has the instruments for a baseline survey of social services (with lists of schools and health centres) and have shared them with TASAF, but this was not yet funded at the time of our visit.. EDI uses GPS coordinates which can show how far each household is from services, which schools attract the most students, etc. There is no link on the TASAF baseline with NBS. EDI has developed their own software for their surveys, and this could also potentially be done for qualitative assessments in relation to the current study. EDI also thinks it would be useful to get people together from the different countries involved in the study to exchange methodological findings and issues.
- **NBS (National Bureau of Statistics).** Their vision: *“To be the authoritative source of statistical information pertaining to socio-economic conditions in the country, an institution able to provide such information most effectively, a point of reference for statistical methodologies and standards”*. Their mission: *“To facilitate planning and decision making within the government and the business community, to stimulate research and inform public debate through the provision of relevant, reliable and timely statistics and a quality statistical service in general”*. NBS is at the centre of national statistical exercises and the production

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of all national statistical reports (census, DHS, Labour Force, Agriculture, HIV and AIDS, etc). It has – recently – also provided support for the strengthening of sub-national statistical production (e.g. the development of the Makete district statistical profile, supported by UNICEF). The recent Integrated Labour Force Survey (ILFS) included a time-use module which was shared with the SCUK/UNICEF research team as a potential tool for monitoring the effect of cash transfers on household (particularly women and children) time use. They are also currently conducting a national panel survey, developed along the same lines as the baseline and evaluation survey being used by TASAF.

- **REPOA (Research on Poverty Alleviation)** is one of the leading independent, non-profit research organizations in Tanzania, specializing in economic and social research in both Mainland Tanzania and Zanzibar. As Chair of the national Research and Analysis Working Group (RAWG), which is responsible, among other things for the production of the biannual *Poverty and Human Development Report*, it plays a central role in monitoring MKUKUTA and contributing to national policy debates. Both UNICEF and Save the Children have been working in partnership with REPOA, including through support for and participation in the Children’s Research Programme which aims to strengthen research with and for children. REPOA has built up a body of analysis on social protection and related issues, including the development of a framework for social protection in a situation of generalized insecurity; costing of the national plan of action for MVCs; assessment of the UNICEF-supported MVC programme; inventories of existing social protection provisions and services, etc. REPOA has also provided technical support for the finalization of the national social protection framework; and, while its current research priority seems primarily aimed at growth, had begun to develop a research agenda around social protection which may be furthered soon with the appointment of an external research specialist from Canada foreseen sometime in 2009 (Mr Lars Osbek). This could, in turn, leave open the door for potential participation of REPOA in the planned study.
- **ESRF (Economic and Social Research Foundation)** Conducts research on issues of relevance to national development and houses Tanzania Online, a web-based development ‘gateway’ to key national information, documents and reports. It also implements (in coordination with REPOA and the Institute for Social Studies in The Hague) a post-graduate certificate programme for capacity development in poverty analysis, which includes modules on social protection (supported by UNICEF).
- **Ifakara Health Institute:** “*A centre of excellence and innovation to maximize public health gain*”, IFAKARA operates as an autonomous, non-profit trust, affiliated to the National Institute for Medical Research (NIMR). With a staff of over 500 (200 research scientists), core support from the Swiss and Tanzanian governments, and an annual turnover of US\$15 million, it has 6 branches country-wide. Among other activities, it maintains demographic sentinel surveillance sites in 3 districts of the country and performs other monitoring exercises; has conducted the largest ever health survey in Tanzania to monitor maternal and newborn health in Mtwara and Lindi; assesses strategies to improve health care for vulnerable group and studies fairness and equity in health financing; explores new approaches to strengthen health information systems; assesses the impact of national and global initiatives on public health in Tanzania; and conducts research on a variety of other health-related topics. (See also above for information on Ifakara participation in a pilot CCT on STIs).
- **TFNC (Tanzania Food and Nutrition Centre)** An agency reporting to the Ministry of Health and Social Welfare, mandated to catalyze and coordinate national nutrition actions. Guided

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by the National Food and Nutrition Policy (currently under revision), TFNC is responsible, with its partners for the development and implementation of the National Nutrition Strategic Plan (2007-2011). Responsibilities include nutrition research. Initial discussions with TFNC will need to be followed-up. Field discussions indicated that TFNC is drawn in by TASAF for discussions on the nutrition components of different studies.

- **University structures:** Potential collaboration to be explored more thoroughly (UNICEF is currently support capacity development of the Institute for Development Studies to strengthen its research methodology curriculum. Other members of the task team on social protection have research links with the university's Economic Research Bureau and Department of Economics.

VIII. Proposed Research Framework for the Country

The general aim of the study in Tanzania will be to contribute to the monitoring, evaluation and analysis of both processes and impact on children and their families of the two cash transfer programmes selected for consideration: the conditional cash transfer programme of TASAF and the unconditional cash transfer programme of Save the Children. From this comparative perspective, the research in Tanzania seeks to make a unique contribution to the overall multi-country study, providing evidence of the relative strengths and weaknesses of the different approaches which could contribute to policy discussions both nationally and internationally.

The research will build on and seek to create synergies between the M &E processes both planned and underway in the two programmes. Specifically, it is proposed that the baseline data collection currently being conducted for TASAF be adapted for use in the expansion foreseen for the Save the Children project, with the same questionnaire (to serve as a basis for this work, albeit with particular modifications to suit the somewhat different objectives of the latter. This could then serve as the basis for an impact evaluation for each of the two programmes.⁸ Synergies and interaction in the development of other instruments – namely qualitative data tools and process monitoring will also be important.⁹

A. Potential Key Questions

General questions common to the two projects will focus on three levels of questions (as outlined in the proposed TASAF evaluation design), with particular adaptations to questions relevant to the objectives of each project. The three levels are:

- **Household-level outcomes**, including programme impacts on health (nutrition) and education of household members and related impacts in the areas of employment and time use, consumption, transfers and savings, and household-level decision-making, attitudes and preferences;
- **Community dynamics**, including programme effects on social capital and potential conflicts, traditional solidarity systems, quality and utilization of services and perceptions of service providers, and other community-wide impacts; and

⁸ Save the Children UK has already provided extensive comments on the questionnaire and has interacted with both WB, Washington and – in country – with TASAF and EDI (who will be administering the questionnaire for TASAF).

⁹ See Annex F for excerpts of the key questions and types of information planned for collection through the TASAF project – a list of indicators and questionnaires are also available. Similarly, see Annex G for a copy of the earlier proposed M&E framework for the Save the Children project. These two should be reviewed together and the latter revised in light of the project intent of comparative analysis.

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- **Programme processes**, including the effectiveness and efficiency of its operations, activities, use of resources, and so forth. This would be particularly important in identifying any implementation issues to be addressed at program scale-up.

B. Information already collected and useable

For TASAF: baseline data collection through household survey is currently getting underway; it is proposed that a similar exercise be planned and conducted around Save the Children sites – both those already involved and those intended for expansion. For Save the Children: some qualitative data from the current project exists (see discussion above) and further analysis of the results of previous assessments, project monitoring, and women's household income and expenditure reports could usefully be conducted.

C. Information that will need to be collected

While it is recommended that the primary data collection and monitoring tools for the study will be those developed for the TASAF programme (adapted for use by Save the Children), there is scope for additional components, for example, to enhance qualitative assessment of changes over time; to foster participatory monitoring processes, including the participation of children in monitoring the impact of the programme; to build in time-use modules (as used in the recent ILFS) to more fully assess changing household dynamics; and to adapt components from other longitudinal research efforts around children such as the Young Lives programme. These will need to be discussed and agreed, developed, and tested at country level prior to application.

D. Potential options for collecting information

TASAF has engaged the services of EDI (see description above) to conduct the baseline data collection. It is proposed that the same firm be engaged to establish the baseline for Save the Children. Other research partners and technical expertise will need to be engaged to both develop the tools and apply them for the other components of the study – with care taken to achieve an appropriate mix of in-country and external expertise.

The study also offers a unique opportunity to help strengthen the capacity of local government authorities to monitor social conditions at the district level and to contribute in this way to a key priority of the local government reform programme. Working in close coordination with district planning departments, efforts should be made to link into and strengthen the local government monitoring database (LGMD) by feeding into it the key indicators for monitoring vulnerable groups; a complementary focus should be on strengthening the two-way flow of information from village/community to district, and to enhance inter-sectoral data flows and monitoring at each level. UNICEF may be a potential strong partner in this effort – working through its programme of cooperation on these issues with the Prime Minister's Office – Regional Administration and Local Government (PMO-RALG).

E. Frequency

Monitoring should take place on a regular basis, as an integral part of programme management. TASAF is planning to conduct two impact evaluations of its project: at the end of year one and year two after baseline data collection. It is recommended that Save the Children follow suit. Qualitative data exercises (focus group discussions, application of community scorecards, etc.) should be conducted at key points during project implementation.

F. Comparability Issues:

One of the key challenges for the study in Tanzania will be to develop a framework and identify a number of common indicators and monitoring processes such that the results and impacts of the

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TASAF and Save the Children cash transfer projects can be compared, including comparison of relative impact of conditional and unconditional cash transfers. This will be a particular challenge given the differences in i) scope and scale; ii) management implementation structures; iii) time frame for implementation and other differences characterizing the two projects and is further compounded by the need to ensure some commonality on at least a few indicators across the 6 countries participating in the study. Such issues were raised in the course of the country visit, and will clearly need more discussion, collaboration, and consensus, at both country level and with the WB, in the case of Tanzania, as well as between Save the Children and UNICEF more generally for the study as a whole.

G. Knowledge Management:

A rigorous management information system (MIS) will be essential for the success of the research project. TASAF – in its normal programme activities – has developed an excellent computerized data base for key information. It is suggested that Save the Children link up with TASAF offices in both Dar and Lindi to consider how such databases might be applied to its own programmes. The University Computer Services in Dar es Salaam offer a potential in-country source of technical support for this purpose.

IX. Proposed Framework for Implementation

A. Partnerships

Creating and sustaining effective multi-stakeholder partnerships guided by a clear partnership framework or reference group will be critical to the success of the study. Such partnerships should embrace all levels and include representatives of research organizations/university structures; the national statistical office (NBS); district level planning officers and sectoral representatives (particularly in Health, Education, Community Development and Social Welfare) and village government. External partnerships will also be important, with the most effective modalities for technical assistance and inputs to be discussed and determined – including with reference to potential linkages with regional research institutions and expertise¹⁰.

Key partnerships at country level should be determined and overseen by a national reference group for the study such as the one already initiated by Save the Children, involving all key stakeholders and linking into the National Task Team for Social Protection in its evolving form. Close coordination between Save the Children and TASAF will be needed as the project evolves – including establishment of linkages between the two in Lindi District. Ongoing technical backstopping and communication between the country-level team and central levels will also be critical - HQ for WB and SCUUK; Eastern and Southern Africa Regional Office for UNICEF. (See also discussion on partnerships above).

B. Human Resources

It is clear that additional human resources will be needed to carry out the intended study in Tanzania – particularly, it would seem, on the side of Save the Children, to enable it to plan and implement the required scale-up of its programme while finalizing and applying the proposed monitoring and evaluation plan. Appointment of a study director at country level would also be advisable, and additional field-workers, data gatherers and analysts will be needed for the research. This might best be done through one of the in-country research institutions outlined above, with technical assistance and backstopping as required.

¹⁰ A common regional research partner for all 6 countries involved in the study may be one option to pursue: the HSRC in South Africa might be one such regional partner.

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C. Technical Gaps and Needs

There is clear need for strong monitoring and evaluation skills and staff in Save the Children to allow the country office to carry out this work. Skills in statistical analysis, database creation and management will also be needed for the study as a whole, along with skills in more qualitative data collection and analysis. Communications skills will also be important – to enable the study team to disseminate the results of the study through a variety of means aimed at different levels and audiences, including policy makers.

D. Quality Insurance Measures (i.e. Training)

It might be beneficial to foresee an initial orientation/training for the national research team members and their implementing partners (when chosen) to review the overall objectives of the project, outline the key data collection tools and methods, and provide guidance on some of the more technical aspects involved. Specific training on some of the individual instruments will be also be needed, once these are determined – for example, the community score-card already in use by TASAF; planned focus group discussions and management of qualitative data; implementation of an eventual time-use survey (drawing on the module and expertise in NBS, for example). Training in the write-up, analysis and presentation of results might also be useful – including on a regional basis, drawing together all of the countries involved in the study.

E. Costs

Much more work will be needed to estimate the total costs of the project over 5 years, including start-ups costs, staffing/human resources, technical assistance, administrative costs, etc. Determination of how much of the project costs can be absorbed by the country offices as part of their ongoing programmes and personnel will also be needed. TASAF has noted a funding gap for the impact evaluation (see above). Implementation of the same (on a smaller scale) will be needed for the Save the Children project in Lindi - According to our field interviews, EDI baseline surveys in 3 districts cost \$269,000. Other exercises remain to be costed.

VII. Ethical Considerations

- ***'Treatment' and 'Control' Groups***: The moral implications of the experimental random selection approach to designation of some households for treatment and others for comparison – simply for the purposes of the study - caused some discomfort and was raised as a concern on a number of occasions in the course of the county visit, including at the stakeholders' workshop. TASAF project managers argued that in any case, funds were currently not sufficient to include all in the project and noted that control groups could actually be considered 'pre-treatment' groups, as the idea would be to expand benefits to them after the pilot phase. It was also noted that both 'control' and 'treatment' groups would benefit from micro-finance initiatives as part of the project.
- ***Targeted vs Universal Approaches***: Related to the above, in the situation of 'generalized insecurity' characterizing Tanzania such that the majority of the population is poor, and distinctions between 'poor' and 'poorest' seem to make little sense, the appropriateness of targeted approaches to cash transfers may be called into question. Fears of disrupting social cohesion and creating tensions between the 'haves' and the 'have nots' also came strongly to the fore during field discussions and it was agreed that this was a significant aspect to be monitored in the course of project implementation.
- ***Supply and Demand Issues linked to Conditionalities***: Some have questioned whether conditionalities imposed on cash transfers are either ethical or relevant in a context such as

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the one in Tanzania, characterized by severe supply-side deficiencies (in both quality, quantity, and location). How can one really demand – as a condition for the transfer - that project beneficiaries attend poorly staffed and/or far distant health facilities, or send their children to over-crowded schools which may be in poor or unsafe condition and/or have high teacher absenteeism? TASAF project organizers noted that the conditionalities imposed in their cash transfer programme were ‘light’ conditionalities only, and that the process of monitoring compliance could, in itself, serve as a means of provoking improvements in service supply.

- **Sustainability:** A number of questions were raised about the sustainability of the two projects – both Save the Children’s, which is completely externally financed and implemented, and TASAF’s, since TASAF is – itself – a project outside of government. What will happen – after project’s end – to households that have become dependent on the cash transfers for their well-being? How can sustainability be built into the project, both through greater government ‘ownership’ and financing, as well as through stimulation of investment and income-generation through the use of cash transfers as a means of boosting households out of poverty into self-sustaining livelihood?
- **Research with Children:** Certain ethical considerations come to the fore in research in general – in terms of informed consent, confidentiality, and use of research results – which have particular ramifications in terms of research on and for children. Study planners and implementors will need to take care to conform to existing guidelines on research involving children and all pertinent ethical issues are taken into consideration. This will be especially important in Tanzania where there is no one governing body on social research – unlike that which exists for medical research. Guidelines and documents compiled by the Children’s Research Programme at REPOA and the national expertise built up in the course of such research would be useful to consult and take into consideration in the course of project development.

VIII. Evidence-Based Policy Translation: Getting Buy-In

Linking with national policy and policy monitoring progresses at the outset will greatly improve chances of research results being taken into consideration in policy formulation. The research in Tanzania should therefore be designed in such a way as to contribute to the evolving thinking around social protection and to support both the policy options and monitoring component of the national Social Protection framework. It should also fit into the broader MKUKUTA monitoring system and processes, through, for example, interaction around Cluster II (social sector) priorities within the technical working groups established to guide that process along (Research and Analysis Working Group; Working Group on Census and Surveys; Communications Working Group).

It is important that the findings from the study and its various components reach high level policy makers not just at the end point (after 5 years) but through periodic reviews of emerging findings along the way and the organization of policy discussion fora (both national and regional), which should be planned as an integral part of the study. A clear communications plan should be developed to guide all such efforts.

The monitoring and study of the cash transfer programmes themselves should also be accompanied by research and analytical work to support the government in its review of policy options through, for example, an analysis of fiscal space for social protection; a comparative cost-

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benefit assessment of universal benefits and targeted transfers; and other topics which might emerge as priorities through the course of the study and the implementation of national policy.

Key recommendations arising from the above:

- Enlist representatives from policy making wings of government as members of the national research team/steering body from the outset
- Make use of existing fora for policy discussion and debate: RAWG and National Social Protection Task Team, which will evolve as the national social protection framework is finalized and implementation begins; periodic fora;
- Develop a communications plan and linking this to the work of the Communications Technical Working Group of the MKUKUTA Monitoring System: such a plan should aim at periodic dissemination of interim results and emerging issues through a variety of channels (media; policy briefs; national seminars, etc) rather than production of a single report at project's end
- Encourage experience and information exchange across the six countries involved in the study so that countries can learn from each other, including around issues of translating policy into action

IX. Outstanding Questions/Follow Up

- Selection of and agreements with actual research partners in-country will be needed and proposals for contracts developed (for example with EDI for the baseline in Lindi; a research institute like REPOA or ESRF for collaboration, etc.)
- Linkages with local government reform programme and processes of decentralization, including processes aimed at strengthening district-level data-collection, monitoring and evaluation will need to be determined.
- Costing of all of the elements and human resource requirements needed for the project overall and on a yearly basis needs much further development.
- Ongoing work of the in-country reference team will need further support and two-way feedback.
- Technical inputs into ongoing work on the monitoring tools for the TASAF project will be needed, with modification, as required, for application to the Save the Children project.
- Assistance in determination of scale-up requirements for Save the Children's project in Lindi is needed – including recommendations on desired sample size, etc.
- It will be important to identify appropriate means and fora for collaborating with other participating countries, both in experience-sharing and use of common technical assistance.

X. ANNEXES

Annex A. List of People Met and/or Interviewed by Phone¹¹

SAVE THE CHILDREN

- Deborah Crowe, Country Director
- Derrick Mbelwa, Programme Manager, Rights and Economic Justice
- Marlene De Tarveniev, Health Programme Manager
- Angela Turuka, Health Programme Administrative Assistant
- Cecile Merchant, Programme Manager, Protection, Mainland
- Richard Mwamfagasi, IT Officer,
- Kamillius Masuada, Transport Officer
- Bertold Mbinga, Cash Transfer Officer, Lindi
- William Arope Acting District Health Coordinator, Lindi

UNICEF

- Heimo Laakkonen, Representative
- Hasmik Egian, Deputy Representative
- Diane Swales, Chief, Child Protection
- Phenny Kakama, Project Officer, Child Protection
- Engelbert Nyangali, OIC, Policy Advocacy and Analysis
- Masuma Mamdani, Programme Officer, Research
- Edith Mbatia, Programme Officer, Monitoring and Statistics
- Abheet Solomon, Monitoring and Evaluation Officer

TASAF

- Amadeus Kamagenge, Training, Research and Participation Specialist, CCT Pilot Coordinator
- Deogratius Kataso, Development Communications Officer
- Selemani Makala, Management Information Systems
- Euphrasia Hermia, Monitoring and Evaluation

GOVERNMENT AND PARASTATALS

- Anna Mwashu, Director of Poverty Eradication and Empowerment Division (PEED), Ministry of Finance and Economic Affairs
- Justin Sandefur, Consultant, National Bureau of Statistics (interviewed in absence of Mr. Ahmed Makbel)
- James Mbongo, Statistician NBS
- Dr. Sabas Kimboka, Tanzania Food and Nutrition Centre (TFNC)

RESEARCH INSTITUTES

REPOA

- Dennis Rweyemamu, in charge of commissioned work
- Rehema Tukai, Research Coordinator
- Francis Omondi, Coordinator of Children's Research Programme

EDI-Africa (Economic Development Initiatives)

- Joachim Deweerdt
- Mujobu Moyo

¹¹ See also list of participants at national stakeholders' workshop

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Ifakara Health Institute

- Dr. Baraka Amuri, Epidemiologist
- Flora Kessy, Researcher

NGOS

- James Davey, Director, Concern Worldwide, Tanzania
- Necedimus Chipfupa, Country Director, HelpAge International
- Mathew Kawego, Manager, HIV/AIDS, HelpAge International
- Flavian Bifandimu, Manager, Rights, HelpAge International
- Dr. Kurt Maddoen, Humaliza (interviewed by phone)
- Jane Calder, PACT and OVC Implementing Partners' Group
- Moussa, PACT (previously of HelpAge)

DEVELOPMENT PARTNERS

WORLD BANK

- Hans Hoogeveen, economist (interviewed by phone):
- Ida Manjoloa, CTA for TASAF (interviewed by phone)

DFID:

- Valerie Roberts
- Gertrude Mapunda-Kihunrwa

DISTRICT VISITS

Bagamoyo

- Mr. Simba, Village Fund Coordinator (TASAF)
- Mr. Martas, Village Fund assistant/accountant (TASAF)
- Ms Teddy Kiara, focal point for cash transfers (TASAF)
- District Social Welfare Officer
- Michael Mlyambongo, Acting District Executive Director
- Village Council members, Matimbwa village

Lindi:

- Mr. Shigella, District Commissioner
- Suleiyman Gwali, Acting District Executive Director
- Mwanahamissi, Maidari. Lindi District Community Development Officer
- Yohannes Nchimbi, Naranyu Community Development Officer
- Cash transfer recipients in Naranyu village

OTHERS (Contacted but not able to meet):

- Dr. Lunongelo, Director, Economic and Social Research Foundation (ESRF)
- Mr. Ansgar Mushi, ILO

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Annex B. Details from Site Visits

- **Visit to TASAF project site (Bagamoyo District)**

Discussion with District Officials: The research team, accompanied by a UNICEF colleague and TASAF officials, met first with district officials in Bagamoyo, including members of the TASAF Coordinating Office: the **Village Fund Coordinator**, and the **Village Fund assistant/accountant**, as well as the **focal point for cash transfers**. We were informed that the TASAF coordinators at district level are all members of the local government, but receiving funds through TASAF. We also had a brief introduction meeting with the **acting District Executive Director**, in the Dept. of Lands, Natural Resources and Environment.

The Village Fund Coordinator explained that they were just beginning to identify vulnerable groups in the villages (20 treatment and 20 control). One criterion for selection of the villages were that they had functioning community management committees (CMCs) from TASAF I. These CMCs would then be reinforced/restructured in order to serve the needs of the transfer programme. The Coordinator noted that the planned amount of the cash transfer – from \$12-\$36 per month – may be too little, and that the focus on the use of the money, for health and education, might not be broad enough, as community members also needed food, clothes, etc. The root causes of vulnerability stem from poverty – the very poor have little income and low agricultural productivity (price of inputs/fertilizers is very high; extension services are weak to non-existent, and harvests are not enough to sustain them). Also, there are too few facilities, and villagers sometimes have to walk 5 km to the nearest health centre where they find little or no medicine, medical personnel, etc. He therefore thinks that most of the money will go to solve basic human needs – before health and education.

One point of discussion was who would identify the vulnerable – the MVCs (as per the National Plan of Action for MVCs) or the Community Management Committees (as per TASAF) This topic was also raised by others encountered during the country visit: linkages and/or potential overlaps need to be discussed further. The CMCs are elected by the Village General Assembly, with 6-10 members, overseen by the Village Council. We asked about local management information systems - village registers, which are supposed to be updated regularly, but we were told that many were not. Other questions of local MIS, birth registration, etc. were not clear.

We spoke to the **Social Welfare Officer** who is the link with the UNICEF-supported MVC programme, and learned that villages, through their MVC committees, have identified MVCs and (for those participating in the UNICEF programme only?) have established bank accounts. It is not clear what the overlap/coordination would be between support received in this manner, and support through TASAF, if these will involve the same village (the question also came up during the village visit). We were told that there were 5,514 MVCs in Bagamoyo as of end of July and that these were being entered into the MVC database. Linkages with birth registration efforts were not clear – RITA, the agency in charge of birth registration, is housed in a separate office. UNICEF is supporting a pilot campaign to reinforce birth registration, with Bagamoyo (one of 7 'learning districts' in UNICEF's programme of collaboration) one of the focus districts for this pilot.

Visit to Matimbwa Village: We participated in a meeting with the **Village Council of Matimbwa**, where there were 10 members present (only 3 women, one of whom chaired the meeting, but the other 2 remaining silent throughout). The aim of the meeting was for the district TASAF coordinators to explain the CCT pilot and criteria for selection of beneficiaries. The district coordinators have been trained by TASAF at central level, and the TASAF representative from Dar es Salaam was there to observe if they were communicating the message as per the training. There was a lively question and answer period after the TASAF presentation, with villagers raising some questions concerning the uses to which the money could be put: 1) Could recipients, for example buy food? (only if food was indicated as a health need by the health officers, explained TASAF); and 2) Could they consult a traditional healer rather than the official health services? (absolutely not, was the answer from TASAF). Also at issue was whether participation in the UNICEF-supported MVC programme would disqualify households from receipt of the TASAF cash transfers (one of the criterion for receipt of the transfers is that individuals/households are not beneficiaries of any other

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programme). In the case of participation in the UNICEF-supported programme, TASAF officials replied that this would not disqualify households, since the benefits were not received on a regular, predictable basis.

Follow-up discussions: In subsequent **discussions with TASAF officers from Dar**, we explored more fully some of the issues, as well as questions to do with inclusion and exclusion in the scheme: for example, will vulnerable secondary school-age children also be included, as retention beyond primary was now an emerging priority (this has not really been considered in the design of the programme); and how and when will the 'control' group villages be informed that they will not be receiving benefits? (*See also accompanying report of Stakeholders' meeting chaired by TASAF*)

- **Visit to Save the Children project site (Lindi District)**

Background: The project, launched in November 2007 (with first distribution in December 2007), is focused on 60 vulnerable families/households in 3 villages in Lindi district: Chikonji, Mnolela, and Narunyu (including around 200 children). Families have been identified on the basis of information drawn from a 2003 Household Economic Survey conducted by Save the Children coupled with additional assessments and selection based on criteria endorsed by the Village Assembly. Each family receives Tsh 6,000/month plus Tsh 3,000/month per (vulnerable) child within the household. The Save the Children Cash Transfer Officer (CTO) helps develop an income expenditure plan to ensure that the transfer benefits the whole family and visits the family once a month to deliver the money to the women and monitor project activities. The Save the Children Acting District Health Programme Coordinator explained that the focus of the project from its inception has been on meeting basic human needs: households were told this, but not instructed precisely on how to spend the money. Now, after a year, according to the acting health coordinator, the question is how to go further to help sustain group activities to boost income: however more thinking on this is needed. The price of food has risen 3-4 times and has not been indexed, so some feel the amount is too little even to respond to basic needs. Save the Children had also been planning expansion to 3 new areas, with 30 families/households in each for a total of 90 new families, which added to the initial 60, would make a total of 150 families/households to be covered by the project. (Further discussions with the Save the Children Country Director in the course of the field visit, clarified this a bit more in terms of the planned expansion, which is now to be linked to the research project).

Discussions with The Save the Children Cash Transfer Officer: The CTO feels in general that the criteria for selection of households is clear, but agreed that more careful monitoring was important. He also noted that it must be concrete – we must know what we want to monitor – and there also has to be sufficient time set aside for this, which is not possible if the CTO is engaged in other activities as well. The big question for him was the impact of the project on the lives of the children – particularly in terms of nutrition, as this was one of the key aims of the project. Children under 5 are supposed to go to the health clinic for growth monitoring, but it is unclear whether this is being done. It was suggested that there should be a nutritionist attached to the project to advise the government on these matters, particularly in terms of prevention of malnutrition – how to advise mothers, for example, when there is no milk available. The agricultural department could also give advice. We asked about collaboration with the government on this programme but, aside from the Community Development officer accompanying the CTO on the deliveries, there does not seem to be much involvement. To note: security issues will need to be taken into consideration in the delivery of the grants: the Save the Children cash transfer officer was attacked in this village at one point and has serious scars on his neck from the attack. Observations from the CTO are that most of the money distributed is used for buying food, exercise books, pens, uniforms and small bites at school. Also, clothing for children and medication (community health fund, which we were told one or two joined after they received cash. Some pay for labour on farms – others stop their own work on other people's farms and use the additional time to work on their own farms. Some have invested in chickens or goats, and there seems to be a seasonal dimension to expenditure patterns which would be useful to explore further.

Visit to the village of Narunyu: We met the village and ward executive officers as well as a gathering of 17 of the women beneficiaries, some of them with their young children. Village elders – men – were also present. When asked how the project had changed their lives, one woman noted her new ability to supply uniforms

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and exercise books for her children's school; another older woman said that she could now keep herself in supplies of food, kerosene and salt – she doesn't have to go begging for these from relations. She was also able to get a school uniform for her grand-daughter, who didn't have one previously. Another woman said that her child could now enroll in school when she turned 7, but mentioned that they could not afford secondary and was unaware that there were district provisions for support for needy students in secondary (the Community Development Officer informed them of this after queries from the project team). One woman noted that the biggest change in her life was that she no longer had to go and work on other people's farms to get money for food for her family: she could, instead, work on her own farm. When asked what other challenges they were facing, women cited food as the main problem because of high prices. Women indicated that there were no problems arising from the fact the money was given directly to the women and not the men : one woman even noted that it was her husband, who could write, who recorded the income and expenditures in the record book. An elderly man attending the gathering jokingly confirmed that it was, indeed, better that the women were handling the money, as the men would spend it on other things! (We did not ask about any social discord that might arise in relations with neighbours who are not receiving the grant, but this would be an important issue to explore and has been raised in other country visit discussions).

We examined one of the record books brought in by the women and were impressed at how carefully expenditures had been recorded, though it was noted that sources of income other than the cash grant were not always reflected. We found through our discussions that about half of the women had husbands; half were taking care of grand-children; a couple were taking care of nieces on the death of their brothers; one woman was giving money to her own brother for secondary school; one woman had taken in an abandoned child. Asked if any of the women were able to invest in income-generating activities, two women noted that they had bought goats (one of which had died) and another one a chicken, while another woman was able to start a small business selling matches, cigarettes and cow peas. On health-related expenditures, one woman noted that she now sometimes had the money needed to buy medicines at the pharmacy when there were no stocks at the health centre.

We examined wall charts in the Village Council office and found a list of vulnerable families (from 2006?) apparently linked with TASAF II projects as well as a list of participants in an agricultural development project (see below on the need to sort this out in terms of dual participation in different programmes on the part of cash transfer recipients).

Meeting at the District Community Development Office: We asked the responsible officer in particular about monitoring systems and coordination structures, probing into whether the CDO keeps computerized records of the transfers; whether they link on the ground with other sectoral departments; and whether they have a means by which they can keep track of different programmes underway in individual villages. We did not get the sense that systematic record-keeping was underway, nor that there was much close involvement in the project or attempt to strengthen inter-sectoral linkages. It was noted that the CDO has a list of NGOs operating in the district but that the Department of Planning was in charge of coordination. The CDO indicated that the most important task for CD is to provide information on the most vulnerable, noting that they rely on the village executive officer to identify vulnerable groups at village level. She indicated that the lists of these vulnerable households are kept up to date in a computer – though we had understood the VEO to say that these lists were updated only every 5 years. CDOs are also tasked with support for youth groups and women's for income-generating activities (monitoring use of funds provided through the youth development fund managed by the Ministry of Labour, Employment and Youth Development and the Women's Development Fund managed by the Ministry of Community Development Gender and Children) as well as support for children's councils (also directed by MCDGC). Note: there was a TASAF office in the district office HQ, but we did not meet with him and there seemed – at present - to be no link with the project.

Issues raised by the District Executive Director:: Challenges were voiced about giving resources directly to households rather than to groups, and questions of sustainability were asked (what happens when the programme ends?). It was also suggested that the study should look at issues of village leadership – how leadership gets to know and deal with problems of the poor.

Discussions with the District Commissioner: The DC was very welcoming and happy to see that Save the Children are moving forward with efforts to address key challenges of how to improve cash transfers.

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Observations of the impact of the programme to date were positive. But monitoring remained a key challenge for government at district level, due to lack of resources, both financial and human. Strengthening performance monitoring at district level is vital; but the district needs the necessary resources and equipment – including transport. On issues of conditional vs unconditional cash transfers, the DC indicated that unconditional grants give a greater sense of ownership and scope for choice. The fact that the President of Tanzania himself launched the cash transfer programme in Lindi was seen to indicate political support so there is a clear opportunity for joint monitoring, but the district budget is very low and little is collected locally. District officials normally count on ward and village executive officers to identify participants and monitor, but the DC agrees that the monitoring system needs to be strengthened. In his own case, he notes that they are still using the 2001/2 census as a basis for planning. In terms of coordination and sharing of information, the district consultative meetings provided a forum for that – drawing as they do all key stakeholders together, including heads of departments, district commissioners, council chairpersons, NGOs, etc. In terms of the mapping of interventions and programmes underway in the district: CDOs should have this and there is also a listing on the LINGO net (but this is only for NGO programmes – it does not include government programmes). We had some discussion on TASAF and the different programmes they offer, as well as a discussion of targeting and how this might affect social dynamics. The DC agreed that this was an important question but that his perception is that most community members are not questioning why some get the transfer rather than others – they are, rather, arguing that it should be extended to all. It would, in his opinion, be important to extend to more beneficiaries, and then assess whether the original beneficiaries still need it. On income generation possibilities and micro-finance, the DC mentioned SIDO (small industry development organization) which provides entrepreneurial skills training and cooperative units – SACCOS - for investment savings and loans, noting that some of the members in these groups might indeed come from the cash transfer beneficiary groups. (SACCOS is at ward level).

Monitoring tools and issues in Lindi:

An evaluation in June 2008 identified a number of clear monitoring needs, and suggested some tools and reporting formats, but it is not clear whether these have been applied. Instead of the monthly monitoring forms, for example, the CTO just goes to talk – there hasn't been time to apply the tools. Lack of systematic monitoring of all dimensions of the project and its intended effects coupled with lack of a clear baseline is a significant impediment to assessment of impact. Some observations and suggestions arising from the site visit:

- **Income and expenditure reporting:** Women are given notebooks to record income (from all sources) and expenditures. The project takes periodic pictures of these notebooks for the records, but the information does not seem to have been synthesized or analyzed yet. It would be extremely important to do so, particularly now, one year into implementation of the pilot. Although some may not be accurate (as suggested by the earlier project assessment), they do provide a potent record and that should not be allowed to disappear. Analysis could include % spent on various items; seasonal differences; differences between households and/or villages (with follow-up investigation of these through individual interviews); and further queries about records of the cash transfer income and other sources of income, as well as queries about what money may have been invested or set aside from savings after household expenditures were made.
- **Attribution:** It would be essential to gather information on other programmes and assistance available in the village and particularly any other programmes participants may be involved in, as these would need to be taken into account in any assessment of the impact of the cash transfer programme per se. Our observations in the village visited found that there were TASAF II projects underway, an agricultural project, and Save the Children nutritional support, with a distinct possibility that women registered in the cash transfer programme may also be participating in others. For evaluation purposes, it would be critical to separate out the effects of the different programmes and to acknowledge their different contributions to impact on households when these overlap.
- **Education:** It is not clear how educational effects – for example new enrolment, improved attendance, or higher achievement - are being measured; it would be very important to do so. Attendance records for school could be examined, with before and after comparisons made for children involved in the programme, as well as comparisons between children involved in the

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programme and those who are not. It would be useful to enlist participation of district education authorities and teachers in this effort.

- **Nutrition:** Efforts to assess nutritional impact will need take into consideration Save's own nutritional support to the village or villages in the programme. It is also not clear whether growth monitoring is done regularly of all children in the dispensary, or if Save itself conducts it on its own for its participants; assessments of dietary diversity, frequency of meals, and satisfaction either before and after or between project participants and non-participants would also be important. As with the education component, it would be useful to enlist district health authorities and village health officials in this effort.
- **Profiles:** From our observations in the field, the Save the Children Cash Transfer Officer seems to have an incredibly detailed knowledge of the individual recipients at village level and a very good rapport with them. He should be encouraged to systematically record his interactions with specific villagers and his assessments and observations of processes, as well as to develop, systematically, selected individual profiles of a small sample of families from each village, which can periodically be updated and added to in the development of what could potentially be very powerful case studies over the course of the project.
- **Children's participation:** The existence of Children's Councils and the engagement of Community Development Officers in their functioning offers an important organizational platform for their involvement in project monitoring, particularly in recording the views of children themselves, drawing on Save the Children's experience and expertise in this domain.
- **Linking into district and village monitoring systems.** When possible, it would be extremely useful and important for the sustainability of monitoring systems for Save to engage with district planning officers and sectoral departments in efforts to build project monitoring into government systems and/or to embed monitoring of key indicators into a government database. At the very least, monitoring should be undertaken in partnership with district and village officials: it is unclear if the community development officers who accompany Save project personnel in the distribution of the cash benefits are fully involved in the monitoring of impact and efforts to link this into ongoing government efforts through, for example, local government reform processes. Linking into government systems through the planning department, which is charged with district coordination, would have the added advantage of uncovering potentially complementary monitoring efforts that could feed into the projects – for example food price monitoring which is apparently being conducted by the department of Agriculture.....
- **Possible models to build on:** It might be useful for Save the Children to model an evaluation of the current project on the example of the KwaWazee project in Kagera, which managed to overcome the problem of lack of baseline through the use of control groups and – to a certain extent – recall. (One difference is that the KwaWazee project had been running for 4 years prior to the evaluation, giving a longer period over which to monitoring impact. This would probably need further discussion and experience exchange).
- **Potential for M&E with project expansion:** Should be linked in with overall design of the research project, including collection of baseline data through the same instrument as used for TASAF, and with greater collaboration with local government authorities and systems strengthening at local level. Challenges (which affect such monitoring and evaluation issues) include the lack of social welfare officers at district/village level (though the presence of community development officers is stronger (17 CD workers – 7 in district, 10 in ward), and the government does intend to increase the number of social welfare officers at local government level.

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Annex D. Key Indicators from Tanzania National Household Budget Surveys

Table 3 Key indicators on Tanzania

	1991/92	2000/01	2007
THE FAMILY			
<u>Average household size</u>	5.7	4.9	4.8
<u>Mean percentage of dependants</u>	40	42	43
<u>Percentage of female-headed households</u>	18	23	25
<u>Percentage of the population with a birth certificate</u>			19
HOUSING, WATER AND SANITATION, COMMUNICATIONS			
<u>Percentage of households with a modern roof</u>	36	43	55
<u>Percentage of households with modern walls</u>	16	25	35
<u>Average number of persons per sleeping room</u>	2.6	2.4	2.2
<u>Percentage of households with electricity</u>	9	12	13
<u>Percentage of households with a protected water source</u>	46	55	52
<u>Percentage of households within 30 mins of protected water</u>	--	--	42
<u>Percentage of households within 1 km of drinking water</u>	50	55	57
<u>Percentage of households using a toilet</u>	93	93	93
<u>Percentage of households owning a radio</u>	37	52	66
<u>Percentage of households owning a telephone</u>	1	1	25
EDUCATION AND HEALTH			
<u>Percentage of adult men with any education</u>	83	83	83
<u>Percentage of adult women with any education</u>	68	67	71
<u>Percentage of literate adults</u>	--	71	73
<u>Primary school net attendance ratio</u>	--	59	84
<u>Percentage of children aged 7-13 years studying</u>	57	61	86
<u>Secondary net enrolment ratio (forms I-IV)</u>	--	5	15
<u>Percentage of households within 2km of a primary school</u>	66	63	62
<u>Percentage of ill individuals who consulted any health</u>	--	69	69
<u>Percentage of users satisfied with health provider</u>	--	--	68
<u>Percentage of households within 6km of a primary health facility</u>	75	75	76
ECONOMIC ACTIVITIES AND INFRASTRUCTURE			
<u>Percentage of adults whose primary activity is in agriculture, livestock or fishing</u>	73	62	57
<u>Mean area of land owned by rural households (acres)</u>	--	6.0	5.0
<u>Percent of rural population who live within 2 km of an all-season passable road</u>	--	--	61
<u>Percentage of households with a member with a bank account</u>	18	6	10

Annex E. Report of Proceedings Tanzania Stakeholders' Consultation

Save the Children/UNICEF Multi-Country Study: Social Transfers & Childhood Poverty

Dar es Salaam - TASAF Conference Room
12 November 2008: 9:00-11:00

I. Welcome/Introductions (*Mr. A. Kamagenge, CCT Coordinator, TASAF*)

The TASAF conditional cash transfer coordinator opened the consultation, welcoming participants, who introduced themselves around the table. Participants, numbering 17 in all, came from government (NBS); TASAF, the United Nations (UNICEF), research organizations (Ifakara Health Institute), and NGOs (Save the Children, Help Age International, Concern Worldwide, CARE). (*see full list in Annex*)

II. Opening Remarks (*Deborah Crowe, Country Director, Save the Children*)

The Country Director of Save the Children noted that social protection was very much on the agenda here in Tanzania, which is exciting for children, who make up 50% of the population, and their carers, many of them elderly. The government is currently finalizing the national social protection framework which will help guide efforts here in Tanzania. Meanwhile, cash transfers as one mechanism of social protection are increasingly drawing attention as potentially powerful instruments to alleviate poverty and improve well-being of the most vulnerable; however, most of the evidence on their effectiveness has come from experiences in Latin America. Policy makers in Africa need more evidence on how they are working in their own countries.

In Tanzania, where cash transfers could have potential in helping the government progress towards its social protection goals in MKUKUTA, TASAF is implementing a pilot project on cash transfers, accompanied by a rigorous research, monitoring and evaluation effort to assess the programme's effectiveness. A similar effort to complement this excellent work is now getting underway around the pilot cash transfer programme supported by Save the Children in Lindi, stimulated by the multi-country research initiative on cash transfers and child poverty which has been initiated by Save the Children UK and UNICEF and of which Tanzania is a part. A small reference group has been established in country to help guide the design and implementation of this research in Tanzania, but we now wish to gather additional views and guidance from a wider stakeholder group as we move forward.

III. Background on Research Project (*Jennifer Gibson, Lead Researcher, SC-UK/UNICEF Multi-country research design*)

The lead researcher for the design phase of the multi-country research initiative explained that Tanzania was part of a wider 6-country study that will take place over 5 years. Other countries involved include Kenya, Ethiopia, Malawi, Mozambique and Rwanda. The aim of the research initiative is two-fold: 1) to generate new evidence on the effectiveness of social transfer programmes in achieving impacts for children and their families and

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communities, and 2) to help ensure that such evidence is produced and disseminated in a way that is relevant for policy design and debate. Consideration of the study has been underway for a year now, with the current initiative the fruit of a partnership between Save the Children UK and the UNICEF Regional Office for Eastern and Southern Africa. The need for such of study was born out of a sense that the design and implementation of cash transfer programmes was outstripping the evidence base on their effectiveness and that – particularly in the context of sub-Saharan Africa, it was important to strengthen the evidence base on both processes and outcomes, engaging with a broad array of key stakeholders to find out what was most needed.

The scope of the study is limited to social transfers – mostly cash, but also, as in the case of Ethiopia, food. The focus is on assessing the impact of social transfers on children, their households and communities; investigating issues of design and implementation; and measuring cost effectiveness. Both quantitative and qualitative research methodologies will be used and the effort will strive to complement existing data collection processes and systems in each country. The countries involved in the study are all in different phases in their approach to social transfers and the study will need to take this into account. The purpose of the current design phase is to map out existing programmes, data collection, and evidence gaps; to develop an overarching methodological framework; and to identify key partnerships and relationships at all levels.

In Tanzania, the study will focus on 2 programmes – the TASAF conditional cash transfer pilot and the Save the Children unconditional cash transfer pilot in Lindi, with the comparative analysis of conditional and unconditional cash transfers an important element of the study. (*see attached powerpoint presentation*)

IV. Overview of TASAF CCT Pilot and Impact Evaluation (Mr. A. Kamagenge, CCT coordinator, TASAF)

The coordinator of the TASAF conditional cash transfer pilot gave an overview of the programme, which will be implemented in three districts of the country (Bagamoyo, Kibaha, and Chimweno), covering a 40 villages, with 2,000 households including 6,000 beneficiaries in total. Bi-monthly transfers of US\$12-36 will be provided (6,000 Tsh per adult and 3,000 per child), based on the food poverty line and assessments conducted by ILO. The Government of Japan is providing funding of US\$1.97 million for this, with additional resources from Government and the World Bank. The CCT will be implemented for 30 months (from mid-September to end of 2011). Currently, sensitization in the concerned villages has been conducted and targeting will start in mid November. Implementation of the baseline survey will start on 1 December. The project will be implemented by local government authorities (as in regular TASAF programmes). After successful piloting, the programme will be scaled up, with the aim of mainstreaming into the plans of local government authorities.

The M&E officer for TASAF noted that the design of the CCT pilot was closely coordinated with the process of evaluation, which consists of 3 main components: a baseline survey; the community score card and an impact evaluation (based on the baseline). The household survey will be conducted in two rounds. In between there will be a number of studies which will be

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helpful in refining tools. The community score card is introduced to assess the quality of delivery of cash transfers as well as assessing the quality of services provided in health and education. In TASAF II, the community score card is integrated as a means of quality control, with both providers and users able to contribute. This can help inform survey teams and consultant to adjust the questionnaire. The questionnaire is now in designed and the training of teams will soon start for the baseline. (see attached powerpoint presentation)

V. **Overview of Save the Children Lindi CT, (Derek Mbelwa, Save the Children)**

The Save the Children project started in 2007, with funding of 40,000 British pounds. Three studies were conducted in Lindi district in order to identify poverty issues, based upon which 60 vulnerable households in 3 villages were identified, in collaboration with the District Council, the ward office and village government, which came together to agree a list of names. The pilot was launched by President Kikwete in November 2007. Save the Children in cooperation with the District Community Development Officer provides monthly transfers to women who receive these on behalf of household. The amount is set at Tsh 6,000 per family plus Tsh 3,000 per vulnerable child within the household. Transfers per household range from Tsh 12,000 – 27,000 per month (depending on the number of vulnerable children). Save the Children plans to expand the project and – for the purposes of comparability within the study – make use of the same baseline evaluation and monitoring tools as TASAF.

VI. **Q and A and clarifications: based on key issues raised by participants**

- **Targeting issues:** One participant stressed that the issue of targeting needs further discussion. How is this being conducted? And how are beneficiaries being identified?

Save the Children explained that in Lindi three studies highlighting main categories and issues around poverty were used as the basis for the programme. These included the household economic analysis and two consecutive surveys on extreme poverty and cost of nutritional needs (in order to determine the hunger gap and how to feed the under 2's). Criteria for selection of beneficiaries included household heads and elderly persons not involved in labour; disability; and numbers of children under 5. Between 60-70% of households selected are female-headed and are elderly. For new households to be identified in the expansion of the pilot, a detailed nutrition survey will also be conducted to establish a benchline for monitoring. Targeting/selection went to final stages after consultation with village governments to produce final list of beneficiaries approved by village assemblies.

For TASAF: Slide 5 of the powerpoint presentation indicates eligibility criteria including: very poor households; vulnerable child or elderly person in HH; and households who are not receiving benefits from other programmes in cash or kind. For targeting (slide 6) the community management teams used in implementation of TASAF I projects will undertake data collection under the oversight of local government – they will go household to household with special form with 5-6 variables (including poverty variables and eligibility criteria variables). After this data is collected from all households, a committee will review and confirm accuracy, eliminating ambiguities and those who are not eligible through a proxy means test with variables added

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from the household budget survey. All information will be entered in computerized MIS (important as a basis for scaling up). Eligible households will be reviewed/approved by the Village Assembly, in accordance with local government act. So the targeting is based on ranking and pure poverty. Interested participants are invited to observe these processes in the field.

- **Conditions:** What are conditions of TASAF project? And why are there waivers on some of the conditions (for example in the case of children living far from schools).

TASAF pointed to Slide 9 to explain, first of all, why conditions? In line with MKUKUTTA poverty reduction goals, we need to focus on improving human capital indicators in the long term. This will ensure that households can get out of poverty. The TASAF conditions related to education (attendance in school) and health (participation in clinics for health and growth monitoring). In terms of exemptions from conditions – this was linked to supply and demand issues : if there are no schools available, you cannot penalize children for not going. Therefore, in places where facilities are far or weak, the CCT becomes like a CT (also when member of household is disabled, etc.)

- **Use of funds by recipients:** How are families using funds provided in Lindi project?

Based on Save the Children experience, most of the women are using the transfers to provide food to families and to bridge the gaps between harvest and the lean season. The transfers also allow them to purchase supplies and uniforms for children (their own and their relatives) to go to school (this is found to be a seasonal expenditure). Some women also bought clothes and invested in home improvements (new roofing); hiring labour for help on farms; starting/expanding small visits (for example chickens). Women also told of the relief they had from selling their own labour on other people's farms, with cash transfers freeing them up to spend more time on their own economic activities. It is also interesting to see what money is not being spent on: with severely malnourished children observed among participants in the programme, this issue needs further study. Women are keeping books on their income and expenditures (often recorded by children or husbands in the case of women who are illiterate). These provide a rich basis for analysis. As many women indicated that they were caring for children other than their own, it is important in the African context to use the household rather than the family as the unit of analysis.

- **Effect of rising food prices:** How is the consideration of an increase in food prices taken on in adjusting the amount families receive?

TASAF is exploring mobilization of additional funds to allow indexing of transfers to follow prices. Concern noted that in the experience of 2 cash transfers in Malawi, evaluations clearly showed that indexing is essential in order to maintain the entitlements of the beneficiary. It is recognized that this does make budgeting difficult but it is important.

- **Security concerns and social cohesion:** Are there any security issues arising around cash transfers and what are the effects on social dynamics within the community?

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For Save the Children, based on the Lindi experience, no households have reported feeling more insecure as a result of transfers – though there may be some effects on the strength of the social network. There was also a security incident related to the Cash Transfer Officer who was attacked in one village, presumably because it was believed he was carrying money. Moreover, in the emergency cash transfer programme implemented by Save the Children in Pemba (Zanzibar), security seems to be much more of an issue – now the officers only go out by twos and accompanied by member of village government. If things are not in order, distribution day is cancelled. This highlights the importance of meeting up with village authorities at outset and on ongoing basis. For TASAF, the security of the cash transfer officers is not considered so much an issue, as the TASAF teams are already used to handling money through their other programmes. But TASAF is also thinking of piloting the use of Vodacom for phone banking in order to facilitate the process (one of the main drawbacks is that so far funds cannot be withdrawn by a member of the committee on behalf of others).

- **Importance of linking investment to consumption:** It appears from the examples that most of the money received as cash transfers is spent on consumption, but not on investments. This is important to consider if the ultimate aim is to boost people out of poverty through capacity development

In a project in Ilongo and Kibero, women's groups are given cash transfers to increase both productivity and improve social outcomes - health conditions, etc. TASAF is also implementing two programmes: CTT and micro finance (the investment part of the project implemented in all 80 villages – both treatment and comparison villages).

- **Policy options: targeting vs universal benefits and issues of sustainability:** What we are discussing here is a cash transfer that is targeted, within the context of finite projects. Other countries are implementing universal cash transfers which then become actual entitlements that go on, but this does not seem to be discussed in Tanzania. Could the study bring out some of this comparative information to strike a balance? Also to look at what happens beyond the project period? This is critical.

The study organizers are grappling with ways of bringing these issues into the study. How could the experience with universal child benefits in South Africa, for example, be brought to bear on other country experiences? There could also be potential for modelling the costs of universal child benefits in particular countries. On what happens after a project, this study will be doing a panel survey at the end of 5 years, so there could be potential there. In terms of TASAF, while the TASSAF project itself is finite, there are plans to scale up into TASAF III, then the government should take over.

- **Coherence with other processes for identifying the vulnerable:** One participant wanted to know if targeting of vulnerable groups was being done in a manner consistent with the national MVC programme implementation guidelines, as laid out and agreed in the national plan of action for MVCs, noting that it was important to ensure consistency in the field and to link on this with the Social Welfare Department.

It was acknowledged that it was important to ensure an interface between the two processes and structures established for identification of vulnerable children (the

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Community management teams of TASAF and the MVC committees for the national MVC programme). Save the Children noted that it was a partner in the Implementing Partners' Group for Orphans and Vulnerable Children (IPG-OVC) and was working in Kibaha where they could help in this interface. TASAF noted that the project is designed in consultation with multiple stakeholders and they continue to learn from it.

VII. Thoughts Arising from Consultations (*Carol Watson, Research advisor, Joint SC-UK/UNICEF Multi-Country Study design*)

• Linking with national policy and policy monitoring processes

The research in Tanzania should be designed in such a way as to contribute to the evolving thinking around social protection and to support both the policy options and monitoring component of the national Social Protection framework. It should also fit into the broader MKUKUTA monitoring system and processes, through, for example, interaction around Cluster II priorities within the technical working groups established to guide that process along (Research and Analysis Working Group; Working Group on Census and Surveys; Communications Working Group). It is important that the findings from the study and its various components reach high level policy makers not just at the end point (after 5 years) but through periodic reviews of emerging findings along the way and the organization of policy discussion fora, which should be planned as an integral part of the study. The monitoring and study of the cash transfer programmes themselves should also be accompanied by research and analytical work to support the government in its review of policy options through, for example, an analysis of fiscal space for social protection; a comparative cost-benefit assessment of universal benefits and targeted transfers; and other topics which might emerge as priorities through the course of the study and the implementation of national policy.

• Strengthening district-level monitoring systems

The study offers a unique opportunity to help strengthen the capacity of local government authorities to monitor social conditions at the district level and to contribute in this way to a key priority of the local government reform programme. Working in close coordination with district planning departments, efforts should be made to link into and strengthen the local government monitoring database (LGMD) by feeding into it the key indicators for monitoring vulnerable groups; a complementary focus should be on strengthening the two-way flow of information from village/community to district, and to enhance inter-sectoral data flows and monitoring at each level.

• Seeking innovative methodologies

While the primary data collection and monitoring tools for the study will be those developed for the TASAF programme, there is scope for additional components, for example, to enhance qualitative assessment of changes over time; to foster participatory monitoring processes, including the participation of children in monitoring the impact of the programme; to build in time-use modules to more fully assess changing household dynamics; and to adapt components from other longitudinal research efforts around children such as the Young Lives programme.

• Creating and sustaining multi-stakeholder partnerships

Effective partnerships guided by a clear partnership framework or reference group will be critical to the success of the study. Such partnerships should embrace all levels and include representatives of research organizations/university structures; national statistical units; district level planning officers and village government.

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External partnerships will also be important, with the most effective modalities for technical assistance and inputs to be discussed and determined.

VIII. Final Discussion Points and Debate: Plenary participants

- a. What are the key issues/questions that must not be left out?
 - b. How do make this policy-relevant?
 - c. What kinds of structures for getting it done?
- **Concern for social cohesion:** In discussing cash transfers, we seem to be thinking of their impact on poverty reduction alone, but we should also look at their impact on social cohesion for that is part of the broader perspective on social protection. In the case in Tanzania, the recent introduction of means-testing into student loan boards for higher learning has created enormous problems. So too, cash transfers may be starting to create lack of social cohesion within the community. We might therefore end up with poverty reduction but increase in social dissolution. From this perspective, errors of exclusion are more dangerous than errors of inclusion and should be seen as so, so maybe a universal benefit is better.....Some may object that it is too expensive, but we need to way – expensive compared to what? What is the cost, for example, of students staying out of higher learning institutes and the attendant social disruption?
 - **Generation of evidence for scale up:** The aim of a pilot project should not be to reduce poverty, but to generate evidence for effective mechanisms that can be replicable at national level for the purpose of poverty reduction. We may therefore need to rethink the system to ensure that it is simple enough for replication.
 - **Cost-benefit analysis:** It is important to look at cost-benefit analysis linked to fiscal space. Evidence from other countries shows that social protection is one of the best ways to generate growth – we need evidence from the pilot. We also need to have pilots that will be scaleable – but is the conditionality really scalable given the need for monitoring compliance and administration? Based on some experiences elsewhere, the conditions applied are almost always met in any case, so you can get the same outcomes without conditions.
 - **Need for high level policy fora and debate:** There is some evidence on costs and affordability, for example from ILO, that universal benefits at national level are affordable, but the Ministry of Finance has not really been brought into the debate – only the Poverty Eradication Division. We need to engage other people from the Ministry of Finance and to call high-level meetings with key Permanent Secretaries.
 - **Importance of sustainability:** This is a five-year study – but have we considered impact of projects stopping? Issue of sustainability is key in this programme. Is the TASAF programme only a conditional cash transfer or will it come as a package with other programmes, for example training in savings, investment? The TASAF programme should talk about cash transfer with micro-finance at the same time.
 - **Need for clear evidence:** It is clear that we need further evidence on programmes one way or another. Several initiatives are underway, but we need to know their strengths and weaknesses. Maybe the multi-country study can come up with recommendations on how best to do these cash transfers

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- **Household profiles:** Given that cash transfers are now underway, it would be useful if this study could bring up the profile of the head of household, which might lead to better design of other benefits, as for example in education or training.
- **Social welfare and health:** It is important to link together social welfare with health provision – point of use of cash in different households and levels of capacity around social welfare.
- **Micro Finance:** Care International for next 5 years has a signature programme looking at micro-finance – so if the study is looking across the 6 countries on particular research countries – this might be an idea.
- **Fora for information and experience exchange:** One participant expressed the hope that the research programme will allow networking and experience exchange among the different countries involved. It was agreed that this was an important component.

IX. Going Forward: Timeline, Communication, Additional Contacts/People

The Lead Researcher provided participants with an overview of the next steps going forward. Completion of the study design is expected by April 2009, with the actual study commencing in Summer/Fall 2009. Over the next five months, the research team will visit the remaining five countries involved in the study to consult with stakeholders and better understand how their social transfer programmes are working. The research team would like to keep in touch with everyone present and will do so via TASAF, Save the Children and UNICEF. The first opportunity for this will be towards the end of 2008 when the draft country report will be ready for circulation. If anyone knows of other people the research team should be consulting who may not be present, please do let them know.

The TASAF CCT coordinator summed up the meeting, noting that discussion had been interesting and relevant. All of these issues need dialogue, debate and clear evidence. That is why TASAF – along with its pilot – has a rigorous monitoring system including to look at scaling up. Targeting must be simple and we need to have something that can be managed by the communities themselves. In TASAF – one of the innovations, is implementing a CTT within a social fund – the social fund itself already bringing a lot of benefits. Independent evaluators are looking at TASAF's targeting of vulnerable groups, though not those involved in the CCT. TASAF is linked into national policy processes and will keep informing the social protection framework and the broader poverty monitoring of MKUKUTA. It is also linked into the RAWG and the Census and Survey working group of MKUKUTA Monitoring System. So we need to ensure that we remain closely linked to national policy structures and processes – otherwise we will remain pilots forever.

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