



## **Impact Evaluation of a Tanzanian Conditional Cash Transfer (TASAF III/PSSN) on Youth Well-being and the Transition to Adulthood**

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## Abstract

The Tanzania Social Action Fund (TASAF) is being expanded in a third phase and consolidated into the Productive Social Safety Net (PSSN), which will comprise a conditional cash transfer and a public works programme to reduce extreme poverty and break the intergenerational transmission of poverty. An impact evaluation is being conducted by the World Bank to examine impacts on households related to poverty, food security, health utilization and related outcomes. In addition, REPOA and McGill University are conducting an impact evaluation of this programme scale-up on women's empowerment. UNICEF Office of Research, in collaboration with REPOA, will perform a study examining impacts of the programme on youth and the transition to adulthood. Surveys will be conducted among youth ages 14 to 28 at baseline, and again at 18 months follow-up. Results will inform design of future iterations of the Government's social protection and other complementary programming supporting the safe transition of Tanzanian youth.

## Introduction & Literature Review

The Tanzania Social Action Fund (TASAF) was established in 2000 as part of the Government of Tanzania's social protection strategy and has since been expanded twice. Phase I (2000-2005) focused on improving social service delivery, capacity enhancement, and addressing income poverty for food insecure households. The second Phase (2005-2013) built on the Millennium Development Goals (MDGs) and addressed a shortage of social services, income poverty, and capacity enhancement. Currently, the third phase of TASAF (TASAF III/Productive Social Safety Net (PSSN)) aims to scale up conditional cash transfers (CCTs), and will additionally include livelihood enhancement and facilitate implementation of public works (income generating activities for poor and vulnerable groups). The objective of this new phase, the consolidated PSSN, is to increase income and consumption and improve vulnerable populations' ability to cope with shocks, with an overall aim to reduce extreme poverty and break the intergenerational transmission of poverty. The CCT component provides cash payment to households living below the food poverty line, and households are required comply with certain conditions to receive payments (e.g., children ages 7 to 15 must enroll in primary school and attend at least 80 percent of the time). In 2015, Phase III is being scaled up to 160 new treatment villages.

Adolescence is a key period in which events and transitions have long-term impacts on an individual's future health, well-being, and productivity. Decisions about sexual debut, schooling, and partnerships determine an individual's trajectory and can impact earning potential, agency in marriage, future experience of violence, and a range of outcomes that impact not only the individual, but their future children as well. A recent study highlighted key issues facing youth in Tanzania, including early marriage and pregnancy, children living without their parents, violence, and HIV risk (1). The report highlighted that school-dropout among girls spikes around age 12 in rural areas, and 31 to 37 percent of girls are married before age 18. Further, according to the 2010 Tanzania DHS report, four percent of women aged 25 to 49 had given birth by age 15, and according to our own calculations with these data, 6.7% of women aged 15 to 49 in Tanzania were married or in union before age 15. Regions with high rates of early marriage (before 18 years) include Dodoma, Lindi, Mara, Morogoro, Shinyanga, and Tabora. One quarter and one-fifth of girls and boys aged 10-14 years, respectively live without their biological parents—and this proportion rises to half of girls aged 15-17 years in urban areas. Reduced parental support and supervision may have widespread implications for a range of outcomes during the transition to adulthood, including those related to allocation of household resources and decisions of whether to send an adolescent to school, as well as decisions about sexual debut and formation of relationships, as adolescents may seek to replace parental love and support (2, 3). Violence and HIV risk were also highlighted in the report; 30 percent of females and 20 percent of males reported their sexual debut as forced, and half of married females aged 15 to 24 had a partner ten or more years older, which increases risk of violence and HIV. Further, the first national study of violence against children in Tanzania, conducted in 2009, found that 3 in 10 females and 1 in 7 males experienced sexual violence before age 18, and three-quarters of males and females experienced physical violence by an adult or intimate partner before age 18 (4).

## Research Problem

Evidence shows that national government-run cash transfers in Africa can have a positive impact on the transition to adulthood, including delaying sexual debut and pregnancy and increasing school attendance (5-11). However, to date, no impact evaluations of government-run CCTs in Africa have specifically examined outcomes related to the transition to adulthood. Existing evidence is largely drawn from unconditional cash transfers (6, 10, 11), which are more common in Africa given weaker institutional structures and more widespread poverty, or, alternatively, from smaller-scale, non-government-run CCTs (12-14). Furthermore, no published study of either an unconditional or a CCT has examined the impacts of these programmes on violence against children or intimate partner violence among youth, who are often forming unions for the first time. Research indicates one in three women will experience intimate partner violence in her lifetime (15), and that that intimate partner violence begins early in relationships (16) – thus an important topic during adolescent ages. Further, as mentioned above, adolescents often transition to sexual debut, marriage, and pregnancy early in Tanzania, and there is no evidence from Tanzania on the ability of a cash transfer to offer protective impacts during the transition to adulthood.

## Objectives

The current study aims to provide rigorous quantitative evidence on the effects cash transfer programmes have on youth well-being and the transition to adulthood. Results will enable the Government of Tanzania, TASAF, and other stakeholders such as UNICEF Tanzania and Tanzania Commission for AIDS (TACAIDS) to assess what other measures or interventions are necessary to improve adolescent and youth well-being, and how these can complement and provide synergies with existing government social protection programmes.

The overarching research question to be answered by this youth study is, to what extent CCTs and public works components positively impact youth well-being and the transition to adulthood?

### Primary questions of interest:

1. Does the programme delay sexual debut, marriage, and/or pregnancy?
2. Does the programme improve youth mental health?
3. Does the programme increase youth schooling attendance and attainment?
4. Does the programme reduce risky sexual behaviors?
5. Does the programme reduce the experience of intimate partner violence among female youth?
6. Does the programme reduce physical and sexual violence experienced by youth?

### Secondary questions of interest:

1. Through what pathways does the programme delay sexual debut, marriage, and pregnancy, if impacts are found?
2. Do levels of perceived parental<sup>1</sup> and social support moderate programme impacts?
3. Do stress levels moderate programme impacts?
4. Are programme impacts different in youth households receiving CCT only as compared to households receiving public works components?"

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<sup>1</sup> Parental support will be examined specifically for those aged below 18 years, but can also be important at older ages as well.

## Methodology

### *The PSSN*

As mentioned above, the PSSN is comprised of a CCT component, and an integrated labor intensive public works program. The latter offers short-term employment for unskilled and semi-skilled workers on labor-intensive projects to provide income. The programme provides the following, based on household composition:

- (i) A (fixed) basic monthly transfer to improve household consumption;
- (ii) A variable conditional transfer for households with children or pregnant women to incentivize investment human capital of children and health of pregnant women; and
- (iii) A seasonal transfer linked to participation in labor-intensive public works to increase and sustain household assets, and smooth consumption during lean seasons.

Beneficiaries were identified through a three-stage targeting process, including geographical targeting, community-based targeting, and a proxy-means test (PMT). The rationale for this multi-stage targeting is that community-based targeting will help identify the poorest and most vulnerable to minimize exclusion error, and verification through the PMT will minimize inclusion error.

### *Evaluation Framework*

The PSSN covers 161 Project Authority Areas (PAAs), including 99 PAAs in Waves 4 and 5<sup>1</sup> of the current scale-up, from which the current impact evaluation has been drawn. An impact evaluation of the PSSN is being conducted by the World Bank, comprising 240 villages of the 814 villages in the impact evaluation sampling framework (17). Data collection for this impact evaluation is being conducted by Tanzania's National Bureau of Statistics (NBS). In addition, Policy Research for Development (REPOA, Tanzania), in collaboration with McGill University (Canada), is currently conducting a study to examine impacts of TASAF III on women's empowerment in 80 of these scale-up villages, as well as in 40 additional control villages (120 villages total), all of which were not selected for the World Bank's impact evaluation (Figure 2). The current youth study will build off of REPOA's empowerment study.

REPOA's empowerment study will utilize the Women's Empowerment in Agriculture Index (WEAI) and household surveys will collect information on household members' characteristics, including education, demographic characteristics, and labor force participation.

The study utilizes a cluster sample design, whereby clusters (villages) were randomized, and households are nested within villages. NBS randomized villages for the impact evaluation into treatment and control arms. Of the 814 villages assessed, 240 villages were selected by the World Bank for the impact evaluation, and 614 were not. REPOA's empowerment study includes 120 of the villages not chosen for the World Bank evaluation, and then TASAF further randomized these 120 villages into 40 CCT only treatment villages, 40 CCT plus public works treatment villages, and 40 control villages. There is no overlap between villages in the two impact evaluations.

The youth survey for the current study will be incorporated into REPOA's existing impact evaluation of the programme on women's empowerment (Figure 2). At baseline, a separate youth survey will be conducted among youth in households in the REPOA study immediately after REPOA's household surveys are completed (August-September 2015), and then the 18-month follow-up survey will be conducted within REPOA's empowerment study follow-up surveys as a youth module, to be conducted at the same time as the household surveys for the overall empowerment impact evaluation. In total, the REPOA study will be conducted in 8 PAAs from Tanzania Mainland and 2 PAAs from Zanzibar (approximately 120 villages). There are two key differences in the youth sample for the current study and that of REPOA's overall impact evaluation sample: the youth module will not be conducted in Zanzibar, nor will it be conducted in TASAF II households (referred to as Group D in REPOA's evaluation design in Figure 2, or those that have been receiving cash transfers since Phase II of the TASAF scale-up).

### *Sample*

The expected sample size for the youth study is all youth ages 14-28 in the 1400 households of the study frame (estimated at 1600 youth, to be confirmed after household composition statistics are received). The study will include youth up to the age of 28 to ensure a large enough sample size to be able to detect statistically significant differences in control and treatment group, as indicated by power calculations. Youth in both treatment arm and control villages will be interviewed. The survey will be conducted in 8 Mainland PAAs: Misungwi DC, Kahama TC, Kilola DC, Kisarawe DC, Handeni DC, Mbogwe DC, Itilima DC, Uyui DC, and fieldwork is estimated to take approximately 4-6 weeks to complete.

Further, approximately 16 youth will be selected for further in-depth, semi-structured interviews. These youth will be purposively chosen from two PAAs.

### *Interviews*

We will adhere to Ethical Principles and Guidelines for the Protection of Human Subjects of Research as outlined in the Belmont Report. Enumerators will receive instruction on ethnical data collection and informed consent at data collection trainings. Informed consent will be obtained from all youth aged 18-28 years (Appendix 2), and caregiver/parental consent and youth assent will be obtained for all youth aged 14-17 years (Appendices 3 and 4). All informed consent includes the ethical components regarding: 1) objectives and content of the study, 2) privacy and data security, 3) voluntary participation, 4) the right to refuse or skip any questions without consequences, and 5) source to follow-up regarding complaints or further information on the study. Interviews will last approximately 30 minutes per youth. Survey enumerators and youth will be matched based on sex (e.g. male enumerators will interview males, and female enumerators will interview females), and all interviews will be conducted in private locations where other household members cannot hear what is being discussed, given the sensitive nature of some of the survey questions. Further, sensitive questions in the violence module will only be asked of females (all females aged 14 to 28 in the household), and not to males, to avoid asking both partners of a couple questions about violence. Enumerators will use electronic tablets to input data, and questionnaires will be translated to Swahili.

### *Questionnaire*

The quantitative survey will be multi-topical and based on the program's theory of change (Appendix 7). Key outcomes to be measured will include sexual debut, pregnancy, marriage, school attendance, aspirations, mental health, risk-taking, violence, and future expectations. Furthermore, we will collect data on potential moderators of programme impacts, including perceived social support. Wherever possible survey items will be pulled from existing national survey instruments such as Violence Against Children Survey (VACS), Demographic and Health Surveys (DHS), and WHO Multi-Country Study on Domestic Violence and Women's Health. Similar adolescent modules have been previously implemented in the region by the Transfer Project (a collaboration of researchers examining impacts of social cash transfers in Africa led by UNICEF, Save the Children UK, and the University of North Carolina), in countries including Kenya, Malawi, Zambia, and Zimbabwe.

Further, we will conduct in-depth, semi-structured surveys with a sub-sample of approximately 16 youth to explore mechanisms and pathways for impacts on outcomes of interest. These will be conducted in Swahili, digitally recorded, transcribed, and translated to English. The qualitative interviews will be embedded in the longitudinal qualitative study. Since the sample is 'embedded' the full range of information from the household survey would also be available for these households and their responses and challenges as reported in the in-depth interviews can be compared to the quantitative data collected from them to understand the relationship between the two.

Finally, data collection supervisors will administer one community questionnaire to a knowledgeable individual in each community to assess topics such as access to markets, health facilities, schools; prices; village customs surrounding marriage (matrilineal, patrilineal, etc.) and caregiving (who would be expected to take in a child if the parent dies); and shocks (Appendix 9).

### *Data analysis*

Quantitative analysis will be conducted with standard impact evaluation methodologies, including difference-in-difference (DD) estimates and analysis of covariance (ANCOVA). Outcomes to be examined include sexual debut, mental health scales, pregnancy, marriage, experience of violence, and others outlined above. We will utilize linear regression methods for continuous outcomes and probit and/or linear probability models for dichotomous outcomes. We will control for household composition, characteristics of the head (gender, age, education), and a basket of prices (e.g., price of cooking oil, soap, etc.) in all models. We will adjust standard errors for clustering at the primary sampling unit level.

Qualitative analysis will be conducted in two phases: 1) rapid initial analysis to document observations during fieldwork and 2) in-depth analysis to increase overall understanding of programme impacts on the transition to adulthood. We will code data by drawing on salient themes in narrative summaries, and create a list of codes to be developed collaboratively by the research team. Then data will be interpreted using memo writing to connect themes. Quantitative data will also be available on these respondents from structured interviews, which can help inform analysis and interpretation.

## **Data security**

All data will be collected in electronic format via portable tablets. Tablets will have passwords so that information will be kept confidential. Once data collection is completed, all quantitative data is compiled in one dataset system at REPOA and data files are deleted on the tablets. Qualitative voice data is transcribed into word files and the voices are deleted as well. Electronic data will be shared among the research team on a shared Dropbox folder accessible only by study personnel and using Secure Sockets Layer (SSL)/Transport Layer Security (TLS) and AES-256 file encryption.

## Research Beneficiaries

While PSSN programme beneficiaries will benefit from cash transfers (and control households are expected to be rolled into the programme if TASAF decides to continue the programme after the World Bank's impact evaluation), it is not expected that youth and households will directly benefit from participation in the research and impact evaluation. REPOA will liaise with community leaders to obtain permission to interview youth in households in their respective communities.

There is potential for households and their larger communities to benefit from findings from our youth study if we identify impacts of the transfers on the transition to adulthood (which may inform government programming) and/or factors that moderate programme impacts, such as access to services, social support, or household characteristics. The latter can be addressed through additional programming and interventions, which can provide synergies with the government's institutionalized social protection strategy.

### *Support for Respondents*

Youth could potentially become upset when answering sensitive questions, including those on violence. We will be responsive to these needs in several ways. First, we will train enumerators on ethical data collection and the need for privacy when conducting youth interviews. Second, information on referral services to district social welfare officers will be provided to all youth in case they wish to seek support or services related to topics discussed in the questionnaire, including experience of violence (Appendix 6). Third, in districts where NGOs are available which provide additional services for gender-based violence survivors, we will provide contact information for these NGOs. Interviewers will leave the two numbers without further identifying information, but will clearly indicate which organizations and agencies the numbers are for and what services they provide, so that respondents clearly understand where they can obtain services. Social welfare officers in the districts will be contacted in advance to ensure cooperation. Finally, if a youth reports sexual or severe physical violence in the past 12 months, the enumerator will offer to put respondent in contact directly with a counselor. If the respondent indicates that they want to talk to a counselor, they will ask the youth permission to obtain their contact information and a safe place for the counselor to find them. The contact information will be recorded separately from the information collected in the interview and relayed to their study team supervisor (Appendix 5).

As per Section 95(1) of the Law of the Child Act 2009, if the study team discovers information that the child's rights are being infringed upon, we will be required to report to the local authority of the area. We will report to a social welfare officer in the district if we discover that a child is in

imminent danger of sexual violence or severe physical violence. That is to say, if the child lives with the perpetrator or the perpetrator is at the child's school (peer or authority).

## Collaborators' roles

UNICEF Office of Research staff will take the lead in designing the study and questionnaire, with input from REPOA and UNICEF Tanzania. REPOA will be responsible for translating questionnaires into Swahili and programming tablets for data collection. REPOA will lead the trainings and data collection, and Office of Research staff will attend data collection training, pilot, and observe a portion of the fieldwork in a supporting role. UNICEF Office of Research will take the lead in analyzing the data with support from REPOA where needed (e.g., REPOA will answer questions about data, merging and perform initial data cleaning and checks). UNICEF Tanzania will contribute to interpretation of analyses and provide input on a preliminary draft before the workshops. Both UNICEF Office of Research and REPOA will contribute to drafting reports of findings to be presented to government and stakeholders (UNICEF Office of Research will take the lead). Staff from UNICEF Office of Research, REPOA, and UNICEF Tanzania will attend the workshop with government and stakeholders to present the findings, and UNICEF Tanzania will take the lead in organizing these workshops.

## Timeline

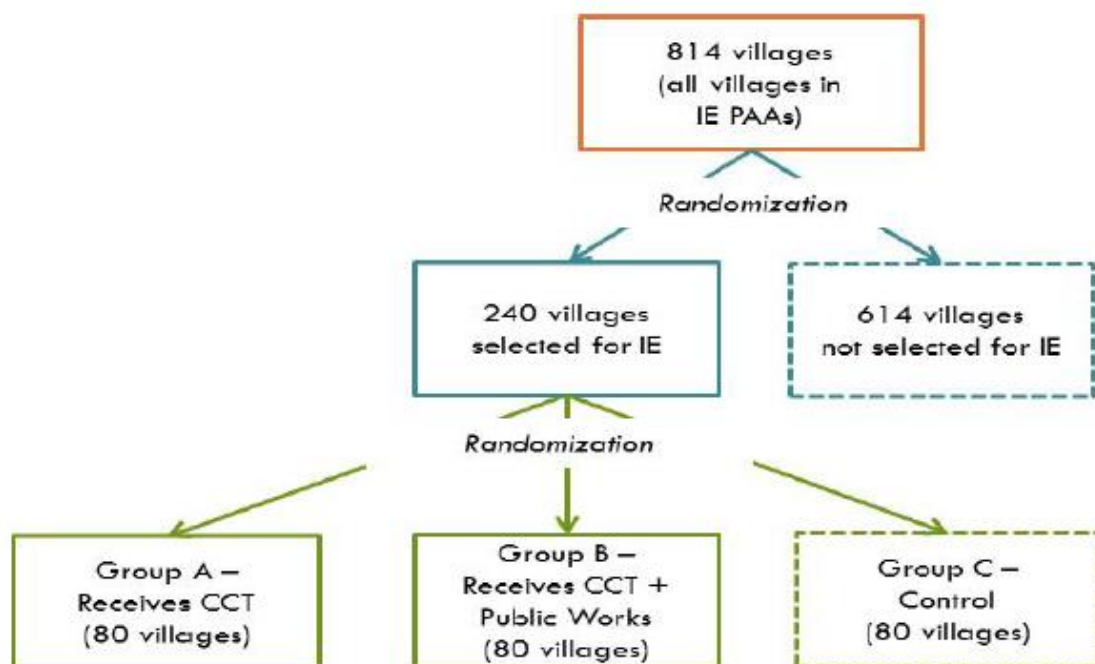
Activity	Expected Dates
Study design and questionnaire development	March – July 2015
Ethical review	July – August 2015
Baseline surveys	August – September 2015
TASAF begins distributing cash transfers to treatment households	November 2015
Data cleaning (baseline)	September – October 2015
Data analysis and report writing (baseline)	October 2015 – January 2016
Presentation of baseline results to government and other stakeholders	March 2016
18-month follow-up surveys	January – February 2017
Data cleaning (follow-up)	February - March 2017
Data analysis and report writing (follow-up)	March – May 2017
Presentation of follow-up results to government and other stakeholders	June 2017

<sup>i</sup> Rollout of the PSS will take place in five waves.

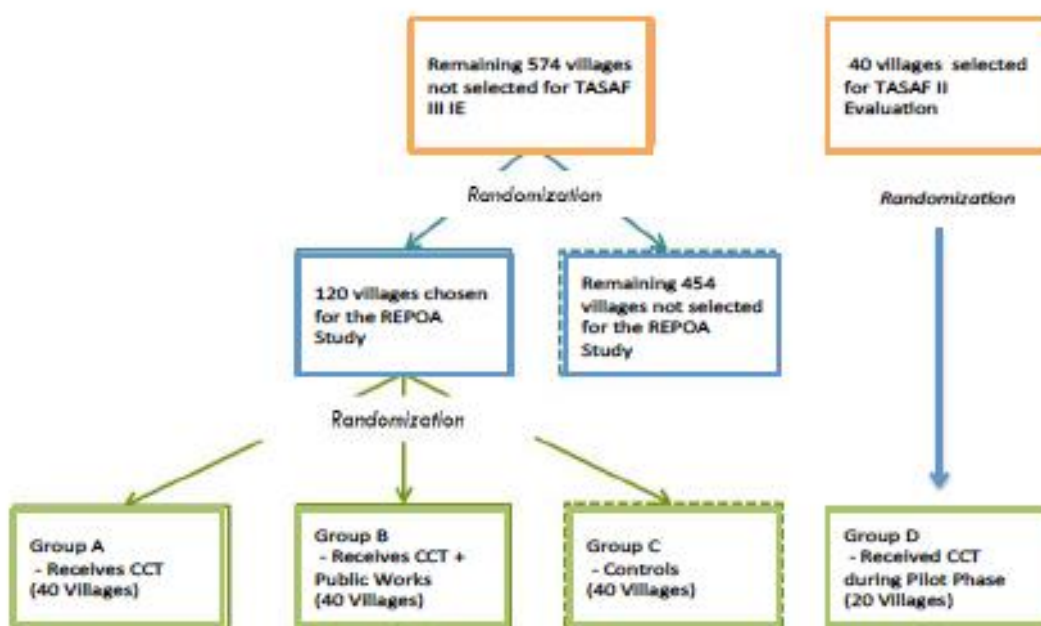
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- **Figure 1: Village Randomization Process with TASAF III**

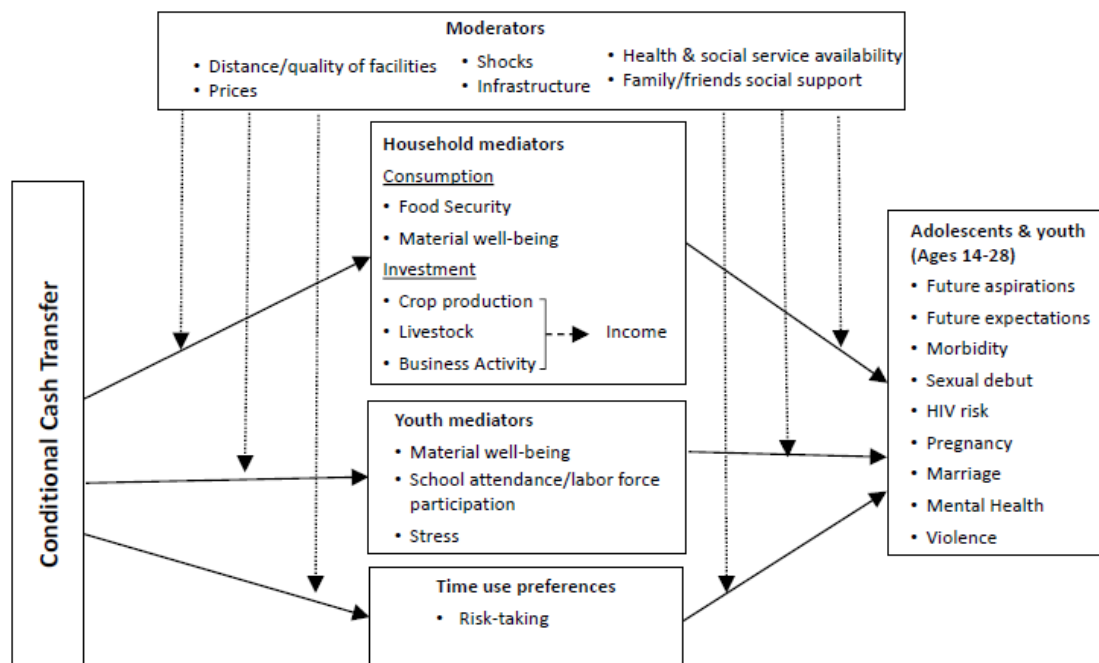


• **Figure 2 Categories of Villages in the REPOA Study with the addition of the TASAF II Treated Households**



## Appendix 1. Theory of Change

### Conceptual Framework for Impact Evaluation of Tanzania Conditional Cash Transfer



## Appendix 2. Consent Form, Youth Ages 18 – 28 (Quantitative)

### **INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ from REOPOA. In collaboration with UNICEF’s Office of Research, we are conducting a study to understand the living conditions of young people and their families. We would like you to answer questions in a survey.

I would like to ask you some questions about your psychological well-being and your romantic relationships. Your answers will help us understand your living conditions and to better target services and opportunities to the community, but there is no direct benefit to you for participating in the survey. The information we collect from this study will be used by the Government of Tanzania to identify the needs of young people, families and children and to improve services. Approximately 1400 families are participating in this study across Tanzania.

The survey will take approximately 30 minutes to complete. This study will take place over 18 months, and we will come back in 18 months to interview you again. Your name will be kept private and separate from the information you provide, in a secure office. Only researchers at the REPOA and UNICEF’s Office of Research will have access to your personal details as part of their job. We will ask you questions about your psychological well-being, and your sexual and romantic relationship. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We may suggest services if we believe you may benefit from them.

If you do not agree to take part in the study, it will not change any services or benefits that you or your household receives now or may receive in the future. You can choose not to participate in the survey; if you participate, you can stop at any time without problems.

By signing below or giving your thumbprint, you agree that you have been told about the study and agree to take part. If you have questions about this study, you may contact Flora Myamba at REPOA (22 2775738). If you have questions about your rights you may reach COSTECH at 255-22-2927538 or 255-22-2927538. If there is any part of this explanation that you do not understand, you should ask before signing.

\_\_\_\_\_ (Respondent’s signature or signature of third party  
testifying consent)

\_\_\_\_\_ (Interviewer’s signature)

Date \_\_\_\_\_

## Appendix 2a. Consent Form, Youth Ages 18 – 28

### **INFORMED CONSENT (Qualitative Survey)**

Hello. My name is \_\_\_\_\_ from REOPOA. In collaboration with UNICEF’s Office of Research, we are conducting a study to understand the living conditions of young people and their families. We would like you to answer questions in a survey.

I would like to ask you some questions about your psychological well-being and your romantic relationships. Your answers will help us understand your living conditions and to better target services and opportunities to the community, but there is no direct benefit to you for participating in the survey. The information we collect from this study will be used by the Government of Tanzania to identify the needs of young people, families and children and to improve services. If you agree to participate, you would be one of approximately 16 youth across Tanzania who will answer in-depth questions. This study is part of the larger study for which you already answered questions, and in that study, there are approximately 1400 households across Tanzania involved. In the current interview, I will ask you to expand on some of the topics you were previously asked about.

The survey will take approximately one hour to complete. This study will take place over 18 months, and we will come back in 18 months to interview you again. Your name will be kept private and separate from the information you provide, in a secure office. Only researchers at the REPOA and UNICEF’s Office of Research will have access to your personal details as part of their job. We will ask you questions about your psychological well-being, and your sexual and romantic relationship. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We may suggest services if we believe you may benefit from them.

If you do not agree to take part in the study, it will not change any services or benefits that you or your household receives now or may receive in the future. You can choose not to participate in the survey; if you participate, you can stop at any time without problems.

I would like to record this interview so that I can listen when you talk and not have to take notes. We will use a fake name so that no one can connect your answers to you. Information you provide during this interview will be used only for this study. Neither you nor anyone you know will be identified in any reports resulting from this study. We will also like to ask your permission for including anonymous quotes in our final report and on our websites. Nobody reading these quotes will be able to identify they were yours as they will be completely anonymous. Is it alright if I record this interview?

By signing below or giving your thumbprint, you agree that you have been told about the study and agree to take part. If you have questions about this study, you may contact Flora Myamba at REPOA (22 2775738). If you have questions about your rights you may reach COSTECH at 255-22-2927538 or 255-22-2927538 If there is any part of this explanation that you do not understand, you should ask before signing.

\_\_\_\_\_ (Respondent’s signature or signature of third party  
testifying consent)

\_\_\_\_\_ (Interviewer’s signature)

Date \_\_\_\_\_

### Appendix 3. Parental Consent form for Youth ages 14 – 17

#### **INFORMED CONSENT (Quantitative Survey) – PARENT OR GUARDIAN OF 14-17 YEAR OLD ADOLESCENT**

Hello. My name is \_\_\_\_\_ from the REPOA. In collaboration with UNICEF’s Office of Research) we are conducting a follow-up study to understand the living conditions of children and their families. We would like to ask some questions directly to your children aged 14-17 about their life, including their psychological well-being and their romantic relationships.

Their answers will help us understand the living conditions of young people and to better target services and opportunities to them, but there is no direct benefit to their participating in the survey. The information we collect will be used by the Government of Tanzania to identify the needs of families caring for children and to improve services. Approximately 1400 families are participating in this study across Tanzania.

The interview of your child will take approximately 30 minutes to complete. This study will take place over 18 months, and we will come back in 18 months to interview your child again. Their name will be kept private and separate from the information provided, in a secure office. Only researchers at REPOA and UNICEF’s Office of Research will have access to their personal details as part of their job. You will not have access to your child’s responses, and we will not share details about the information your child provides with anyone outside of the research study team, unless your child indicates that they are in immediate danger. In the case they are in immediate danger, we are required to report to the local authority of the area.

Your child may feel uncomfortable answering some questions. S/he does not have to answer any question s/he does not want to answer. We will not share these answers with anyone. We will suggest services to your child if we believe s/he will benefit from them.

If you do not agree for your child(ren) to take part in the study, it will not change any services or benefits that your household receives now or may receive in the future. You can choose for them not to participate in the survey; if they do participate, they can stop at any time without problems.

By signing below or giving your thumbprint, you agree that you have been told about the study and agree for your teenage child(ren) to take part. If you have questions about this study, you may contact Flora Myamba at REPOA (22 2775738). If you have questions about your rights you may reach COSTECH at 255-22-2927538 or 255-22-2927538. If there is any part of this explanation that you do not understand, you should ask before signing.

\_\_\_\_\_ (Respondent’s signature or signature of third party  
testifying consent)

\_\_\_\_\_ (Interviewer’s signature)

Date \_\_\_\_\_

Appendix 3a. Parental Consent form for Youth ages 14 – 17  
**INFORMED CONSENT (Qualitative Survey) – PARENT OR GUARDIAN OF 14-17 YEAR OLD ADOLESCENT**

Hello. My name is \_\_\_\_\_ from the REPOA. In collaboration with UNICEF’s Office of Research) we are conducting a follow-up study to understand the living conditions of children and their families. We would like to ask some questions directly to your children aged 14-17 about their life, including their psychological well-being and their romantic relationships.

Their answers will help us understand the living conditions of young people and to better target services and opportunities to them, but there is no direct benefit to their participating in the survey. The information we collect will be used by the Government of Tanzania to identify the needs of families caring for children and to improve services. If your child agrees to participate, he/she would be one of approximately 16 youth across Tanzania who will answer in-depth questions. This study is part of the larger study for which he/she already answered questions, and in that study, there are approximately 1400 households across Tanzania involved. In the current interview, I will ask you to expand on some of the topics you were previously asked about.

The interview of your child will take approximately 30 minutes to complete. This study will take place over 18 months, and we will come back in 18 months to interview your child again. Their name will be kept private and separate from the information provided, in a secure office. Only researchers at REPOA and UNICEF’s Office of Research will have access to their personal details as part of their job. You will not have access to your child’s responses, and we will not share details about the information your child provides with anyone outside of the research study team, unless your child indicates that they are in immediate danger. In the case they are in immediate danger, we are required to report to the local authority of the area.

Your child may feel uncomfortable answering some questions. S/he does not have to answer any question s/he does not want to answer. We will not share these answers with anyone. We will suggest services to your child if we believe s/he will benefit from them.

If you do not agree for your child(ren) to take part in the study, it will not change any services or benefits that your household receives now or may receive in the future. You can choose for them not to participate in the survey; if they do participate, they can stop at any time without problems. I would like to record this interview so that I can listen when your child is talking and not have to take notes. We will use a fake name so that no one can connect his/her answers back to him/her. Is it alright if I record this interview with your child? Is it also alright if we use quotes from your child in our report and on our website? None of the quotes will be linked to your child, as they will be anonymized, and the information will be used only for this study.

By signing below or giving your thumbprint, you agree that you have been told about the study and agree for your teenage child(ren) to take part. If you have questions about this study, you may contact Flora Myamba at REPOA (22 2775738). If you have questions about your rights you may reach COSTECH at 255-22-2927538 or 255-22-2927538. If there is any part of this explanation that you do not understand, you should ask before signing.

\_\_\_\_\_ (Respondent’s signature or signature of third party  
testifying consent)

\_\_\_\_\_ (Interviewer’s signature)

Date \_\_\_\_\_  
Appendix 4. Assent form, Youth ages 14 – 17

**ASSENT STATEMENT – FOR YOUTH – AGE 14-17 (QUANTITATIVE)**

“Hello. How are you? My name is [ENUMERATOR NAME], and I am working with a team from the REPOA. We are conducting a survey to understand the living conditions of young people and their families.

I would like to ask you some questions about your psychological well-being and your romantic relationships. Your answers will help us understand your living conditions and to better target services and opportunities to the community, but there is no direct benefit to you for participating in the survey. The information we collect from this study will be used by the Government of Tanzania to identify the needs of young people, families and children and to improve services. Approximately 1400 families are participating in this study across Tanzania.

The survey will take approximately 30 minutes to complete. This study will take place over 18 months, and we will come back in 18 months to interview you again. Your name will be kept private and separate from the information you provide, in a secure office. Only researchers at the REPOA and UNICEF’s Office of Research will have access to your personal details as part of their job. We will ask you questions about your psychological well-being, and your sexual and romantic relationship. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We will not share your answers with anyone unless you tell us something that indicates that you are in immediate danger. In the case you are in immediate danger, we are required to report to the local authority of the area. We may suggest services if we believe you may benefit from them.

You do not need to talk to me if you do not want. I will ask you specific questions about your psychological well-being, your friends, and your romantic relationships. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We may suggest services if we believe you may benefit from them. It is important you understand that the answers you give will in no way change any services or benefits that your household receives now or may receive in the future. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time.

You can speak with people in the District Social Services Office in Town for if you have questions about this study. Is there any part of this explanation that you do not understand? Will you please give me some time to speak with you? Please feel free to ask if you have any questions at any time, even before I start.

## Appendix 4A. Assent form, Youth ages 14 – 17

### ASSENT STATEMENT – FOR YOUTH – AGE 14-17 (QUALITATIVE)

“Hello. How are you? My name is [ENUMERATOR NAME], and I am working with a team from the REPOA. We are conducting a survey to understand the living conditions of young people and their families.

I would like to ask you some questions about your psychological well-being and your romantic relationships. Your answers will help us understand your living conditions and to better target services and opportunities to the community, but there is no direct benefit to you for participating in the survey. The information we collect from this study will be used by the Government of Tanzania to identify the needs of young people, families and children and to improve services. If you agree to participate, you would be one of approximately 16 youth across Tanzania who will answer in-depth questions. This study is part of the larger study for which you already answered questions, and in that study, there are approximately 1400 households across Tanzania involved. In the current interview, I will ask you to expand on some of the topics you were previously asked about.

The survey will take approximately one hour to complete. This study will take place over 18 months, and we will come back in 18 months to interview you again. Your name will be kept private and separate from the information you provide, in a secure office. Only researchers at the REPOA and UNICEF’s Office of Research will have access to your personal details as part of their job. We will ask you questions about your psychological well-being, and your sexual and romantic relationship. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We will not share your answers with anyone unless you tell us something that indicates that you are in immediate danger. In the case you are in immediate danger, we are required to report to the local authority of the area. We may suggest services if we believe you may benefit from them.

You do not need to talk to me if you do not want. I will ask you specific questions about your psychological well-being, your friends, and your romantic relationships. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We may suggest services if we believe you may benefit from them. It is important you understand that the answers you give will in no way change any services or benefits that your household receives now or may receive in the future. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time.

You can speak with people in the District Social Services Office in Town for if you have questions about this study. I would like to record this interview so that I can listen when you talk and not have to take notes. We will use a fake name so that no one can connect your answers to you. Information you provide during this interview will be used only for this study. Neither you nor anyone you know will be identified in any reports resulting from this study. We will also like to ask your permission for including anonymous quotes in our final report and on our websites. Nobody reading these quotes will be able to identify they were yours as they will be completely anonymous. Is it alright if I record this interview?

Is there any part of this explanation that you do not understand? Will you please give me some time to speak with you? Please feel free to ask if you have any questions at any time, even before I start.

## Appendix 5. Referral form

**Script:** There are services available if you want to talk to someone more about the experiences we have just discussed or other problems you may face. If you are feeling upset or you currently do not feel safe, would you like for us to help put you in touch with a counseling service? We will need to get your contact information, including your name and a place where a counselor can find you. However, we would not give any of the information you have shared with us during the interview. We will share only the information you feel comfortable giving us permission to pass on. I assure you, there is no way for you to be connected with this interview and the research team will not be keeping your contact information.

### CONTACT INFORMATION

**A. Name:** \_\_\_\_\_

**B. Location:**

1. **District:** \_\_\_\_\_

2. **Ward:** \_\_\_\_\_

3. **Village/Town:** \_\_\_\_\_

4. **Description of location (including nearby landmark):** \_\_\_\_\_

**C. What is the best and safest way for counselor to find you?:** \_\_\_\_\_

**D. Information to be shared:** \_\_\_\_\_

All enumerators will offer contact information for District Social Welfare Officers (list with updated information is provided in enumerator manual).

**TO BE COMPLETED BY INTERVIEWER: I CERTIFY THAT I HAVE READ THE ABOVE PROCEDURE FOR OFFERING DIRECT COUNSELING SERVICE TO THE PARTICIPANT AND THE PARTICIPANT HAS GIVEN ME PERMISSION TO SHARE THE ABOVE CONTACT INFORMATION WITH A SERVICE PROVIDER.**

**INITIAL OF INTERVIEWER:** \_\_\_\_\_

## Appendix 6. Referral Card Information to be Left with Respondent.

[Telephone Number 1]

[Telephone Number 2]

Note: Enumerators will hand out district-specific referral cards to each youth who wants to accept one. The first number on the card will be for the District Social Welfare Officer, who can link youth to a range of support services. The second number will be for an NGO operating in the youth's district who provides support services related to sexual and gender-based violence. REPOA will contact all district social welfare officers before conducting fieldwork to alert them of the study and let them know youth may be contacting them. Additionally, NGOs are being identified through the following network: <http://preventgbv africa.org/> REPOA will call NGOs to assess their willingness to be listed as a support agency for this study and whether they are operating in the study districts. If they agree, their contact number will be listed on the referral card. Numbers will not be identified with names when printed on cards to be given to youth. Enumerators will indicate verbally what the numbers refer to.

## Appendix 7. Quantitative Survey

[See Excel document]

## Appendix 8. Qualitative Interview Guide

### TASAF III/PSSN Evaluation of Impacts on Youth Well-being and Transition to Adulthood

#### Baseline qualitative In-depth Interview Guide

#### Youth (Ages 14 - 28)

Thank you very much for participating in this interview today....expand more on this intro as needed to introduce study.

#### 1. Typical day

To begin our discussion today, I would like to ask you to describe a typical day in your life for me. Start from the time you wake up in the morning to when you go to bed at night and tell me about everything you do during a typical day.

#### 2. Personal Network Inventory

Now that I know a little more about your life, I would like to ask you to think about the people who are most important in your life. Think about the people you spend the most time with, talk with the most, or count on for any kind of support (material, informational, emotional). I will refer to these people as your personal social network. These may be your family members, neighbors, friends or other people in your community. Make a list with the initials of the people who are most important in your life on this sheet of paper.

Let's start with the first person on your list. Tell me about your relationship with this person.

-What is most important to you about your relationship with \_\_\_\_\_?

-How does \_\_\_\_\_ support you or anyone in your family? (probe specifically on financial/livelihood?)

-How do you support \_\_\_\_\_?

-Can you give me an example of a time when you turned to \_\_\_\_\_ for help with a problem?

#### 3. Broader social/community network/social cap

Beyond these people who make up your personal social network, I would like to know about any other community groups, clubs, or organizations that exist in your community. Tell me about these groups....

- How are you connected to this group/organization/club?

- Have you ever received any form of help or support from them? Tell me about this...

- Have you participated in any activities to help others in your community? Tell me about your experience.

#### 4. Can you describe for me the economic situation of your family/household?

- What is your role in the family with regard to chores, agricultural work, paid work etc... How do you feel about this?

- Has your family/household ever had a time when there was no food and no money to buy food? Tell me about this...

- How do you feel when your family/household doesn't have enough money for food and your basic needs? Tell me more about this....

**5. When you or your family has a problem that you cannot resolve on your own, what do you do?**

- Who can you and your family turn to if you need help?

- How are you able to help out when your family/household has a problem?

**6. Is there anything that makes you feel worried or concerned about your safety and wellbeing? Tell me more about this...**

**7. Now I would like to ask about your experience at school. Do you or have you ever attended school? Tell me about your experience...**

- How do/did you get to school?

- What do/did you like about school?

- What do/did you dislike?

- What is/was challenging for you at school?

- Can you tell me about your relationships with your teachers? How do they treat you?

- (for those who dropped out) Can you tell me more about the reasons why you stopped attending school?

**9. Sexual behavior and HIV (general)**

**Now I would like to ask you about romantic relationships, dating and marriage in your community.**

-Overall, what do you think young people in your community think about having sex? [Probe: what are the expectations if two young people are boyfriend and girlfriend, but not yet married? How does this differ from the reality?]

-What do young people think about HIV prevention? [Probe: before marriage? After marriage?]

**10. Sexual behavior**

Now I would like to ask you some questions about your own sexual behavior. These are very personal questions and I want to remind you that what we discuss will not be shared with any of your family members.

- Can you tell me about your own sexual experience? (If participant has been sexually active, elicit a sexual network inventory). Think about all of the people you have had a sexual

relationship with. Put their initials on this list. (if more than 3, just probe on 3 most recent partners).

- Tell me about your relationship with \_\_\_\_\_?
- With \_\_\_\_\_ how do you decide about whether or not to use condoms when you have sex? Who generally makes the decision regarding whether to use protection?
- How do you feel about using protection with \_\_\_\_\_?
- How does this partner feel about using condoms when you have sexual relations?

### **11. Attitudes/Experiences related to HIV**

- Tell me about HIV situation in your community?
- What do you think about people who have HIV?
- How have you personally been affected by HIV?
- How do people who have HIV in your community get care and treatment for HIV?
- What are the main challenges to getting care and treatment in your community?
- Who takes care of people who are living with HIV? How do families manage the care of their family members?

### **12. Attitudes/Experiences related to Violence**

*Now I would like you to tell me a little bit about your opinions on relationships between husbands and wives, or other romantic partners.*

- In what situations do you think a husband is justified in beating his wife?
- Have you personally witnessed a husband beating his wife? How did this make you feel?
- In what ways do youth experience conflict in their romantic relationships in your community?
- How have you experienced any of the following in your own romantic relationship: someone hit, slapped, kicked, burned or threatened you with a weapon?
- What was happening right before this last episode?
- How frequently has this happened in the past year.

### **13. Wrap-up.**

What do you feel most excited about in your life right now?

*Those are all of my questions. Thank you so much for speaking with me today. Is there anything else you'd like to tell me? There are services available if you want to talk to someone more about the experiences we have just discussed or other problems you may face. [Enumerator: Follow referral protocol and record contact information if applicable].*

[END OF INTERVIEW]

## Appendix 9. Community Questionnaire

[See excel document for community questionnaire]