Adolescence is a critical period in life in which experiences related to schooling, sexual debut, and marriage can have a long-lasting impact on individuals’ earning potential, exposure to violence, agency in marriage, health, and other well-being outcomes. Tanzania has a large adolescent population who will soon enter in their productive years. This population presents a unique opportunity in the form of a so-called “demographic dividend” which Tanzania can harness for accelerated economic growth, peace and stability. Nevertheless, adolescents in Tanzania face many risks related to early pregnancy, early marriage, violence, barriers to school attendance, and limited economic opportunities.

Cash transfers have been highlighted as a successful strategy to facilitate safe transitions to adulthood, as there is evidence across the region that they increase school attendance, improve mental health, and delay sexual debut, reduce transactional and age disparate sex, as well as first pregnancy (Baird et al. 2014; Handa et al. 2014, 2015; Kilburn et al. 2016; Cluver et al. 2013). However, the potential for cash transfer programmes to improve youth well-being and facilitate a safe transition to adulthood had previously not been examined in Tanzania, where a massive scale-up of a government cash transfer programme was carried out in 2015.

To fill this gap, UNICEF’s Office of Research – Innocenti and Policy Research for Development (REPOA Tanzania) conducted a mixed method evaluation to examine impacts of Tanzania’s government cash transfer programme, the Productive Social Safety Net (PSSN) on youth well-being and transition to adulthood.

THE PRODUCTIVE SOCIAL SAFETY NET PROGRAMME

Tanzania’s PSSN, implemented by the Tanzania Social Action Fund (TASAF) was established in 2000 and has expanded though several phases. The third and current phase supports the implementation of a national social protection programme targeted at poor and vulnerable households and aimed at improving beneficiaries’ consumption, human capital accumulation, ability to smooth consumption and deal with shocks, and increase access to services.

The programme reaches around 1.1 million households (approximately 10.5 percent of the population), and the primary recipients are adult women. Figure 1 gives an overview of the different programme components.

THE EVALUATION

The study was implemented between August-October 2015 and March-May 2017 and was designed as a randomized controlled trial. Baseline and endline data were collected in 36 control and 48 treatment communities from a total of 8
districts. Among the treated communities, 29 received only CCTs and 19 received CCT plus PWP. Implemented as part of a larger evaluation overseen by REPOA to examine the impacts of the PSSN on women’s empowerment, the final sample for the youth evaluation consisted of 1,357 youth (in 801 households) aged 14-28 years at baseline, and 1,397 youth (in 766 households) aged 15-30 years at endline.

The randomization was successful, meaning that those receiving the intervention were statistically equivalent to those not receiving it before the programme started, with respect to individual- and household-level characteristics. In addition, 17 youth from this sample were administered in-depth interviews to identify pathways of impact.

Surveys were administered with communities, households, and youth. The quantitative youth survey was multi-topical and included outcomes such as school attendance, aspirations, mental health, and violence. In addition, information on children’s time use and schooling was collected from the household questionnaire, both for youth and for children aged 4-16 years at baseline.

**MAIN FINDINGS**

**Education**

Among children, the PSSN increased school attendance by 5 percentage points, a 7 per cent increase over the control group average of 70 per cent at endline. Literacy increased by 6 percentage points, a 10 per cent increase over the control group average of 55 per cent at endline. Among youth (14-28 years), however, the programme did not translate into an improvement in educational outcomes. This is probably due to the high opportunity cost of school attendance, where youth may be pulled into work and school attendance means forgoing potential earnings.

**Economic Activities**

Among children, participation in household economic activities (such as livestock herding) increased as a result of the programme. This was offset by a reduction in paid work outside the household. For youth, a similar pattern was found. Besides livestock herding, youth (presumably those aged 18 and older) also substantially increased participation in the TASAF Public Works.

**Material Well-being**

Youth living in beneficiary households (especially female beneficiaries) experienced an improvement in their material well-being, measured with indicators such as ownership of shoes and blankets.

**Mental, physical, and subjective well-being**

The PSSN improved subjective well-being and aspirations, such as increased autonomy and, among females, self-assessed wealth and household decision making—however did not improve measures of depressive symptoms.

**Sexual and reproductive health**

The PSSN increased contraceptive knowledge among females. However, the PSSN did not delay sexual debut, pregnancy, or reduce transactional sex and perceived HIV risk.

**Emotional, physical or sexual violence among females**

No effects were observed in relation to violence experienced by female youth.

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**The Cash Transfer provides**

- TZS 10,000 (~US$5 ) unconditional benefit
- TZS 4,000 (~US$1.8 ) unconditional benefit for each child if the household has a child under 18 years old
- TZS 4,000 (~US$1.8 ) for each child under 5, conditional on compliance with required health check-ups
- TZS 2,000 additional for each child (up to 4 children), conditional on enrollment in primary school
- TZS 4,000-6,000 (~US$1.8-2.70) additional for each child, conditional on enrollment in lower or upper secondary school
- Maximum monthly transfer of TZS 38,000 (~US$18)

**The Public Works or ‘cash-for-work’ provides:**

- TZS 2,300 per day (US$ 1) for one able bodied adult per household aged 18 and over for up to 60 days in four months.
DISCUSSION AND POLICY RECOMMENDATIONS

This evaluation highlights both the positive impacts of the PSSN and the limitations of the PSSN programme alone to solve structural and behavioural problems that are related but do not only depend on disposable income.

On the one hand, we see an income effect where the programme helps beneficiaries to meet immediate needs, such as ownership of shoes and blankets. The programme is also successful in increasing income-generating activities (such as livestock herding and public works) and children’s school attendance. We also observe some increased knowledge on use of contraceptives among women, as well as an improvement in some aspiration and subjective well-being measures.

On the other hand, the programme does not affect other indicators measuring safe adolescent transition to adulthood, such as violence against women, sexual behavior, or mental health outcomes. Complementary interventions (often referred to as “Cash Plus”), such as facilitation of linkages to services, supply-side strengthening (improving the availability and quality of schools, for example), and more information and education regarding sexual and reproductive health may be needed to strengthen the impacts of cash transfers.

Recognizing these gaps and building on the livelihood enhancement component of the PSSN, TASAF, in collaboration with UNICEF and the Tanzania Commission for AIDS (TACAIDS), is currently piloting a ‘Cash Plus’ Model on Youth Well-Being and Safe, Healthy and Productive Transitions to Adulthood, and research on this initiative is on-going.

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