

# **Scaling up Nutrition through Social Protection: Cash transfers as an opportunity for scaling up nutrition**

**Joint Multi-Sectoral Nutrition Review of the Implementation of  
the National Nutrition Strategy 2011/12 – 2015/16**

Presented by Mr. Amadeus Kamagenge, TASAF Director of Community Support,  
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# Outline

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- Background
- PSSN in a nutshell
- Institutional arrangements
- PSSN funding
- Factors of integration of nutrition sensitive interventions under PSSN
- Scaling up nutrition through PSSN
- Conclusion



# Background

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- Tanzania Social Action Fund (TASAF) was established in 2000 to supplement other Government poverty reduction Initiatives.
  - First phase (TASAF I) was implemented from 2000-2005
  - Second Phase (TASAF II) from 2005-2013
  - Phase I and Phase II of TASAF was successfully implemented and achieved Program objectives
  - A total of 1,704 project worth TZS 72 billion and 12,347 project worth TZS billion 430 billion were implemented in TASAF I and TASAF II respectively.
  - The implementation covered both Tanzania Mainland and Zanzibar.
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# Background...

- Despite successful implementation of TASAF I and TASAF II, the program faced some challenges including:
  - The major challenge is the presence of extreme poor households (9.7 % of population) that do not benefit from services (Education, Health, etc.)
    - Malnutrition and stunted growth among the children from poor households
  - Community demand for sub projects exceeded TASAF financial Capacity
  - Limited financial capacity for implementing other interventions like:
    - Conditional Cash Transfer
    - Savings and investment scheme
    - Infrastructures across key sectors (Health, Education , water, etc.)





Beneficiaries from poor household in Bagamoyo District

# Background...

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- Children from poor Households (HH) have no access to health facilities
- A good number of children from poor house holds are not registered in schools.
- Poor school attendance among the children from poor HH,.
- School dropout, and child Labour for children coming from poor HH
- The Government need to develop human capital and break poverty circle
  - Government decided to establish (TASAF III) to supplement other institutions in poverty reduction initiatives.
  - TASAF III was inaugurated by His Excellency President of the United Republic of Tanzania Dr. Jakaya Mrisho Kikwete on August 15, 2012 in Dodoma.







PSSN beneficiaries in Bunda District attending clinic service



PSSN beneficiaries in Pemba attending classes as part of Cash Transfer Condition



# Program Development Objectives

## **TASAF-III Objectives:**

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- PSSN is implemented in the Third Phase of TASAF with a view to enabling poor households increase incomes and opportunities while improving consumption

## **TASAF-III Components:**

- Establishment of a national safety net incorporating transfers linked to participation in public works and adherence to co-responsibilities (CCT).
- Enhancement of livelihoods and increasing incomes through community savings and investments.
- Targeted infrastructure development (education, health, water).
- Capacity building to ensure adequate program implementation

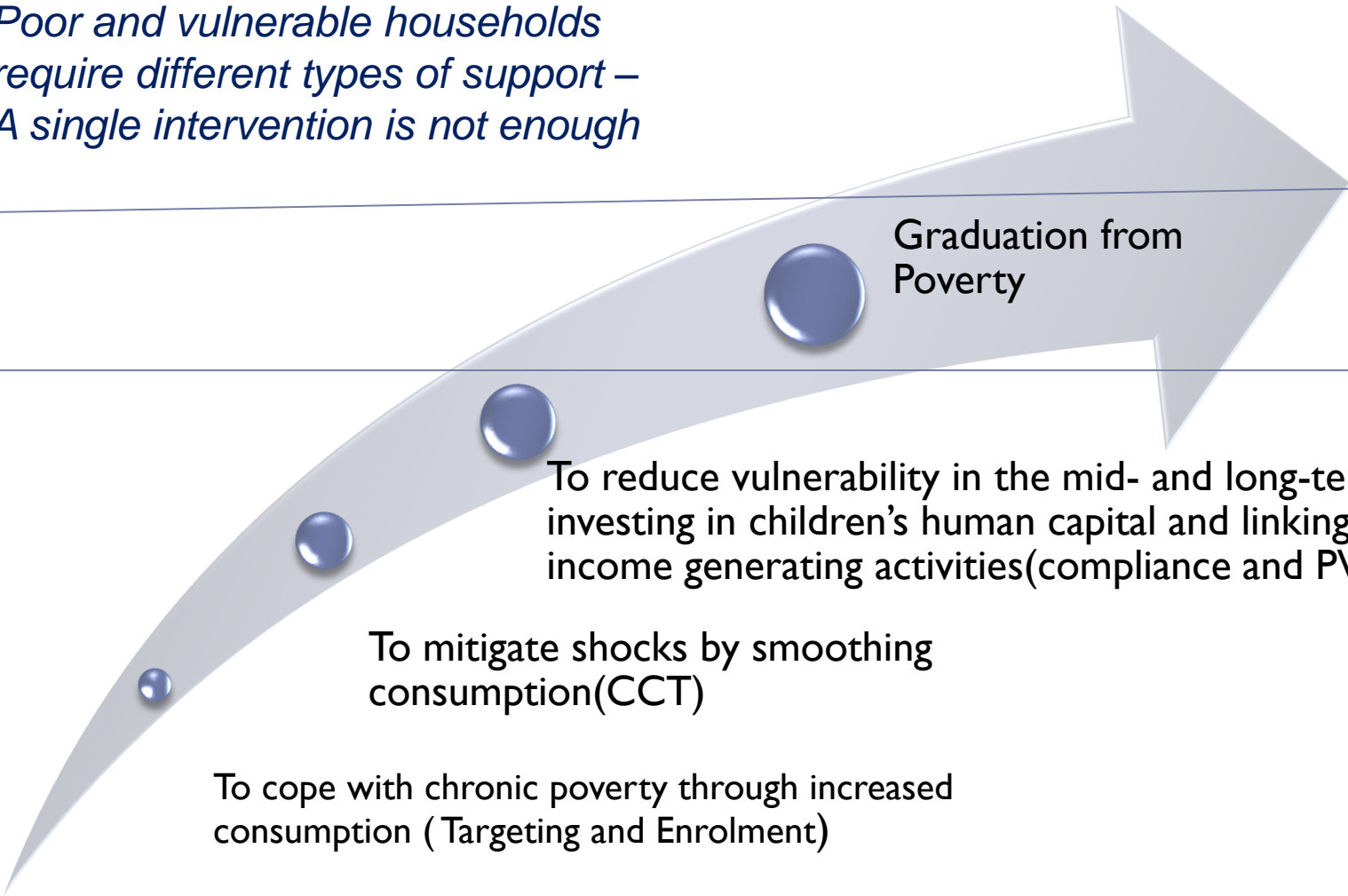




LGA staff conducting awareness session for beneficiaries in Mtwara - Mikindani

# Strategies for Poverty Reduction

*Poor and vulnerable households  
require different types of support –  
A single intervention is not enough*



Graduation from  
Poverty

To reduce vulnerability in the mid- and long-term by  
investing in children's human capital and linking to  
income generating activities (compliance and PWP)

To mitigate shocks by smoothing  
consumption (CCT)

To cope with chronic poverty through increased  
consumption (Targeting and Enrolment)

# Transfer to Dodoma Region as an example – Cash transferred in Jul-Aug 2015

S/n	PAA	Total Transfer	Beneficiary Payment 88 %	Transfers to RAS 1%	Transfers To PAA 8.5%	Transfers To Ward 1%	Transfers to Villages 1.5%
	Chamwino 1 DC	688,572,727	616,272,590	6,885,727	58,528,682	6,885,727	10,328,591
	2 Bahi DC	293,718,182	262,877,773	2,937,182	24,966,045	2,937,182	4,405,773
	3 Chemba DC	194,272,727	173,874,091	1,942,727	16,513,182	1,942,727	2,914,091
	4 Dodoma MC	278,404,545	249,172,068	2,784,045	23,664,386	2,784,045	4,176,068
	5 Kondoa DC	391,831,818	350,689,477	3,918,318	33,305,705	3,918,318	5,877,477
	6 Kongwa DC	329,036,364	294,487,545	3,290,364	27,968,091	3,290,364	4,935,545
	Mpwapwa 7 DC	213,354,545	190,952,318	2,133,545	18,135,136	2,133,545	3,200,318
	<b>Total</b>	<b>2,389,190,909</b>	<b>2,138,325,863</b>	<b>23,891,909</b>	<b>203,081,227</b>	<b>23,891,909</b>	<b>35,837,864</b>



# Beneficiary's Benefit Structure

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- ▶ The rates transferred to beneficiary house holds (current rates)
    - ▶ Basic transfer – TZS 10,000)
    - ▶ Children below 18 – TZS 4,000
    - ▶ Children aged 0 – 5 – TZS 4,000
    - ▶ Every child attending primary school TZS 2,000 cap TZS 8,000
    - ▶ Every Child attending secondary education form I- IV TZS 4,000 cap TZS 12,000
    - ▶ Every children attending secondary education form V-VII TZS 6,000 cap TZS 12,000
      - ▶ The maximum amount to be disbursed for a house hold is TZS 38,000 per month
    - ▶ Members of Households who will work in PWP for 60 per year will paid TZS 2,300 per day making a total of TZS 130,000 per year
    - ▶ Minimum income per household on bimonthly is TZS 43,000. (HH without a child but also participate in PVVP
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# Expected Results - PSSN

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- Poverty reduction by 52 %.
- Reduction of poverty gap by 43%.
- Ability of poor house hold to participate in savings and other development activities.
- Reduced cases of malnutrition,
- Increased access to education and health services
- Proper utilization of education and health infrastructures developed in TASAF I and TASAF II
- Human capital development



# Institutional Arrangement

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## 1. National Level

- National Steering Committee( NSC)
- Sector Experts ( SET)
- TASAF Management Unit ( TMU)

## 2. Regional Level:

- Regional Secretariat,
- Sector Experts
- TASAF Regional Focal Person

## 3. Council Level (PAA):

- Council Management Team(CMT)
- Finance Committee



# Institutional Arrangement...

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- PSSN Coordinator and PSSN Accountant
- TASAF Technical Assistant (Monitoring Officer)

## 4. Ward Level:

- Ward Executive Officer (WEO)
- Extension Staff
- Community Development and Technical Staff
- Health and Education staff

## 5. Village/Mtaa/Shehia:

- Village Assembly
- Village Council
- Community Management Committee





# PSSN Funding

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- PSSN implementation once in full implementation the cost is estimated to be 0.6% of GDP.
  - Source of Funds:
    - Government of Tanzania
    - World Bank
    - DFID
    - Sida
    - USAID
    - UN System (UNDP, UNICEF, ILO & UNFPA)
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# Factors that facilitates integration of nutrition sensitive interventions under PSSN

- Scale of operation (6.5 million people, all districts)
- Poverty focus (well targeted to the extreme poor and food insecure)
- Gender provisions (empowering women)
- Serves as a delivery platform for nutrition-specific interventions, increasing their scale, coverage and effectiveness



# Factors that facilitates integration of nutrition sensitive interventions under PSSN

- Focus on system building (enhancing linkages with health)
- Involvement of social sector (education, etc.)
- Building of supporting systems linked to national systems (targeting, registry, payment, compliance monitoring)
- Integration of livelihoods enhancement interventions.



# Scaling up nutrition through PSSN

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- **Increased income/consumption:** PSSN increases household income which in turn influence determinants of nutrition such as access to healthy foods.
- **Control of income:** Influencing who in the household has control of income also affects nutrition status, given that control of income by women in PSSN is associated with increased spending on children's needs, including nutrition.
- **Targeting:** PSSN targeting mechanisms enhance focus on the most vulnerable populations of pregnant women and children in the critical first two years of life.



# Scaling up nutrition through PSSN

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- **Links with Services:** PSSN fosters links to the health system through co-responsibilities, such as nutrition education and attendance at health facilities where households receive micronutrient supplements, or participation in community-based growth monitoring and promotion sessions.
- **Provision of community sessions:** PSSN every two months, sessions of 15 – 30 minutes are provided just before delivery of cash benefits to deliver messages, including
  - ▶ messages to influence change of behaviour.

# Conclusion

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- Preparation of nutrition IEC materials, a joint effort with 'Nutrition Thematic Group' and capacity building through community sessions.
- Capacity building at LGA, ward and villages levels to facilitate scaling up of a community-based approach
- Ensuring predictable and timely transfers
- Constructing and broadening the evidence base to rationalize nutrition and social protection expenditures to ensure sustainability.



# Scaling up Nutrition through Social Protection

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Thank you for your attention

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