Tanzania: Can Local Communities Successfully Run Cash Transfer Programs?

David Evans, Stephanie Hausladen, Katrina Kosec, Natasha Reese (2014)
(1) Context

Global Policy challenge
– Can community-led groups or committees successfully administer conditional cash transfer programs, especially in low income settings?

Country specific challenge
– In Tanzania, the government sought to extend social benefits and assistance to the poor using trained community management committees.

Source: Community-Based Conditional Cash Transfers in Tanzania: Results from a Randomized Trial, (March 2014) by David Evans, Stephanie Hausladen, Katrina Kosec, Natasha Reese.
Type of intervention and target group

A community administered conditional cash transfer program:

- Annually, households received $87 on average: (a) payment for children up to age 15 was $6, and (b) for elderly people over age 60 was $12, with a total household maximum of $36 per payment;

- Payments were made every other month, totaling six payments a year;

- Children 0-5 had to visit a health clinic at least six times a year;

- Children 7-15 years had to be enrolled in school with at least 80 percent attendance;

- Elderly people needed to visit a health clinic once a year.
(2) Project intervention (2/2)

Target group:
– Participant selection: elected committee members identified a list of the poorest half and most vulnerable households in the community. A proxy means test administered to this list identified program participants.

Timeline and location:
– Piloted 2010-2012 in Bagamoyo, Chamwino, Kibaha districts

Scale-up
– Program continues in Tanzania and it is expected to reach more than 900,000 households in the next two years

Implementing organizations:
– Government of Tanzania, Tanzania Social Action Fund (TASAF).
(3) Impact evaluation

IE method
Cluster Randomized Control Trial

Primary research questions
Do conditional community administered cash-transfer payments improve education and health outcomes, among others?

Nature of treatment arms and size
Total size: 80 villages, 3 districts, 2500 households
  – Comparison group: 40 villages that were not enrolled in the conditional cash transfer program;
  – Treatment group: 40 villages where households received the community administered conditional cash transfers.
(4) Results

Main findings
Approximately 31-34 months after the program was launched, the treatment group showed the following results as compared with the comparison group:

– 0.41 fewer visits to health facility per year from a baseline mean of 2.8;
– No differences in the number of days of feeling sick for normal activities in the last month;
  ☐ The poorest half of the treatment had a 0.53 fewer days of feeling sick per year from a baseline mean of 1.79;
– 15 percentage points increase in primary school completion for the age group 15-18 (from a baseline mean of 51%);
– No differences in primary school completion for the age group 7-14.
(5) Additional information

See working paper for more details, including information on the following:

- Health outcomes and behavior change (e.g. child anthropometric outcomes, use of medication and use of health insurance, feeling sick, literacy level for children age 0-18, absenteeism during last week for children age 0-18, enrolment rate for children age 0-18);
- Annual expenditure on goods (e.g. cigarettes, clothing, modern medical care services, insurance, education for children in boarding school);
- Food consumption (e.g. rice, sugar);
- Savings & credit (e.g. use of a bank account);
- Community trust, participation and perception of public service quality, political participation;
- The study also reports the heterogeneous treatment effects according to: age, gender, poverty status and geographic location.