



What is the impact of a community-managed conditional cash transfer programme in Tanzania?

In Tanzania, poverty levels have dropped from 60% in 2007 to 47% in 2016. However, 12 million people live in extreme poverty, earning less than US\$0.60 per day. While Tanzania is close to the African regional average in terms of health and education statistics, it diverges significantly from the rest of the region on some measures.

In January 2010, the government launched the community-based conditional cash transfer (CCT) programme, aimed at improving the health of young children and the elderly and increasing investment in education for children aged 7–15. This intervention uniquely involved members of the community in the programme implementation and management.

In 2012, the International Initiative for Impact Evaluation (3ie) supported researchers at the International Food Policy Research Institute to evaluate the impact of this pilot programme on outcomes related to health-seeking behaviour, the health and education of household members, asset ownership, savings, credit, consumption and community relations.

Main findings

Community relations. The programme is associated with an increase in trust in community leaders as well as increased trust in some sub-groups of community members.

Education. The programme showed clearly positive impacts on whether children had ever attended school. Literacy rates increased significantly for girls aged 5–18.

Expenditure and finance. There was no significant impact on savings. However, participating households that were not exposed to drought or flood shocks were more likely to have non-bank savings.

Health-seeking behaviour. After an initial surge in health clinic visits, participating households reduced the number of visits, but were healthier. Health improvements were concentrated among young children aged 0–5, with no detectable health improvements for the elderly.

Health investments. Households increased expenditure on health insurance, most notably the government-run community health fund. There was a significant increase in children's ownership of shoes and slippers, which the public health community associates with lower exposure to worms. These impacts are larger for the extremely poor.

Household assets. There were no significant impacts on ownership of food or non-food household items among participating households. There were increased investments in livestock, such as goats and chickens, for income-generating activities.

The intervention and impact evaluation

The primary objective of this pilot intervention was to increase investment in health for young children and the elderly, and in education for children. The CCT programme provided benefits to poor households based on the number of vulnerable children and elderly persons residing in them. Payments were made at the household level and conditions applied at the individual level. The amount of each transfer ranged from US\$12 to US\$36, depending on the household size and composition.

The following conditions applied for receiving the cash transfer:

- Children aged 0–5 visit a health clinic at least six times per year;
- Elderly aged 60 and over visit a health clinic at least once per year; and
- Children aged 7–15 enrol in primary school and maintain an 80 per cent attendance record.

The Tanzania Social Action Fund and local democratically elected community management committees, with support from school teachers,

health workers and district staff, monitored compliance with these conditions.

The randomised evaluation took place between 2012 and 2016 in the Bagamoyo, Chamwino and Kibaha districts. The evaluation tested the effectiveness of the pilot CCT programme on a range of individual- and household-level outcomes. The evaluation also aimed to assess the impact of a decentralised community-based model used for implementing the programme.

Lessons for programming and future research

The evaluation contributed to several programmatic changes, such as improved targeting, enrolment, benefit structure, conditions and compliance monitoring of the cash transfers. It informed the eventual scale-up of the pilot intervention into Tanzania's national Productive Social Safety Net programme.

The impact evaluation found some evidence that overall health

improvements, i.e. reduction in sick days, were greater in villages with more health workers per capita at baseline. Therefore, villages with greater staffing levels would be better prepared to absorb higher demand for healthcare, and may see greater improvements in clinic visits and health due to the CCT programme. The lack of significant impacts seen on durable asset ownership may

suggest that the types of assets may be too diverse to include in quantitative analyses.

There is limited rigorous evidence on the impact of community-managed CCTs in different contexts. Future research needs to address and enable understanding of the underlying factors that contribute to successfully increasing household consumption and alleviating poverty.



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About this impact evaluation

This brief is based on *Evaluating the effectiveness of a community-managed conditional cash transfer programme in Tanzania*, 3ie Grantee Final Report by David K Evans, Brian Holtemeyer and Katrina Kosec.



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