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Ujana Salama: Cash Plus Model on Youth Well-Being and Safe, Healthy Transitions – Round 3 Findings

INTRODUCTION

Tanzania's Cash Plus Model on Youth Well-being and Safe, Healthy Transitions, or "Ujana Salama" ('Safe Youth' in Swahili), aims to improve the lives of young people in rural areas. These adolescents are extremely poor and face multiple health and economic risks, including school dropout, early pregnancy, sexually transmitted infections, violence, abuse and exploitation.

Implemented by the Tanzania Social Action Fund (TASAF) and operated within the Government's Productive Social Safety Net (PSSN), Ujana Salama targets adolescents in households already receiving the PSSN (comprised of cash transfers, public works and livelihoods enhancement) in two regions (Iringa and Mbeya). Technical assistance is provided by UNICEF Tanzania and the Tanzania Commission for AIDS (TACAIDS). The evaluation of this pilot is implemented by UNICEF Office of Research – Innocenti, University at Buffalo (State University of New York) and EDI Global, in collaboration with TASAF, TACAIDS and UNICEF Tanzania.[1]

Social protection, including cash transfers, can mitigate the myriad of risks that young people face and help households invest in adolescents to ensure they become healthier, more productive adults. This, in turn, may help break the inter-generational cycle of poverty, particularly when combined with other investments, such as infrastructure and job growth.

Ujana Salama is motivated by evidence that cash transfers can positively influence youth well-being.[2] However, in isolation, cash is rarely sufficient to overcome the interrelated risks adolescents face.[3] To address these limitations, Ujana Salama leverages impacts of the PSSN with complementary interventions, including training and linkages to services. The aim of these interventions is to facilitate safe, healthy and productive transitions to adulthood while strengthening local government capacity and services related to adolescent health, livelihoods and social protection. The combination of cash transfers with complementary programming and linkages to services is called integrated social protection or cash plus.

PSSN beneficiary household's youth participating in the official launch of Tanzania's Cash Plus Model on Youth Well-Being and Safe, Healthy Transitions (Mbeya town, September 2017).

1 The evaluation builds on and contributes to the Transfer Project, a research and learning initiative of the UNICEF Office of Research - Innocenti, the University of North Carolina at Chapel Hill, and the Food and Agriculture Organization of the United Nations, in collaboration with UNICEF Regional and Country Offices, national governments, and local research partners.

2 Handa, S., et al., 'The government of Kenya's cash transfer program reduces the risk of sexual debut among young people age 15-25', *PLoS One*, vol. 9, no. 1, 2014. Heinrich, C. J., Hoddinott, J. and Samson, M., 'Reducing adolescent risky behaviors in a high-risk context: The effects of unconditional cash transfers in South Africa', *Economic development and cultural change*, vol. 65, no. 4, 2017, pp. 619-652.

3 Watson, C. and Palermo, T., *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*, UNICEF, Dar es Salaam, Tanzania, 2016.

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UJANA SALAMA: THE CASH PLUS PROGRAMME

Ujana Salama was targeted to adolescents aged 14–19 years (at baseline) in PSSN households and has three elements:

1. Training on livelihoods and sexual and reproductive health (SRH)-HIV life skills;
2. Mentoring (on livelihood options and life concerns) and productive grants to be used for schooling, vocational, or business plans;
3. Strengthening health facilities and linkages to youth-friendly services for HIV, SRH and violence response.

Two TASAF 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.[4] These PAAs cover four councils in Southern Tanzania: Mufindi and Mafinga in Iringa region; Rungwe and Busokelo in Mbeya region.

The timeline of intervention implementation was:

- **January – May 2018:** In-person training for adolescents delivered over 12 weeks (*see Box 1 for topics covered*).
- **June 2018 – March 2019:** Mentoring offering support, encouragement and guidance on schooling, vocational, or business plans.
- **July 2018:** Health facility strengthening implemented with ongoing linkages to youth-friendly services facilitated throughout the mentoring phase.
- **March and June 2019:** Productive grants (equivalent to US$80) transferred in one or two disbursements on receipt of educational or business plans prepared by adolescents.

EVALUATION

The evaluation uses a cluster Randomized Controlled Trial design, whereby 130 clusters (villages) were randomized into two study arms:

1. Intervention: Cash plus villages receiving the PSSN cash transfer combined with Ujana Salama;
2. Control: villages receiving the PSSN cash only.

This is a longitudinal, mixed methods study, including baseline (2017), Round 2 (2018), Round 3 (2019) and Round 4 (expected 2021) surveys.[5] Surveys were conducted with health facilities, communities, caregivers and adolescents.

This brief summarizes findings from the third round of data collection, which was conducted 26–28 months after baseline, one year after the in-person training, and one to two months after the asset transfers. Between midline and Round 3, mentoring and strengthening of adolescent-friendly aspects of health services were introduced.

Quantitative questionnaires for youth are multi-topical and based on the programme's theory of change, as described in the baseline report (Round 1). They capture both intermediate outcomes (knowledge, attitudes and aspirations) and mid- to long-term outcomes (behavioural changes and health services uptake).

Youth in both study arms were interviewed at all survey rounds. The baseline sample included 2,458 adolescents aged 14–19 years. Of these, 2,104 (86 per cent) were re-interviewed at midline, and 2,191 (89 per cent) were re-interviewed at Round 3. The findings described here are based on data from those adolescents who were interviewed at both baseline and Round 3 - the 'panel sample'. The percentage of youth lost to follow-up was similar in intervention and treatment villages. Baseline characteristics remained balanced between study arms in the panel sample.

For the quantitative analysis, we used data from the panel sample of adolescents in intervention and control villages and compared changes over time between the

4 For administrative purposes, TASAF refers to geographic areas of programme 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/mtaas (a mtaa is an administrative unit in urban areas, equivalent to a village in rural areas).

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

two groups.[6] For the qualitative analysis, we explored mechanisms and pathways for impacts through in-depth interviews with a subsample of 32 adolescents across three rounds.

Box 1: *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

When interpreting Round 3 findings, there are three factors to consider. First, households experienced a delay in the bimonthly PSSN transfers for the first time since the start of the PSSN in 2015, and this occurred shortly before data were collected for Round 3. Households received their last full payment in March 2019 and then should have received another payment in May but did not. No additional payments were made by the end of data collection (August 2019). This may have mitigated some of the potential positive benefits of the cash plus intervention, as households coped with an unexpected loss of regular income. Second, as the productive grants were disbursed shortly before Round 3 data was collected, their full impacts may not have yet been realized. Additionally, some youth may not have received the second tranche of their grant at the time they were interviewed. Third, this evaluation examined a remarkably wide set of outcomes (*see Box 2*), reflecting the multisectoral inputs of the intervention and the multi-faceted risks that adolescents face. Significant programme impacts on all outcomes were not expected.

ROUND 2 FINDINGS

The study's Round 2 report showed that, at midline, after adolescents had been exposed to 12 weeks of in-person training, there were positive impacts on participation in economic activities, gender-equitable attitudes, and HIV and SRH-related knowledge. However, there were no impacts on violence experiences, HIV risk behaviours, or improvements in SRH/HIV health-seeking behaviour. These findings underscored how, immediately after the training, adolescents may have begun to gain new knowledge and think about their future in different ways. However, exposure to the intervention by Round 2 was relatively short and other components (mentoring, productive grants, supply-side strengthening) had not yet begun. It was hypothesized that these behavioural outcomes would take more time to materialize and would possibly be seen at Round 3 if the programme indeed affected these outcomes.

Box 2: *Evaluation outcomes*

SHORT-TERM OUTCOMES

- Educational and occupational aspirations
- Gender-equitable attitudes
- Knowledge of modern contraceptives
- Knowledge of HIV prevention
- Knowledge of where to seek SRH/HIV and violence response services

MID- TO LONG-TERM OUTCOMES

- 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
- Reduced violence victimization

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

ROUND 3 FINDINGS

Round 3 findings showed increases in adolescent-friendly service provision at health facilities, as well as positive impacts on: SRH and HIV knowledge; gender-equitable attitudes; likelihood of having started a business; hours spent in livestock keeping; mental health; entrepreneurial attitudes; self-esteem; HIV testing; and visits to health facilities. Additional protective effects were observed, including a reduction in sexual violence and physical violence perpetration and increased age at sexual debut. However, we also observed a decrease in secondary school attendance, driven by female adolescents.

Schooling, economic participation and aspirations

- Youth receiving the intervention were significantly more likely to have started a business in the past year and increased their time spent in livestock keeping.
- The intervention did not affect youth exposure to work-related hazards, nor did it affect reports of injury or illness.
- Youth engagement in household chores was not affected.
- The programme had no impacts on schooling attainment (highest grade attained) nor on primary school attendance.
- There was a decrease in secondary school attendance driven by dropout from secondary school among the subsample of females. Before the intervention began, females were more likely than males to be in secondary school. Females also had a higher participation rate in the cash plus training programme. These factors may have contributed to the observed effects for females. Most dropouts happened before receipt of the productive grants, suggesting that youth may have decided to leave school during the training or shortly after, possibly in expectation of the grants or earnings from business. Contextual factors, including lack of job opportunities for educated youth, may have played a role.

HIV, SRH and linkages to services

- The programme delayed sexual debut among females by approximately four months.
- There were no effects on marriage/cohabitation or on the likelihood that adolescents had a girlfriend/boyfriend.
- The intervention increased knowledge about modern contraceptives.
- The intervention increased HIV-prevention knowledge by 5.2 percentage points.
- There were no impacts on perceived HIV risk.
- The intervention increased HIV testing in the previous 12 months by 6.3 percentage points.
- Among unmarried adolescents who had sexually debuted, there were no impacts on transactional sex.
- The programme increased visits to health facilities among boys.
- Health facilities have become more adolescent-friendly over time, compared to both Rounds 1 and 2.
- Positive impacts on visits to health facilities, quality of care, and knowledge of where to receive services reflect supply-side strengthening and linkages to these services provided as part of the intervention.

Violence reduction

- The cash plus intervention reduced experiences of sexual violence in the previous 12 months by 3.7 percentage points.
- The programme reduced the perpetration of physical violence by 3.3 percentage points (47.8 per cent reduction in violence perpetration), driven by males.
- There were no impacts on emotional or physical violence experiences.
- There were no impacts on violence reporting (help-seeking) indicators.

Gender equity, mental health and attitudes

- The intervention reduced depressive symptoms but there were no impacts on self-perceived stress.
- In-depth interviews reflected how vulnerable economic situations contribute to stress related to food security, basic needs and paying for school-related items, even among the treatment group.
- The intervention increased entrepreneurial attitudes and self-esteem.
- The intervention increased gender-equitable attitudes, particularly towards domestic chores and daily life.

CONCLUSIONS

Ujana Salama aims to leverage the impacts of cash by providing youth with training on livelihoods and SRH/HIV, mentoring and productive grants, as well as linkages to adolescent-friendly SRH/HIV services.

At midline, immediately after the livelihoods and SRH training, we found positive impacts on short-term indicators, such as SRH knowledge, gender-equitable attitudes and participation in economic activities. A year later, and after adolescents had been exposed to mentoring activities, we observed some changes in behaviour, including: increased HIV testing and visits to health facilities; delayed sexual debut; reductions in experiences and perpetration of violence; improvements in self-esteem and entrepreneurial attitudes; and reductions in depressive symptoms. Other outcomes were unchanged and there were some adverse impacts on school attendance.

Livelihoods strengthening training increased entrepreneurial attitudes, self-esteem and business ownership. In rural Tanzania, productive opportunities are scarce and often limited to subsistence farming, small-scale entrepreneurship, or working on plantations growing cash crops. Returns from schooling may be considered low, which may have influenced schooling decisions among youth who now had an alternative livelihood option due to the cash plus intervention.

Health capacities improved, including increased HIV prevention and contraceptive knowledge, HIV testing and visits to health facilities. There were promising improvements in gender-equitable attitudes and reductions in sexual violence experiences and perpetration of physical violence. The implications of these findings are far-reaching. This cash plus programme may help break the inter-generational cycle of violence, whereby norms are reinforced in adolescence and attitudes are solidified. Children who witness less violence in their homes are likely to grow up to be adults who are less likely to perpetrate and experience intimate partner violence.

Recommendations for future programme design and research include the need to revise the training focus on starting a business and instead to emphasize the importance of education and opportunities for vocational training and apprenticeship. There is need for continued strengthening of linkages to HIV and SRH services for adolescents and improving young people's understanding of HIV risks. Moreover, given the short time that elapsed between the receipt of the productive grant and Round 3 data collection, the sample should be followed further to understand the full impacts of these grants on schooling/vocational and economic outcomes, as well as the sustainability of programme impacts.

This study is the first to provide evidence on the effectiveness of a cash plus intervention **implemented within an existing government-run social protection programme**. With the world currently experiencing its largest ever adolescent population, it is of utmost importance to understand what combinations of support and investments can lead to positive transitions to adulthood, for a better future for today's youth and their own children. This study provides rigorous evidence for understanding how cash plus can help youths safely transition to adulthood in Tanzania, sub-Saharan Africa and globally.

About this UNICEF Research Brief

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For more information on the programme and Round 3 findings, see the full report: Tanzania Adolescent Cash Plus Evaluation Team, A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Round 3 Report, UNICEF Office of Research—Innocenti, Florence, 2020.

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