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Assessing the Impact of Conditional Cash Transfer (CCT) Programs on Health-Care Services: A Case of TASAF III Beneficiaries in Mbozi District, Tanzania

Swahaba Mohamed Barongo[1], Ms Evasia Ebenezer Moshi[2]

[1]Assistant Lecturer, Tengeru Institute of Community Development, P.O.Box 1006 Arusha, Tanzania.
[2]project officer, Department of Project Monitoring and Evaluation at Mbozi District Council, P.O.Box 3 Mbozi, Tanzania.
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A B S T R A C T

This study specifically focused on the Mbozi District in the Songwe region, Tanzania, examined the effectiveness of conditional cash transfer (CCT) to TASAF III beneficiaries. The study employed a mixed-methods design, including a cross-sectional survey among 386 CCT beneficiaries and in-depth interviews with 15 key informants. Descriptive and Likert-scale analyses were performed on data obtained from the TASAF beneficiary survey. The findings shows that females had more benefits at 68.9 per cent compared to males, and most were widows at 47.9 per cent regarding to the TASAF benefits in health care services. It is concluded that CCTs enabled beneficiaries to utilise healthcare services where they could access health facilities to improve household health check-ups and attendance. This study paves the way for future improvements, recommending strategies to ensure the enrolment of the right-need beneficiaries and provide more significant cash amounts to families in many households. It also educates the beneficiaries on budgeting and using the cash provided significantly to allocate it to healthcare services, offering a promising outlook for the future.

Keywords: *Conditional Cash Transfer, Health Care-**services** and TASAF*

1.0 Background Information

Conditional Cash Transfer (CCT) programmes are designed to address the financial barriers that low-income households face in accessing essential services, with a particular focus on health care Songoma, (2023). A Conditional Cash Transfer (CCT) program, like TASAF III, provides financial support to families based on their compliance with specific requirements include attending health check-ups, ensuring their children are enrolled in school, and participating in community health programs Kapama, D. M. (2019). This approach is consistent with the broader goals of poverty reduction and enhanced well-being. It reflects the commitment of international institutions such as the World Bank to address extreme poverty and promote shared prosperity (World Bank, 2015).

In 2000, the government of Tanzania, in collaboration with the World Bank, established the Tanzania Social Action Fund (TASAF) as a strategic response to poverty (Evans, 2014). By employing a community-driven approach, TASAF represents a comprehensive strategy for enhancing local economic development and improving access to essential services Alfayo, N. (2019). The programme allows local communities to manage funds, oversee projects, and identify beneficiaries Maswe, G. *etal* (2023). As well as focus on health and nutrition entails specific requirements for beneficiaries, including periodic health check-ups, growth monitoring for children under five, and maternal perinatal care (Ulriksen, 2016).

Despite Conditional Cash Transfer (CCT) programs have been implemented globally including TASAF program to alleviate financial constraints and improve access to essential services Isihaka, G. (2023). There is little information known about this programs with regards to health improvements, therefore this study aim at adding information corresponding to the effectiveness of conditional cash transfer program on health care services, a case of TASAF III beneficiaries in Mbozi District, Tanzania In Mbozi, TASAF's CCT program addresses financial barriers to healthcare and improves health-related behaviours among beneficiaries. However, beneficiaries often face high costs associated with healthcare services, and there are reports of poor health-related behaviours and clinic attendance, particularly among vulnerable groups such as widows with children less than 5 years old and older people. And this gives ground for conduction of this study.

2.0 Methodology

This study was conducted in Mbozi District, purposively in Isansa, Halungu, Chiwezi, and Igamba wards, and selection of these areas are due to fact that are characterized by highly concentration of TASAF beneficiaries, which include vulnerable groups like children under five and people with disabilities.

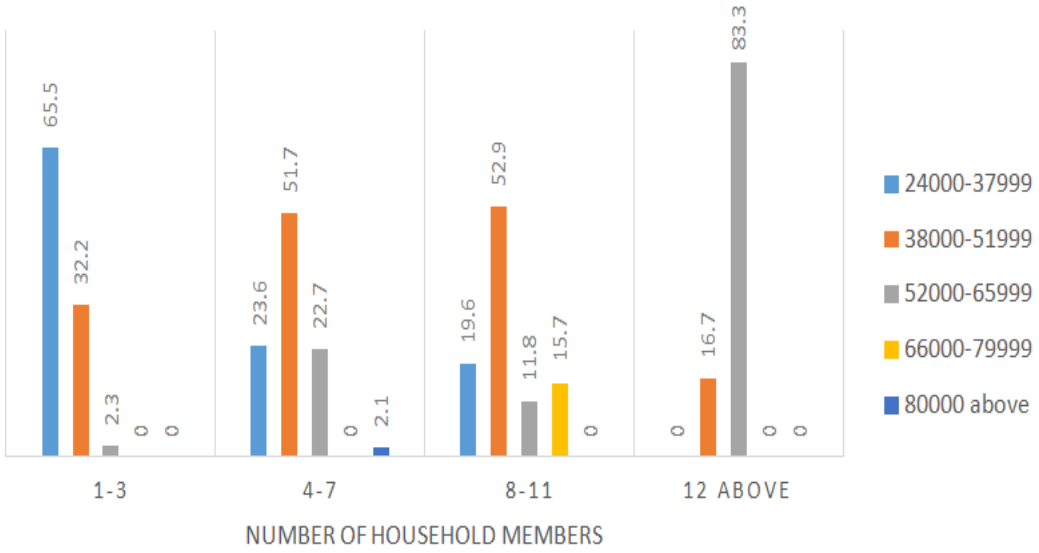
The study adopted a cross-sectional design whereby a mixed-method approach was used, combining both quantitative and qualitative techniques and data were collected using structured questionnaires and in-depth interviews. The study populations were involved households participating in the Conditional Cash Transfer (CCT) program through TASAF, along with healthcare providers, community leaders, and local government officials, Yamane's formula were used to determine the sample size of 386 TASAF beneficiaries to be involved in this study. A multistage sampling technique was employed, starting with the random selection of four wards, followed by simple random sampling of beneficiaries within those wards. Key informants for the qualitative part were purposively selected, including ward executive officers, ward chairpersons, health practitioners, and hamlet leaders, ensuring a balanced and unbiased representation of viewpoints. The collected quantitative data were analyzed using SPSS version 20.0, with findings presented through descriptive statistics like frequencies, percentages, and means while qualitative data were processed through thematic content analysis, where interview responses were transcribed, coded, and systematically organized to identify recurring themes.

3.0 Results and discussions

3.1 Examine the CCT program's effect on TASAF beneficiaries' health-related behaviours of the Respondents

The results figure one below shows that, respondents with 1 to 3 household members, 65.5% of them receive from 24,000Tshs to 37,999Tshs, and 32.2% receive 38,000Tshs to 51,999Tshs while 2.3% of them receive 52,000Tshs to 65,999Tshs. Of the respondents with 4 to 7 household members, 51.7% of them received from 38,000Tshs to 51,999Tshs, 23.6% received 24,000Tshs to 37,999Tshs, 22.7% of them received 52,000Tshs to 65,999Tshs Of while Of only Of 2.1 Of % of them Of are Of receiving 80,000Tshs Of and Of above Of. Also, of respondents with 8 to 11 household members, 52.9% are receiving 38,000Tshs to 51,999Tshs, 19.6% are receiving 24,000Tshs to 37,999Tshs, and 15.7% of them are receiving 66,000Tshs to 79,999Tshs while 11.8% of them receiving 52,000Tshs to 65,999Tshs. For those 12 and above household members, 83.3% receive 52,000Tshs to 65,999Tshs, while 16.7% receive 38,000Tshs to 51,999Tshs.

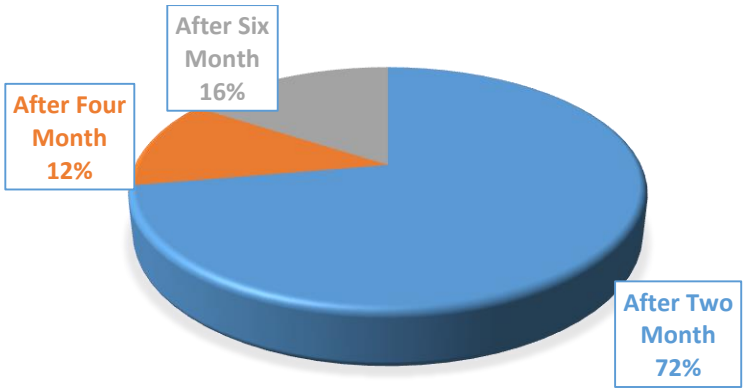
Figure 1: **Cash provided and Number of Household Members**



3.2 Criteria's for households cash receiving

In this study, findings show that respondents are receiving cash depending on their number of household members, where 65.5 per cent of who are receiving cash amounting from 24,000Tshs to 37,999Tshs have 1 to 3 household members, 51.7 per cent of those who are receiving from 38,000Tshs to 51,999Tshs also 52.9 percentages of them have 8 to 11 household members and 83.3 of respondents who have 12 and above household members receiving 52,000Tshs to 65,999Tshs However, the cash provided is independent of the number of household members. The cash given to beneficiaries with a small number of household members is the same as those with a high number of household members. Large amounts of money are provided to beneficiaries with a small number of household members where the findings support the study done by (the World Bank, 2015) that beneficiaries were given cash depending on their family size, conditioned on keeping their children enrolled in school, taking children under the age of seven for regular health check-ups, and ensuring that elderly members of the household also went to health clinics regularly. Also, most beneficiaries receive cash from TASAF after two months, as shown in Figure 2, below in percentages. This indicates a good time cycle for obtaining the money to avoid financial burdens for most beneficiaries.

Figure 2: Interval for TASAF Beneficiaries to receive cash



3.3 Examining Challenges in Implementing the CCT Program on Healthcare Services among Respondents

The respondents were asked to indicate how much they agree with the following statements on transfer cost to revenue collection through mobile money. The following scale was used: 1 = Strong Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strong Agree.

The analysis indicated that the respondents agreed that the cash provided is not enough to access and utilise healthcare services due to school fees for their children (M=2.15; SD=0.939), and they also agreed that it is difficult to use cash provided to access healthcare facilities due to home expenses with (M=2.13; SD=0.988). The respondent agreed that they did not understand correctly the advice given to use the cash provided to utilise healthcare services (M=2.04; SD=0.889), and the respondent agreed that it was difficult to allocate the money provided for healthcare services because their family is financially unstable with (M=2.012; SD=0.9485). The overall mean of 2.012 and standard deviation of 0.9485 implied poor variation from the mean since the standard deviation was less than 1.

Table 1: Challenges in implementing the CCT program on healthcare services

Statement	**SD**	**D**	**N**	**A**	**SA**	**Mean**	**Std Dev**
The cash provided is not enough to access and utilise healthcare services due to school fees for children	15(3.9)	70(18.1)	173(44.8)	98(25.4)	30(7.8)	2.15	0.939
It wasn't easy to use the cash provided to access healthcare facilities due to home expenses	20(5.2)	76(19.7)	154(39.9)	106(27.5)	30(7.8)	2.13	0.988
It wasn't easy to use the cash provided to utilise healthcare services due to home expenses	20(5.2)	111(28.8)	130(33.7)	120(31.1)	5(1.3)	1.95	0.926
I didn’t understand properly the advice given to use the cash provided to utilise healthcare services	9(2.3)	107(27.7)	146(37.8)	109(28.2)	15(3.9)	2.04	0.899
It made it difficult to allocate the cash provided for healthcare services due to traditional concern	29(7.5)	145(37.6)	112(29.0)	85(22.0)	15(3.9)	1.77	1.001
It made it difficult to allocate the cash provided for healthcare services because my family's financial not stability	5(1.3)	128(33.2)	122(31.6)	109(28.2)	20(5.2)	2.03	0.938
Overall						**2.012**	**0.9485**

The study found that most respondents do not use the cash provided in healthcare services because they pay school fees and to cover home expenses because most families are not financially stable. Even though TASAF provides awareness on using the cash provided, especially in healthcare services,

most people need help understanding it correctly. Monitoring and evaluation officers were asked about the challenges to implementing CCT projects on 26 August 2024 and answered that:

"Most of the villages and wards have no health facilities like dispensaries and health centres where most of our beneficiaries have to walk a long distance to seek care from one ward to another, especially pregnant women and those with children less than five years."

TASAF sets goals and plans for improving the programme in the future. Mlapata VEO from Igamba ward on 29 August 2024 answered that "*one of our future strategic plans is to ensure clear records and make close follow up for the pregnancy women, a child under five years to ensure and elders as well from each village to ensure enrollment of exactly who has need"*. Mr Nguo nyingi from Halungu also answered that *"Lack of clear records made them implement the program ineffectively because sometimes are families who have to meet all criteria to be enrolled but we miss them, and even some those who are enrolled do not follow the given advice on how to use the cash we provide to them."*

Also, wards and village leaders were asked about the challenges of implementing CCT through TASAF. Leader of Nambizo ward Shida Nyingi and Tulipoka answer that:

"There are one or no health facilities, and most of the beneficiaries lack the consistency to consider what they said during TASAF seminars and have poor attendance, which leads to having poor records on improvement, especially on healthcare services."

One of the Village Executive Officers (VEO) Nyambura from Igamba ward answered that;

"In my village, most of the beneficiaries were poor, but at least now they can afford two meals a day and buy uniforms for their kids to school for the medication issue. Still, most have problems providing health insurance, especially for children and elders."

Also, the researcher interviewed nurses from Mbozi DC Hospital. Her name is Izyaniche, and she answered.

"some of the patients manage to attend clinics and checkups at least at the end of the month, but most have irregular attempts to attend their appointments, not able to pay for more examinations and pay for medication; if TASAF can manage to provide health insurance at least it will help them, but at least nowadays there are few issues of malnutrition for a child than before."

Another nurse from Itaka Health Centre, Mwanaheri, answered, *"TASAF improves the tendency of pregnant mothers to attend clinics, even though some come from far away to reach healthcare services. At least the number is high, and their kids have good health*.

4.0 Conclusion

The study concludes that most TASAF beneficiaries are female, reflecting a high number of female-headed households likely due to widowhood, separation, or divorce. The CCT program helps ease health-related financial burdens and encourages positive health-seeking behaviours, particularly increased use of local healthcare services. The program has notably improved children's health, though many households struggle to prioritize healthcare spending due to overall financial instability, often diverting funds to other essential needs like food and education

5.0 Recommendation

The study recommends that, TASAF should strengthen efforts in health education, budgeting, and proper allocation of cash for healthcare. Given that many beneficiaries have large households and lack stable income, TASAF could consider adjusting cash support based on household size to better cover health-related costs.

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