UJANA SALAMA: CASH PLUS MODEL ON YOUTH WELL-BEING AND SAFE, HEALTHY TRANSITIONS – MIDLINE FINDINGS

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INTRODUCTION

This brief presents the midline impacts of the Cash Plus program implemented in rural Tanzania by the Tanzania Social Action Fund (TASAF). The pilot, known as "Ujana Salama" meaning "Safe Youth" in Swahili, is operated within the Government of the Republic of Tanzania's Productive Social Safety Net (PSSN), with technical assistance from UNICEF Tanzania and the Tanzania Commission for AIDS (TACAIDS). The Cash Plus programme targets adolescents in households receiving the PSSN (comprised of cash transfers, public works, and livelihoods enhancement) and is designed to fit within the PSSN's Livelihoods Framework.

Adolescents in rural Tanzania face multiple health and economic risks, even those adolescents living in households already benefiting from the PSSN programme. Social protection is increasingly recognized as an important tool to invest in adolescents and ensure they become healthier, more productive adults. Investing in adolescents has important implications for poverty reduction and economic growth, given other simultaneous, facilitating factors, such as investments in infrastructure and creation of enabling environments for labour-intensive job growth. The Cash Plus programme is motivated by evidence that social protection in the form of cash transfers can positively influence youth well-being.[i] However, they are rarely sufficient to overcome the interrelated risks associated with adolescence.[ii] As outlined in the Cash Plus baseline report, youth in PSSN households still face myriad challenges, such as school drop-out, early pregnancy, sexually transmitted infections (STIs) including HIV, violence, abuse and exploitation. Lack of economic opportunities further hinder adolescents' safe transition to adulthood. To address these challenges, the Cash Plus intervention leverages the impacts of the PSSN with complementary programming, including training and linkages to services to respond to their unique vulnerabilities. The ultimate objective of this programme is to facilitate safe, healthy and productive transitions to adulthood. The programme also aims to build on and further strengthen existing Local Government capacity and services related to adolescent health, livelihoods and social protection.

UJANA SALAMA: THE CASH PLUS PROGRAMME

Layered on top of the existing PSSN, Ujana Salama includes three components: 1) livelihoods and sexual and reproductive health (SRH)-HIV life skills training, 2) post-training mentoring and asset transfers, whereby adolescents are connected with mentors who coach them about livelihood options and life concerns, and receipt of productive grants to realize their schooling, vocational or business plans and 3) supply-side (health facility) strengthening and facilitation of linkages to adolescent-friendly services related to HIV, SRH and violence response.

Two Project Authority Areas (PAAs) were chosen to implement Ujana Salama, based on overlaps between TASAF priorities and regions in which UNICEF was supporting existing programmes.[iii] These PAAs cover four districts in Southern Tanzania: Mufindi/Mafinga in Iringa and Rungwe/Busokelo in Mbeya. Face-to-face training for adolescents was delivered over a 12-week period between February and May 2018. Facilitators met with youth groups in each village for two-to-four hours once a week for ten weeks, preceded by an opening week and followed by a closing week. Livelihoods and HIV/SRH training occurred jointly in each session (one-two hours for each), covering the following topics:

Figure 1: Main Training Topics

Livelihoods

- Dreams and goals
- Entrepreneurship skills
- Business plans and record keeping
- Savings

HIV & SRH

- Coping with puberty
- Relationships
- HIV knowledge, prevention and protection
- Sexual risk taking and protection
- Pregnancy and family planning
- Violence and gender-based violence
- Addressing negative gender attitudes and norms
- Alcohol and drugs
- Healthy living and nutrition

Post-training, coaching and mentoring is expected to continue for at least nine months, during which period adolescents who have attended trainings and developed a plan (either for a business, or to continue education/vocational training) will receive an asset transfer (equivalent to 80 USD, received in two disbursements).

EVALUATION

To understand effectiveness of this programme, an impact evaluation is being led by UNICEF Office of Research – Innocenti and Economic Development Initiatives (EDI) in collaboration with TASAF, TACAIDS and UNICEF Tanzania.

The evaluation uses a cluster Randomized Control Trial (cRCT) design, whereby 130 clusters (villages) were randomized into two study arms: 1) Cash Plus villages receiving the PSSN cash transfer combined with adolescent-targeted "plus" elements (intervention/treatment arm), and 2) PSSN only villages, receiving cash only (control arm). Hence, we identify the impact of the Cash Plus component among youth in households receiving PSSN cash transfers. The on-going evaluation is a multi-year, longitudinal, mixed-method study, including a baseline (2017), midline (2018), and endline (expected 2019) surveys.[iv] Quantitative data were collected from health facilities, communities, household heads/caregivers, and adolescents. Additionally, qualitative data (in-depth, semi-structured interviews) were conducted with a sub-sample of 32 adolescents. The midline evaluation was conducted immediately after the 12 weeks face-to-face training on livelihoods and life skills, but before the mentoring and asset transfers.

Youth quantitative questionnaires are multi-topical and based on the program's theory of change, as described in the baseline report. Questionnaires capture both intermediate outcomes (related to knowledge and aspirations), expected to change in the short-term as a result of the training component, and mid- to long-term outcomes (behavioural changes), expected to change after implementation of all Cash Plus components (training, mentoring, asset transfers, service strengthening and linkages to services):

Figure 2: Key Outcomes

Short-term: educational and occupational aspirations; gender-equitable attitudes; knowledge of modern contraceptives; knowledge of HIV prevention; and knowledge of where to seek SRH/HIV and violence response services.

Mid- to long-term: youth employment opportunities and income-generating initiatives; schooling and training attainment; increased ability to seek appropriate SRH/HIV and violence response services; delayed sexual debut, marriage and pregnancy; reduced engagement in exploitative sexual partnerships and HIV risk behaviours; improved mental health; and reduced violence victimization.

Youth in both study arms were interviewed at both survey waves. At baseline, the sample included 2,458 adolescents aged 14 to 19 years. Of these, 2,104 were re-interviewed at midline, representing a re-interview rate of 86 percent. The findings described in this brief are based on data from those adolescents who were interviewed at both baseline and midline, also referred to as the "panel sample". The percentage of youth who were lost to follow up was similar in intervention and treatment villages and baseline characteristics remained balanced between study arms in the panel sample.

For the quantitative analysis examining impacts at midline, we used baseline and midline data from adolescents in intervention and control villages and compared changes over time between the two groups.[v] For the qualitative analysis, we explored mechanisms and pathways for impacts.

MIDLINE FINDINGS

At midline, we observe positive effects on some short-term outcomes, including those related to SRH and HIV knowledge and gender-equitable attitudes. These findings underscore how, at this point in the intervention, adolescents may begin to gain new knowledge and think about their future in different ways. However, exposure to the intervention by midline was relatively short and other components had not yet been implemented. Other effects such as changes in behaviors and experiences may take longer to materialize. For these reasons, we do not observe at midline impacts on mid- and long-term outcomes such as sexual debut, partnerships, health-seeking, and violence experience.

Schooling, economic participation, and aspirations

- The programme increased youth participation in economic activities. This increase is mostly driven by increased participation in livestock herding for the household and could also be the result of youth having started their own herding activities. From the qualitative interviews, we saw that adolescents view livestock herding as represent an intermediate step to accumulate resources to be later invested in education or a new business. Higher participation in livestock herding did not, however, result in higher number of hours spent in economic activities.
- Youth engagement in household chores was not affected by the program, except for higher participation (and hours) in collecting firewood.
- The Cash Plus training sessions were held outside schooling hours, so that the program did not increase school dropout. In fact, the programme had a protective effect against school drop-out among female adolescents over the age of 16.
- The programme did not affect educational aspirations.
- The programme increased the percentage of adolescents who want to become a business owner.

HIV, SRH, and linkages to services

- The programme increased HIV prevention knowledge among females, but not males. The programme increased girls' knowledge that sex with one uninfected monogamous partner can reduce HIV risk. As males have, in general, higher HIV and sexual and reproductive health-related knowledge, our results mean that the program is helping girls to catch up.
- On other HIV-related knowledge indicators (whether mosquitoes or food transmit HIV), there were high levels of accurate knowledge at baseline (over 90 per cent) and thus little room for improvement as a result of the programme. Indeed, there were no impacts on these indicators, nor on knowledge that regular condom use reduces HIV risk.
- The intervention increased knowledge of one or more modern contraceptive methods. Again, the impact is driven by the female sample. Moreover, as a result of the intervention, youth were less likely to report that they did not know about contraception or condoms (stronger impacts were seen among girls than boys).
- There was no increase in the number of adolescents seeking SRH or HIV testing, services, or treatment. However, among those seeking services, there was a shift in types of services sought: adolescents participating in the programme were more likely to seek prevention-related services and less likely to seek pregnancy-related care, as compared to adolescents in the control group.
- Health services are getting more adolescent friendly over time, although no impact was observed on the topics discussed or the perceived quality of services as a result of the intervention.

- No impacts were found on partnership formation, sexual debut and characteristics of first sex; fertility or contraceptive use, transactional sex, or perceived HIV risk or testing.

Gender equity, violence reduction, mental health and attitudes

- The Cash Plus intervention increased gender equitable attitudes among males (but not females), particularly in the domains of violence and domestic chores.
- By midline, the intervention had no impact on adolescents' experience of emotional, physical, or sexual violence.
- With regards to mental health, there were no impacts on adolescent reports of depressive symptoms or self-perceived stress.
- The programme did not have an effect on life satisfaction, self-esteem, locus of control, entrepreneurial drive, or perceived social support.

CONCLUSIONS

Cash Plus programme examined here aims to leverage the impacts of cash by providing youth with additional training around livelihoods and SRH/HIV, mentoring and asset transfers, and facilitation of linkages to adolescent-friendly SRH/HIV services.

Findings from midline showed positive impacts of the program on HIV and SRH knowledge, increased gender-equitable attitudes, and increased aspirations to run a business. However, adolescents must translate this newly acquired knowledge and aspirations into practice, and these behavioral changes may take longer to materialize. Thus, we may expect to detect impacts on these behaviours (contraceptive use, risky behaviors, visits to health facilities, economic initiatives) and experiences (violence and exploitation, early pregnancy, and marriage) after the next phase of the program (mentoring, asset transfers, and facilitation of linkages to adolescent-friendly SRH/HIV services).

Findings from this study will provide further insights into the effectiveness of a cash plus intervention implemented within an existing government-run social protection program, and contribute to understanding how "plus components" within national cash transfer programs can contribute to safe transitions to adulthood for youth in Tanzania, Sub-Saharan Africa and globally.

Funding for this pilot and evaluation has generously been provided by Oak Foundation and UNICEF. Additional funding for the evaluation was provided by DFID and Sida, both through a grant to UNICEF Office of Research—Innocenti supporting the Transfer Project. Additional funding for implementation activities was provided by Irish Aid.

For more information on the programme and midline findings, see the full report (available online at https://transfer.cpc.unc.edu/tools/reports/tanzania-reports-2/): Tanzania Adolescent Cash Plus Evaluation Team. (2019). Impact Evaluation: Midline Report. UNICEF Office of Research and EDI. Florence, Italy/Dar es Salaam, Tanzania.

i Handa, S., Halpern, C. T., Pettifor, A., & Thirumurthy, H. (2014). The government of Kenya's cash transfer program reduces the risk of sexual debut among young people age 15-25. *PLoS One*, 9(1), e85473-e85473. Heinrich, C. J., Hoddinott, J., & Samson, M. (2017). Reducing adolescent risky behaviors in a high-risk context: The effects of unconditional cash transfers in South Africa. *Economic development and cultural change*, 65(4), 619-652.

ii Watson, C., & Palermo, T. (2016). Options for a "Cash Plus" Intervention to Enhance Adolescent Well-being in Tanzania: An introduction and review of the evidence from different programme models in Eastern and Southern Africa.

iii For administrative purposes, TASAF refers to geographic areas of program implementation as Project Authority Areas (PAAs). On the mainland, these are the same as local government councils. Then, within PAAs there are wards, and within wards, villages/mitaas (a mtaa is an urban administrative unit in urban areas, equivalent to a village in rural areas).

iv Randomization took place in 2017, after baseline implementation, and was stratified by PAA and village size (large vs. small villages).

v We use an Analysis of Covariance (ANCOVA) specification, where we control for the baseline value of the considered outcome.