

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

INTRODUCTION

Tanzania's pilot 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.

Implemented by the Tanzania Social Action Fund (TASAF) and operated within the Government's Productive Social Safety Net (PSSN), the programme targets adolescents in households already receiving the PSSN (comprised of cash transfers, public works and livelihoods' enhancement). Technical assistance is provided by UNICEF Tanzania and the Tanzania Commission for AIDS (TACAIDS).

Social protection, such as cash transfers, 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, especially 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.¹ However, in isolation, cash is rarely sufficient to overcome the interrelated risks adolescents face.²

The [baseline report](#) shows youth in PSSN households face myriad challenges—such as school dropout, early pregnancy, sexually transmitted infections, violence, abuse and exploitation—despite government support. Lack of economic opportunities further hinders adolescents' safe transition to adulthood.

To address this, Ujana Salama leverages the impacts of the PSSN with complementary programming, including training and linkages to services to address adolescents' unique vulnerabilities. The goal 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 cash transfer beneficiary, youth and enumerator, Tanzania Adolescent Cash Plus midline data collection, Mufindi council.

- 1 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.
- 2 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.



UJANA SALAMA: THE CASH PLUS PROGRAMME

Layered on top of the PSSN, Ujana Salama 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.³ These PAAs cover four councils in Southern Tanzania: Mufindi and Mafinga in Iringa region; Rungwe and Busokelo in Mbeya region.

In-person livelihoods and SRH training was delivered over 12 weeks between January and May 2018. Facilitators met with youth groups in each village for two to four hours a week. Livelihoods and SRH/HIV training occurred jointly in each session (one to two hours for each), covering the topics listed in Box 1.

Post-training coaching and mentoring continued for ten months. During this time, adolescents who had attended trainings and developed a plan (either for a business or to continue education/vocational training) received a grant equivalent to US\$80 (in one or two tranches, for the schooling/vocational or business plan, respectively).

EVALUATION

To understand the effectiveness of this programme, an impact evaluation is being led by UNICEF Office of Research – Innocenti and EDI Global in collaboration with TASAF, TACAIDS and UNICEF Tanzania.⁴ The evaluation uses a cluster Randomized Controlled Trial design, whereby 130 clusters (villages) were randomized into

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

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.

The ongoing evaluation is a longitudinal, mixed methods study. Surveys were conducted with health facilities, communities, caregivers and adolescents at baseline (2017), midline (2018) and Round 3 (2019).⁵ The midline evaluation was done immediately after the in-person training but before the mentoring and productive grants.

Questionnaires ask about knowledge and aspirations that are expected to change in the short term as a result of the training, as well as mid- to long-term behavioural changes that are expected to occur after all the plus components are completed.

3 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).

4 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.

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

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

The baseline sample included 2,458 adolescents aged 14–19 years. Of these, 2,104 were re-interviewed at midline (86 per cent re-interview rate). The quantitative analysis findings are based on data from adolescents interviewed at both baseline and midline – the ‘panel sample’. The percentage lost to follow-up was similar in intervention and control villages. Baseline characteristics remained similar in both groups.

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

MIDLINE FINDINGS

We observe positive effects on some short-term outcomes, including 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 to think about their

future in different ways. However, by midline, time participating in the programme was relatively short and other components had not yet been implemented. Other mid- and long-term outcomes, such as changes in behaviour and experiences, may take longer to materialize, which explains why we do not observe these impacts at this stage.

Schooling, economic participation and aspirations

- The programme increased youth participation in economic activities, driven mostly by increased livestock herding (for the household or youth starting their own herding activities). Adolescents view livestock herding as an intermediate step to gather resources to be invested in education or a new business later. Higher participation in livestock herding did not result in higher numbers of hours spent in economic activities overall.
- Youth engagement in household chores was not affected, except for higher participation (and hours) in collecting firewood.
- The cash plus training was held outside schooling hours, so did not change school attendance or dropout.
- 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 generally have higher HIV and SRH knowledge, our results show that the programme is helping girls to catch up.
- Baseline values of other HIV knowledge (whether mosquitoes or food transmit HIV) were high (over 90 per cent) and so there was little room for improvement. There were no impacts on these indicators or on knowledge that regular condom use reduces HIV risk.

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

- Knowledge of modern contraceptive methods increased, again driven by the female sample. Moreover, youth had higher awareness of contraception and condoms (stronger impacts seen among girls).
- 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 the services sought: programme participants were more likely to seek prevention services and less likely to seek pregnancy care, compared to adolescents in the control group.
- Health services are more adolescent friendly, although no impact was observed on the topics discussed or the perceived quality of services.
- No impacts were found on partnership or sexual behaviour, including partnership formation; sexual debut and characteristics of first sex; contraceptive use; transactional sex; or perceived HIV risk or testing.

Gender equity, violence reduction, mental health and attitudes

- Gender-equitable attitudes increased among males (but not females), particularly on violence and domestic chores.
- By midline, there was no impact on adolescents' experience of emotional, physical or sexual violence.
- There were no impacts on reports of depressive symptoms or self-perceived stress.
- There was no effect on life satisfaction, self-esteem, locus of control, entrepreneurial drive or perceived social support.

CONCLUSIONS

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

Findings from the midline study showed positive impacts on HIV and SRH knowledge, increased gender-equitable attitudes, and increased aspirations to run a business.

However, adolescents must translate these newly acquired aspirations and knowledge into practice. As these changes may take longer to materialize, we may see impacts on behaviours (contraceptive use, risky behaviour, visits to health facilities, economic initiatives) and experiences (violence and exploitation, early pregnancy, marriage) when considering all programme components.

This study provides insights into the effectiveness of a cash plus intervention implemented within an existing government-run social protection programme, and improves understanding of how cash plus can help young people 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 midline findings, see the [full report](#): Tanzania Adolescent Cash Plus Evaluation Team, A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Midline Report, UNICEF Office of Research—Innocenti, Florence, 2020.