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Program Affect Livestock Asset Ownership?; Figure ES.14 How Much More Do Individuals in Treatment Communities Trust These Groups than Do Individuals in Comparison Communities?; Chapter 1Background; Motivation for Project; Project Description; Map; Map 1.1 Map of Project Areas; Figure 1.1 Project Cycle for Community-Based Conditional Cash Transfer; Table 1.1 Interviewed, Eligible, and Invited Households; Figure 1.2 Distribution of Household Transfer Size Table 1.2 Conditions to Receive Benefits from Conditional Cash Transfer ProgramsImpact Evaluation Description; Table 1.3 Logic Model for Impacts of CCT Program; Notes; Table 1.4 Timeline for Implementation of CCT and Accompanying Impact Evaluation; Chapter 2Results of the Baseline Survey; Vulnerable Groups; Household Characteristics; Figure 2.1 Parental Status for Children in the Sample; Figure 2.2 Most Common Shocks Suffered by Sample Households in the Past 5 Years; Figure 2.3 Household Composition by Age; Figure 2.4 Distribution of Children's Ages Figure 2.5 Percentage of Households That Are Female-Headed, by DistrictFigure 2.6 Housing Construction Materials; Figure 2.7 Sanitary Facilities of Households; Figure 2.8 Source of Water for Households; Education; Figure 2.9 Sources of Home Lighting; Figure 2.10 Literacy by District and Age; Figure 2.12 Percentage of Study Participants Attended School Ever; Figure 2.11 Percent of Children Currently Enrolled in School; Health; Economic Activity; Figure 2.13 Among Individuals Suffering Some Injury or Illness in the Past Month, Share Who Suffered From Each of the Following; Child Activities Figure 2.14 Adult Time Use, by Gender

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#### Sommario/riassunto

Given the success of conditional cash transfer (CCT) programs elsewhere, in 2010 the Government of Tanzania rolled out a pilot CCT program in three districts. Its aim was to see if, using a model relying on communities to target beneficiaries and deliver payments, the program could improve outcomes for the poor the way centrally-run CCT programs have in other contexts. The program provided cash payments to poor households, but conditioned payments on complying with certain health and education requirements. Given scarce resources, the Government randomly selected 40 out of 80 eligible villages

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