



Ujana Salama



“Cash Plus” combining HIV, SRHR, GBV and livelihood interventions for adolescents from poor households in Tanzania

Webinar: Intersectoral "Cash Plus" Approaches to HIV & Health

Ulrike Gilbert-Nandra, Chief HIV
Dr Frank Eetaama, HIV Specialist,
UNICEF Tanzania

16 November 2021

Guiding Principles for the Adolescents “Cash Plus” Programme Implementation

Government leadership
& ownership

Implementation within
TASAF - PSSN Framework
especially as part of the
livelihood enhancement
programme

Age and gender sensitive
dovetailed health and
livelihood interventions

Beyond educational
assets and include
financial, health and
social asset building

Linkages with other
government services



Adolescent girls and boys 14-19 years, in HH which receive CCT receive a “Plus package” composed of

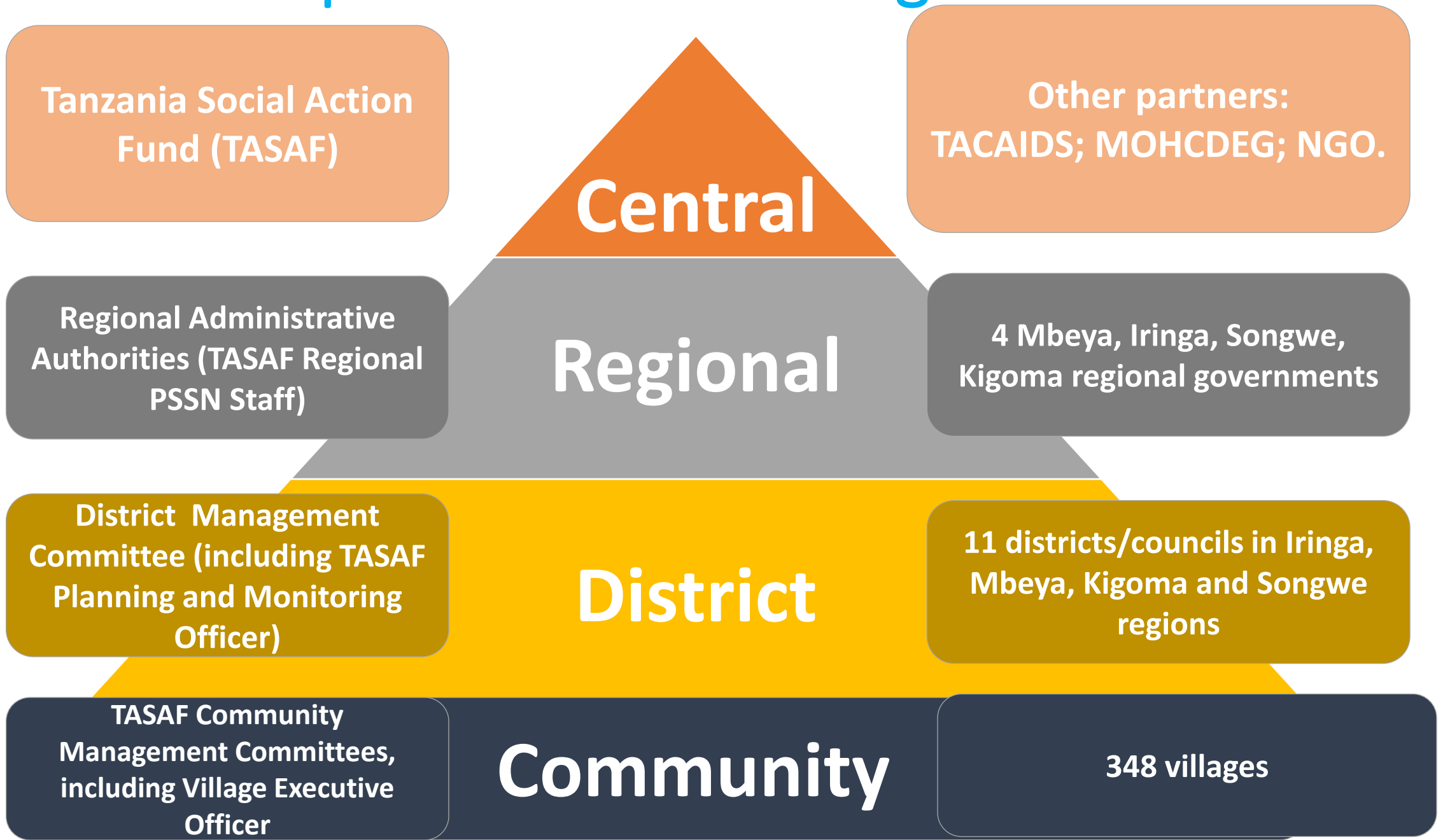
Face-to-face training in livelihoods and sexual reproductive health and rights (SRHR), including HIV and violence (GBV) (7 weeks).

Productive Grant

Mentorship and coaching (9 months)

Referral to health services and livelihood opportunities

Implementation Arrangements



Tanzania Social Action Fund (TASAF)

Other partners:
TACAIDS; MOHCDEG; NGO.

Central

Regional Administrative Authorities (TASAF Regional PSSN Staff)

4 Mbeya, Iringa, Songwe, Kigoma regional governments

Regional

District Management Committee (including TASAF Planning and Monitoring Officer)

11 districts/councils in Iringa, Mbeya, Kigoma and Songwe regions

District

TASAF Community Management Committees, including Village Executive Officer

348 villages

Community

Implementation Architecture and Responsibilities

National level

Tanzania Social Action Fund (TASAF)

- Government agency which manages and monitors PSSN programme
- Co-designed C+ concept and oversees implementation, monitoring, training; data collection & analysis
- Supervises local government TASAF staff at regional, districts and council level
- Coordinates with donors and other government partners
- Member of National Evaluation team; including approval of evaluation

Tanzania Commission for AIDS (TACAIDS)

- Member of National Evaluation Team
- Review HIV & SRHR & GBV component
- Used C+ design and leveraged additional funding from Global Fund; Coordinates with PEPFAR DREAMS; and with national HIV and Adolescents and Young Women technical government working groups

MOHCDGEC

- Leads training for health facilities on HIV-SRH components

NGO

- Short term technical support for youth peer educator and mentor training on SRHR/HIV/GBV

Regional and District Level

**Specific roles
by regional
and district
governments:**

Develop and manage district implementation plans for Cash Plus activities

Select staff to be trained as trainers of trainers (TOT)

Supportive supervision as part of routine activities

Monitor productive grants disbursement and utilization

Avail government extension officers to provide technical support during mentorship phase

Consolidate reports and input into TASAF Information Management System



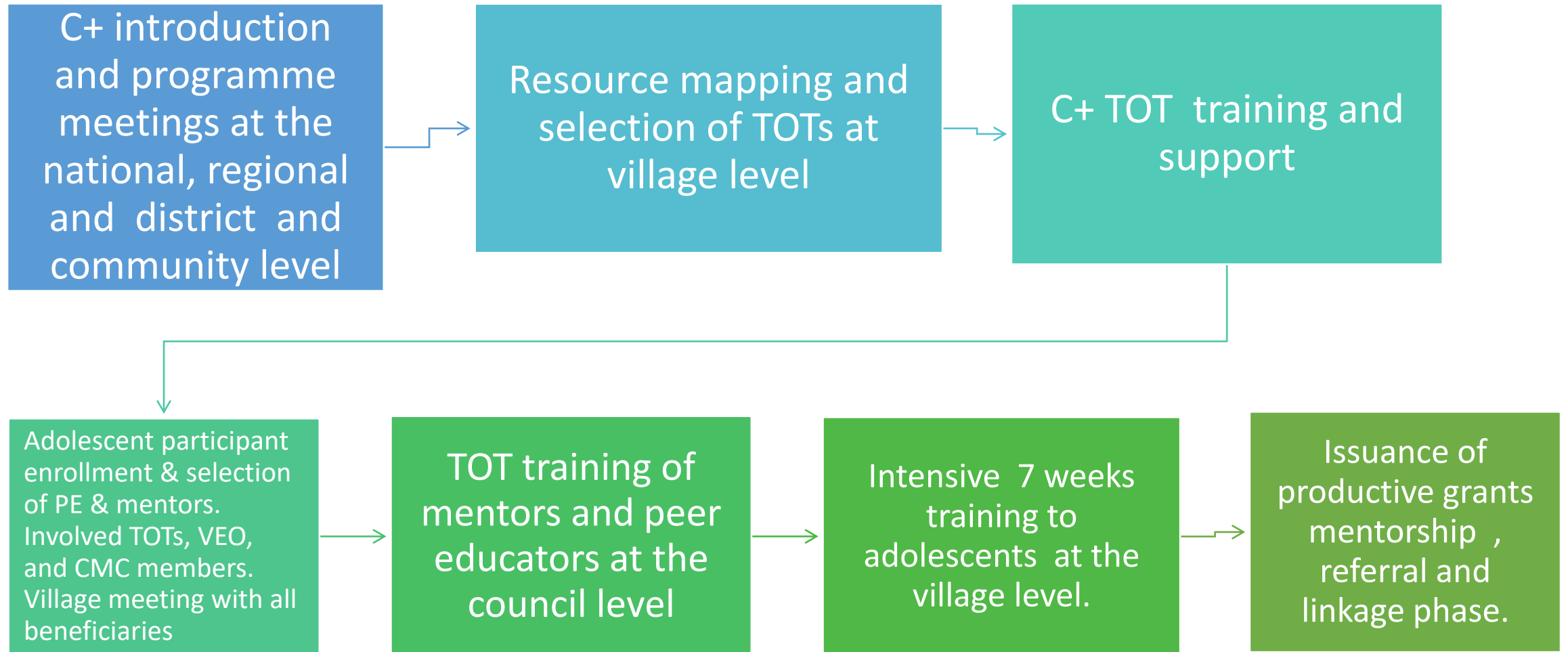
Community level: Village Executive officer (VEO), Village Chairpersons (VC), Community Management Committee (CMC), Parents and Guardians

- ❑ enrolling and training of female and male adolescents from TASAF households to participate in Cash Plus



- ❑ Training and deployment of youth peer educators and community based adult mentors to conduct Cash Plus training and mentorship with adolescent girls and boys from TASAF households;

Implementation Cascade



Health Facilities Interventions



Trained Health Care Workers in key facilities

Offer adolescent responsive health services

Availability of required equipment and supplies

Linkages with trained community health workers

Platform for youth services after completion of 7 weeks training.

Changes based on Wave 3 evaluation results and COVID 19 impacts

- Focused on out of school adolescents given the sheer number of those in families supported by TASAF CCT
- Shortened training phase from 12 to 7 weeks
- Revised training materials, especially financial planning, parenting skills
- Supported Cash Plus implementation areas with COVID 19 prevention supplies (e.g. soap, buckets, masks) and made group training smaller



Summary: Implementation Aspects

Strong government ownership from beginning

Implementation through government administrative structure @at all levels

Mentorship by trusted and trained adults from the local community and part of government workforce

Having capacity (TOTs) at the district/council level

Good community involvement: Youth Peer educators, Mentors and Village Leaders involved

Addressing supply side factors/access to health services

Summary: Implementation Aspects

C+ implementation affected by broader PSSN development, e.g., limited availability of TASAF staff and late start of new phase of PSSN 2

For scale up, cost of the package need to be better understood

Systems approach useful: Coordination across sectors in programming; Co-financing structural interventions; Addressing multidimensional poverty & vulnerability



Acknowledgements

- **TASAF** Senior Management and Technical Officers
- **TACAIDS** Senior Management and Technical Directors
- **National Evaluation team:** TASAF, TACAIDS, EDI, UNICEF Tanzania, UNICEF Office of Research, University of Buffalo, EDI Global
- Funding for this evaluation and implementation has been provided by **Oak Foundation, UNICEF Tanzania, Sida, DFID/FCDO, and Irish Aid.**



Thank you

Ulrike Gilbert-Nandra
Chief HIV, UNICEF Tanzania
ugilbert@unicef.org

Dr Frank Eetaama
HIV Specialist
feetaama@unicef.org

For more information on the Cash Plus, visit: