

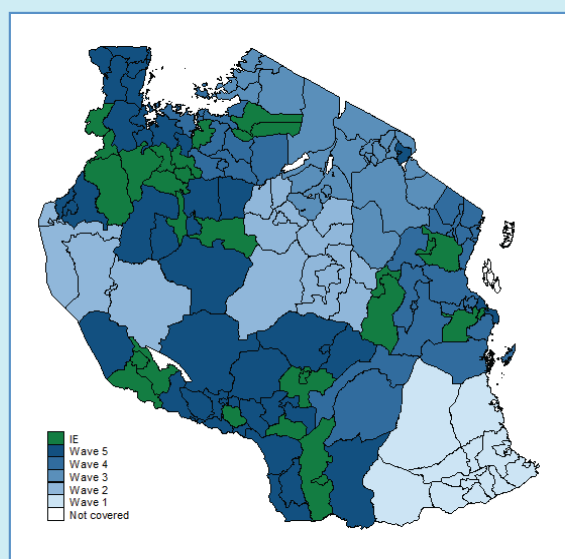
TANZANIA SOCIAL ACTION FUND - PRODUCTIVE SOCIAL SAFETY NET PROGRAMME

FINDINGS FROM THE IMPACT EVALUATION



Structure of monthly benefit to household

TZS	USD	Condition
34,500	15.0	Public Works participation
6,000	2.6	Per child in upper secondary
4,000	1.7	Per child in lower secondary
2,000	0.9	Per child in primary
4,000	1.7	Per under 5 with health visits
4,000	1.7	HH with children
10,000	4.3	Extreme Poverty
38,000	16.5	CCT maximum (excl. PWs)



TANZANIA SOCIAL ACTION FUND

Productive Social Safety Net Programme

Objectives: 1) Increase income and consumption; 2) Improve the ability to cope with shocks; and 3) Enhance and protect the human capital of children

Tanzania:
- Poverty 29%
- Extreme poverty: 11%

Public Works

34,500 TSH/month (\$15)
beneficiaries 257,869

Livelihood Enhancement

- Skills; Savings; Mentoring; Productive grant
- Design and Pilot stage

Conditional Cash Transfer (CCT)

Flat rate of 10,000 TSH/month + top up for children conditioned on schooling and health visits (21,000 TSH average monthly payment = 21% of median household consumption)
1.1 million beneficiary households (about 10% of the population)

CCT Impact Evaluation

- Component 1 (Overall IE): RCT – CCT/CCT+PWs/Control (110 villages each) for 7,480 households - focus on health, education, and food security impacts, baseline (mid 2015), mid-line (mid-2017), and end-line (mid 2018)
- Component 2 (Women Empowerment): RCT – CCT (35 villages)/CCT+PWs (26)/Control (41) – 1,935 households - focus on production, resources, income, leadership, time. Baseline (mid-2015), mid-line (mid-2017), and end-line (mid 2018)
- Component 3 (Youth Well-Being): RCT – sub-sample of component 2, 1,357 youth aged 14-28 years, baseline Q3 2015, end-line Q2 2017, focus includes HIV-risk, mental health, sexual behaviour, and physical and emotional violence. Qualitative research on child labour focusing on children's involvement in productive work and household chores

Cash Plus Impact Evaluation

- Objective: To what extent can a Cash Plus intervention positively impact adolescent well-being and transition into adulthood
- Intervention: Livelihood & Sexual + Reproductive Health skills training, Mentoring, and Vocational Training/ Productive Grant for Adolescents 14-19 years in PSSN households, supported through SRH messaging and referral to SRH services]
- Research Design: RCT [Treatment = 2,500 Adolescents in intervention group vs. Control = 2,500 Adolescents in PSSN families]
- Two districts in South West Tanzania (Rungwe and Mufindi)
- Baseline: May-June 2017, Mid-line: April 2018, End-line: end 2018

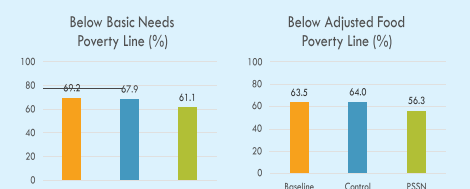
COMPONENT 1: OVERALL IMPACT EVALUATION – SELECTED MAIN FINDINGS

PSSN Impact Evaluation Midline Preliminary findings: Country's overall economic situation improved, the PSSN generated additional benefits for the poorest.

- The program reduced poverty**, both as measured by basic needs and adjusted food poverty lines, by an additional 10% and 12% respectively
- Evidence of significant productive impacts:**
 - Increased savings and asset accumulation, which can increase households' potential to derive income and resilience to future shocks
 - Intensified farming activities and utilization of agricultural inputs that are linked to improved agricultural productivity
 - Increased self-employment, linked to higher income levels and higher productivity
- While enhancing and protecting human capital of the children and the entire household**
 - Increased food consumption and dietary diversity, which can help children learn more at school and adults be more productive at work
 - Encouraged households to enroll children in school, which can contribute in the long term to a more productive workforce and break the poverty cycle
 - Increased health visits, and health insurance registration tripled

The PSSN further reduced the share of households living under the absolute poverty line

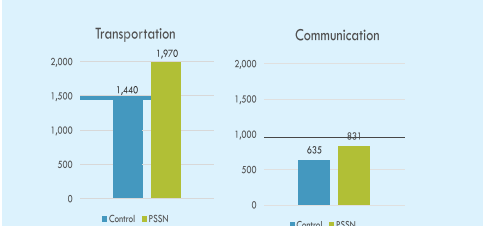
- In absence of the program, and thanks to improvements in Tanzania economic situation, basic needs poverty decreased (1.8%) compared to baseline
- However, there was a slight increase in the adjusted food poverty (0.7%)
- Separately, the program generated an additional decrease in poverty of 10% and 12% respectively



- CCT and CCT+PW have similar effects, so pool together as "PSSN"
- All results reported are statistically significant unless otherwise specified

PSSN increased expenditure on transportation, communication

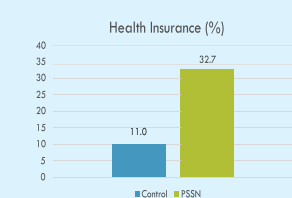
- Expenditures on transportation, communication and other items increased by 30.9% respectively



- All expenditures measured per adult equivalent (monthly, Tanzania shillings)

No effect on health expenditure, but program increased registration to health insurance threefold

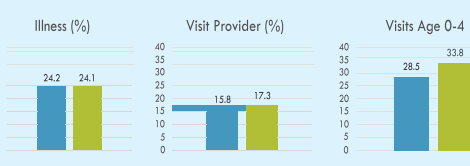
- No impact on health related expenditures
- Partly explained by the threefold increase in share of households having at least one member registered under Community Health Fund (increase by 21.7 p.p.)



- Registration to CHF is not a PSSN co-responsibility, however, the program has made important efforts to promote enrolment. This is in line with findings from spot checks

Visits to health provider increased, impact was driven by under 5's

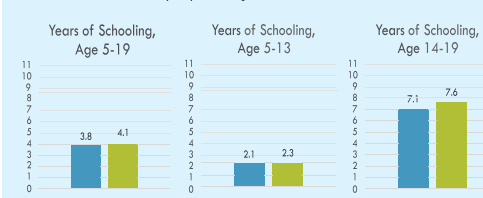
- Likelihood of visiting a health provider increased by 2.5 p.p., accompanied by a small but significant decrease in the likelihood of being ill
- Consistent with PSSN co-responsibilities, this impact was driven by under 5's (increased by 5.3 p.p.)



- But no impact on pre and post-natal health visits, probably due to already high levels at baseline, consistent with spot checks results

Even in such short term, the program enabled better educational attainment

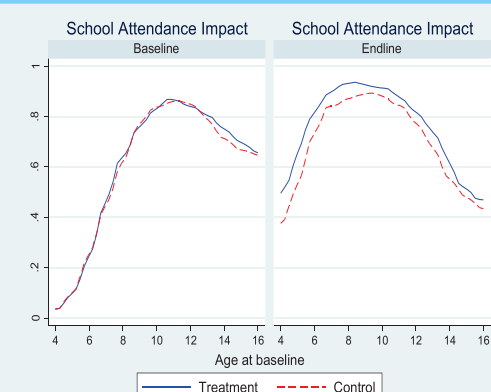
- Slight but significant increase in educational attainment for ages 5-19 by 0.4 years
- Good result given short duration of intervention
- This result was driven by impact on girls



OVERALL IMPACT EVALUATION PARTNERS: TASAF, NATIONAL BUREAU OF STATISTICS, AND WORLD BANK

COMPONENT 3: YOUTH WELL-BEING IMPACT EVALUATION – SELECTED MAIN FINDINGS

PSSN Youth Wellbeing Impacts on school attendance for children ages 4-16 at baseline



PSSN Youth Wellbeing Impacts on aspirations, social support Youth ages 14-28 at baseline

	PSSN Impacts			Endline control average
	All	Females	Males	
Exhibits depressive symptoms**	-	-	-	0.60
Snyder hope scale (6-30)	-	-	-	19.07
Self-rated health (same/better than last year)	-	-	-	0.87
Enhanced Life Distress Index (0-65)*	-	-	-	13.21
Self-assessed wealth (1-10)*	-	0.46	-	2.61
Can make household decisions (1-10)*	-	0.78	-	4.14
Autonomy 'has control over their life' (1-10)*	0.37	0.67	-	4.16
Multidimensional scale of perceived social support (1-5)	-	-	0.20	3.46

Impacts are only reported if statistically significant. The sign ** indicates non significant impacts.
*Data collected at endline only.
**Scores 10 or above on the Center for Epidemiological Studies Depression (CESD) short form scale

PSSN Youth Wellbeing Impacts on Education & Economic Activities Youth Ages 14-28 at Baseline & Endline

	PSSN Impacts			Endline control average
	All	Females	Males	
Currently attending school	-	-	-	0.19
Can read and write	-	-	-	0.77
Any economic activities last year*	-	-	-	0.67
Farm work for the household	-	-	-	0.59
Livestock herding for household	0.11	0.09	0.14	0.27
Fishing for the household	0.02	0.04	-	0.00
Household non-farm business	-	-	-	0.09
Paid work outside household	-	-	-0.02	0.22
Participation in TASAF PWP	0.10	0.09	0.11	0.00
Any household chores*	-	-	-	0.65

Impacts are only reported if statistically significant. The sign ** indicates non significant impacts.
* Data collected at endline only.

YOUTH WELL-BEING IMPACT EVALUATION PARTNERS: TASAF, UNICEF, AND REPOA

CASH PLUS IMPACT EVALUATION

CASH PLUS THEORY OF CHANGE



Intervention increased economic activities

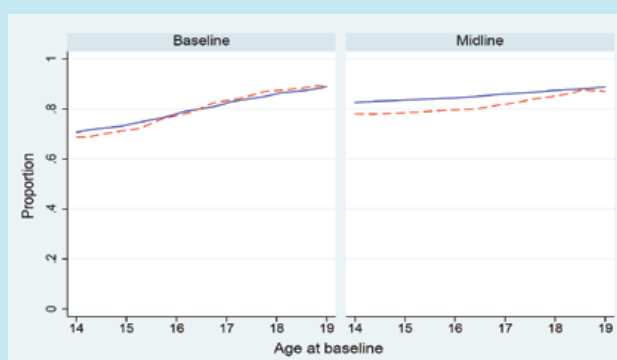
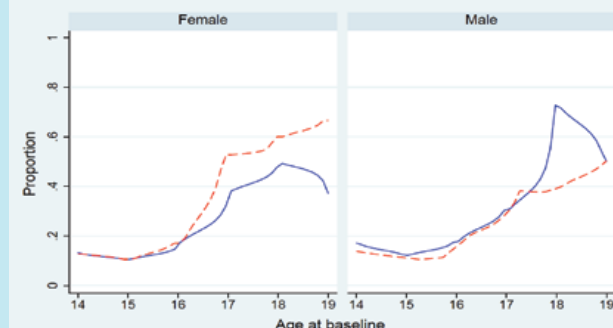


Figure 8.2. Youth participation in any economic activities, by interview wave and treatment status.

Protective effects: Youth school dropout between baseline and midline



Proportion who dropped out of school by midline, by gender and treatment

SELECTED MID-LINE FINDINGS

Adolescent views: Economic Activities

Qualitative findings elaborate the difference in those who conducted a business before and after livelihood training.

Me, before I started training I was cooking buns, but after I started training we were taught simple business plan, I started selling soap, salt and juice. Female, 14 years, Rungwe

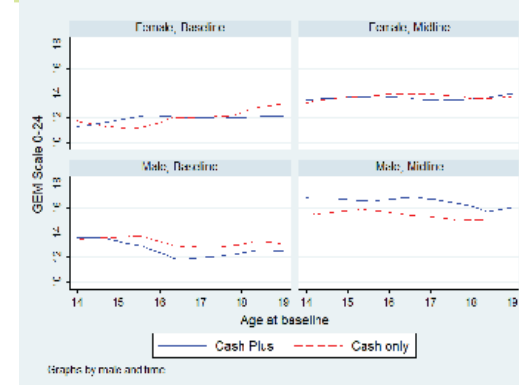
Participants who reported having started businesses prior to the training cited financial difficulties at home as the main reason for their interest in business:

I mean, you look at how the system of life goes at home, and a person when you reach 16 or 17 years, you must know how life goes. You will be surprised you need money and then you ask from Mama and Mama says she doesn't have, that's why you have to evaluate and act. Female, 15 years, Rungwe

Despite a lack of quantitative impacts on entrepreneurial aspirations, in an in-depth interview, one male adolescent describes his aspirations that are focused on improving his family's living conditions in terms of food and shelter:

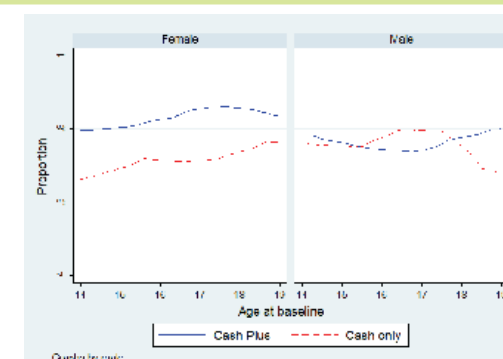
Another thing, if I had at least a little money to roof this house [pointing at the unroofed house] for our mother to live in. She lives there, the situation is difficult but we still depend on her. I have plans to do small business to earn some money, so my younger siblings can eat, live in a good house... (M19 years, Rungwe)

Intervention increased gender equitable attitudes, particularly among males



GEM Scale, by gender, treatment and time

Intervention increased HIV prevention knowledge



Proportion of youth that know sex with one uninfected monogamous partner can reduce risk of HIV, by gender and treatment

Cash Plus mid-line evaluation: Conclusions.

- Adolescent Cash Plus intervention is:
 - Addressing multiple vulnerabilities of adolescents in Tanzania
 - Informing programmes which can run on a government platform
 - Providing evidence on a pilot within extremely poor, marginalized youth
- After 12 weeks of training, positive impacts on knowledge and attitudes:
 - Participation in economic activities
 - More gender equitable attitudes
 - More knowledge of modern contraceptives
 - Increased knowledge of HIV prevention
- Changes in behavior take more time, and we will measure at endline (May – July 2019)

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