Linkages between social protection and social services: The experience of conditional cash transfers in Tanzania

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Executive Summary

Conditional cash transfers (CCTs) provide beneficiaries with a small regular income on condition that they make human capital investments. While CCTs constitute a demand side intervention, it is important that there is an adequate supply of services to ensure that the investments have positive long-term effects. This paper focuses on the linkages between transfers and social services and explores whether the delivery of cash transfers is supported by appropriate social services.

Through qualitative interviews with CCT beneficiaries in two districts in Tanzania, we explore how the conditional transfer is linked to the accessibility, availability and affordability of education and health services.

We find that there are many costs related to accessing education and health services. The cash transfer enables CCT beneficiaries to meet some of these costs. The CCT is linked to social services in some positive ways, for instance, by encouraging the participation in health insurance schemes and enabling the establishment of feeding programmes at schools. However, there is a concern that the value of the transfer may deteriorate when beneficiaries are required to cover a range of (sometimes unwarranted) costs.

It seems that it is primarily resources (the transfer) that enables human capital investments, and less so the conditions. However, the benefit of the investments are hampered by the poor quality of services. There is thus a strong need to improve the quality of education and health services. Improvements in the accessibility to, as well as the availability and affordability of, services may encourage human capital investments, in itself, without the need to lay down conditions. The quality of services and the impact of social protection programmes may be improved through better coordination, appropriate resource allocation and adequate institutional capacity.

1. Introduction

Social protection programmes – conditional cash transfers (CCTs) particularly – are increasingly being introduced and expanded in Africa. CCTs provide a cash transfer to poor families on the condition that they, for instance, send their children to school and regular medical check-ups (Fiszbein et al. 2009). Thus, whereas the cash transfer in itself provides poor households with much needed income support, the conditionality is argued to break the intergenerational transmission of poverty by fostering investment in human capital. Conditionality constitutes a demand side intervention in that it encourages beneficiaries to gain access to education and health services. However, for human capital investments to have effect, it is important that there is an adequate supply of services. Hence, this paper focus on the linkages between transfer and services.

In 2010, the Government of Tanzania piloted a CCT program in three districts. The program was implemented by TASAF (Tanzania Social Action Fund), targeted the poorest households through a community-driven approach, and provided a payment ranging from US$12-US$36 every second month depending on the size of the household. Receipt of transfer was conditional on children going to primary school and both the elderly and children visiting health facilities (Evans et al. 2014). This paper explores whether the delivery of cash transfers is actually supported by appropriate social services that can enhance human capabilities as the idea of conditionality prescribes. The paper is based on a qualitative study by REPOA of the CCT programme in two districts in Tanzania.
The paper is organised as follows: Section 2 outlines why (research scope) and how (methodology) the linkages between CCTs and social services is studied in Tanzania. Section 3 presents the key findings. Section 4 discusses some possible policy and programme implications, while Section 5 concludes.

2. Research scope and methodology

2.1 Research question and scope

It is well-established that cash transfers – whether conditional or unconditional – have strong impacts on poverty reduction (Barrientos 2013; Fiszbein et al. 2014). The transfer provides a reliable and predictable source of income, which can increase the capacity of households to invest in human capital and break the intergenerational cycle of poverty. Thus, cash transfers have positive health and nutrient benefits and positive effects on school enrolment, attendance and schooling outcomes (Adato and Bassett 2009; Barrientos 2013: 151-54). A recent evaluation of the Tanzanian pilot programme also confirms that CCTs, on the whole, improved outcomes in both health and education (Evans et al. 2014).

Whereas the cash transfer in itself enables recipients to make investments that improve their livelihoods and reduce risks (Evans et al. 2014), it is less certain that the conditionality makes a difference (Hanlon et al. 2010). Some studies suggest that unconditional cash transfers had larger impacts on health and education outcomes than conditional ones (Aguero et al. 2006; Williams 2007), but in general is can be difficult to provide evidence for the separate effect of conditions (Barrientos 2013).

An argument in favour of conditionality applies when it is thought that private investments in human capital is too low (Fiszbein et al. 2009). However, there is considerable opposition to the inclusion of conditions, as it is argued that “the majority of those in poverty would have sent their children to school, or attend primary health care, in the absence of conditions” (Barrientos 2013: 123). This suggest that the primary barrier to investments in human capital relates to lack of resources rather than the condition per se. Furthermore, an increase in demand for social services can only have positive effects if there is an adequate supply of the demanded services, which is often not the case (Lund 2011). For this reason, the term ‘co-responsibility’ has been introduced to emphasise the responsibility of programme agencies to provide adequate services. In this sense, conditions may strengthen the linkages between the cash transfer and social services (Barrientos 2013).

In this paper, we want to explore how cash transfers are linked to the provision of social services in Tanzania. To analyse whether and how CCTs facilitate linkages to education and health services, we interviewed CCT beneficiaries and asked them whether the services are accessible, available, and affordable, and the role that the transfer and conditions play herein.

2.2 Methodology

This study is based on interviews conducted in Bagamoyo and Chamwino districts. These two districts were selected to reflect disparity in terms of geographical location and other socio-economic characteristics. In each district three wards were sampled to capture the number of beneficiary households (wards with the highest and lowest number of beneficiary households and one whose number of beneficiary household is more or less in between) and variation in location (differences in rural/urban characteristics and non-adjacent). In each ward, three villages/streets were sampled, ensuring non-adjacent location. Within each village beneficiary households were randomly sampled while non-beneficiary households were purposively sampled under the assumption that as neighbours who are
relatively close to the sampled beneficiary households, they were better placed to provide a third party assessment of the impact of the programme on the well-being of beneficiaries.

In total 126 interviews were conducted in beneficiary households (82 in Bagamoyo and 44 in Chamwino). Targeted respondents were adult beneficiaries and heads of households. In addition, 29 interviews were conducted in non-beneficiary households, and 23 interviews with community leaders. The interviews were based on semi-structured questionnaires with room for in-depth probing. A distinct section of the questionnaire was used to capture interviewees’ background and household characteristics including education and asset ownership. The qualitative data were sorted into themes and systematically analysed to identify patterns and commonalities and/or differences in responses. In the next section, we present the general views and concerns expressed by CCT beneficiaries in relation to their experiences of the provision of education and health services.

3. Key findings

3.1 Education
The accessibility of schools is a first step in achieving improved educational outcomes. Accessibility does not only relate to distances that children have to travel but also the conditions and safety of the routes they take. As the quote below highlights, inadequate and dangerous infrastructure affect the accessibility of social services.

Students walk for about 4 km from here. It is even harder for young students to walk such long distances. For this reason they do not go to school regularly. Students [...] walk in bushes and /or main roads which is very dangerous, we have lost our children due to road accident. [Male, 76 years, Vigwaza, Bagamoyo]

Infrastructure and road safety are policy issues beyond the responsibility of social sectors, but with direct impacts on the delivery of social services. CCTs can partly assist in meeting some of these challenges as mentioned below, but it also shows how lack of resources can be a barrier to accessing services.

As far as distance is concerned primary school is located far from home. I normally give my child Tsh.600 per day for bus transport. It is costly. [Male, 66 years, Magomeni, Bagamoyo]

Lack of accessibility to education can also be experienced due to inability to pay the school. In such cases, children are excluded from primary education, which ideally should be provided for free.

They [my grandchildren] used to be sent home when I failed to pay school needs. I was highly indebted. [Female, 60 years, Magomeni, Bagamoyo]

Once in school, what is the availability of education services? Here we asked about the school facilities and the quality of teaching that the children receive. There were some positive remarks relating to teachers trying to do their best under difficult circumstances, but in general, survey respondents felt that the schools were overcrowded, with inadequate material and furniture, and with too few – and often absent – teachers.

...the school has 410 students and 4 teachers. In most times there are only 3 teachers because one of them is always absent. Students are taught one subject per week. In most cases students go to
school and end up playing only. In addition, the teachers take alcohol. [Female, 39 years, Nghambaku, Chamwino]

...desks and classes are not enough. Students in standard one learn in shifts with students in standard two. Therefore it is only when students in standard one finish studying that students in standard two would go for their studies as well. This brings confusion and poor concentration at school. [Female, 80 years, Nghambaku, Chamwino]

In terms of affordability, there is no doubt that cash transfer enables parents to pay for school related costs.

Before the programme my children did not have school uniforms or books. We were highly indebted at school. They were often dismissed because of missing school fees [...] After the programme my children have school uniforms and money for other requirements at school [Male, 62 years, Nghambaku, Chamwino]

It may be questioned whether CCT beneficiaries, already identified as needy, should be expected to pay for school fees. In addition, although encouraging that some schools have started feeding programmes, one might consider whether such costs should necessarily be borne by already poor parents.

Students get porridge in the morning at 10:00am and take stiff porridge in the afternoon. Parents contribute Tshs 1,000 per student for 3 months. [...] This has encouraged many children to attend school. [Male, 37 years, Segela, Chamwino]

Finally, some respondents stated that the conditionality caused people to ensure their children’s school attendance for fear of being excluded from the programme. However, this claim is not supported by quantitative evaluations (Evans et al. 2014), and many respondents emphasised that getting their children to school was of high priority.

Their participation in school is the same [...] because I do not wait for the programme to encourage my children and grandchildren to go to school. It is a shame when a child does not go to school. [Female, 55 years, Magomeni, Bagamoyo]

3.2 Health
Accessibility: As with education, transport to health clinics was a big challenge among the CCT beneficiaries. Transport costs can hamper the health situation for many, and while cash transfers may be used for such purposes, these are extra costs beyond many other expenses.

Health situation is still bad. When we go to the hospital we need transport. Distance from home to the hospital is very far. Bus fare costs Tshs 2000 and about Tshs 5000 by motorcycle. So when we do not get money for transport we stay home. We have not been able to afford these expenses despite been in the programme. [Female, 47 years, Nghambaku, Chamwino]

Amount of money received from the programme is not even enough to cover food stuffs. Yet getting to the hospital needs bus fare which is expensive. You must have money to get services at hospital. When we do not have money we stay at home. [Male, 61 years, Segala, Bagamoyo]

There were some positive sentiments regarded the availability of health personnel, although many also have negative experiences.
We get health services from the District Hospital. Services provided here are good because of availability of doctors, medicine and other supplies. The environment is also clean. [Female, 70 years, Magomeni, Bagamoyo]

Doctors and nurses are not enough. We have 1 doctor and 1 nurse. They fail to provide services in time because they are overburdened. We stay in long queues because every patient depends on them. [Male, 35 years, Vigwaza, Bagamoyo]

Nevertheless, an even bigger problem is lack of drugs.

Health services provided at this facility is poor. Even if you have money, nurses will ask you to buy medicine from a private drug shop. Most times there are no drugs at this facility. [Female, 65 years, Segela, Chamwino]

The problem with lack of drugs is also related to affordability, where the experience often is that medicine is unavailable at government facilities and hence must be bought in private shops.

Sometimes we ask ourselves why there are basic medicines in private drug shops but hardly found in the government dispensaries. [Male, 66 years Magomeni, Bagamoyo]

In order to tackle the issue of affordability, CCT beneficiaries have been encouraged to pay into health insurance schemes. Some have the experience that this is very helpful, whereas others do not feel that the cost burden of health services is reduced.

At first it was hard to pay for the health services but now I can manage because we were encouraged by leaders to join Community Health Fund. I paid Tshs 10,000 for health insurance and get free services for a whole year. When I go for treatment I show the card to the doctor and get services for free. This has helped me a lot because when I get sick and do not have money, I can be treated through my insurance. [Female, 68 years, Segala, Chamwino]

Health insurance is meant to reduce the burden of the poor by giving them free health services in these facilities. However this is not the case because most times we buy drugs using our own money. It is so irritating to pay for the health insurance and still buy medicine yourself. [Female, 39 years, Vigwaza, Bagamoyo]

**Policy and programme implications**

The focus in this paper is to understand whether and how CCTs may improve the linkages between the cash transfer and social services. From the experiences of the survey respondents in Bagamoyo and Chamwino districts it is clear that there are many costs related to accessing education and health services. Education related costs include transport, school fees, uniforms, books, and other material as well as contributions to school feeding programmes in some cases. Costs for accessing health services include transport, medical insurance, and medicine.

Receiving the cash transfer enables the CCT beneficiaries to meet some of these costs. For instance, the capacity to cover school related costs ensures higher school attendance, and the ability to pay for transport and/or medicine enables beneficiaries to access and benefit from health services. The conditionality is not portrayed to play a big role in the willingness and ability to use the social services, although some respondents stated that conditions improved school attendance.
The CCT is linked to the social services in some positive ways. Beneficiaries are encouraged to join the Community Health Fund, whereby for a payment of Tshs 10,000 they can get free services at public health facilities. This way the cash transfer is directly linked to a health service scheme and, if implemented well, a public health insurance facility can be expanded over time to provide free health services for all. It is also encouraging to note that some schools have started feeding programmes. Here, small contributions from parents (partly from the cash transfer) can ensure that schoolchildren get a decent meal, which helps concentration and ultimately education outcomes. However, it is a concern that the cash transfer ends up covering many costs that, ideally at least, could be provided free. It is unfortunate that already poor people must pay, for instance, school fees. Similarly, when CCT beneficiaries have to buy expensive medicine in private facilities, despite membership in the health insurance scheme, the value of the cash transfer deteriorates.

It is not certain that a conditionality is required for poor people to access social services. Instead, lack of resources was mentioned by many as barriers to sending children to schools and go to health facilities. The cash transfer partly assist in accessing services, but the expected outcomes of human capital investments are hampered by the poor quality of social services. There is thus clearly a supply side problem, which the increasing demand has not (yet) rectified. In fact, it may be beneficial to focus on improving the quality of social services – including accessibility, adequacy and affordability – rather than worry about the conditionality. It is, for instance, not unlikely that cash transfer beneficiaries will pay to health insurance schemes if they experience that the insurance actually helps them in times of need. A policy that is encouraging because it seems to be a more attractive route to take than to demand beneficiaries to pay for services that are (partly) inadequate.

It is also a concern, if the cash transfer becomes the means to improve/substitute social service provisions, rather than just a means to accessing the service. For instance, while it is encouraging that some schools have started feeding programmes, it may be questioned whether an already monetarily small cash transfer should be used to provide such facilities at schools. Equally, one can ask if it is acceptable that cash transfers are used to buy expensive medicine at private facilities. There is a danger that the cash transfer become the solution to problems that should be the responsibility of the education and health sectors. Linking cash transfers to social services is not to expect beneficiaries to pay for poor quality services.

**Conclusion**

The experience of cash transfer beneficiaries participating in Tanzania’s CCT pilot programme is that the small infusion of cash enables them to better access and benefit from education and health services. However, the linkages between cash transfers and social services are generally poor as the supply of services is inadequate and costly for many households. The potential advantages of conditionality may have less to do with requiring beneficiaries to meet conditions, and more to do with the quality of services they are asked to use. In fact, beneficiaries seem happy to be able to contribute to school related costs and health insurance schemes, but get discouraged when they experience unwarranted costs of compliance.

The mismatch between demand side interventions and supply side delivery suggests a fragmented system. For social protection programmes to have a higher impact, better coordination of programs and services are required, which will also facilitate effective and efficient utilization of resources and limited
duplication of activities and programs. This should go hand in hand with adequate resource allocation for both social protection programs and social services, including also adequate institutional capacity in terms of both administrative and human resources for effective planning, implementation, and delivery. Adequate resources and institutional capacity can ensure higher quality of facilities and the personnel delivering the services. In schools, for example, there should not only be good books, desks, lunches, and toilets but also qualified and motivated teachers and other support staff. Likewise, health facilities should have qualified medical personnel as well as affordable and available drugs and medical testing facilities. Beyond social protection, national subsidies such as agricultural inputs and health vouchers for the vulnerable should also be integrated if sustainable social and economic development is to be achieved at household and community levels.

Good governance practices are also crucial. This involves accountability, transparency, communication, access and availability of adequate information, as well as participation and involvement of community members in discussion and decision making on issues that concerns their lives. In addition, issues of corruption, widespread within the government systems, hampers social service delivery, for instance by leading to the unavailability and limited supply of drugs and other medical facilities in government health facilities. Corrupt practices should be addressed and condemned.

Government should join efforts with development partners to facilitate subsidies for vulnerable and poor populations. REPOA recently conducted a study on the inclusion of people with disability (PWD) in the Community Health Fund (CHF). The study (unpublished) determines that the majority of the poor cannot afford to pay for the CHF, and thus calls on the government and development partners to consider providing subsidies. The study also identifies challenges of poor quality of services on the supply side in terms of availability and affordability of drugs and testing services, which frustrated the poor and vulnerable groups of PWDs.

Research should explore further the rationale and possible value addition of conditionality on human capital aspects of cash transfers. Conditions in cash transfers are meant to give a positive boost to the education and health welfare of children in poor households. While conditional cash transfers are widespread throughout Latin America, they have been less popular in Sub-Saharan Africa. Why are there such differences and in what ways can, and do, conditionalities improve social protection outcomes. Such questions require further scrutiny.

References


