

POLICY BRIEF



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

Round 4 Findings

Introduction

The Ujana Salama ('Safe Youth' in Swahili) cash-plus model on youth well-being and safe, healthy and productive transitions to adulthood is an integrated social protection pilot that aims to improve the future economic opportunities of adolescents and facilitate a safe and healthy transition to adulthood while simultaneously strengthening local government capacity and services related to adolescent health, livelihoods and social protection. Many adolescents in the United Republic of Tanzania face multiple health and economic risks, including poverty, limited formal employment opportunities, school dropout, early pregnancy, sexually transmitted infections, violence, and abuse and exploitation, which may restrict their well-being and future opportunities.¹

Ujana Salama is implemented by the Tanzania Social Action Fund (TASAF) and operated within the Tanzanian Government's Productive Social Safety Net (PSSN), a social protection programme comprised of cash transfers, public works and livelihood enhancement reaching over one million households nationally. Ujana Salama targets adolescents in households already receiving the PSSN cash transfer and provides a combination of training and mentoring services, with a focus on livelihoods and sexual and reproductive health (SRH). Technical assistance for Ujana Salama was provided by UNICEF Tanzania and the Tanzania Commission for AIDS (TACAIDS). While Ujana Salama was later upscaled to the Kigoma and Songwe regions, a pilot was first implemented in the regions of Mbeya and Iringa, and a longitudinal, mixed-methods impact evaluation of this pilot was conducted by UNICEF Innocenti – Global Office of Research and Foresight (UNICEF Innocenti), University at Buffalo (State University of New York) and EDI Global, in collaboration with TASAF, TACAIDS and UNICEF Tanzania.²

The impact evaluation included four rounds of data collection between 2017 and 2021. The first two follow-up rounds (2018 and 2019) investigated sex-disaggregated impacts, including on gender-related outcomes such as violence, gender attitudes, access to SRH services, pregnancy and marriage.³ However, questions remained regarding the longer-term impacts of the cash-plus pilot on gender-equality outcomes, the role of implementation in influencing gender-equality outcomes and how implementation challenges (specifically, PSSN payment delays) influenced gendered coping strategies.

This brief focuses on findings from the Round 4 evaluation. This estimated impacts at the 2021 follow-up-round stage, including those on gender-equality outcomes as part of the broader Gender-Responsive Age-Sensitive Social Protection (GRASSP) research programme (2018–2023), led by UNICEF Innocenti and funded by the United Kingdom of Great Britain and Northern Ireland's Foreign, Commonwealth and Development Office (FCDO).

Adolescents face multidimensional, gendered risks and threats to their well-being and health. In recognition of these risks, the Ujana Salama model uses a capabilities-strengthening approach, providing adolescents with a combination of social, health and financial assets that expand their capacity to achieve what they value "doing or being."⁴ Social protection has been shown to improve outcomes related to safe transitions to adulthood among adolescents; however, cash alone can fall short of achieving protective or transformative effects (i.e., enhancement of income and capabilities or improving social equity and inclusion).⁵ Thus, combining cash transfers with complementary programming and linkages to existing services (often referred to as cash plus), as well as integrating gender-related considerations into programme design, can boost the impacts of cash with potentially transformative effects. Ujana Salama leverages the impacts of the PSSN through gender-sensitive, complementary programming.

The programme and impact evaluation align with the conceptual framework of and evidence from the GRASSP research programme.⁶ Cash-plus programme components, including training in livelihoods, SRH and gender attitudes, potentially improve gender-equality outcomes, represent an important step towards promoting “gender-responsive social protection systems” and are age sensitive, aiming to facilitate adolescents’ safe transition to adulthood.

The programme also has the potential to address gender-specific needs and enhance women’s and girls’ empowerment through causal pathways such as investment in human development, autonomy and confidence, strengthening the provision of gender-responsive services, improving gender-equitable attitudes around unpaid care and domestic work, and increasing female labour-force participation.

Furthermore, Round 4 of the impact evaluation examined the role of moderating factors such as social and gender norms that may act as structural drivers of gender-equality outcomes.

Ujana Salama: The cash-plus programme

Ujana Salama was targeted at adolescents aged 14–19 years (at baseline) in PSSN households and had three components:

- Training on SRH and HIV life skills, including gender attitudes and norms (see *topics in Box 1*)
- Mentoring (on livelihood options and life concerns) and productive grants for schooling, vocational training or business plans
- Strengthening health facilities and linkages to adolescent-friendly services for HIV, SRH and violence response

BOX 1. TRAINING TOPICS

Livelihoods

- Dreams and goals
- Entrepreneurship skills
- Business plans and record keeping
- Savings

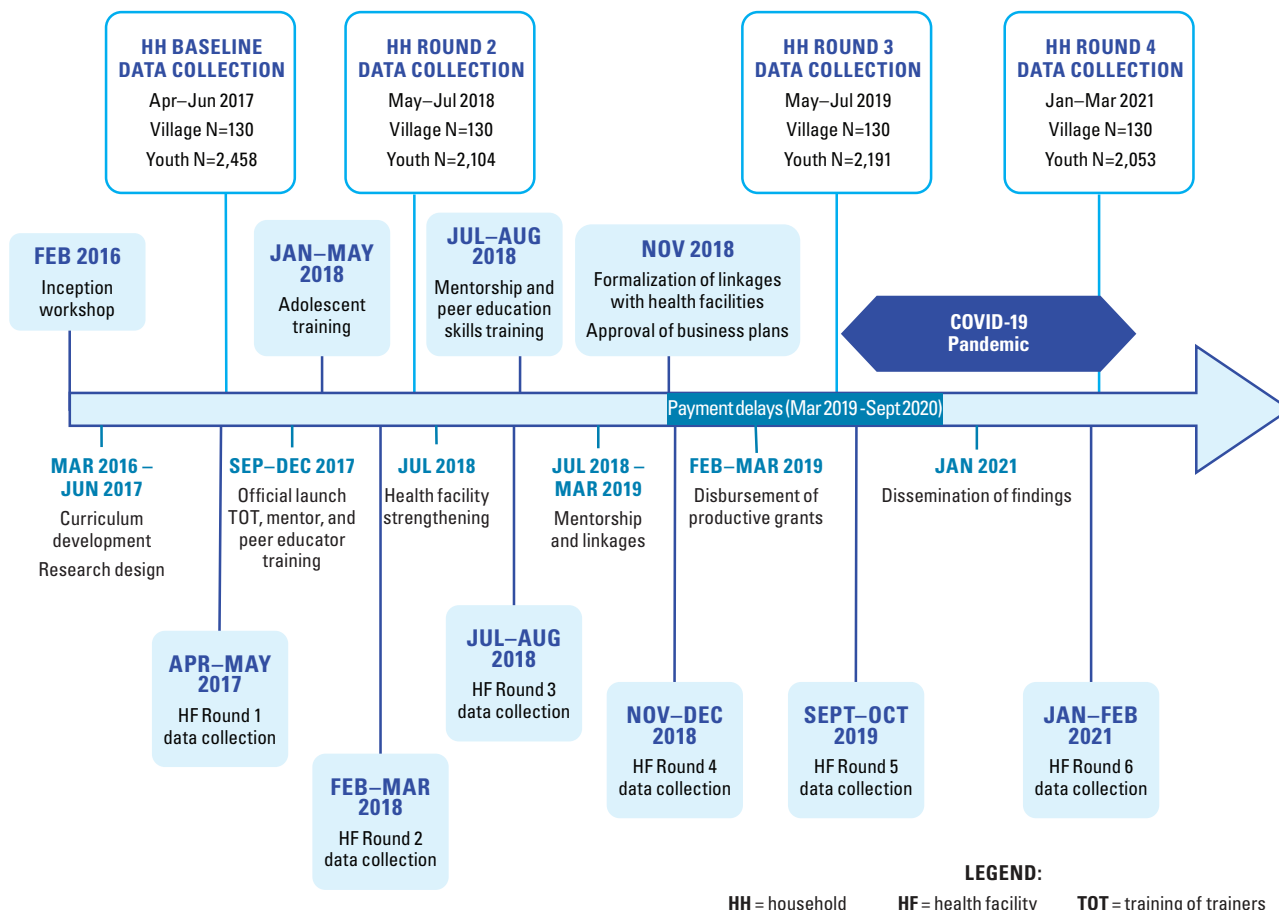
HIV & SRH

- Coping with puberty
- Relationships
- HIV knowledge, prevention, and protection
- Sexual risk taking and protection
- Pregnancy and family planning
- Violence and gender-based violence
- Addressing negative gender attitudes and norms

Four TASAF project authority areas (PAAs) were chosen to implement Ujana Salama, based on overlaps between TASAF priorities and regions in which UNICEF was supporting existing programmes.⁷ These PAAs cover Mufindi District Council (DC) and Mafinga Town Council in Iringa, and Rungwe DC and Busokelo DC in Mbeya.

We present the timeline of intervention implementation (see Figure 1).

Figure 1. Timeline of intervention implementation



Evaluation

The impact evaluation used a cluster randomized controlled trial (cRCT) design, in which 130 clusters (villages) were randomized into two study arms:

1. Intervention: cash-plus villages receiving the PSSN cash transfer combined with Ujana Salama
2. Control: villages receiving the PSSN cash transfer only

This is a longitudinal, mixed-methods study, including baseline (2017), Round 2 (2018), Round 3 (2019) and Round 4 (2021) surveys.⁸ Surveys were conducted with health facilities, community leaders, heads of households and adolescents.

The evaluation assessed the impact on adolescent well-being and transition to adulthood of a plus component integrated into the structure of a government cash-transfer programme. Key outcomes of interest include livelihood and economic security; delayed first sexual intercourse, marriage, and pregnancy; reduced experience of violence; and improved mental health (*see Box 2*).

This brief focuses on findings from the fourth round of data collection, conducted between January and March 2021, 18–20 months after the end of the final intervention component and 32 months after the intensive period of intervention. The Round 4 evaluation assessed whether impacts are sustained after the end of programme implementation.

In addition, it addressed the following research questions on gender-equality outcomes:

- How gendered are the longer-term impacts (within the two years following the completion of final intervention activities) of a plus component implemented as part of a cash-plus programme targeted at adolescents?
- How do coping strategies in response to irregularities in cash-transfer payments between 2019 and 2020 vary between males and females in households?
- How has implementation of the plus component influenced gender-equality outcomes?
- How do contextual factors (such as community social and gender norms, market availability, quality and distance to facilities) moderate programme impacts?

BOX 2. **EVALUATION OUTCOMES**

Short-term outcomes

- Educational and occupational aspirations
- Gender-equitable attitudes
- Knowledge of modern contraceptives
- Knowledge of HIV prevention
- Knowledge of where to seek SRH/HIV and violence-response services

Mid- to long-term outcomes

- Youth employment opportunities and income-generating initiatives
- Schooling and training attainment
- Increased ability to seek appropriate SRH/HIV and violence-response services
- Delayed sexual debut, marriage and pregnancy
- Reduced engagement in exploitative sexual partnerships and HIV risk behaviours
- Improved mental health
- Reduced violence victimization

Quantitative questionnaires for adolescents covered multiple topics and were based on the programme's theory of change, as described in the baseline report.⁹ They captured both intermediate outcomes (knowledge, attitudes and aspirations) and mid- to long-term outcomes (behavioural changes and health service uptake).

Adolescents in both study arms were interviewed in all survey rounds. The baseline sample included 2,458 adolescents aged 14–19 years. Of these, 2,104 (86 per cent) were re-interviewed at midline, 2,191 (89 per cent) were re-interviewed in Round 3, and 2,053 (84 per cent) were re-interviewed in Round 4. This brief focuses on findings based on data collected from adolescents who were interviewed both at baseline and in Round 4 – the panel sample.¹⁰

For the quantitative analysis, we used data from the panel sample of adolescents in intervention and control villages and compared changes between the two groups over time.¹¹ For the qualitative analysis, we explored mechanisms and pathways of impact through in-depth interviews with a subsample of 32 youth in Round 4. Additional qualitative interviews with programme beneficiaries, implementers and key informants allowed us to analyse aspects of gender equality in relation to programme implementation.

Interpretation

When interpreting Round 4 findings, there are several factors to keep in mind. First, we estimated impacts approximately 20 months after the end of the Ujana Salama intervention. We considered impacts on a broad range of outcomes, independently from whether the intervention had affected these outcomes in previous evaluation rounds. It is likely that while some impacts materialized during this time, others dissipated after the end of the programme. Second, households experienced a delay in payments for a total of 18 months after March 2019, which likely dampened some of the positive benefits of the cash-plus programme. Third, the COVID-19 pandemic induced negative economic effects that may further have countered benefits of the cash-plus programme. Fourth, given the wide range of outcomes evaluated in this impact evaluation, we did not expect significant programme impacts on all outcomes.

This brief highlights the impacts of the programme on various indicators across previous rounds and whether these impacts were sustained in Round 4. The evaluation found that the intervention improved the lives of participating adolescents across multiple domains. Impacts are summarized (*see Table 1*) and discussed in more detail below. The brief also discusses the in-depth analysis of gender equality, including how impacts differed between males and females, as well as the extent to which implementation aspects contributed to this outcome.

Table 1. Summary of programme impacts across rounds on selected indicators

INDICATOR	ROUND 2	ROUND 3	ROUND 4
Participation in any economic activities during the week before the interview	↑↑		↑
Hours spent on economic activities			↑↑
Has business in operation	Not measured	↑↑↑	↑↑
Owns livestock	Not measured	↑↑↑	↑↑↑
Livestock herding	↑↑↑	↑↑	↑↑
Participation in any household chores during the day before the interview			
Attends school		↓↓	
Self-esteem or locus of control [§]		↑↑	
HIV knowledge	↑↑	↑↑	
HIV testing		↑↑	
Contraceptive knowledge	↑↑	↑↑	
Contraceptive use			
Sexual and reproductive health-seeking		↑	↑
Sexual debut			
Marriage or cohabitation		↑	↑
Age disparate partnerships or transactional sex			
Condom use during last sexual encounter			
Gender equitable attitudes	↑↑	↑↑	
Depressive symptoms		↓↓↓	↑
Experienced violence		↓↓↓	↓
Perpetrated violence	Not measured	↓↓	

Notes: ↓ refers to a decrease in the outcome and ↑ indicates an increase in the outcome. Black arrows refer to impacts for the pooled sample (males and females), purple arrows refer to the female subsample and green arrows refer to the male subsample; empty boxes indicate no impact unless otherwise specified. [§]Locus of control measures the degree to which adolescents believe that they have control over the outcomes or events in their lives, as opposed to external forces governing their decisions.

Round 2 findings

The study's Round 2 report shows that, at midline (2018), after adolescents had been exposed to 12 weeks of in-person training, there were positive impacts on participation in economic activities, gender-equitable attitudes, and HIV and SRH-related knowledge.¹² However, there were no impacts on experiences of violence, HIV risk behaviours or improvements in SRH and HIV health-seeking behaviour. These findings underscore how, during and immediately after the training, adolescents may have begun to gain new knowledge and think about their future in different ways. However, by Round 2, their exposure to the intervention had been relatively short and other components (mentoring, productive grants and supply-side strengthening) had not yet begun. It was hypothesized that these behavioural outcomes would take more time to materialize and would possibly be seen during Round 3 if, indeed, the programme affected these outcomes.

Round 3 findings

As hypothesized above, Round 3 (2019) findings showed increases in adolescent-friendly service provision at health facilities, as well as positive impacts on: SRH and HIV knowledge; gender-equitable attitudes; the likelihood of having started a business; hours spent keeping livestock; mental health; entrepreneurial attitudes; self-esteem; HIV testing; and visits to health facilities. Additional protective effects were observed, including a reduction in experiences of sexual violence and perpetration of physical violence. However, we also observed a decrease in secondary school attendance, among older female youth.¹³

Round 4 findings

In Round 4 (2021), we found several sustained impacts of the cash-plus programme. However, some impacts previously found at Rounds 2 and 3 were not sustained, possibly due to other adverse conditions (e.g., COVID-19 and PSSN payment delays) faced by youth and others in their households between rounds. We summarize the findings by domain below.

Schooling and economic participation

- The cash-plus intervention had sustained impacts on youth micro-entrepreneurial activities. Similar to Round 3, youth in cash-plus villages were significantly more likely to be running a business than youth in control villages (at midline, no impacts were observed) and revenues increased as a result of the intervention.
- Among females, the programme led to higher participation in some specific economic activities including livestock keeping and farm work.

- As a result of higher engagement in economic and micro-entrepreneurial activities, exposure to work-related hazards increased due to the intervention in Round 4 (this was not observed in previous rounds).
- Female youth in cash-plus villages reported spending more time taking care of people who were elderly or sick compared to females in control villages. Following the programme, the likelihood of females collecting firewood also increased. There were no impacts on other household chores. Overall participation in any household chores was not affected.
- While in Round 3 there was an increase in female school dropout following the intervention, by Round 4 this unintended impact was no longer evident as, by then, most youth had permanently left school in both control and treatment villages. As in previous rounds, there were no impacts on school attainment, defined as highest grade of education completed. Thus, the adverse effects on school participation observed at Round 3 did not translate into sustained, adverse impacts on educational attainment for youth participating in the cash-plus intervention.

Attitudes, risk and social support

- In round three, positive programme impacts on self-esteem were observed, but these were not found in round four, by when self-esteem had increased in both treatment and control villages. The same holds for programme impacts on entrepreneurial attitudes.
- Similar to Rounds 2 and 3, by Round 4, the programme did not have an impact on social support, subjective well-being or youth decision-making.

HIV, SRH and linkages to services

- There were sustained programme impacts on male use of health services, consistent with the findings from Round 3.
- While the intervention increased knowledge about contraceptives in previous rounds, by Round 4, impacts were not sustained as both control and treatment groups now had higher levels of knowledge.
- Similar to previous rounds, the use of contraceptives was not affected by the cash-plus programme.
- The cash-plus intervention increased the likelihood of adolescents knowing they could obtain contraception and pregnancy tests at a dispensary, and this impact was driven by the female sample.

- By Round 4, the positive impacts of the programme on HIV knowledge and testing found in Round 3 were not sustained. This is likely due to knowledge saturation about HIV among the participant group and their peers, as well as youth growing older and becoming more knowledgeable about SRH in general. Rates of HIV testing increased over time, however, and earlier impacts of the intervention on these outcomes may still result in higher well-being levels for youth in the future.
- By Round 4, the cash-plus intervention had increased the probability of adolescents reporting no risk of HIV as opposed to low, moderate or high risk.
- Although the cash-plus intervention did not affect the pregnancy status of females participating in the programme, it increased the likelihood of males' partners being pregnant, probably due to increased marriage rates among males following the intervention. As a result of the increased stability provided by Ujana Salama, participants may have felt better prepared to build and care for families of their own.
- The intervention had no effects on marriage or cohabitation, the first sexual experience being forced, age-disparate relationships, sexual debut or transactional sex. Analysis by sub-sample shows increases in marriage or cohabitation within the male sub-sample.

Violence reduction

- For females, the programme reduced the risk of experiencing sexual violence.
- No programme impacts were observed for experiences of emotional, physical or intimate partner violence.
- The programme increased the likelihood of males seeking help from formal sources after experiencing violence.
- There were no impacts on the perpetration of emotional violence, and reductions in the perpetration of physical violence among males found in Round 3 were not sustained in Round 4.

Mental health

- While reductions in depressive symptoms were attributable to the intervention in Round 3, the programme led to increased depressive symptoms in Round 4. As the programme increased occupational aspirations and improved well-being – leading to better mental health in Round 3 – the setbacks experienced in the pandemic may have affected youth in cash-plus villages more than those in control villages.

- There were no programme impacts on levels of stress.

Gender-sensitive social protection

This section summarizes results on gender-related findings, describing long-term impacts on gender-equality outcomes, responses to PSSN payment delays by gender, and the role of implementation and contextual factors in influencing gender-equality outcomes.

- **Long-term impacts on gender-equality outcomes**

- Impacts of the programme on gender-equitable attitudes noted in Rounds 2 and 3 were not observed in Round 4.
- There were sustained, positive impacts in health and economic areas, which can facilitate transformative impacts of social protection, such as females running a business, male and female livestock ownership, male use of health services, female knowledge of where to obtain contraception and pregnancy tests, and a reduction in females experiencing sexual violence.
- In participating households, impacts on time-use patterns continued to be gendered, with programme-induced increases in livestock keeping and farm work observed among females only.
- New impacts in Round 4 included an increase in care work (for ill and elderly people) by females and an increased likelihood of males reporting their partner having been pregnant.

- **Gendered impacts of payment delays on PSSN households**

- In response to PSSN payment delays, households reduced their food consumption and the number of meals they had per day, went into more debt, sold off assets such as livestock, increased the amount of casual labour they engaged in, reduced their use of health services and purchase of medicines, and reduced their investments in small businesses; school attendance was also affected.
- These coping strategies did not appear to be gendered; nor did payment delays exacerbate existing gender inequalities.

- **Implementation and its influence on gender equality**
 - Important factors in the achievement of various gender-equality outcomes included the intervention's information sessions, gender-sensitive recruitment of mentors and peer educators, and mixed-sex training.
 - Components such as the productive grant economically empowered females and improved their social standing and their confidence to avoid risky sexual behaviours.
 - Gaps in the referral system in these communities was identified as a factor that prevented survivors reporting or seeking formal help for experiences of violence.
- **Moderating influences of contextual factors**
 - Gender norms and service access had a limited role in moderating programme impacts, with some exceptions.
 - In communities that have conservative norms regarding contraceptive use, the intervention led to lower rates of contraceptive use, while in communities that have more progressive norms, the intervention had no impact on this outcome. Furthermore, progressive norms concerning the terms of women's decision-making enabled the intervention to be more effective at delaying sexual debut.
 - At the same time, it appears that the intervention led to increased health-seeking behaviours among adolescents in communities that had poor access to quality health services, illustrating how information and linkages can improve some outcomes and address some gaps in access in underserved communities.

Conclusions

Ujana Salama aimed to leverage the impacts of cash interventions by providing adolescents with training in livelihoods, SRH and HIV, mentoring and productive grants, as well as links to adolescent-friendly SRH and HIV services. The intervention was a unique, multisectoral, government-implemented intervention targeted at vulnerable adolescents in impoverished households participating in a government social protection programme. Ujana Salama simultaneously improved health and economic capabilities among adolescents and youth. The programme ran from 2018–2019 and was assessed using a longitudinal, mixed-methods impact evaluation from 2017 (baseline) to 2021 (Round 4).

At midline, immediately after livelihood and SRH training, we found positive impacts on short-term indicators, such as SRH knowledge, gender-equitable attitudes and participation in economic activities. In Round 3, we observed some changes in behaviour, including: increased HIV testing and visits to health facilities; delayed sexual debut; reductions in experiences and perpetration of violence; improvements in self-esteem and entrepreneurial attitudes; and reductions in depressive symptoms. Other outcome measures were unchanged and there were some adverse impacts on school attendance, which were not subsequently sustained.

In Round 4, we found sustained, positive impacts on economic activities, running a business, livestock herding and male use of health services. The intervention also continued to reduce female risk of experiencing sexual violence.

Two important factors may have contributed to dampening intervention effects between Rounds 3 and 4. These include PSSN payment delays (between March 2019 and September 2020) and the COVID-19 pandemic (from March 2020 through to the Round 4 data collection in January–March 2021). These negative income shocks to households may have required participating youth and their households to redirect resources to food and other basic needs. Without these events, they would have been able to direct more resources to their schooling, businesses or health-related outcomes, further amplifying programme impacts.

A lack of sustained findings regarding mental health and gender-equitable attitudes suggests that the programme should be implemented over a longer period or in combination with broader community-level activities, particularly where social norms are deeply ingrained. Interventions where there are deep-rooted and harmful normative beliefs around gender need broader community participation and more sustained delivery in order to effect normative change.

Research recommendations

Replicate this intervention and evaluation in different settings and examine the replicability of our findings as well as the influence of contextual factors.

Investigate the *synergistic impacts of cash and plus components*, as while the current study measured the impacts of the overall cash-plus bundled intervention compared to cash only, it did not observe the effects of individual plus components in isolation.

Identify effective intervention components, synergies (including among the various cash-plus elements) and the influences of contextual factors through *systematic reviews* of similar types of multisectoral programmes for adolescents.

Investigate *barriers to schooling and learning* and the role of gender norms in shaping schooling and employment opportunities.

Carry out *longer-term follow-up* of the sample in this study (and similar studies examining bundled interventions targeted at adolescents) to understand whether these adolescent-targeted interventions continue to have benefits in adulthood, including for health, economic empowerment and intrahousehold bargaining; and to find out whether there are intergenerational impacts (e.g., among the targeted adolescents' children).

Programme recommendations

Ensure access to *high quality secondary schools and/or vocational* training through boarding vouchers or other interventions that mitigate cost.

Ensure that the *cash-plus training curriculum* and its implementation modalities are designed to incentivize schooling and training, which are likely to provide more and better opportunities to youth in the longer term, compared to immediate business opportunities. These efforts should include facilitation of skills training through linking youth with vocational services.

As this and similar programmes are upscaled, strengthen *cross-sectoral coordination and systems*, including linkages to HIV and SRH services. It is also important to continue to strengthen gender-based referrals and response services.

Adopt a *gender lens* in economic empowerment programming, including the design and implementation of broader gender-norm programmes to maximize the impact of interventions such as cash plus. Disproportionate female engagement in household chores is a key aspect to consider in programming.

Improve *coordination between development partners* and link their services. This can help address the multidimensional needs of vulnerable adolescents and complement programming in a cost-effective manner.

The analysis of coping strategies in response to cash-transfer payment delays suggests that the following actions are needed: (i) improve *communication with participants* about their eligibility characteristics, payment amounts, co-responsibilities and expected changes in programme implementation; (ii) implement *case management* to help identify complementary services addressing the multidimensional effects of poverty, including supporting access to education and health services; (iii) *monitor* households affected by payment delays as well as those that 'graduate' from the PSSN in the long term; and (iv) strengthen *grievance mechanisms*, so

that participants are aware of their right to social-protection benefits and understand how to communicate with programme implementers when problems arise.

This study is the first to provide evidence on the effectiveness of a cash-plus intervention targeted at adolescents that was *implemented within an existing government-run social protection programme*. With the world currently experiencing its largest ever adolescent population¹⁴, it is of utmost importance to understand the combinations of support and investment that can lead to positive transitions to adulthood in order to secure a better future for today's youth and their own children.

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For more information on the programme and Round 4 findings, see the full report: Tanzania Adolescent Cash Plus Evaluation Team, *A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Round 4 Impact Evaluation Report*, UNICEF Innocenti – Global Office of Research and Foresight, Florence, February 2024.

Endnotes

- 1 Tanzania PSSN Youth Study Evaluation Team, Tanzania Youth Study of the Productive Social Safety Net (PSSN) Impact Evaluation: Endline report, UNICEF Office of Research – Innocenti, Florence, 2018, <www.unicef-irc.org/publications/942-.html>, accessed 20 September 2023.
- 2 The evaluation builds on and contributes to the Transfer Project, a research and learning initiative of the Food and Agriculture Organization of the United Nations, the University of North Carolina at Chapel Hill and UNICEF. For more information, see the Transfer Project website, at <<https://transfer.cpc.unc.edu/>>, accessed 20 September 2023.
- 3 Tanzania Adolescent Cash Plus Evaluation Team, A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Baseline report, UNICEF Office of Research – Innocenti, Florence, 2018, <www.unicef-irc.org/publications/943-a-cash-plus-model-for-safe-transitions-to-a-healthy-and-productive-adulthood-baseline.html>, accessed 20 September 2023; Tanzania Adolescent Cash Plus Evaluation Team, A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Midline report, UNICEF Office of Research – Innocenti, Florence, 2020, <www.unicef-irc.org/publications/1100-cash-plus-model-for-safe-transitions-to-healthy-and-productive-adulthood-midline.html>, accessed 20 September 2023; Tanzania Adolescent Cash Plus Evaluation Team, A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Round 3 report, UNICEF Office of Research – Innocenti, Florence, 2020, <www.unicef-irc.org/publications/1187-a-cash-plus-model-for-safe-transitions-to-a-healthy-and-productive-adulthood-round-3-report.html>, accessed 20 September 2023.
- 4 Sen, Amartya, 'Development as Capability Expansion', in *The Community Development Reader*, edited by James DeFilippis and Susan Saegert, Routledge, n.p., 1990, pp. 319–327. See also Gender and Adolescence: Global Evidence Consortium, *Gender and Adolescence: Why understanding adolescent capabilities, change strategies and context matters*, GAGE Consortium, n.p., July 2017, <www.gage.odi.org/wp-content/uploads/2019/01/Gender-and-Adolescence-CF-FINAL-1.pdf>, accessed 20 September 2023.
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- 6 United Nations Children's Fund, 'Gender-Responsive Age-Sensitive Social Protection: A conceptual framework', Innocenti Working Papers no. WP-2020-10, UNICEF Office of Research – Innocenti, Florence, October 2020, <www.unicef-irc.org/publications/1116-gender-responsive-age-sensitive-social-protection-a-conceptual-framework.html>, accessed 19 September 2023.
- 7 For administrative purposes, TASAF refers to geographical areas of programme implementation as project authority areas (PAAs). On the mainland, these are the same as local government councils. Within PAAs, there are wards and, within wards, there are villages or mtaas (a mtaa is an administrative unit in urban areas, equivalent to a village in rural areas).
- 8 Randomization took place in 2017, after baseline implementation, and was stratified by PAA and village size (large vs small villages).
- 9 *Cash Plus Model: Baseline report*.
- 10 The percentage of youth lost to follow-up was similar in both intervention and treatment villages. Most baseline characteristics remained balanced between both study arms in the panel sample (i.e., those interviewed at baseline and in Round 4).
- 11 We used an analysis of covariance (ANCOVA) specification, in which we controlled for the baseline value of the considered outcome.
- 12 *Cash Plus Model: Midline report*.
- 13 At baseline, females were more likely than males to be in secondary school. They also had a higher participation rate in the cash-plus training. These factors, together with the business focus of the training and other contextual conditions, contributed to the observed findings. For further details, see Tanzania Adolescent Cash Plus Evaluation Team, 'Ujana Salama: Cash Plus Model on Youth Well-Being and Safe, Healthy Transitions – Round 3 findings', Innocenti Research Briefs, no. 2020-23, UNICEF Office of Research – Innocenti, Florence, 2021, <www.unicef-irc.org/publications/1189-ujana-salama-cash-plus-model-on-youth-well-being-and-safe-healthy-transitions-round-3-findings.html>, accessed 20 September 2023.
- 14 The number of adolescents aged 10 to 19 years reached 1.3 billion in 2023, a number higher than ever before. Source: World Bank Development Indicators (World Bank staff estimates using the World Bank's total population and age/sex distributions of the United Nations Population Division's World Population Prospects: 2022 Revision). Data retrieved in October 2023.

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