Tanzania Community Based Conditional Cash Transfer Program

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Community Based-Conditional Cash Transfer Program Overview

- A pilot CCT program implemented in 40 villages of three districts.
- 5,000 households and 13,000 beneficiaries
- Conditionalities:
  - Education: Primary school enrollment and 80% attendance for children 7-15
  - Health and nutrition: Regular check ups for children younger than 7 (three times a year) and for elderly (once a year)
- Selection of beneficiaries: Community targeting and proxy means test
- Benefits:
  - US$3 per month per children
  - US$6 per month per elderly

  Maximum benefit per month: $18
- Bi monthly payments since January 2010. Ten payment cycles

Institutional arrangements

Community-based managed by a Social Fund

- *Central*. Overall management and monitoring, support to subnational authorities, disbursement of funds.
- *District*. Technical support and guidance including training and follow-up of implementation in the villages.
- *Village*. Selection of beneficiaries, overall support to program
- *Community level*. Day to day implementation, collection of information to register beneficiaries and to verify compliance with conditions, direct payments

Overall program performance

- Process Evaluation
  - July-September 2011
- Targeting Assessment
  - April-July 2011
- Impact Evaluation
  - Baseline: February 2009
  - First payments: January 2010
  - Follow up household survey: July-September 2011
  - End-line household survey: October 2012
- Beneficiary perception: Focus groups
  - August 2011
  - December 2012

Process Evaluation main findings

- Moving from a social fund intervention towards a social safety net approach
- Scaling up a community-based approach
- Ensuring predictable and timely transfers
- Improving targeting mechanisms and process
- More proactive involvement and ownership of sub-national levels

Impact evaluation – Key questions

- What is the impact of CCTs on […] for vulnerable children and the elderly?
  - Education, consumption, health, informal solidarity systems, community dynamics

- Underlying question: Is the community-based model as effective at achieving health, education, and consumption gains as has been the case of more centrally administered models used elsewhere?

Impact evaluation model

- Randomized-control trial
  - Among 80 villages with existing experience
  - Randomly select 40 to participate in the pilot program
  - Other 40 serve as control
    - These last 40 would not be receiving benefits anyway: There is no withholding of benefits!
- Randomization almost perfectly correlated with treatment
  - Only 2 exceptions out of 1,800 households

Baseline Characteristics

Treatment vs Comparison Villages

Variable	Comparison	Difference for Treatment	Significant difference?
Household size	3.9	0.08	No
Can read & write (adults)	40%	-0.02	No
Enrolled in school (age 6-18)	75%	-5%	No
Missed school in last week (enrolled)	42%	+9%	90%
Sick or injured in last month	27%	+2%	No
Seek care (if sick)	86%	-4%	No
Improved roof (iron sheets, cement)	8%	-5%	95%
Improved floor (tiles, concrete)	37%	-3%	No
Any toilet / latrine facilities	75%	-6%	No

Follow-up results

Education and health

	Enrolled in school	Missed school last week	Sick or injured in last month?	Sought care if sick in last month?
Treatment village (TV)	0.03 (0.04)	0.02 (0.05)	0.07*** (0.02)	-0.02 (0.03)
Child in TV			-0.05** (0.02)	0.11** (0.04)
Elderly in TV			0.01 (0.03)	0.13*** (.05)
Child			-0.02 (0.02)	-0.06** (0.03)
Elderly			0.22*** (0.02)	-0.15*** (0.03)
Constant	0.73***	0.38***	0.20***	0.86***
Observations	2,160	2,160	6,889	1,776

Follow-up results

Transfers, savings, credit

	Transfers from individuals last year	Bank savings	Non-Bank savings	Loans taken out in last 12 months
Treatment village (TV)	-8,313 TZS*** (2,997)	-0.01 (0.01)	0.02* (0.01)	0.03 (0.02)
Constant	20,037*** (2,651)	0.02*** (0.01)	0.03*** (0.01)	0.18*** (0.02)
Observations	1,753	1,753	1,753	1,753

Follow-up results

Assets and livestock

	Number of assets from list of 15	Total sum of livestock holdings
Treatment village	-0.04 (.17)	1.4*** (0.43)
Constant	1.9 (.13)	2.7*** (0.27)
Observations	1,753	1,753
	Mattress, radio, bicycle*, cell phone, stove, etc.	Cow, goat, chicken, sheep, pig, duck, rabbit

Follow-up results

Trust

	Trust people	Trust your community	Trust leaders in your community
Treatment village	0.01 (.04)	0.07** (0.03)	0.12*** (.02)
Constant	0.47*** (0.03)	0.63*** (0.02)	0.68*** (.02)
Observations	1,753	1,753	1,753

Impact results to come

- Consumption
- Detailed analysis of health seeking behavior and expenditures in education and health
- Children's anthropometrics
- Difference in differences analysis to correct for slight differences at baseline

Follow-up results

Did the program function?

- Median household
  - has received 8 payments
  - received TZS 22,500 (US$13) last payment
- Delivery
  - 94% pick up from village office
  - 3% CMC member delivers at home
- Irregularities? Limited evidence
  - 2% reported having been asked for a contribution
  - 7% reported receiving less than usual at the last payment but were unable to explain why
  - Some complains of dishonest staff in quantitative survey

Focus Group Findings

- Range of groups (in 6 TV)
  - Health & education providers, village councils, beneficiaries, non-beneficiaries
- Findings
  - Beneficiaries: Program is great, but more money
  - General openness to conditionalities: Some complaints on the need for elderly health visits [but note big improvements in elderly clinic visits]
  - Non-Beneficiaries:
    - Insufficient transparency in selection process
    - Overall positive – highly participatory
    - Some cases of people with means included or truly needy excluded
  - No suggestion of reduced traditional solidarity systems

Policy Implications: the way forward

- Government decision to scale up the CCT as part of a safety net (0.2% of the GDP per year)
  - *First phase: 250,000 households nationwide*
  - *Combined with a cash-for-work to same households to smooth consumption in lean seasons*
- Required institutional adjustments at central and subnational levels
- Strengthen implementation arrangements and adjust design parameters:
  - *Eligible groups, conditions, benefit structure, targeting system and process, decentralized operation, information systems*

Conclusions

- The model works but need process improvements
- Broadly positive impacts
  - Children's health
  - Health usage for children and elderly
  - Community trust
- Some surprises meriting further exploration
  - Lack of education impacts
  - Lack of asset impacts