

Evidence helps improve Tanzania's community-run conditional cash transfers

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Highlights

Evidence impact

- Positive findings on health outcomes for children led the government to change the programme's targeting criteria.
- The Tanzania Social Action Fund is commissioning another impact evaluation that uses the 3ie-supported study's survey tools

Factors that contributed to impact

- From the start, the researchers partnered with the government implementers on the study questions and methods.
- The implementing agency became strong advocates of evaluation and committed to using the evaluation evidence.
- The researchers were affiliated with an influential donor, helping ensure the findings would be available to key actors and helping facilitate timely use.
- The researchers' affiliation with the International Food Policy Research Institute (IFPRI) added organisational credibility to the results.

Impact evaluation details

Title: [Evaluating the effectiveness of a community-managed conditional cash transfer p...](#)

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Context

The community-driven development approach, which gives community groups or local governments control over planning resources and investment decisions, improves service delivery in some contexts. In Tanzania's pilot of a community-run conditional cash transfer (CCT) programme, community committees selected beneficiaries, disbursed funds, monitored compliance and ran the programme, following some basic guidelines provided by a social fund agency.

The pilot, which started in three districts in 2010, was seen as a potential flagship approach in Tanzania and for other social protection and CCT programmes in Africa. The Tanzanian government decided to expand the programme to a national scale. To provide evidence for the scale-up, 3ie, amongst other donors, funded an impact evaluation of the pilot community-run CCT. The evaluation was led by IFPRI and included researchers from the World Bank.

The Tanzanian government wanted to design the national programme to improve outcomes for vulnerable children and the elderly. The former and current executive directors of the implementing agency, [Tanzania Social Action Fund \(TASAF\)](#), and the head of its management unit were key evaluation champions. The IFPRI research team and World Bank staff worked closely with TASAF, which wanted findings from the rigorous impact evaluation to convince the Ministry of Finance and the donors to commit resources for the next phase of the programme. The research team also reported that a number of countries with limited institutional capacity were interested in adapting Tanzania's CCT model to delegate more duties to communities.

The randomised, mixed-methods evaluation assessed the impacts of the pilot CCT programme on community dynamics, household outcomes and programme processes in the pilot phase.

Evaluated outcomes included health-seeking behaviour, the health and education of household members, asset ownership, savings, credit, consumption, and community relations.

Evidence

The evaluation found that the community-driven model led to better health. The poorest families experienced the biggest health boost, in terms of a reduction in the number of days they were sick every month. The programme had a positive effect on education, particularly for girls and the community's most vulnerable children. It also helped children, especially girls, transition to secondary school. However, qualitative analysis showed that households were often unhappy, because only some of their children benefitted from the programme.

There were minimal health effects on the elderly. Participants used cash transfers to invest in health insurance, livestock and shoes, but the programme had little impact on overall consumption, bank savings or credit decisions.

The community-run CCTs had positive effects on communal cohesion. Participants had greater trust in their leaders and in each other. One key finding is that community groups can, with adequate training and support, handle the logistics of the cash transfers and, in doing so, help improve the lives of their poorest neighbours.

Evidence impacts

Informed TASAF's scale-up design

The evaluation informed the eventual scale-up of the pilot intervention into Tanzania's [Productive Social Safety Net Programme](#). In scaling up, TASAF changed targeting, transfer conditionalities and monitoring of compliance. The revised and expanded programme now targets households instead of individuals and focuses more on children, since the evaluation found minimal health impact on the elderly.

Given the evidence about benefits in transitions to secondary school, TASAF extended support to children in junior and senior secondary schools. It also raised the frequency of monitoring of educational conditionalities from once in 60 days in the pilot to monthly, since the evaluation found that monitoring frequency had an impact on reducing student absenteeism. The fund also changed the health conditionality of visiting a health clinic from six times a year to twice a year, since the evaluation found that attendance at clinics was already more than what the programme required.

Informed the culture of evaluation

Since its close participation in the evaluation of the pilot phase, TASAF is a much more sophisticated commissioner and consumer of evaluation evidence. It has embedded a large-scale, external randomised evaluation in the scale-up phase, using the pilot phase evaluation's survey tools.

Suggested citation

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