# UJANA SALAMA A Cash Plus Model For Safe Transitions To A Healthy And Productive Adulthood

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Social

**Protection** 

Conference



### At a glance

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**Adolescents and Young People in Tanzania** 

for every child



12 million

adolescents

(10-19 years)

Out of Tanzania's 54 million population1 30 million adolescents by 2050

12 million in 2015



**58%** (14-17 years) deprived in at least three dimensions\* of child well-being

\* Nutrition, education, protection, water,

#### Teenage pregnancy & motherhood (15-19 years)<sup>2</sup>

2015-2016 2004-2005 26%



women (20-24 years) were married before 18 years of age<sup>3</sup>

Annually,

42%





HIV

13% in highest wealth quintile



**19%** 

20% (10-14 years (15-17 years) not living with either biological parent



41% of adolescents in the 14-17 years age group are working6



violence

Among girls aged 15-19 years<sup>7</sup>

22% physical

11% experienced sexual violence

#### **Education**

SCHOOL Of which. 74% 80% boys complete primary school<sup>8</sup>

**68%** girls go to secondary school,9



38.7% complete secondary school



of which

740,360

Of

4,288,590

(6-17 years)

782,320



of 55,000 new HIV infections are in adolescents and young people (2016)4 out of which

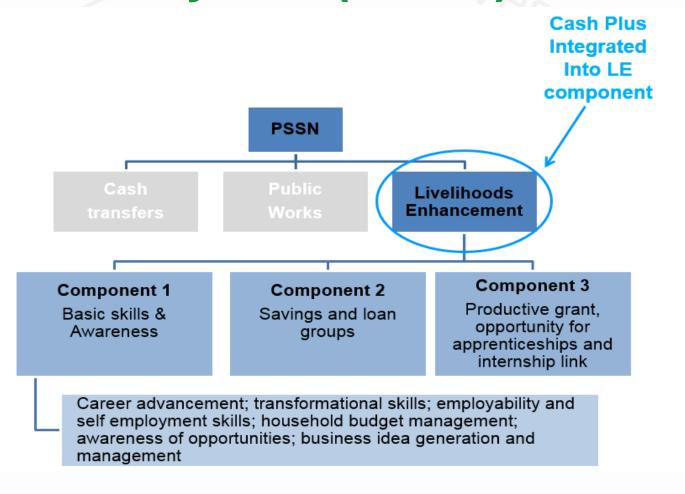
80% are girls

adolescents and young people<sup>5</sup>

## Tanzania's Productive



## Social Safety Net (PSSN)





## Why PSSN Adolescents?



## Findings on Youth (14-28) from PSSN Impact Evaluation

## **Education & economic activities**

- Improved child education but no evidence on youth (60% aged 15-18 years are out of school)
- Shift from paid work outside the household to livestock herding
- No impacts on engagement in household chores

### **Health & wellbeing**

- Increased ownership of basic material needs
- Improvements in some types of female empowerment
- No impacts on self-perceived health or mental health
- No impacts on SRH
- No impacts on violence
- → Key life period to break inter-generational cycle of poverty
- → PSSN has positive impacts on safe transitions, but cash is not enough to address all barriers to safely transition to a healthy and productive adulthood
- → Establish powerful synergies between PSSN and other interventions



## **Cash Plus – The Intervention**



#### **Programme components:**

**The Cash**: PSSN households (government-run programme)

#### The Plus:

- Life skills training on Livelihoods and Sexual and reproductive health,
   HIV prevention/treatment, gender, violence
- Mentoring and coaching, incl. referrals and productive grant
- SRH supply: Linkages to SRH, HIV and other health and violence response services in the communities

#### Target population:

Male & female adolescents aged 14-19 years (1,400 youth)

#### **Location**:

Mufindi/Mafinga and Rungwe/Busokelo districts in Mbeya and Iringa regions Partners: Tanzania Social Action Fund (TASAF), Tanzania AIDS Commission (TACAIDS), MOH, UNICEF, Economic Development Initiatives





### TANZANIA CASH PLUS THEORY OF CHANGE

To support a safe, healthy and productive passage to adulthood, the Tanzania Social Action Fund (TASAF). the Tanzania Commission for AIDS (TACAIDS). UNICEF, and other key stakeholders have come together to develop, implement and evaluate a social protection and economic empowerment intervention combined with HIV and sexual and reproductive health education and services as part of the Tanzania's cash transfer programme, the Productive Social Safety Net (PSSN).

#### UNICEF-IRC.ORG

#### PSSN YOUTH LIVELIHOODS ENHANCEMENT

HOUSEHOLD CASH TRANSFER

LIVELIHOODS ENHANCEMENT

LIVELIHOODS ENHANCEMENT

SEXUAL & REPRODUCTIVE HEALTH EDUCATION

YOUTH FRIENDLY SERVICES

## ECONOMIC CAPITAL

Household economic security, youth financial asset accumulation (savings and productive grant)

## EDUCATIONAL CAPITAL

Basic skills, educational aspirations; knowledge about livelihoods opportunities, skills

## SOCIAL CAPITAL

Behavioral and life skills, peer support, mentoring, self-esteem

#### HEALTH CAPITAL

Knowledge about/access to SRH/HIV services, knowledge about violence prevention

#### INTERMEDIATE OUTCOMES

Reduced overall stress enabling youth to thrive & invest in their futures

ASSETS ACQUIRED THROUGH The Intervention

> Enhanced livelihoods skills for future employment opportunities

Enhanced future aspirations (livelihoods, vocational and overall wellbeing)

Enhanced social support networks Increased ability to take informed decisions around SRH, HIV & GBV prevention Increased ability and motivation to seek appropriate SRH/HIV & violence response services

#### MID- AND LONG-TERM OUTCOMES

Improved employment opportunities Delayed sexual debut, marriage and pregnancy

Reduced levels of sexual exploitative behaviors, violence victimization

Reduced HIV/STI risk Improved mental health

## **Implementation Overview**

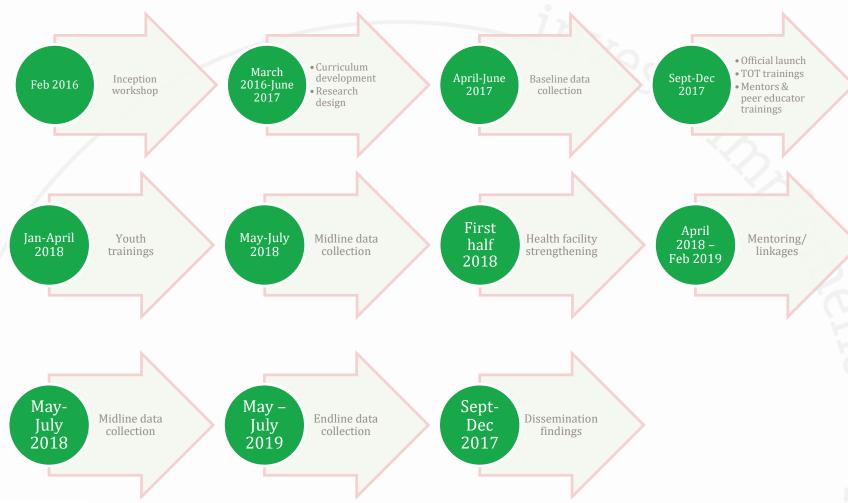


- Implemented within government structures spanning social protection, education, health/HIV and child protection/violence response services
- Development of government approved training materials
- Training of Trainers, mentors and peer educators in 65 villages
- Started intensive 12 weeks integrated LE/SRH training of adolescents by mentors
- Followed by 9 months mentoring and coaching
- Creating linkages to Adolescent Friendly SRH, HIV, GBV services



## **Timeline**







# Cash Plus – The Evaluation

## Cluster Randomized Control Trial (RCT):

Treatment: 65 villages PSSN + CASH PLUS

Control: 65 villages PSSN ONLY

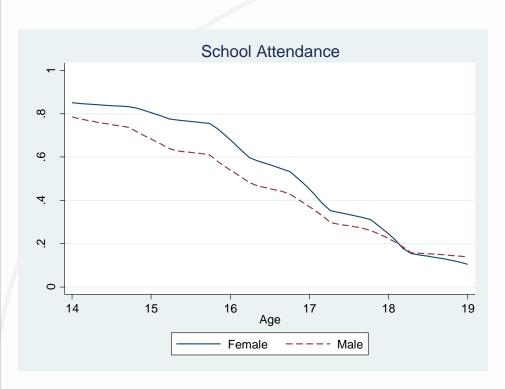
#### YOUTH OUTCOMES MEASURED:

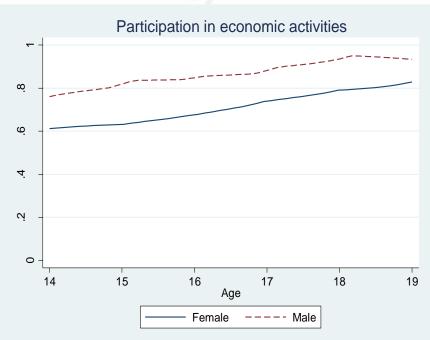
- Livelihoods knowledge, skills, aspirations
- Economic/productive activity
- Knowledge of and access to SRH services
- Knowledge of and access to HIV prevention
- Sexual debut, marriage and pregnancy
- Violence, exploitation victimization, violence perpetration and transactional sex
- Stress, mental health, hope, aspirations and risk preferences.



## **Key Baseline Findings:**

## Schooling & economic activities





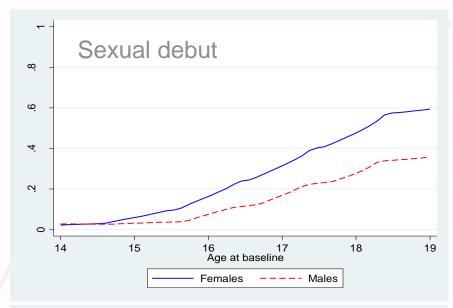
Baseline youth school attendance, by gender/age

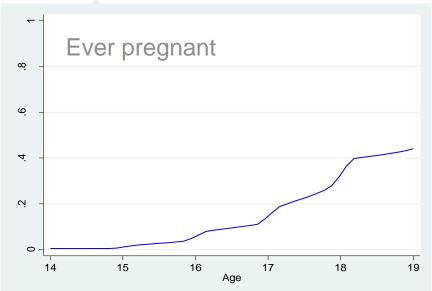
Baseline youth participation in economic activities (past week)

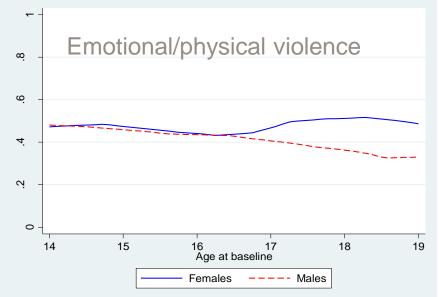


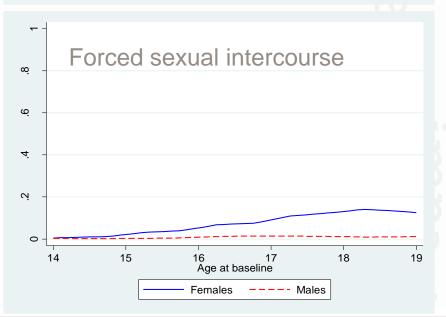
## **Key Baseline Findings: SRH/GBV**











## Conclusion



- Innovations of current Cash Plus pilot:
  - Capabilities/asset-strengthening approach: simultaneously address economic, social and health assets across sectors
  - Implemented within government structures to maximize potential for sustainability and scale-up
  - Rigorous study design to study causal impacts of Plus intervention contributing to fill an important research gap
- Research innovations:
  - First evaluation to measure the impact of adding a Plus within the context of a large scale government run cash transfer programme
  - Detailed information on adolescent wellbeing across a range of outcomes from livelihoods to stress, sexual and mental health
- Baseline findings highlight vulnerabilities and challenges adolescents face, and **show potential for impact**



