Ujana Salama: A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood

Tia Palermo, Ph.D. and Lusajo Kajula, Ph.D., on behalf of the Tanzania Adolescent Cash Plus Evaluation Team
Social protection can address structural drivers of HIV and mitigate some risks faced by adolescents

• **Existing research:**
  - Cash had positive benefits (school enrolment, empowerment) but alone was not enough to overcome all barriers
  - pointed to economic strengthening as most effective at improving broad adolescent outcomes, including violence reduction

• **Window of opportunity:** contribute to testing livelihoods component of Tanzania’s Productive Social Safety Net

• **Decision:** pilot within government structures to understand effectiveness that can be expected with scale-up
Ujana Salama: A Cash Plus Model For Safe Transitions To A Healthy And Productive Adulthood Study
Intervention

- Face-to-face training in livelihoods and sexual reproductive health and rights (SRHR), including HIV
- Productive Grant
- Mentorship and coaching
- Referral to health services
Study design approach & dissemination
National participation in Evaluation Team

**University at Buffalo:** Tia Palermo (co-Principal Investigator), Sarah Quinones

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**EDI Global:** Johanna Choumert Nkolo (co-Principal Investigator), Respichius Mitti (co-Principal Investigator), Bhoke Munanka;
Sharing findings @ national- and district-levels

UTANGULIZI

Outputs

- 4 reports
- 4 briefs
- 8 peer-reviewed journal articles
- 6 articles under review/in progress
- 42 presentations
- 1 video
- 2 animations

Regional & global dissemination


Tia Palermo, Ph.D.; Leah Prencipe, M.P.H.; and Lusaro Kajula, Ph.D., for the Tanzania Cash Plus Evaluation Team

Cash transfers and safe transitions to adulthood: evidence, promise, and gaps in sub-Saharan Africa

Evidence of longer-term effects of cash transfers on children

A seven-year follow-up wave of data collection in targeted households under the Cash Plus program in Zambia (Zambia Cash Plus Evaluation Team 2019). As follows, children were in an approaching adolescence, and results of the study, which is expected in 2019, may contribute to answer these questions. However, further and longer research is still needed.
Study design & findings 2017-2019
Study Design: Mixed Method Cluster RCT

Design
130 villages (clusters) in four districts/ randomized into:

- **Treatment**: Cash+ adolescent-focused training and services  layered onto PSSN
- **Control**: Cash (PSSN) only

**Study sample** 2,191 youth (14-19 years old at baseline) from 1,717 households

**Data collection**: 2017, 2018, 2019, 2020 (remote*), 2021*

**Surveys**: Youth; Households; Communities; Health facilities (quantitative and qualitative)

**Analysis**: Intent to treat; ANCOVA models on panel sample

for every child, answers
Knowledge of modern contraception: 73% → 94% (+5%)

HIV knowledge: 69% → 75% (+7%)

Peretration of physical violence: 7% → 4% (-43%)

HIV testing increase: 29% → 49% (+21%)

Depressive symptoms decrease: 29% → 20% (-24%)

Sexual violence reduction: 6% → 2% (-67%)

Child marriage and cohabitation: (no significant change)

*Change in treatment group over baseline ** Percentage change (percentage point impact/baseline mean) α Control v. treatment means at endline for indicators not measured at baseline.

Impacts: structural drivers

- Economic opportunity
  - Business start-up
  - Business in operation
  - Purchased assets
  - Livestock keeping

- Gender norms
  - Gender equitable attitudes

- Schooling
  - Attainment
  - Attends
Impacts: proximate determinants of risk

Access to services
- Visits to health facilities
  - Discuss contraception with provider
- HIV testing
  - Contraceptive use

Interpersonal Violence
- Sexual violence experiences
  - Physical violence perpetration

Access to information
- HIV prevention knowledge
  - Modern contraceptive knowledge

Sexual behaviors
- Sexual debut
  - Unprotected sex
  - Transactional sex
  - Age disparate partner
Conclusions

- Protective effects on HIV-related drivers & risks from jointly addressing economic & health capacities
- Jointly addressing demand- and supply-side increased health access
- **Structural interventions** (cash plus) address economic opportunities, but also reduce violence, improves mental health, delays age of first sex
  - Delivers **co-benefits** that should be central to HIV responses
- From **financing** perspective, such interventions that combine economic strengthening with add-ons have co-benefits and potential for impact at scale.
Key considerations for integrated social protection to achieve HIV-related objectives

Programmes can address different drivers & structural determinants of risk

Systems approach

Long-term thinking
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Thank you

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• For more information on this study, visit:
  • Study website: https://transfer.cpc.unc.edu/tools/reports/tanzania-reports-2/
  • Project video: https://www.youtube.com/watch?v=_8EH1QBxKtY
  • Findings brief: https://www.unicef-irc.org/publications/1189-ujana-salama-cash-plus-model-on-youth-well-being-and-safe-healthy-transitions-round-3-findings.html
  • Study animation: https://youtu.be/ix6WIEjMQc