





Graduation Approach for Orphans & Vulnerable Children

PARTICIPANT WORKBOOK

Name:



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Agenda

Day 1

- 1. Introducing class participants, course objectives and group norms
- 2. Reviewing Learning Needs and Resources Agenda (LNRA) and administering pre-tests
- 3. Introducing the Graduation Approach
- 4. Reviewing theories of change
- 5. Defining target groups
- 6. Reviewing target groups and interventions
- 7. Establishing objectives and graduation criteria

Day 2

- 8. Implementing consumption support
- 9. Selecting income-generating activities
- 10. Implementing asset transfers
- 11. Implementing savings and financial services

Day 3

- 11 (continued) Implementing savings and financial services
- 12. Implementing health and additional services
- 13. Monitoring at the household and individual level
- 14. Monitoring at the program level
- 15. Preparing for program exits and managing risks of slipping back

NOTE: Past presentations of this workshop included a field trip on the fourth day, which turned Day 4 specified below into Day 5.

Day 4

- 16. Presenting proposed Graduation Approach programs and team action plans
- 17. Reviewing learning needs and post-test results and evaluating workshop components

Μv	pre-test	number:	

The "Graduation Approach" is ...

From: CGAP/Ford Foundation's From Extreme Poverty to Sustainable Livelihoods: A Technical Guide to the Graduation Approach

(T)he Graduation Approach draws on the most relevant aspects of social protection, livelihoods development (economic strengthening), and financial inclusion (savings) for immediate needs with longer-term human capital and asset investments. The objective is to protect participants in the short run while promoting sustainable livelihoods for the future.

The approach has a three-fold vision:

First, that a high up-front investment in program participants will help families develop sustainable livelihoods.

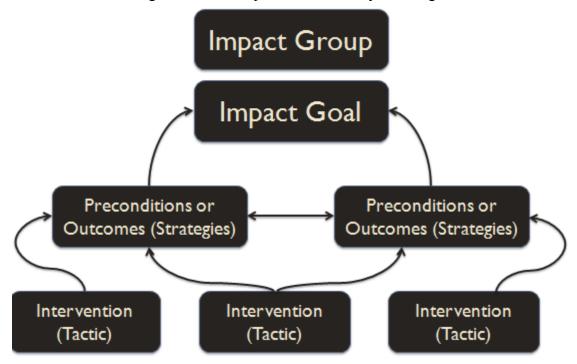
Second, that as these households develop their capacity to generate increased income and build assets, their resilience will increase and their vulnerability to shocks will diminish correspondingly over time.

Third, that the long-term benefits will accrue both to those individuals and families directly affected, and also to the broader social goals of breaking entrenched, multigenerational poverty and of reducing inequality.

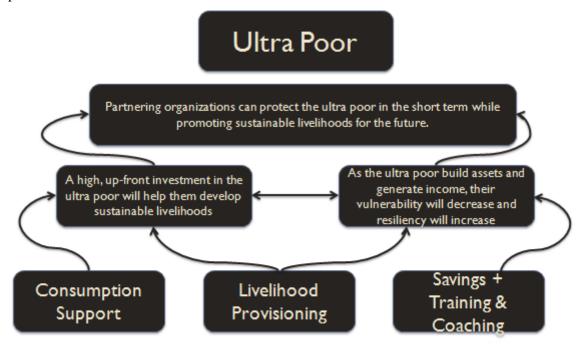
My definition of the Graduation Approach is:			

Theories of Change

Please refer to the diagram of the components of a theory of change:



This diagram shows the theory of change for the CGAP/Ford Foundation's Graduation Approach pilots:



This diagram shows the implied theory of change for PEPFAR:

PEPFAR OVC Implied Theory of Change diagram

Impact Group Children from conception to 18 years of age, living in households and/or communities affected by HIV or AIDS, or whose personal circumstances put them at high risk of HIV transmission. Impact Goal Orphans and vulnerable children have increased health and well-being, including their prospects of living HIV-free or positively with HIV. Precondition/ Outcome Precondition Outcome Children are protected Governments have the from and resilient to skills and staff to ensure HIV/AIDS and other risks strong child welfare and to their development and social protection services. well-being. Precondition/ Outcome Families are empowered Intervention through access to health care, parenting skills and economic strengthening to fulfill their role as primary caregivers of children. Precondition Outcome Civil society, including NGOs and communities, are organized and Intervention resourced to identify children at risk and to provide safety nets

Intervention

Diagramming Your Own Theory of Change

Instructions
For your organization, diagram a Theory of Change for an existing Graduation Approach program or a possible future
program by showing the interactions between the different Preconditions or Outcomes underneath your Impact Group
and Impact Goal. If you can include specific Interventions, please do so.

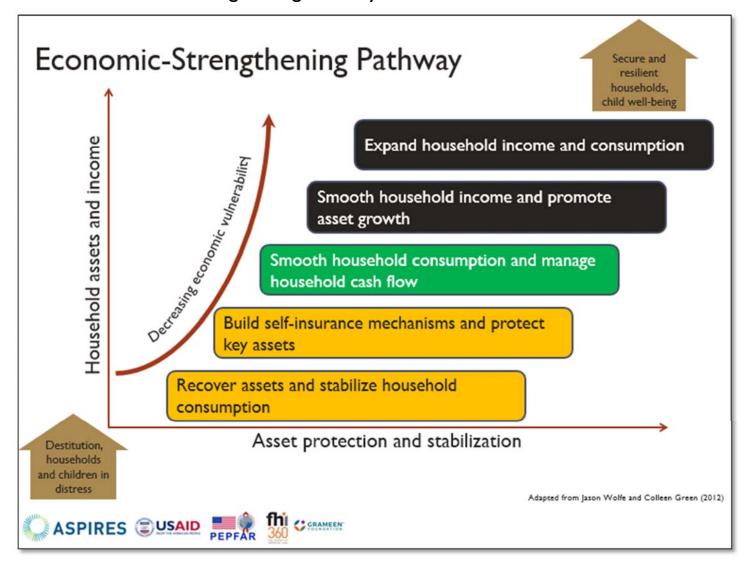
Levels of Economic Well-Being

Level of economic well-being	Characteristics
Most vulnerable: Families in destitution	 Trouble paying for basic necessities (for example: food) No predictable source of income; debt they cannot pay Very few liquid assets (for example: cash savings, livestock, food/crop stores, personal belongings) Extremely food-insecure
Very vulnerable: Families struggling to make ends meet	 Usually paying for basic needs (for example: food) but not for other needs (for example: school fees) One or more predictable sources of income Some liquid assets, which may fluctuate throughout the year Seasonal fluctuations in income/expenses (for example: agricultural) Probably classified as moderately foodinsecure
Somewhat vulnerable: Families prepared to grow	 Paying for basic and other needs (for example: schooling, basic health care) Some liquid assets that fluctuate less than for struggling families Seasonal fluctuations in income/expenses, but not as dramatic as for struggling families Probably classified as mildly food-insecure
Notes	

USAID's Economic Well-Being and ES Category Continuum

Economic Well-Being and ES Category				
Households that are	Are ready for livelihood	Which includes strategies to		
Prepared to grow (somewhat vulnerable)	PROMOTION	Grow income and expenses	Enterprise development Skills training/job creation Income-generating activities Business loans Market linkages	
Struggling to make ends meet (very vulnerable)	PROTECTION	Match income to expenses	Money management Group and individual savings Food security/nutrition Insurance services Legal services	
In destitution (most vulnerable)	PROVISION	Meet basic needs	Consumption support Asset and cash transfers Food aid Social pensions Public works	
ASPIRES SUSAID PEPFAR SUSAID STRANGEN				

USAID's Economic Strengthening Pathway



Principles of Responsible Graduation

From: http://www.ids.ac.uk/opinion/graduation-how-to-do-it-responsibly

Graduation - how to do it responsibly

24 May 2016

Graduation programmes have enjoyed a surge in policy and academic attention in the past few years, yet despite some evidence of success in terms of 'graduating' individuals out of extreme poverty, not all the attention has been positive.

Questions have been raised about the sustainability of graduation and the cost of implementing graduation programmes, especially if they scale up from pilot projects to national programmes, and whether governments – unlike grassroots NGOs – have the human resources needed to deliver the intensive support that is considered critical to graduation success stories.

Challenges have also been raised at an ideological level, with critics arguing that graduation as a concept is antithetical to the drive towards rights-based social protection and a minimum 'social protection floor' for all, which has been endorsed not only by rights-based agencies like the ILO and UNICEF, but even by market-oriented agencies like the World Bank (see the joint statement by the ILO and World Bank in June 2015). Graduation implies withdrawing support – a 'one-way door' out of the programme – whereas social protection should be in place for anyone who needs it at all times.

So are graduation programmes just another manoeuvre by governments and donors who favour narrowly targeted time-bound programmes, and who are always looking for exit strategies so as to minimise their spending on the poor?

We at the Centre for Social Protection support graduation programmes, but we also believe in rights-based approaches, specifically, of course, the right to social protection. This apparent ambivalence explains the question mark in our IDS Bulletin title: 'Graduating from Social Protection'? Can we reconcile these apparently contradictory stances?

'Responsible graduation'

Yes, we can. The solution lies in 'responsible graduation', which means implementing graduation in such a way that the livelihoods are strengthened and supported while ensuring the right to social protection is not violated.

Our response to graduation critics is that the challenges to graduation programmes stem primarily from linear and short-term understandings of social change, feeding into inadequate funding, short policy cycles and donor timeframes and lack of appropriate monitoring and evaluation. In combination these coalesce so that too often recipients are being removed from programmes in 'irresponsible' ways, in the sense that there is limited or no consideration of their human welfare and future wellbeing. Graduation implemented in irresponsible ways will be antithetical to a rights-based approach, yet it does not have to be.

Principles for 'responsible graduation'

We advocate the following principles for how to 'graduate' programme participants 'responsibly' rather than 'irresponsibly'.

- 1. A 'revolving door', not a 'one-way door': Most graduation programmes register participants only once, and after the cycle is complete they leave the programme permanently. Similarly, other programmes including BRAC's pioneering 'Targeting the Ultra-Poor Programme', support participants for a fixed period of time, typically about 2 years, after which participants exit the programme and support is terminated. This contradicts the rights-based principle that social protection should be available to whoever needs it, whenever they need it. The new agenda on 'shock-responsive' social protection systems enables 'potential' programme recipients to be registered within a social protection system so that when shocks hit and they require support, they are able to register and make claims on social provisioning. This would apply equally to past graduates who subsequently fall back into eligibility they should be allowed to re-register.
- 2. Appropriate programmes: Many graduation programmes operate a single incomegenerating model or offer participants a limited set of livelihood options to choose from. Programme design, delivery and provision should be appropriate to participants' contexts that influence the extent to which they are able to capitalise on graduation opportunities. This includes acknowledgement of individual situations such as household composition, dependency ratio and ability to do physically demanding work, as well as community-level factors such as availability of markets.
- 3. Graduation should be based on applying clear and consistent eligibility criteria to determine whether each participant has exceeded graduation thresholds. Households that have not reached these thresholds should not be 'exited' but should remain on the programme for another cycle, or until they are assessed as ready to graduate, however long that takes. This principle requires that robust and transparent targeting, monitoring and evaluation systems and indicators are in place.
- 4. Graduation should facilitate movement into other support as needed: 'Developmental' graduation sees graduation as a continuous pathway rather than a 'threshold' outcome. Instead of being abandoned, graduates should move from social assistance into social services, access to microfinance, and so on. The principle is graduation 'into' other forms of support, rather than 'out of' all forms of support. This is a rights-based principle that ensure 'rights across the lifecourse'.
- 5. Graduation programmes require accountability mechanisms: Issues such as inappropriate targeting, premature graduation and inadequate support post-graduation require strong and transparent accountability mechanisms. The establishment of grievance and complaints procedures, including an adequate response mechanism, is crucial for ensuring that graduation is underpinned by rights.

6. Graduation is not for everybody: Some households will reach graduation thresholds within the timeframe of the programme, either because of bad luck (e.g. illness) or because they lack the necessary capabilities for generating self-reliant livelihoods. Instead of being neglected or abandoned once the programme cycle ends, these households should be moved out of graduation programmes and onto social assistance programmes, either permanently or temporarily. In Ethiopia's graduation-oriented Productive Safety Net Programme, for example, women who fall pregnant are moved off Public Works and onto Direct Support until their new born child is one year old.

Even if most graduates remain better off than before they joined the programme, there will inevitably be some who fall back after they stop receiving programme support. 'Responsible graduation' requires making appropriate arrangements for these people and ensuring that there is a support and understanding for the fragility and vulnerability of circumstances that can push someone back into poverty. Only if graduation programmes are reconceptualised and redesigned along the lines suggested here, can they be seen as a component of a comprehensive and rights-based national social protection system.

Sample Outcomes, Criteria, Ways to Measure, and Data Needs

Outcome: Get the impact group to the point where they have	Criteria for Reaching Outcome	Ways to Measure Reaching Outcome	Data Needs (baseline, midline, endline, year after)
Food security	Household has no reported food deficit in the past year.	Survey households about access to 2 to 3 meals a day over a period of time; household owns 12 months food supply plus 3 months of reserves	Survey results Independent verification of food supply and reserves
Resilience in income	Household has multiple sources of income. Household has diversified into other incomes	Surveying and verifying multiple types of income; sale of various items; diversified IGAs	Completed logs and checklists from visits by field staff
Resilience in savings	Household has a savings account; the amount in savings exceeds 75% of the initial value of the assets transferred.	Monetary amounts in savings or estimates of monetary value of in-kind assets; acceptance into an MFI or into micro-credit	Statements from financial institution or verification from savings group; offers from or acceptance into an MFI or micro-credit
Decreased vulnerability and increased resilience to negative health effects including testing positive for HIV/AIDS	Household members have received health screenings and regularly attend local or mobile health clinics; those who have tested positive for HIV/AIDS receive regular treatments.	Surveys of households; attendance logs of local or mobile health clinics; medical records and records of taking lab tests	Results of surveys and attendance logs; medical records and results of lab tests

Project Outcomes

Please use the following table to begin planning for your Graduation Approach program. Begin filling out the table with possible outcomes, criteria, and ways to measure success toward each goal. You will fill out the data needs column during Activity 13 (Monitoring at the Household and Individual Levels).

EXAMPLE:

Outcome: Get the impact group to the point where they have	Criteria for Reaching Outcome	Ways to Measure Reaching Outcome	Data Needs (at baseline, midline, endline, and one year after end of project) and Questions to Ask

During the Monitoring at the Household Level activity, you can use this second table to make changes or to add listings to your work from above.

Outcome	Criteria for Reaching Outcome	Ways to Measure Reaching Outcome	Data Needs (at baseline, midline, endline, and one year after end of project) and Questions to Ask

Graduation Approach Possible Services & Partners Planning Worksheet

Please use the following table to plan for your discussions with possible partners in your Graduation Approach programming. Fill out the entire table to the best of your knowledge; your Graduation Approach program may not eventually provide all of the listed services or partner with all of the listed organizations. Work with your colleagues to fill in any missing information.

Services Needed by Beneficiaries	Possible Service Providers (for example: name of specific government agency, local NGO, INGO, CBO, etc.) or Your Organization or Not Applicable	Possible Responsibilities of Service Providers or Your Organization or Not Applicable
Cash Transfers or Grants		
Food Support		
Healthcare Services		
HIV/AIDS Care and Services		
Micro-Insurance Services		
Livelihood Provisions (for example: livestock; shop supplies; cash, credit, or grant for buying provisions)		
Technical Skills Training for Maintaining Livelihood		
Life Skills Coaching		
Savings Services		
Financial Literacy Training		
Credit Services		
Other:		
Other:		

Consumption Support Exercise Worksheet

Please use the table below to write down the answers you hear during the discussions and presentations as well as any others you can add.

Method	Arguments For
In-kind food support	
Cash transfers via hard currency	
Cash transfers via mobile	
money	
money	

Graduation Approach Consumption Support Planning Worksheet

Please use the following table to plan for providing consumption support to your beneficiaries. Fill out the entire table to the best of your knowledge. Work with your colleagues to fill in any missing information.

Information Needed	Option A	Option B
Existing cash transfer or food aid	Government agency/ministries	NGOs or CBOs running existing
program targeted to the	running existing programs:	programs:
households and run by		
government or by NGO/CBO		
(please list).		
If a program or programs	Existing programming meets	Existing programming needs
currently exist, do the programs	needs?	augmenting?
provide enough support to meet		
the caloric needs of the household		
each week, or will the programs		
need augmenting to reach this		
goal?		
If a consumption support	Government agency/ministries:	Local/international NGOs or CBOs:
program does not currently exist,	(list here)	(list here)
can a government agency, NGO,		
or CBO provide it?		
Consider funding, level of staff,		
and operational capacity.		
If your organization or a partner	In-kind food support?	Cash transfer support?
organization can provide the		
support, which method provides		
the most benefit per cost:		
in-kind or cash transfer?		
(Circle the appropriate answer.)		
Will providing in-kind food	Providing food will help	Providing food will NOT help
support help households avoid	households avoid inflation or	households avoid inflation OR
inflation or volatile food prices?	volatile prices.	volatile prices or inflation/volatility
(Circle the appropriate answer.)		does NOT currently exist in market
		and should not happen in the
D : (()	0	foreseeable future.
Does your organization (option	Our organization can purchase.	Partner organization can purchase. OR
A) or a partner organization (option B) have the ability to		Neither organization can purchase
purchase food staples at a		at a significantly lower cost.
significantly lower cost than		at a significantly lower cost.
participant households can?		
(Circle the appropriate answer.)		
Does your organization (option	Our organization has capacity.	Partner organization has capacity.
A) or a partner organization	our organization has supusity.	OR
(option B) have the capacity to		Neither organization has the
store, transport, and deliver food		capacity.
staples to target households?		
How much food or money does	Households need an average of	Households need an average of
the household need per week to	(food amount).	(monetary amount).
meet their caloric needs before		
the livelihoods provisioning		
begins to support the household?		

Information Needed	Option A	Option B
How long will the household need	months continuously	lean seasons
the food or money before the	,	
livelihood provisioning begins to		
support the household? Will they		
continuously need this support		
(option A) or only during lean		
seasons (option B)?		
Does your organization or a	Our organization does/does NOT	Partner organization does/does
partner organization prefer to	prefer to provide cash in order to	NOT prefer to provide cash in
provide cash in order to ease	ease logistics and to promote	order to ease logistics and to
logistics and to promote financial	financial literacy?	promote financial literacy?
literacy?		
(Circle the appropriate answer.)		
Do concerns about households	Our organization's concerns about	Partner organization's concerns
misusing funds override pros of	households misusing funds does or	about households misusing funds
providing cash transfers?	does NOT override pros of	does or does NOT override pros
(Circle the appropriate answer.)	providing cash transfers?	of providing cash transfers?
Does the organization have the	Our organization has or does NOT	Partner organization has or does
staff capacity to implement and	have the capacity to implement and	NOT have the capacity to
monitor the consumption	monitor the consumption support?	implement and monitor the
support?		consumption support?
(Circle the appropriate answer.)		
Does the organization want to	Our organization wants to give the	Partner organization wants to give
give the same level of	same level of consumption support	the same level of consumption
consumption support to all	to all households OR to vary the	support to all households OR to
households or to vary the amount	amount based on number in	vary the amount based on number
based on number in household,	household, number of children and	in household, number of children
number of children and elders,	elders, pregnancy of mother, or	and elders, pregnancy of mother, or
pregnancy of mother, or desire to	desire to stem seasonal migration?	desire to stem seasonal migration?
stem seasonal migration?		
(Circle the appropriate answer.)		

Considerations When Selecting Livelihoods for GA Programs

Please use this table to write down your ideas and to take notes on possible considerations:

Question	Possible Answers
What about our beneficiaries do we need to consider before selecting livelihoods?	•
What about our <u>beneficiaries</u> ' families do we need to consider before selecting livelihoods?	•
What would we need to consider <u>about</u> enterprises and <u>livelihoods</u> before <u>offering</u> beneficiaries livelihood selections?	We should • • • •
What about the enterprise's possible assets do we need to consider before selecting livelihoods?	We need to consider • • • • • •

Please use this table as a guide for possible factors you may not have considered:

Question	Possible Answers
What about our beneficiaries do we need to	• Their skills and previous experience
consider before selecting livelihoods?	managing any assets
	• Their interest and motivation in pursuing
	different enterprises
	• Their current and seasonal income stream that they can use to supplement their income until the new enterprise generates sufficient income
	• Their ability to travel (either because of health or because of cultural restrictions)
	• Their roles and responsibilities in the household
	Their educational level and literacy
What about our <u>beneficiaries</u> do we need to consider before selecting livelihoods?	 Availability of other household members in providing labor and support
	Number of dependents
	Any special needs for caretaking
	Any migration of household members
	• The household's thoughts and wishes about potential livelihoods
What would we need to consider about	We should
enterprises and livelihoods before offering beneficiaries livelihood selections?	 Conduct careful market studies and value chain analyses in order to keep risks to a minimum and the new livelihoods or employment from overcrowding the market. Consult repeatedly to help beneficiaries select enterprises that will give them new skills or further develop their existing skills but will also meet the needs of the local market.
	 Understand self-employment may prove more viable than formal employment but also realize that local demand and supply constraints may make self employment vulnerable. Consider the option of group enterprises
	and how the group dynamics of multiple beneficiaries working together.

Question	Possible Answers
	• Offer enough options so beneficiaries have choices that match their interests and future skills but avoid offering too many options that would stress our staff and resources; by specializing in a few value chains, we can build up staff expertise without much stress.
What about the enterprise's possible assets do we need to consider before selecting livelihoods?	 We need to consider Use of multiple assets as a primary activity for long-term, high-value yields and as a secondary activity for short-term, low-value yields Timing of asset transfers (avoid wet seasons and holiday seasons for livestock, consider seasonal issues for calving and harvesting) Analysis of when activities using assets should generate income Any additional costs that come with assets such as equipment, structures, maintenance Availability of extension services such as veterinary care, herbicides, pesticides, etc. Availability of expertise or training to help beneficiaries grow their skills with assets

Graduation Approach Livelihood Selection Planning Worksheet

Please use the following table to plan livelihood selections for your beneficiaries. Fill out the entire table to the best of your knowledge. Work with your colleagues to fill in any missing information.

of your knowledge. Work with your colleagues to fill in any missing information. Information Needed Option A Option B		
Does your organization or	Market analysis exists.	We need one created.
another organization operating in	ividiket dildiysis exists.	we need one created.
the region have a market analysis		
or do you need one created?		
Does your organization or	Value chain analyses (VCAs) exist.	We need VCAs created.
another organization operating in	value chain analyses (verts) exist.	we need veris created.
the region have a value chain		
analyses for potential livelihoods		
or do you need one created?		
Does your organization or do	Yes, we have the following data:	No, we need to get the following:
your partners have data on the	• skills and previous experience	• skills and previous experience
beneficiaries with respect to the	managing any assets	managing any assets
following questions:	• interest and motivation in	• interest and motivation in
Tonowing questions.	pursuing different enterprises	pursuing different enterprises
	pursuing different enterprises	pursuing different enterprises
	current and seasonal income	current and seasonal income
	stream that they can use to	stream that they can use to
	supplement their income	supplement their income
	• ability to travel (either because	• ability to travel (either because
	of health or cultural	of health or cultural restrictions)
	restrictions)	· · · · · · · · · · · · · · · · · · ·
	· ——	• roles and responsibilities in the
	roles and responsibilities in the	household
	household	educational level and literacy of
	educational level and literacy of mambara of the household	members of the household
Doog ways auganization on do	was have the following data:	No, we need to get the following:
Does your organization or do your partners have the following	Yes, we have the following data: • Availability of other household	Availability of other household
data on the families of the	members in providing labor and	members in providing labor and
beneficiaries:	support	support
beneficial ics.	Number of dependents	Number of dependents
	Any special needs for caretaking	Any special needs for caretaking
	Any migration of household	Any migration of household
	members	members
	Household's thoughts and	Household's thoughts and
	wishes about potential	wishes about potential
	livelihoods	livelihoods
Has your organization or a	Yes, we have the following data:	No, we need to get the following:
partner analyzed the following	Demand constraints	Demand constraints
through careful market studies:	Infrastructure stability	Infrastructure stability
	Value chains	Value chains
		
	Up-/down-stream linkages Other:	Up-/down-stream linkages Other:
Has your organization or a	Other: Yes, we have done focus groups:	Other: No we need to do focus groups:
partner conducted focus groups		
with:	• Local producers	• Local producers
WILLI.	Government officials Sector providints	Government officials Sector providints
	Sector specialists Lead NICOs	Sector specialists Level NICO:
	• Local NGOs	• Local NGOs
	Key market actors	Key market actors

Information Needed	Option A	Option B
Has your organization or a	Yes, we have looked into these:	No, we need to look into these:
partner considered how to avoid	Forming cooperatives of like	• Forming cooperatives of like
saturation of the market once you	producers	producers
scale up the program with the	• Connecting with large-scale	• Connecting with large-scale
following:	buyers specializing in working	buyers specializing in working
	with small producers (for	with small producers (for
	example, organizations such as	example, organizations such as
	Purchase for Progress)	Purchase for Progress)
	<i>z</i> / <u>—</u>	<i>S</i> / <u>—</u>
Has your organization or a	Yes, we have identified these:	No, we need to identify these:
partner identified the following in	Potential exists to increase sales	Potential exists to increase sales
potential viable market	within a range of areas in the	within a range of areas in the
opportunities:	value chain	value chain
(Adapted from Emerging Market	Business sector offers	Business sector offers
Group ranking matrix developed	possibilities for adding value,	possibilities for adding value,
for Ethiopia Graduation Pilot	innovating products, and	innovating products, and
and detailed in CGAP/Ford	creating differences	creating differences
Foundation's From Extreme	 Business sector does not 	 Business sector does not
Poverty to Sustainable	currently have legal or regulatory	currently have legal or regulatory
Livelihoods)	barriers	barriers
	 Unmet demand exists in local, 	 Unmet demand exists in local,
	regional, or world markets	regional, or world markets
	• A large enough number of target	• A large enough number of target
	beneficiaries exists to create	beneficiaries exists to create
	program leverage	program leverage
	 Business sector has potential to 	Business sector has potential to
	increase employment for men,	increase employment for men,
	women, youth, and landless	women, youth, and landless
	 Potential exists to increase 	Potential exists to increase
	incomes and to improve	incomes and to improve
	livelihoods	livelihoods
	• Lead firms with the will to	• Lead firms with the will to
	source or collaborate with	source or collaborate with
	beneficiaries do exist	beneficiaries do exist
	Potential exists for forward and	Potential exists for forward and
	backward linkages between lead	backward linkages between lead
	firms and beneficiaries.	firms and beneficiaries.
	Expanded growth of business	• Expanded growth of business
	sector could stimulate economic	sector could stimulate economic
	development and opportunity in	development and opportunity in
	other industries.	other industries.
	Enterprise would have minimal	Enterprise would have minimal
	impact on the environment	impact on the environment

Organizational Capacity Quiz

Which of the following statements describe your ...

Ι.	Missic	on statement/Goals?	
	a.	Vulnerable children and HIV care and support	I
	b.	Community development, including some care and support and some ES	2
	c.	Economic strengthening (ES), livelihoods and/or food security	3
2.	Strate	egic approach to development?	
		Relief and recovery, helping households meet their immediate needs, market	I
		neutral (tries not to distort local markets)	
	b.		2
		respond to gaps in the access / availability of products / services in the market)	
	c.	Long term sustainability and profitability, helping households find jobs or grow	3
		businesses to increase income and consumption, market-led (activities support	
		development of the market)	
3.	Techr	nical capacity?	
	a.	Do not have a technical expert at local office, or Have technical expert at	I
		national or international head office	
	b.	Have at least 1 strong ES technical expert at each regional office <u>or</u> Have	2
		several good ES technical field staff <u>or</u> Willing to hire additional technical staff	
	c.	Employ mostly experienced ES experts	3
4.	Syste	ms?	
	a.	Weak financial and project management systems	I
	b.	Adequate systems for tracking income, expenditures and inventories	2
	c.	Robust financial management systems and a management information system	3
		for tracking disbursements (cash, loans), assets and outcomes	
-		Total points	

If your score is	You may want to
4-7	Engage a partner to design and implement all ES activities
8-10	Engage a partner to oversee all ES activities and involve your organization in some aspect(s) of the implementation
11-12	Design and manage all ES activities internally, enlisting outside assistance as needed

Source: *Economic Strengthening for Vulnerable Children: Resource Guide.* Livelihoods and Food Security Technical Assistance (LIFT). pp. 78. 2013. < http://theliftproject.org/wp-content/uploads/2013/12/ES-for-VC-full-draft-for-FHI360-FINAL.pdf (Accessed June 23, 2015)

Asset Transfer Considerations Ranking Exercise

Use the following table to rank the top 20 considerations you should make when considering asset transfers as part of your Graduation Approach program. The table goes to the next page. Rank using the following classifications:

- 3 = Very Important
- 2 = Important
- 1 = Not So Important
- 0 = Counterproductive, Harmful, Detrimental

<u>Asset Transfer Consideration</u>	Ranking Classification
Start with the end goal in sight and work backwards to determine the	
appropriate asset value to offer at the beginning: plan to set initial value of	
asset based on the value that family should achieve by program end	
Provide incremental packages : plan to break up assets based on	
beneficiaries' capability to handle initial and total assets	
Get the right mix of assets based on the household's wishes, needs, and	
abilities: plan to work with beneficiaries to get their buy-in and to include	
their wants	
Contribute equitable and full asset values: plan to get the community's	
buy-in through equitable assets and through providing full value of asset	
Supply several livelihoods with a diversity of assets: plan to continue	
existing daily labor activities	
Prepare for different income patterns : plan to include both short-term	
profitable assets and longer-term profitable assets	
Make considerations for upfront investment needs, ongoing costs, and	
time commitments : plan to include considerations for additional monetary	
and time costs besides just the asset itself	
Adjust for variances in technical difficulty: plan to factor in the required	
level of technical expertise into the selection of and training on the asset	
Examine gender constraints : plan to consider needs of female members of	
household	
Promote good and negate bad consequences : plan to work through possible	
consequences (good and bad) of assets	
Formalize asset transfers: plan for documenting and celebrating asset	
transfer with beneficiary	
Time transfers to coincide with appropriate seasons: plan to time asset	
turnover during best possible season	
Establish transparency about replacing assets: plan to inform beneficiaries	
of how and when they can have assets replaced	
Set ownership expectations : plan to have beneficiaries contribute something	
tangible to asset	
Connect with support services (veterinary services, insurance, help lines,	
etc.): plan to include support services for asset	

Asset Transfer Consideration	Ranking
	Classification
Foster market linkages: plan to connect beneficiaries with actors to expand	
the market or to create new markets for goods	
Train beneficiaries: plan to train beneficiaries on using assets	
Establish peer-to-peer mentoring on assets to promote social integration:	
plan to include community members in training on beneficiaries' use of assets	
Integrate with existing government programs (such as extension	
services): plan to connect beneficiaries with government programs that can	
help with assets	
Implement support services (veterinary care, insurance, help lines, etc.):	
plan to include non-government help with assets	
Other:	

Graduation Approach Asset Transfer Planning Worksheet

What ideas do you have for possible enterprises and assets for those enterprises for your beneficiaries? Please list them here:

Beneficiary Characteristics (including level of vulnerability)	Enterprise for Livelihood	Cash Transfers for Asset? (Yes or No)	Micro-Loan for Asset? (Yes or No)	In-Kind Asset? (If yes please list or else put "NA" for "not applicable".)

How will beneficiaries develop skills in handling, maintaining, and growing the assets? Please note your ideas about how best to conduct technical skills training on the assets by using this table:

Asset	Possible Training Topics	Mentoring or Peer-to-Peer Learning? (Yes or No)	Periodic Group Trainings of Multiple Households with Field Agents? (Yes or No)	Periodic Individual or Household Trainings with Field Agents? (Yes or No)

Graduation Approach Asset Transfer Planning Checklist

Here you find the 20 considerations that you previously ranked and that you need to keep in mind when designing asset transfer programs for your beneficiaries. At the bottom of the table, you will also find 5 additional spaces for you to include any other considerations that you need.

With your organization's input, rank the considerations in order of importance. In the Ranking column, rank using the following classifications:

- 3 = Very Important
- 2 = Important
- 1 = Not So Important
- 0 = Counterproductive, Harmful, Detrimental

When reviewing your current programs back in the office or when planning asset transfers in the future, use the remaining columns in the checklist so you can incorporate all of the top 20 considerations in your program design for the asset transfer portion of the Graduation Approach program. If a plan for that consideration already exists, put a check in the Plan Already Exists box. If you need to plan for that consideration, put a check in the Need to Plan for Consideration box. If the listing does not or will not apply, place a check in the Not Applicable column.

Asset Transfer Consideration	Ranking	Plan Already Exists	Need to Plan for Consideration	Not Applicable
Start with the end goal in sight				
and work backwards to				
determine the appropriate asset				
value to offer at the beginning:				
plan to set initial value of asset				
based on the value that family				
should achieve by program end				
Provide incremental packages:				
plan to break up assets based on				
beneficiaries' capability to handle				
initial and total assets				
Get the right mix of assets based				
on the household's wishes,				
needs, and abilities : plan to work				
with beneficiaries to get their buy-				
in and to include their wants				
Contribute equitable and full				
asset values: plan to get the				
community's buy-in through				
equitable assets and through				
providing full value of asset				
Supply several livelihoods with a				
diversity assets : plan to continue				
existing daily labor activities				

Asset Transfer Consideration	Ranking	Plan	Need to Plan	Not
Tibbet Trumplet Complete auton	<u> </u>	Already	for	Applicable
		Exists	Consideration	Пррисавис
Prepare for different income		23721505		
patterns: plan to include both				
short-term profitable assets and				
longer-term profitable assets				
Make considerations for upfront				
investment needs, ongoing costs,				
and time commitments: plan to				
include considerations for				
additional monetary and time				
costs besides just the asset itself				
Adjust for variances in technical				
difficulty : plan to factor in the				
required level of technical				
expertise into the selection of and				
training on the asset				
Examine gender constraints:				
plan to consider needs of female				
members of household				
Promote good and negate bad				
consequences: plan to work				
through possible consequences				
(good and bad) of assets				
Formalize asset transfers: plan				
for documenting and celebrating				
asset transfer with beneficiary				
Time transfers to coincide with				
appropriate seasons: plan to time				
asset turnover during best possible				
season				
Establish transparency about				
replacing assets: plan to inform				
beneficiaries of how and when				
they can have assets replaced				
Set ownership expectations: plan		1		
to have beneficiaries contribute				
something tangible to asset				
Connect with support services				
(veterinary services, insurance,				
help lines, etc.): plan to include				
support services for asset				
Foster market linkages: plan to				
connect beneficiaries with actors				
to expand the market or to create				
new markets for goods				
Train beneficiaries: plan to train				
beneficiaries on using assets				
ocholiciaries on asing assets		I		

Asset Transfer Consideration	Ranking	Plan Already Exists	Need to Plan for Consideration	Not Applicable
Establish peer-to-peer				
mentoring on assets to promote				
social integration : plan to include				
community members in training				
on beneficiaries' use of assets				
Integrate with existing				
government programs (such as				
extension services): plan to				
connect beneficiaries with				
government programs that can				
help with assets				
Implement support services				
(veterinary care, insurance, help				
lines, etc.): plan to include non-government help with assets				
government help with assets				

Graduation Approach Checklist for Technical Skills Trainers & Life-Skills Coaches

Please use the following table to begin planning the hiring and training of technical skills trainers and life-skills coaches. Fill out the entire table to the best of your knowledge. Work with your colleagues to fill in any missing information.

Qualities Needed	Possible Internal Personnel	Possible External Personnel (from partner organizations or other outside organizations—for this, you can name the organization rather than a specific person to utilize)
Technical capacity to build participants' livelihood skills		
Strong interpersonal qualities including respect for participants		
Empathy for the community's issues		
Ability to communicate with the participants including use of stories, pictures, and other creative means of teaching the illiterate and socially excluded		
Appropriate attitude and commitment		
Ability to assess market conditions (to advise participants on choice of livelihood activity)		
Ability to sensitize other trainers on poverty issues		
Ability to enhance facilitation skills of other trainers		
Ability and willingness to maintain field-level documentation of every activity		
Senior Management: Willingness to provide close supervision to staff		
Senior Management: Willingness to meet frequently with field staff		
Other:		

REST Case Study on Savings Components

Excerpted from:

Sengupta A. 2012. Pathways out of the Productive Safety Net Programme: Lessons from Graduation Pilot in Ethiopia. Working Paper. BRAC Development Institute and The MasterCard Foundation

You have the full document on your USB drive.

p. 13(document)/18(pdf)

A third and major challenge arose out of the strong mandate of savings and early access to credit. The GoE has a strong ethos towards self-reliance and not creating dependency among beneficiary households (Sabates-Wheeler, R. et al, 2009), and distributing 'free' productive assets is considered illegal. REST, therefore, require participants to save the initial value of their assets in 'closed savings' accounts. This has translated to participants being unable to access their savings to smooth consumption during crises, or invest into household needs. For health emergencies, withdrawal procedure is too lengthy a process. They have to rely upon other sources of cash, or use profits left over after saving the required amount. Some cash poor households even feel obliged to save at the expense of covering dire food and health needs.

Encouraging early access to microcredit challenges the notion that the extreme poor are not credit worthy. In lieu of its objective to mainstream Graduation participants into DECSI's Microfinance programme, REST created the perfect environment to train their participants for credit repayment. Apart from classroom training and weekly visits, the savings component is essentially designed as a 'no interest' credit scheme, and group meetings are organised for experience sharing amongst participants. For majority of respondents – REST exemplifies that with these elements, credit adverse participants can turn into successful borrowers even prior to graduation. As one of the fastest climbers explained, "I think the point isn't whether it's a credit programme or if it's free – it is the training that makes the difference. Training is very important. Even with a free asset, one can be lost without training. With credit, of course there is a risk of being unable to repay – and that is what scares people, especially the risk of asset loss. But I keep insisting that even a loan can be made profitable if there is appropriate training (both classroom and weekly visits)." In stark contrast are the most vulnerable households, for whom the overemphasis on 'training for micro credit' has proved to be problematic. Instead of reducing aversion to accessing credit, their obligation to make regular deposits in a closed account resulted in an unanticipated burden on their households.

p. 28(document)/33(pdf)

Here the question is – Why didn't their trajectories shift after programme intervention? To begin with, these participants had a number of pre–existing constraints that outweighed programme resources. Urgent needs and unforeseen mishaps caused participants to maintain a slower pace (based on self evaluation and relative to fast climbers) in the programme. Thereafter, owing to programme's strict implementation of closed savings, these participants perceived very few or no tangible changes over the duration of the research. Their life stories expose a major limitation of

such a programme; it fails to enhance the ability of extremely vulnerable households to meet their **critical short term cash and food needs**. While fast climbers were able to utilise programme resources to their advantage, as well as perform in the livelihood, majority of slow and intermediate climbers attempted to adhere to programme instructions, at the expense of meeting their immediate basic needs. Apart from socioeconomic constraints, the most vulnerable respondents had deep rooted **intangible constraints** (**psycho-social constraints**, **lack of self confidence**, **extreme fear of credit**).

p. 28(document)/33(pdf) to 29(document)/34(pdf)

As discussed earlier, the closed savings component did not bode well for households with negligible sources of cash. Tsegey and her husband relied on casual labour to earn cash to cover asveda. However, given the absence of regular wage employment, they sold part of their food aid for cash, and were forced to eat even less. "I usually buy my asveda by selling part of the food aid." Cash was also required for covering school expenses for their children, which is considered an essential expense. For this, they resorted to buying school materials on credit, or if possible, borrowing from their extended families. Once in the programme, there were no changes in their consumption patterns as they continued to rely on the same sources.

p. 29(document)/35(pdf) - 30(document)/36(pdf)

Next, most respondents entered this programme with a fear that they were stepping into a credit trap, Participants either had a history of 'bad' loans, or had no experience of credit at all "Most of us are still not clear on whether this a credit programme or not. I didn't even know what will happen to the savings which should equivalent to the initial capital. Will REST get it or will I?" Interviews showed that only after approximately 6 months of being in the programme, participants finally began to realise that the savings was theirs, and did not have to be repaid to REST. Yet, slow and intermediate climbers continued to view this programme as synonymous to a microcredit package. This was mainly due to the fear tactics used by Interaction of Programme and the Participant Household facilitators to keep them 'on track' the savings schedule (participants are told if do not save the entire amount of the asset, it will be converted to a loan).

p. 30(document)/36(pdf)

According to REST's higher management, the lack of transparency regarding the savings component lent itself well to creating the ideal training ground for risk-averse participants. However, such tactics failed to constructively influence household behaviour, and these participants decided to forego consumption to avoid any kind of default on their savings schedule. As Shishay, another intermediate climber, explains, "During training – we were told not to divert these funds – we signed and agreed to this, so we are trying to stick to this." Gebrekiros, instead of being able to withdraw from his savings account at a time of crisis, instead borrowed money and even used part of his working capital to deposit the required savings amount.

Graduation Approach Pros and Cons of Savings Components

Please use this table to write down the points brought up during the debates of the pros and cons of possible savings components to a Graduation Approach program.

Form of Savings	Pros	Cons	
Formal Savings			
Informal Savings			
Voluntary Savings			
Compulsory Savings			
Crown Assessments			
Group Accounts			
Individual Accounts			
individual / locounts			
Cash Transactions			
Digital Transactions			
	L		

Graduation Approach Possible Topics for Business and Financial Education

Please use this page to write down the topics in business and financial education that your table and other tables came up with as part of the business and financial services component of a Graduation Approach program.

Poverty and Health Linkages

Poverty Characteristics	Poor Health
Poor nutrition → Decreased productivity & income	Weakened immune system, increased dietary needs
Poor living conditions → quality diminishes with poor health; spending reduced, assets sold	Susceptibility to environmental ailments: respiratory disease, water/water-borne diseases; crowding -> spreading
Low education → minimal access to needed services and activities that generate income	Poor-quality health care and poor adherence to regiments compound health problems
High level of immediate needs → low investment in long-term assets and needs	High levels of household disease and mortality
Notes	

Possible Program Health Outcomes and Data Needs

Possible Program Health Outcome	Data Needs to Establish Meeting Outcome
Increased awareness of importance of health services	 Household-level participation in health-awareness activities Data about individual's knowledge on key health issues Baseline and endline data about person's perceptions of health services
Increased use of health services	Clinic attendance data
Improved health outcomes for household	Health status data
Others:	Others:

Graduation Approach Possible Topics for Health Education

Please use this page to write down the topics in health education that your table and other tables came up with as part of the health and related services component of a Graduation Approach program.

General Health and Common Illnesses:
Hygiene:
Nutrition:
HIV/AIDS and Sex/Family Planning:

Graduation Approach Planning Worksheet for Nutritional, Psychosocial-Support, Childhood-Protection, Legal, and Educational Services

Please use the following table to plan for your Graduation Approach program. Fill out the entire table to the best of your knowledge. Work with your colleagues to fill in any missing information.

Item Needed	Possible Resources (for example: names of specific services and trainings or note if you think your organization or another can create)	Possible Resource Providers (for example: your organization or name of a specific government agency, local NGO, INGO, CBO, etc.)
Nutritional services and trainings		
Psychosocial support services and trainings		
Childhood protection services and trainings		
Birth registration services and trainings		
Legal and identification services and trainings		
Educational transportation subsidies and services		
Educational fee subsidies, services, and scholarships (with trainings)		
Educational uniform subsidies and services		
Tertiary education scholarships and subsidies		
Apprenticeship program services, subsidies, and scholarships		
Other:		
Other:		

REST Case Study on Entire Program

Background

About Relief Society of Tigray (REST)

The Relief Society of Tigray (REST) is the largest local non-governmental organization (NGO) located in the <u>Tigray</u> Region of northern <u>Ethiopia</u>. REST was founded in 1978 as a relief organization that served the needs of people liberated during the country's civil war. Today, REST still focuses on relief efforts, but also has a wide range of development programs such food security, gender equity, income diversification, HIV/AIDS prevention, and environmental rehabilitation. REST also implements the Targeting the Ultra Poor (TUP) project which aims to support and graduate ultra-poor households to a level of self-sufficiency, with a special focus on ensuring program beneficiaries can access and benefit from microfinance services.

Collaborators of REST's Targeting the Ultra Poor (TUP) project

Under the TUP, REST collaborates with the Dedebit Credit and Savings Institution (DECSI) for provision of the savings accounts that beneficiaries can use to deposit and guard their savings. A unique feature of REST's TUP is that it builds upon and targets beneficiaries of the Government of Ethiopia's National Productive Safety Net Program (PSNP), which is a food-for-work program.

Technical support and funding for this program was provided by the Consultative Group to Assist the Poor (CGAP) and the Ford Foundation. A quantitative randomized control trial was led by Innovations for Poverty Action which was funded by USAID through FHI360; a qualitative assessment was conducted by BRAC Development Institute (BDI) with funding from The MasterCard Foundation. USAID also funded value chain sector analyses with participation and support of REST staff.

REST's Targeting the Ultra Poor (TUP) Program

REST's graduation program targets households that belong to the Government of Ethiopia's National Productive Safety Net Program (PSNP). Households in this program have to have at least one person capable of working and must not have any outstanding loans. The PSNP community task force, which is a local group of appointed officials who are in charge of determining eligible PSNP beneficiaries, then further narrows down the eligible households to ensure the poorest members of the community are chosen.

The TUP program consists of five core elements that are sequenced over a period of 24 months:

- 1. **Consumption support**: Beneficiaries of the PSNP program receive food support for six months from PSNP in exchange for working on community infrastructure projects.
- 2. Savings: During the 2-year program period, all households in the program are required to save 75 percent of the value of the livelihood asset they would receive through the program and place these funds in a DECSI savings account. Participants are unable to withdraw funds from this account prior to the savings goal being achieved, except for emergencies. Withdrawals have to be approved by the PSNP community task force members first, who will in turn communicate approval to the REST facilitator to allow the beneficiary to withdraw savings. To encourage consistent savings behaviors, Voluntary Savings and Lending Associations (VSLA) were incorporated into the design. Through the VSLAs, participants could also access small loans whose low interest rates are established by the group members. A year into the program, REST began encouraging participants, who felt ready, to access formal microcredit from DECSI.
- 3. **Skills training:** REST TUP participants receive training on running a business, such as recordkeeping, and managing their chosen livelihood, i.e. households who selected goats or sheep were trained on how to care for them.
- 4. **Livelihood Selection/Asset transfer**: Participants were offered 4 livelihoods choices: oxen, shoats (sheep and goats), honeybees, or petty trade.
- 5. **Home visits:** REST community facilitators make weekly visits to program participants to assess the status of their asset, their savings accumulation, to provide practical training or support related to the livelihood.

A randomized control trial completed by Innovations for Poverty Action to assess the impact of REST's TUP found that among program participants (compared to a control group), there was an increase in

- monthly consumption (particularly of food and durable goods),
- the value of productive and household assets
- financial inclusion (participants borrowed and saved at higher rates)
- time spent on productive activities
- livestock revenue
- political participation (participants were more likely to report being a member of a political party).

The RCT found no changes in women's decision-making power, illness, happiness, or stress, although treatment group households did report a smaller likelihood of feeling anxious or worried in the last year.

REST: Livelihoods and Asset Transfers Under the Microscope

Value-Chain Assessment

USAID contracted Emerging Markets Group, Ltd. to conduct a value chain analysis for various income generating activities in the Tigray region. Secondary research was consulted and included available government, donor, and NGO reports as well as data available through internet searches. Primary research was conducted with various stakeholders in Tigray through use of key informant interviews and focus group discussions. Initially, various stakeholders were involved in a brainstorm activity that identified 37 different income generating activities (IGAs). Six of the 37 IGAs were determined to be the most attractive IGAs when assessed by their potential for growth and outreach: agro-forestry, shoats, vegetable production, dairy production, beekeeping and poultry.

To further narrow this list, a scoring exercise was conducted to prioritize sectors that 1) would allow the graduation program to increase competitiveness of the industry, 2) could incorporate the TUP participants as actors in the value chain, particularly women, youth and landless households, 3) had the presence of a lead firm that could include/source the TUP beneficiaries, and 4) that potential for "multiplier" effect with other economic sectors, i.e. growth in the sector could stimulate the development and growth in other industries/sectors. Through this lens, beekeeping, shoats, and dairy sectors were identified as the most promising. Petty trade which primarily consisted of grain trading and trading of consumable items such as soap, sugar, oil, etc. was added at a later stage by request of the TUP participants.

Livelihoods and Asset Transfers

Each household was allotted approximately \$350 USD for the purpose of the asset transfer. The household could then purchase as many assets as the \$350 could buy, for example 16 goats, or 2 oxen, etc. For those engaging in petty trade, REST facilitators purchased chosen assets directly from suppliers through two tranches of cash.

Before TUP participants selected their IGA, REST staff conducted a workshop to familiarize the participants with the IGAs, their potential profit, the associated risks and the commitments and investments that the household would have to make in order to be successful. The decision was left to each household to decide which IGA would work best for them.

Lessons learned from selecting and implementing the livelihood and asset transfers

A contextually important factor of the REST TUP is that regional government does not allow "free" resources of any kind. Even in emergency situations, households receiving aid are required to contribute labor in some form. REST had to spend significant time working with the government officials to find a way to adhere to government regulations and still provide a "free" asset transfer. For this reason, REST compromised with the government and created a "soft conditionality" which resulted in households being required to save \$350 USD into DECSI savings accounts. These funds could not be withdrawn, as indicated above, until participants reached this minimum savings amount, which was usually toward the end of the 2-year period. This savings obligation resulted in some households being unable to use the savings to smooth consumption during crises and having to prioritize savings over using the funds for investment in other household needs.

Another lesson learned through the implementation of the asset transfer was REST's reliance upon the households to make their own choice of the IGAs. REST initially organized a workshop for the target participants to familiarize

them with the potential profit, associated risks, commitments to be made by the households and investment needs of each livelihood activity. Despite giving each household sufficient time to choose an IGA after this workshop, some households discovered that they would have been better off choosing one of the other IGAs. For example, a household that chose goats realized after receiving the goats, they technically did not have the physical space to care for the goats and they might have done better with the oxen. REST staff feels that the community facilitators could have been used more strategically to assist households in the IGA selection processes instead of leaving this decision to the household alone.

Going forward

As REST scales this program starting in 2017 with USAID support in 5 new districts, they will mimic similar value chain and community assessments to determine the most appropriate IGAS for these new districts. While it is anticipated that livestock, shoats, and beekeeping will be equally attractive IGAs for the new districts, REST will remain flexible in order to accommodate different IGA options, much in the same way petty trading was added to the list per participant request.

This case study heavily drew upon the following resources:

Sengupta A. 2012. Pathways out of the Productive Safety Net Programme: Lessons from Graduation Pilot in Ethiopia. Working Paper. BRAC Development Institute and The MasterCard Foundation.

Sector Assessment and Identification, Kile Awlaelo: Incorporating Sector Assessment/Identification into a Graduation Pilot for Safety Net Beneficiaries in Kilte Awlaelo. 2008. Emerging Markets Group, Ltd & USAID/Ethiopia.

Interview with Mulugeta Berhanu, REST USAID Program Focal Person & Liaison Office Head. September 2016.

SCORE Case Study

Sustainable Comprehensive Responses (SCORE) for Vulnerable Children

Background

About the Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their Families Program The Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their Families was originally a 5-year USAID-funded project implemented in Uganda designed to equip 25,0000 vulnerable households across 35 districts in Uganda with a pathway for 'graduating' out of vulnerability into sustainable livelihoods. SCORE had four main goals: 1) to improve socio-economic status, 2) to increase the capacity of vulnerable women and their children to access, acquire, or provide critical services (such as health or education), 3) to improve food security and nutrition, and 4) to increase the availability of protection and legal services for vulnerable children and their household members.

Collaborators of SCORE

SCORE consists of a consortium of partners led by the AVSI Foundation, with CARE International, TPO Uganda and FHI360. AVSI was the lead agency and was in charge of the household capacity building and the food and nutrition security component. CARE International led on the socio-economic strengthening component while TPO Uganda led on the child protection and legal service support. FHI 360 managed the research, monitoring, and evaluation activities of the program.

SCORE Program

Prior to engaging a household in the program, a vulnerability and needs assessment are completed to determine household needs and existing household resources, and to inform the development of a specific plan for each household. The plan defines which combination of services in the four core elements listed below are most appropriate for each household and how they are sequenced over a period of 4 years:

- I. Economic strengthening: This component consists of enrolling or leveraging Village Savings and Loans Associations (VSLAs) for encouraging savings and linkages to and use of other financial services, social or microinsurance, financial literacy training, apprenticeship trainings, and engagement in income-generating activities and value-chain development. Food, asset transfers, or in-kind contributions (such as transport to hospitals, police stations, or provision of specific household items) are only provided to the most vulnerable households. For youth who complete apprenticeships, a cost-share is often applied to enable a person to acquire start-up materials for the income-generating activity (ex. Program covers 30% of cost while beneficiary provides 70% of cost). The cost-share is employed to avoid creating dependency.
- 2. **Food security and Nutrition:** This component consists of engaging households in farmer field schools/junior farmer field and life skills clubs, urban horticulture and kitchen/back yard gardens, cooking demonstrations, nutrition education, and referral of children with malnutrition to health services.
- 3. Child protection and legal services: Community child protection services are mapped for each community, home visits are made to identify and refer child protection cases and to monitor the participation of families in various activities as well as to observe the home environment and provision of counseling and psychosocial services. Children's births are registered. Trainings are organized for teachers on the concept of creating safe schools; interactive learning sessions for children and their families are provided regarding child protection themes.
- 4. **Family strengthening and access to critical services:** Households are referred to critical services, such as health and nutrition services, engaged in parent and life-skills training, participate in community dialogues, receive psychosocial and mental health care services and children under 5 are engaged in early childhood development activities.

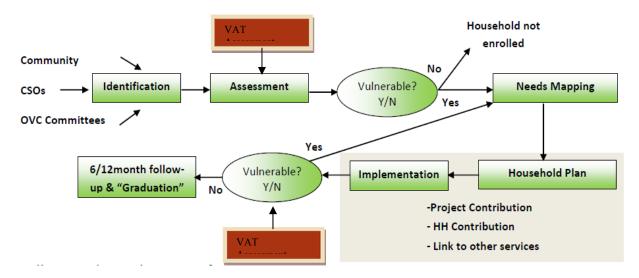
SCORE: Targeting Under the Microscope

Vulnerability Assessment Tool - Enrollment

Enrollment into the SCORE project is based on the household's Vulnerability Assessment Tool (VAT) score. The VAT builds on key programming areas of Orphans and Vulnerable Children (OVC) program run by the Ministry of Gender and Social Development of Uganda and also includes vulnerability criteria used by the SCORE technical advisors and consortium members.

Prior to implementing the VAT, community members and agencies (such as HIV/AIDS intervention organizations, local organizations serving vulnerable populations, etc.) are engaged and potential beneficiary households are referred to the SCORE team. These households are interviewed with the VAT. The VAT has a total of 32 questions and a household can score between 0 and 130 points, with 130 representing the most vulnerable. The SCORE team set a threshold that any household below 40 was not considered vulnerable and therefore not enrolled in the program. Households that fall within the target categories are enrolled into the SCORE program and are further segmented. Households that return scores of 40-52 are defined as moderately vulnerable and any household 54 and above are considered critically vulnerable. Please see flow-chart below.

Figure 1: Flow chart indicating the process of identifying a VC household and enrolling the household into an appropriate SCORE program



Source: Sustainable Livelihoods Support: SCORE's Graduation Model Explained. http://www.score.or.ug/uploads/SCORE_%20Graduation_%20Model_%20Explained.pdf

Following the VAT, a needs assessment is conducted with each household and a tailored plan is developed that will build on each family's specific resources and needs and will outline the combination of any of the 24 different activities each household can receive through the SCORE program. In short, each household will have their own map to lead them on a pathway out of vulnerability and poverty.

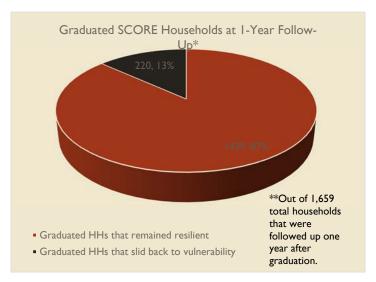
Vulnerability Assessment Tool - Monitoring and Evaluation

Twelve months later, the VAT is repeated with each household and scores are compared. If a household vulnerability score continues to be above 40, they continue with the program and a new household development plan is developed. If the household VAT returns a score of less than 40, they are considered "pre-graduated" but will continue with the program for an additional year. If at the second year's assessment they are still below 40, they will graduate from the program and no additional direct services will be provided, although they may continue with activities such as participation in VSLAs, etc. SCORE continues to follow graduated households to track their VAT scores. Those who maintain their "graduation status" are categorized as "resilient". A new beneficiary household

takes the graduated household's place in the program. If the "pre-graduated" household returns a score above 40, they remain in the program with an updated development plan.

In the first two years of implementation, the SCORE program reached over 22,000 beneficiaries; approximately half of them moved to a lower level of vulnerability during this time period. To date, SCORE has enrolled 29,616 vulnerable households across the original 35 districts in Uganda. More than 70 percent of households tracked with the VAT have transitioned to the "slightly vulnerable" category. Moreover, 23 percent have been graduated and an additional 34 percent of the current 9,199 enrolled households are in the pre-graduation stage. Following graduation of SCORE households, a follow-up assessment has shown 87 percent of graduated households were found to be resilient, while 13 percent had fallen back into the vulnerability category. See Figure 2.

Figure 2: Status of Graduated SCORE Households at 1-Year Follow-Up



Source: Rita Larok, Chief of Party, AVSI Uganda. 2016.

Lessons Learned

While the VAT was found to be a simple tool and facilitated the enrollment of thousands of people into the program, it also presented challenges. Training of the staff and enumerators who collected the VAT data required significant training to ensure they accurately filled out the forms. Forms require review for accuracy checks prior to them being sent to the headquarter SCORE team for review. Also, it was recognized that while the VAT can help assess vulnerability, it does not help a program understand the causes of the vulnerability and therefore other processes, like conducting a needs assessment with the household is necessary. SCORE team members are also remarked on the tradeoff between the survey length and the potential for errors and commented that identifying vulnerability "red flags" might be sufficient for determining enrollment. The trade-off of the shorter enrollment VAT form, however, would be less data for monitoring and evaluation purposes. This data could potentially be covered in the household needs assessments or from other touch-points with the household once they are enrolled.

Going forward

Now in its 7th year of implementation, the AVSI Foundation is continuing to offer the SCORE program to 23 districts across 5 regions (North, Central, East, East-Central and South-West) in Uganda. Preliminary data suggests that 86 percent of the 3,128 households who were pre-graduates in the last year are graduating this year from the program.

This case study heavily drew upon the following resources:

Graduation and Resilience Model. Sustainable Comprehensive Responses for Vulnerable Children and their Families project. (2016). Kampala, Uganda: AVSI Foundation. Available at: http://score.or.ug/themencode-pdf-viewer/?file=http://score.or.ug/wp-content/uploads/2016/08/SCORE-Project-Graduation-booklet-.pdf

Moret, W. (2014). Vulnerability Assessment Methodologies: A Review of the Literature. Washington, D.C.: FHI 360. Available at:

https://www.fhi360.org/sites/default/files/media/documents/Vulnerability%20Assessment%20Literature%20Review.pdf

Sustainable Livelihoods Support: SCORE's Graduation Model Explained. Kampala, Uganda: AVSI Foundation. Available at: http://www.score.or.ug/uploads/SCORE %20Graduation %20Model %20Explained.pdf

Rita Larok. (2016). AVSI Uganda. Personal communication.

FXBVillage Uganda Case Study

Background

About FXB

Francois-Xavier Bagnoud International (FXB) is an international development organization that works to create a world where everyone has a chance not just to survive but to thrive. FXB's mission is to provide the poorest of the poor families with the tools and support they need to become self-sufficient and give their children a future. Over its 27-year history of breaking the cycle of poverty, FXB has changed the lives of 17 million children, adolescents and adults in 20 countries.

About the FXBVillage Model

The FXBVillage Model is a comprehensive, integrated, time-bound, and sustainable methodology that helps people in vulnerable communities permanently escape extreme poverty. This methodology was first developed in 1991 by FXB, with input from experts at Harvard University. FXB currently operates 26 such programs in Burundi, China, Colombia, India, Mongolia, Rwanda, and Uganda. To date, 83,500 children and adults have been lifted out of poverty through the FXBVillage programs.

FXBVillage provides integrated support in nutrition, health, education, and housing to meet participants' immediate needs while building their income capacity to become economically self-sufficient. Instead of lending, FXB provides startup capital complemented by financial literacy training. This enables program participants to secure a portfolio of income-generating activities before accessing microcredit, which increases their potential to create sustainable livelihoods.

Each FXBVillage targets 80-100 households and offers them a package of health, education, and financial support over a three-year period. Beneficiaries are selected based on their relative poverty level, motivation to achieve program objectives, and if they have orphans or vulnerable children in the household. In year one, the program provides financial support to cover all of the households' needs, such as nutrition, health care, and the costs of children's education. In years two and three of the program, this financial support is scaled back to 75 percent and 50 percent, respectively to transition households to financial independence. Services sequenced over the three-year period include including HIV/AIDS prevention and access to Antiretroviral Therapy (ART), health and nutrition, water hygiene and sanitation, education, psychosocial support, family planning, food security, child rights, legal protection, and income-generating activities.

The goal of the FXBVillage Model is to support households impacted by HIV/AIDS with a comprehensive package of services such that they can meet their own needs and those of orphans and vulnerable children (OVC) in their care. This case study will focus on the FXBVillage Model implemented in Uganda.

FXBVillage Model Impact

Research conducted by the Oxford Poverty & Human Development Initiative in 2014 on the FXB Villages in Uganda highlighted that after participation in the program, beneficiary households are multi-dimensionally less poor than their peers, even three years after the program was completed. Beneficiaries also experienced improvements in housing and land ownership, savings, dietary diversity, and improved water sources.

In 2015, researchers from the University of Pennsylvania and Harvard University compared the status of 1,500 FXB beneficiary households from Rwanda and Uganda before and after program completion by sampling households surveyed as part of the national Demographic Health Surveys. The evaluation concluded that the FXBVillage programs induced marked improvements related to economic security, health, nutrition, access to safe water and sanitation, psychosocial wellbeing, participation, and educational resources.

FXBVillage Uganda: Partnerships Under the Microscope

Even though FXB Uganda is the implementer of the FXBVillage Model, with its staff carrying out program activities, partnership is a key component as well as driver of success of the FXBVillage Model. The main funding partners of FXB Uganda are the United States Government's President's Emergency Plan for AIDS Relief (PEPFAR) and USAID. Through their model, FXB worked closely with existing national, regional, and local services to provide or support aspects of the components of the graduation program, to avoid duplication of services as well as ensure that the provision of these services would be sustainable over time. This section will detail some program components as well as the actors that were involved in each component.

1. Health promotion and HIV services: This component includes the mobilization of weekly mobile health clinics by nurses to administer basic care to beneficiaries and to make medical referrals. Nurses also conduct group health education trainings for beneficiary households in year one, and then expand this education to the communities in years 2 and 3. They also provide health counseling (for example, for HIV/AIDS treatment adherence and family planning). Through local water use committees, newly constructed latrines and hand-washing stations are monitored. Water purification chemicals (PUR sachets) were provided to households as a strategy to control diarrhea and other water-borne illnesses and were provided through a partnership with Procter and Gamble's Children's Safe Drinking Water Initiative. PSI-PACE mobilized the supply chain agents for the PUR sachets in Uganda and managed the related awareness and training campaigns.

FXB Uganda also worked with government and private clinics and hospitals, the Baylor College of Medicine-Mulago, the Joint Clinic Research Center (JCRC), Nurture Africa, The AIDS Support Organization (TASO), the Infectious Disease Institute-Mulago, Namungoona Orthodox Mission Hospital, and Kyenjojo Health Center IV, and Reproductive Health – Uganda.

2. Education: FXBVillage program subsidizes children's education costs such as fees, tuition, supplies, uniforms. Staff monitor school attendance and performance and help vocational school graduates find employment or apprenticeships. To provide the education support, FXB partnered with the Ministry of Education of Uganda, local artisans, District Education Officers, local school management committees, and parent-teacher associations.

FXB also conducted child protection awareness sessions and coordinated with local authorities to protect children's rights. FXB Uganda trained child protection school clubs and Health Alert-Gulu in Uganda to build skills in implementing community child participation models – especially among children living with HIV/AIDS. Additional partners and collaborators included the Ministry of Gender, Labor and Community Development and National Council for Children, UNICEF, the African Network for the Prevention and Protection against Child Abuse and Neglect, Nurture Africa, Raising Voices, Child's i Foundation, and Bantwana Initiative. FXB collaborated with the Bantwana Initiative (World Education, Inc.'s initiative in Uganda that targets vulnerable children), for example, to understand community-based best practices on child protection as well as to collaborate together in Western Uganda to promote child protection using youth-led structures. Under the PEPFAR- and USAID-funded New Partners Initiative, FXB in turn built capacity in HIV prevention strategies of 23 other community-based organizations belonging to the Civil Society Network.

3. Business: Households are assisted in starting and expanding income-generating activities through provision of capital grants, in-kind resources, training (on basic financial management, budgeting, credit), and ongoing support. After the first year, households were assisted in forming informal saving and lending groups and linking to formal microfinance institutions.

To support the business component, FXB collaborated with Saving and Internal Lending Communities (SILC), HOFOKAM and BRAC in Kyenjojo as well as the Centenary Rural Development Bank and Uganda Micro-Credit Limited in Kampala.

Lessons Learned

While FXB took the lead on identifying and building the numerous partnerships listed above, the purpose behind these partnerships was to avoid duplication of efforts and to enrich the impact of the program on the beneficiaries. Memorandums of Understanding (MOUs) were critical for outlining how organizations would engage and collaborate, but prior to signing partnership agreements, FXB staff worked diligently to understand the integrity of the potential partners as well as their capacity to contribute to the partnership goals.

FXB staff also shared that it was and is necessary to also be prepared to end or say no to partnerships where the integrity of the partnership is at risk, in other words, when the partner roles and methods of work are not clear. Organizations should also not pursue and build partnerships with the goal of simply being part of a group to avoid compromising and affecting the programming. MOUs have to clearly articulate the following items:

- a) the type of partnership model
- b) the benefits that the partnership will provide to all parties in the partnership,
- c) the added value the partnership creates for the program,
- d) the funding agreement,
- e) how best practices will be shared,
- f) how resources will be coordinated,
- g) and how referrals will be made between the partners.

Going Forward

FXBVillage in Uganda is also a collaborator under the Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their Families Program funded by USAID. Managed by AVSI Uganda, FXBVillage has reached over 1000 additional households in Uganda since 2013.

This case study heavily drew upon the following resources:

Collins A, Fawzi M, Foëx JM, Kibaalya W, Ndayisaba D, du Ndayisaba A. (2011). Removing "Unfreedoms" and Decreasing Vulnerability in Economic & Food Security: Year 1 Results of the FXB-Village Network model in Rwanda and Uganda. FXB International. Available at: https://fxb.org/wp-content/uploads/2011/11/Removing-Unfreedoms-In-Economic-And-Food-Security.pdf

du Boisrouvrary A. (2015). FXBVillage: 2015 Toolkit and Planning Guide: A step-by-step guide to the proven FXBVillage methodology to eradicate extreme poverty in the developing world. FXB International. Available at: https://fxb.org/wp-content/themes/fxb-theme/assets/files/FXB Toolkit.pdf

New Partners Initiative – Round Three: Final Report. (2012). François-Xavier Bagnoud (FXB) USA. Available at: http://pdf.usaid.gov/pdf docs/PA00HRPZ.pdf

Chatterjee M. (2011). Approaches to Poverty Alleviation and Multidimesional Poverty: An Evaluation of the FXBVillage Model in Semuto, Uganda. Oxford Poverty and Human Development Initiative (OPHI). Oxford Department of International Development (ODID), University of Oxford

FXBVillage Model. (2016). FXB USA. Available at: http://usa.fxb.org/wp-content/uploads/FXBVillage_One-pager_English.pdf

Karina Weinstein and William Kibaalya (2016). FXB USA and FXB Uganda. Personal communication.

Massimo Lowicki-Zucca. (2016). World Education Inc.-Uganda/Bantwana. Personal communication.

O Harhay M, Fawzi M, Jeanneret S, Ndayisaba D, Kibaalya W, Harrison E, Small D. (2016). An assessment of the FXBVillage Program in Uganda and Rwanda. FXB USA. Available at: http://usa.fxb.org/wp-content/uploads/An-assessment-of-the-FXBVillage-Program-in-Uganda-and-Rwanda-Full-Analysis.pdf

Sample Client Monitoring System (CMS)

The following table is drawn from the CMS developed for the CGAP-Ford Foundation Graduation program pilots.

Date of data	Visit 1:	Visit 2:	Visit 3:	Visit 4: (Post-			
collection	(Baseline)	(Midline)	(Endline)	Program)			
Field Agent name							
Participant ID #							
Participant first name							
Participant last name							
Asset Status / Income Generation							
For each asset type:	<u>-</u>						
Number of assets							
provided by program							
Asset cost per asset (at							
beginning of program)							
Total asset number							
(now)							
Reason for change in							
number of assets (for							
example: livestock—							
birth of babies, bought							
new assets, death of							
assets, sale of asset)							
Amount of asset							
added/reduced for this							
reason							
If applicable, amount							
the last one was sold							
for							
Income generating							
activity from retained							
assets							
Average income							
generated from assets							
not sold (weekly)							
Other sources of							
income to household							
Income earned from							
each of this source							
(weekly)							

Date of data	Visit 1:	Visit 2:	Visit 3:	Visit 4: (Post-
collection	(Baseline)	(Midline)	(Endline)	Program)
	.1	Stipend Use	1	
Stipend frequency (for				
example: monthly vs.				
weekly)				
Last stipend amount				
received (local				
currency)				
Business activity (for				
each livelihood				
activity):				
Part of last stipend				
spent on this activity				
per week				
Stipend amount put				
into savings				
Activity of other				
stipends				
-	.1	Savings Behavior		l .
Types of savings				
(bank, savings group,				
credit union, at home,				
etc.)				
Amount of formal				
savings (bank, credit				
union, cooperative,				
etc.)				
Amount of				
withdrawals from				
formal account				
Reasons for				
withdrawals from				
formal account				
Amount of informal				
savings within the				
program (savings				
group, at home, etc.)				
Reasons for				
withdrawals from				
informal account				

Date of data	Visit 1:	Visit 2:	Visit 3:	Visit 4: (Post-
collection	(Baseline)	(Midline)	(Endline)	Program)
		Food Consumption	<u>1</u>	
(For each item below, in	dicate consumpt	ion by number per o	day)	
Starches (for example:				
potatoes, yams, yucca,				
etc.)				
Vegetables and fruits				
Lentils (for example:				
beans, daal, etc.)				
Meat/Fish/				
Poultry/Eggs				
Missed meals over last				
3 days				
- If so, why?				
, , , , , , , , , , , , , , , , , , ,	1	Social Changes		
Number of school aged				
children				
Number of school aged				
children in school				
Have members in your				
household been able to				
purchase more clothes				
than in the previous 3				
months?				
Are you attending				
more social events				
(marriages, funerals,				
etc.)				
Are you able to buy				
more presents?				
Have you purchased				
any household assets				
in the last 3 months				
(for example: fan,				
radio, mobile phone,				
etc.)?				
If so, what purchases				
have you made?				
Have you made any				
improvements to your				
house (for example:				
new walls, roofing,				
etc.)? If so, what have				
you done?				

Date of data	Visit 1:	Visit 2:	Visit 3:	Visit 4: (Post-			
collection	(Baseline)	(Midline)	(Endline)	Program)			
<u>Healthcare</u>							
Ailments/sicknesses in							
the household							
Treatments (for							
example: access to							
formal healthcare, or							
something else)?							
Amount spent on							
medicine							
Amount spent on							
doctor fees							
Amount spent on							
surgeries							
Treatments or							
Vaccinations for :							
(Name / Age of each							
Child / Adult)							
Antiretroviral							
Tetanus							
Measles							
Mumps							
Polio							
Other							

Notes:

Planning Worksheet for Post-Graduation Services

Please use the following table to plan for your discussions with possible partners in your Graduation Approach programming. Fill out the entire table to the best of your knowledge; your Graduation Approach program may not eventually provide all of the listed services or partner with all of the listed organizations. Work with your colleagues to fill in any missing information.

Services Needed by Beneficiaries	Possible Service Providers (for example: name of specific government agency, local NGO, INGO, CBO, etc.) or Your Organization or Not Applicable	Possible Responsibilities of Service Providers or Your Organization or Not Applicable
Continuing Education in Technical Skills		
Continuing Coaching in Life-Skills		
Health Services		
HIV/AIDS/ART Services		
Health Insurance Program		
IGA Insurance Program		
Legal Rights and Registrations Program		
Trade Organizations or Cooperatives		
Links to Community Participation		
Microfinance Services		
Credit Services		
Other:		
Other:		

Graduation Approach Ways to Reduce Possibility of Slipping Back

Please use this page to write down the ideas you, your table, and the whole group came up with for managing the risk of your beneficiaries slipping back into vulnerability and out of resiliency.

Draw a Picture of Your Beneficiary After Graduation

At the beginning of this workshop, you created a life history of your beneficiaries to keep in mind throughout these sessions. Because their beneficiaries often cannot articulate how their lives might improve, many Graduation Approach programs ask the beneficiaries to draw a picture of the lives that they will lead after they graduate. These pictures often feature newly cultivated land with many livestock and happy and healthy family members.

Now please use this page to draw a picture of your beneficiaries as you might have them do in order to picture their improved lives.

Example Assessments

Example Literature Review

Please refer to the example data sheet of a literature review.

Data Sheet: Literature Review

Population Pata Silvett. Effects	4,875,039
<u> </u>	4,873,039
Population under 15 years of age	5%
Population age 60+	
Median age	16.7
Population living in urban areas	53%
Total fertility rate (per woman)	5.3
Life expectancy at birth m/f	48 / 49
Mother's mean age at first birth	17.8
Under-5 mortality rate (per 1,000 live births)	760
Maternal mortality ratio (per 100,000 live births)	388
Adult HIV prevalence	8.6%
Adults living with HIV	190,400
Women living with HIV	102,000
Children living with HIV	41,600
Orphans due to AIDS ages 0-17	92,500
Deaths due to HIV/AIDS (per 100,000 population)	162
Deaths due to malaria (per 100,000 pop)	101
Deaths due to TB among HIV-negative people	54
(per 100,000 pop.)	
Major infectious diseases, degree of risk	Very high
Major infectious diseases, degree of risk	Very high Food or waterborne diseases: Bacterial
Major infectious diseases, degree of risk	
Major infectious diseases, degree of risk	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever.
Major infectious diseases, degree of risk	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue
	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever.
Stunting prevalence in children	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44%
Stunting prevalence in children Education expenditures (% of GDP)	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1%
Stunting prevalence in children	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51%
Stunting prevalence in children Education expenditures (% of GDP) Literacy	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1%
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14)	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5%
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% 35%
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% \$2,400 Lower
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification Population living below the poverty line	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% 35% \$2,400
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification Population living below the poverty line Total expenditure on health per capita	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% 35% \$2,400 Lower 55% \$144
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification Population living below the poverty line	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% \$2,400 Lower 55% \$144 7.1%
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification Population living below the poverty line Total expenditure on health per capita Total expenditure on health as % of GDP Drinking water source: Improved (urban/rural)	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% 35% \$2,400 Lower 55% \$144 7.1% 88%/54%
Stunting prevalence in children Education expenditures (% of GDP) Literacy Child labor (ages 5-14) Gross national income per capita World Bank income classification Population living below the poverty line Total expenditure on health per capita Total expenditure on health as % of GDP	Food or waterborne diseases: Bacterial diarrhea, hepatitis A and typhoid fever. Vector-borne diseases: Malaria, dengue fever and yellow fever. 44% 3.1% Male: 51% Female: 29.5% \$2,400 Lower 55% \$144 7.1%

Example Situation Analysis: Social and Resource Mapping

- Objective: To gain a better understanding of the geographic spread, natural resources, access to infrastructure and the dynamics of inclusion/exclusion from development and decisionmaking.
- Materials/Preparation: flipchart paper, colored pens or markers, tape. In Tanzania and Uganda, the team found a large space for the mapping, sticks to draw into the earth for the map, idea cards, markers, stones and other materials to hold idea cards in place. Throughout discussions, it is important to note who says what:
 - o Are there certain questions answered by one gender or the other?
 - o Are there particular participants who are dominating the conversation?
 - o Is there disagreement among members about the mapping? What interests do they represent?
- Participants: Members from across the community (young and old, women and men, different ethnic groups, etc.) In some cases, teams conducted separate maps with groups of men and groups of women. This helps bring in both perspectives of the social map, and outputs can be corroborated during data analysis.

Steps

Following introductions, the facilitator asked participants to draw an approximate sketch of their community map (or from a bird's eye view). In the map area, participants drew all resources within the community. This may include:

- Roads
- Houses
- Health facilities or schools
- Religious buildings or leaders
- Water sources or sanitation facilities
- Markets, factories or quarries
- Rivers, community forests, fields or oxen
- Midwives, social workers, doctors, teachers, etc.

For each household in the map, the research team worked with participants to mark the names of household heads, the number of people within the household as well as the number of working individuals within the household.

• **Probe** → Does everyone in the community have a household? Is there homelessness? Domestic workers?

Once the community was sketched, the facilitator asked the teams to mark where different groups in the community live: the wealthy, formal and informal leaders, laborers, religious groups, ethnic groups, clans, pastoralists, settlers, labor groups, immigrants, polygamous households, sex workers, etc.

After returning from the community, research teams worked to reconstruct the map on paper, using various colored stickers or symbols to label key community resources and household characteristics.

During analysis, teams discuss:

- What are the resource (physical and human) patterns that have been mapped?
- Which neighborhoods have less resources and which have more?
- Is there a correlation between human resources (powerful persons) and apparent resource allocation?
- Can you identify well-off neighborhoods and the poor ones? What is different about these?
- Is there a core part (the oldest part of the community)? Who lives there?
- Who are the people who live at the margins?
 - **Probe** → What are their characteristics (occupation, ethnicity, religion, date of arrival to the community)?
 - $Probe \rightarrow$ Are there any values, beliefs that explain this?
- Are the residential patterns different in the areas that are better off, as compared to those that are not?

If you have done more than one social map, you can compare the maps of different communities, those that are better off, with more resources and a larger number of powerful persons.

• What does it tell you about the larger locality?

The individual household cards were saved for well-being analysis and other subsequent exercises.

Source: CARE Gender Toolkit

Please see the next page for an example data sheet of a situation analysis.

Data Sheet: Situation Analysis

Vulnerable children	•
No. of vulnerable children	349,000
Under 5	121,000
5-9	98,000
10-14	86,000
15-17	44,000
School attendance rates	
Primary	Girls: 78%
	Boys: 88%
Secondary	
	Girls: 34%
	Boys: 63%

Who else is working in the area?

- UNICEF: OVC policy work, support to local social welfare centers
- Save the Children: OVC care, including IGAs for caregivers
- About 25 local CBOs providing widely varying degrees of support for vulnerable children
- An international NGO did some financial management training but left during the political crisis without ever launching any other activities.

Focus-group discussion findings

- Women say that gender-based violence has always been a major problem in this area.
- Women say traditional chiefs are not open to listening to their problems.
- Men say that girls do not need to go to school beyond primary school; it is more important that they help around the house and in the fields and marry.
- Many young men and even young women are leaving for cities or going abroad because of a lack of employment opportunities.
- Men typically spend their time doing casual labor, livestock rearing and charcoal burning and very little on household- and family-related needs. They dedicate considerable time to leisure activities. As expected, household-related chores consume much of women's time with less spent on income generation. Women have no leisure time.
- Women's priorities for spending potential cash assistance are focused on basic family needs, particularly on food, clothes, education and health, while men are likely to prioritize livestock purchase alongside family needs. And men are more likely to invest in personal pleasures including alcohol, eating out or luxury items.
- Concerning the daily use of money, women are used to making independent decisions. They are in charge of purchasing household goods from markets. About 50% of women own mobile phones and use them for communication and money transfers.
- Some focus groups feared that economic assistance programs, especially cash transfers, would lead to increased domestic tensions (between men and women) and community tensions (jealousy from non-beneficiaries). About half of participants feared exclusion from traditional safety nets (in other words, in-kind support from the community).

Example Household Livelihood Assessment: Coping Strategies Index

Figure 5. CSI: UNRWA—West Bank Palestine

Did you(read coping strategy)during the last month? رتب خلال الشهر الماضي البنود وفق المعادلة اعلاه (استراتيجية التكيف من 0–7)	1. Every day (f=7)	2. Most days (f=5)	3. Half the time (f=3.5)	4. Several days (f=1.5)	5. Never (f=0)
Consume less quality & variety of food استهلاك غذاء أقل نوعية وتنوع					
 Reduce the meal of adults in favor of children تقليل وجبات البالغين لصالح الاطفال 					
 Limit the portion of meal for all household members تقليل كمية الوجبة لكافة اعضاء الاسرة 					
 Reduce number of meals per day تقلیل عدد الوجبات 					
 Purchase food on credit شراء طعام بالدین 					
6. Send children to eat elsewhere ارسال الأولاد للاكل في مكان اخر					
7. Send children to work for food ارسال الاولاد للعمل من اجل الغذاء					
8. Regrouping of family members to save money الأكل الجماعي لتوفير المال					
9. Depend on aid from family and friends الاعتماد على المسعدات من الاهل والاصدقاء					

Please see the next page for an example data sheet of a household livelihood assessment.

Data Sheet: Household Livelihood Assessment (sample of 100)

	Average					
Number of people living in household						
Marital status of household head						
 Single 						
 Married 	30%					
Divorced	4%					
■ Widowed	31%					
Number of household members who have never attended school						
Number of rooms that household members occupy, not including bathrooms, toilets, storerooms, and garages?	2.4					
The floor of the main dwelling is predominantly made of:						
■ Sand	11%					
Smooth cement	27%					
■ Tile	12%					
 Smoothed mud 	38%					
■ Wood	5%					
■ Other	7%					
What kind of toilet facility does your household use?						
Flush toilet	5%					
 Traditional latrine with roof 	27%					
 Ventilated, improved latrine 	18%					
 Traditional latrine without roof 	35%					
■ None	16%					
Electricity working in dwelling	23%					
Household owns a bed	63%					
Household owns an iron for pressing clothes	55%					
Household owns a tape player, CD player, or HiFi	32%					
Household owns a bicycle	23%					
Someone in household cultivated a garden in past year	41%					
Household member raised or owned livestock or poultry during past 12 months	24%					
Household members raised goats during past 12 months	17%					
How many goats does your household own at present?	2.4					
Number of meals, on average, per day						
Percentage of HHs living below national poverty line	1.9 69.3%					

Example Gender Analysis: Intra-Household Decision-Making

- Objective: To understand how decisions are made around resources and strategies women use to influence men's decision-making.
- Materials/Preparation: Interview checklist based on relevant literature and discussions with field staff and partners familiar with the local context. Teams should also discuss the translations for 'power' and 'empowerment' to be used with respondents.
 If time permits, interviews should be piloted and adjusted before the study itself, and adapted for interviews with men. To prepare staff for research, teams also conducted mock interviews during CARE Bangladesh's SII.
- <u>Participants</u>: Men and women across age, household composition, ethnicity and well-being groups in individual interviews.

Steps

Research pairs conducted semi-structured interviews and used key personal events in women's lives (i.e. education, dowry, marriage, work/income for both women and their daughters) as the basis for discussing decision-making, women's interpretation and use of power.

Education

- How much education of self/spouse? Literacy?
 - o **Probe** \rightarrow Why did(n't) you go to school?
- Education of children? Education plans for boy children? And for girl children?
 - o **Probe** → Barriers? Factors preventing education?
- In your opinion, why is education important?
- Without education, where do you see the future of your children? Why?
- With education, where do you see the future of your children? Why?
- In your family, how is the decision made whether children go to school or not?

Marriage

- When were you married and tell me about the circumstances. (Your age and that of your spouse; who made the decision; bride-price)
- What are you planning/what happened for your children? (same kind of ideas as above).
 - o $Probe \rightarrow (if different)$ Why was this different?
- Do you practice any form of birth control? What kind? Is this a collective decision with your husband/partner? Or a personal decision?
- [if polygamous 1st wife]: Were you consulted in the second marriage? How has your life changed since the arrival of a new wife? /
- [if polygamous man]: Did you consult your 1st wife in your second marriage?
- [if inherited/widow]: Please share with us the circumstances after your husband's death.
- [if divorced/living with partner/abandoned/FHH]: Please share with us the circumstances of your . Probe about: social support, stigmatization, etc.

Gender roles in the household

• What is your responsibility inside the household (i.e. cooking, childcare, domestic duties, crop processing)? Was it the same for your mother or different?

• What are the responsibilities of your spouse or partner? Was it the same for your father or different?

Decision-making

- Mobility
 - o How far away is your original family?
 - o How often do you visit your birth village? And how often are you free to go?
 - o [for *women*] What is the farthest you have been away from your home? And with whom?
 - Are you free to go anywhere or do you have to consult first? What are the circumstances (doctor, visiting family, visiting friends, markets)?
- Assets and income
 - o Are you a member of a VSLA group? IF yes, how much do you contribute on a weekly basis? Have you taken any loans and how did you spend the money?
 - o [for women] Do you earn any cash income?
 - o [for women] Do you own any assets? (livestock? Goats? Ducks? Chickens?)
 - o [for *women*] Do you own land? Do you rent land in? Do you cultivate any land where the crop is yours? Is there any petty trading? (i.e. burning charcoal)
 - o [for *women*] Do you ever have money of your own where you can decide how to spend it?

Conclusion

- When have you felt most in control of your life? When have you felt least in control of your life?
- Who is your Role Model? And why?

As preparation, a mock interview between a researcher and a field facilitator was observed by the other facilitators who then carried out the interviews. For interviews, women interviewed women and men interviewed men.

Source: CARE Gender Toolkit

Please see the next page for an example data sheet of a gender assessment.

Data Sheet: Gender Assessment

The situation of women and girls in the Western Region is not encouraging. The total fertility rate of 6.3 is one of the highest in the world, especially among adolescents (over 147 births per 1,000 for girls ages 15-19). Contraceptive prevalence for women 15-49 is only 23.7%. Regarding nutrition, 38% of children under 5 are stunted; 16% are underweight; and 6% are wasted. Half of women and 75% of children under 5 years are anemic. In education, attendance rates in primary school are 88% for boys and 78% for girls, dropping to 63% and 34%, respectively, in secondary school.

Women make up only 31% of local government councilors. Women continue to be underrepresented in public service, holding only 17.4% of the top civil-service ranks.

Domestic and gender-based violence (GBV) is common and often accepted as the norm by both men and women

Women make up the bulk of the labor force in staple and horticultural crop production; 70% of all smallholder farmers are women, and women produce 90% of the region's total food production and 50% of total cash crop production.

The norm is for women to be involved in primary production and for men to be involved in marketing of the product, and subsequently control of income. Several key constraints impact women's productivity and profitability, such as access to land and credit, lack of supporting infrastructure, and the time burden experienced by women.

Men make up 88% of the formal labor force and out-earn women by a significant margin. Unemployment rate among women is higher than for men, and more than double that of men in urban areas. Women account for 80% of all unpaid workers. Female business owners face a difficult market, with several barriers to entry, including a complex and lengthy process of registration, poor access to credit, and challenges in access to land tenure and property rights.

The government has identified the following constraints on women's economic empowerment:

- Lack of access to and knowledge about credit
- Lack of rights to property
- Discriminatory or prejudicial attitudes toward women's entry into certain occupations
- Heavy workloads
- Lack of education, especially in management, business development and technology
- Lack of access to improved technologies

Opportunities to address these gender disparities could include promoting micro and small enterprises (including smallholder farms) and improving rural roads. Programs should place increased focus on the role of women in the household decision-making process, especially regarding the use and distribution of resources. One expected outcome could be to integrate vulnerable households into the modern economy and transition them from subsistence production, including improving household nutritional status via small livestock and vegetable gardens and connecting households to other service providers. Such efforts would change the gender dynamics and empower women.

Example Market Analysis: Key Market Analysis Questions

- 1. What are the main sources of employment and livelihoods within the community? Is employment concentrated in a particular industry or sector(s)?
- 2. What and where are the promising market opportunities? For example, in the agricultural sector, which value chains (for example mahangu or maize) and/or other products made, produced or processed within the community can provide a source of livelihood for poor households?
- 3. Who are the main local producers, their main products, and what types of suppliers exist?
- 4. What economic activities or industries within the area have growth potential and what upgrading/support would be needed to make them relevant for poor households and vulnerable children as a source of jobs/self-employment or as a source of better cost/quality goods and services?
- 5. What are potential opportunities and constraints for these industries to grow and to be more relevant to the income earning or consumption needs of poor households?
- 6. Of all of the constraints to increasing incomes, especially for vulnerable children in the community, which are the most important and which can be fixed first?
- 7. Are there any business associations (of either consumers or suppliers) with whom we should communicate or form partnerships?
- 8. What are the main marketplaces within the community? Are they buildings in a developed shopping area, open air in a central market, road side, grocers, etc.?
- 9. How do most people travel within the community (type, cost, reliability)? How do they access other communities?
- 10. Which funders/programs focus on market orientated programming?

Source: Economic Strengthening for Vulnerable Children: Resource Guide, LIFT

Please see the next page for an example data sheet of a market analysis.

Data Sheet: Market Analysis

The Western Region of Cote Tanzibia is heavily dependent on agriculture and related activities, which engage roughly two-thirds of the population. The region is a significant producer of coffee and palm oil, much of it for the export market. GDP composition, by sector of origin:

- Agriculture: 55.9%Industry: 21.9%Services: 23.1%
- Agriculture products: Coffee, bananas, palm kernels, corn, rice, cassava (manioc, tapioca), sweet potatoes, sugar, cotton, rubber; timber
- Industries: Foodstuffs, beverages; wood products, truck and bus assembly, textiles, fertilizer, building materials, electricity
- Industrial production growth rate: 1.4%
- Labor force, by occupation:
 - Agriculture: 68%
 - Industry and services: 29%
- Unemployment rate: 45%
- Population below poverty line: 55%
- Airports with paved runways: 0
- Airports with unpaved runways: 4
- Roads: 6,996 km (754 km paved)

The Western Region has the lowest development indicators and the highest incidence of poverty in Cote Tanzibia. Poverty rates are highest among female-led households. The over-riding challenge is to ensure food security in drought-prone environments. Households that are not reliant on food-aid distributions spend as much as 70% of their income on food. Food availability in markets is highly seasonal and is dependent on both the seasonal production cycles and climatic conditions and transport conditions.

Access to credit is low (15%-20% of traders), which also hinders the capacity to increase supply.

Study findings indicate that cassava chips for animal feed is the sector with most potential for growth within the next 5 years. There is enormous demand potential. Challenges include weak organizational capacities of producers, lack of commercial skills, under-utilized value-added technologies, poor market linkages, and poor access to credit facilities.

There are two main platforms for social payments in the Western region: mobile money transfers and bank accounts supported by bank agents. Some 800,000 residents access mobile payments, and there are 1,500 mobile payment agents and 1,200 bank agents throughout the region. However, significant operating challenges still exist, including intermittent signal coverage, security, and liquidity management.

The need for credit is seasonal as households' peak expenditures are typically driven by school fees and intermittent medical expenses. There remains a culture of predominantly informal use of financial services; most residents have not yet interacted with any formal financial institution.

Focus-group participants want essential financial services nearby so they can both save and withdraw money.

Example Cost Assessment: Freedom from Hunger Cost Assessment Methodology

An excerpt from "Show me the Money: Cost and Revenues of Youth Savings and Financial Education Services Offered by Credit Unions in Mali and Ecuador."

Methodology

To address the research questions, Freedom from Hunger analyzed the experience of the partner organizations. This analysis involved collecting data, creating financial projections and applying an analytical framework developed by CGAP for use in building a business case for youth savings.

1. Collecting data.

Two types of data were collected with the help of the three organizations:

- a. We gathered financial data by interviewing key staff and examining management information system (MIS) reports and financial statements. We focused on cost and revenue data to measure the marginal direct costs specifically related to the implementation of savings with education. This included both a percentage of staff time and institutional costs subsidized by Freedom from Hunger. To the extent possible, we excluded indirect costs. We also included the investment costs incurred by each partner in developing the product, allocating costs based on staff time spent in this effort. Costs pertaining to the use of mobile electronic devices by Cooprogreso and San José were not included in this report.
- b. We gathered qualitative data through interviews and focus-group discussions with management, field agents and clients in both Mali and Ecuador. We asked management about their commitment to and future plans for serving youth clients. We asked field agents about how they allocated their time between promoting youth savings and promoting education and about the potential for cross-selling products to youth and their relatives. Finally, we asked young clients about their experience with savings with education. The qualitative data provided deeper insights into the implementation of the service, which significantly informed the development of the assumptions that underlie the financial projections.

2. Financial projections.

To evaluate how the service might evolve for each partner, we built financial projections through 2018. We began by developing a set of assumptions in collaboration with each organization. We based the assumptions on the organizations' actual performance to date, an assessment of management plans for and commitment to continuing the service, and each organization's expectations of future growth and of how the service will evolve. Where estimates were sketchy, particularly in the area of cross-selling, we supplemented them with findings from quantitative research conducted by Freedom from Hunger in Mali and Ecuador. Freedom from Hunger developed operational and financial projections for 2014–2018, incorporating growth estimates provided by the organizations, and applying the assumptions noted above.

3. Analysis.

The analysis uses the framework developed by CGAP for building a business case for youth savings. The CGAP framework suggests four categories of levers or drivers influencing FSPs interested in providing a savings service aimed at the youth market:

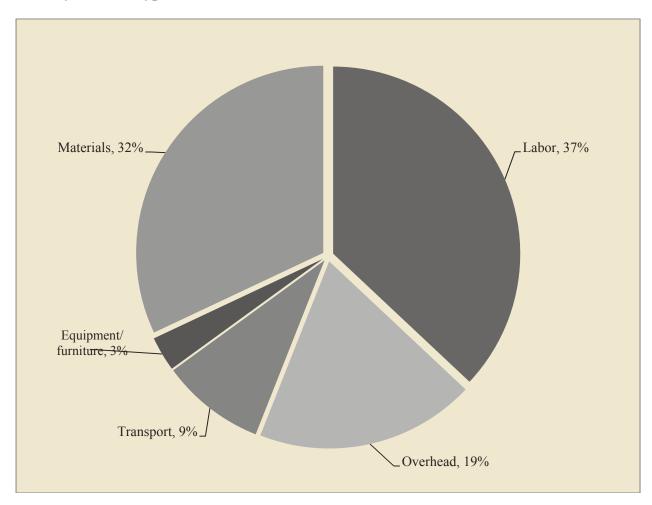
- Market-level levers
 - o Macroeconomic factors, such as higher per capita GDP growth achieved by including more youth
 - o Demographics
 - o Financial market depth and access, such as the rate of adult savings, and the correlation of youth savings with use of ATMs
 - Regulatory enabling environment, such as restrictions on account ownership by minors
- Institutional levers
 - o Opportunity costs, such as the reduced focus on more profitable markets or services
 - o Institutional "muscle," or depth of staffing and resources, which is linked to scalability
 - o Time horizon, because gains are likely only in the longer term
 - o Commitment to social responsibility, which is associated with the institution's brand, and which may help offset some degree of financial limitation
- Segment-specific levers
 - o Children
 - Youth students
 - Youth workers
- Profitability drivers
 - Marketing, considering the costs of recruiting young clients now compared with the
 potentially greater cost of luring them away from another FSP as adults, and factoring
 in the value of providing a social good
 - Products, recognizing the cost of developing new products versus the relatively low cost of funds available from youth savings
 - o Operations, reflecting the added costs of outreach
 - o Delivery, such as using schools as a channel for delivering the service
 - o Risk, particularly if potential cross-selling will include lending to the youth market, whose credit risk may be greater than that of adults

Please see the next page for a data sheet of an example cost analysis.

Data Sheet: Cost Analysis

Intervention	Minimum cost per beneficiary	Maximum cost per beneficiary
Savings and loan groups	\$138	\$185
Cash transfers	\$115	\$235
Food transfers	\$89	\$349
Income-generating activities	\$24	\$497
Skills training	\$204	\$628
Job creation	\$188	\$474
Food security/nutrition	\$104	\$302
Microinsurance	\$153	\$252
Legal services	\$43	\$175
Business loans/microcredit	\$296	\$1,103
Market linkages	\$387	\$704

Costs by resource type



Example Child/Caregiver Well-Being Assessment: OVC Well-Being Tool

			CHILD STATE	US INDEX (CSI)		
	1 — FOOD AND NUTRITION		2 — SHELTER AND CARE		3 — PROTECTION	
DOMAIN	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal Protection
GOAL	Child has sufficient food to eat at all times of the year.	Child is growing well compared to others of his/her age in the community.	Child has stable shelter that is adequate, dry, and safe.	Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.	Child is safe from any abuse, neglect, or exploitation.	Child has access to legal protection services as needed.
Good =	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair =	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.
Bad =	Child frequently has less food to eat than needed, complains of hunger.	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/ her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad =	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.
DOMAIN	4 — HEALTH 5 — PSYCHOSOCIAL		YCHOSOCIAL	6 — EDUCATION AND SKILLS TRAINING		
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work
GOAL	Child is physically healthy.	Child can access health care services, including medical treatment when ill and preventive care.	Child is happy and content with a generally positive mood and hopeful outlook.	Child is cooperative and enjoys participating in activities with adults and other children.	Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.	Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.
Good =	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.
Fair =	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad =	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.
Very Bad =	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age- appropriate productive activity or job. Infant or preschooler is not played with.

Public Domain: Developed by the support from the U.S. President's Emergency Fund for AIDS Relief through USAID to Measure Evaluation & Duke University.

O'Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008

Please see the next page for a data sheet of an example assessment.

Data Sheet: Assessment and Tracking of Child/Caregiver Well-Being

Child (sample of 100)	Average
1. Child frequently has less food to eat than needed, complains of hunger.	36%
2. Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	41%
3. Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	29%
4. Child has no consistent adult in his/her life that provides love, attention, and support.	19%
5. Child is neglected, given inappropriate work for his/her age, or is clearly not treated well in household or institution.	21%
6. Child has no access to any legal protection services and may be at risk of exploitation.	25%
7. Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	55%
8. Child is disobedient to adults and frequently does not interact well with peers, guardian or others at home or school.	24%
9. Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	18%
10. Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.	15%

Caregiver (sample of 100)	Average
1. Sex of primary caregiver	F: 91%
2. Age of primary caregiver	49.3
3. Education level of primary caregiver	None: 32%; Primary: 59%; Secondary: 9%
4. Marital status	Single: 22%; Married: 44%; Divorced:
4. Marital Status	3%; Widowed: 31%
5. Employed outside the home	24%
6. Are you paid in cash or kind for this work or are you not paid at all?	Cash: 32%; In kind: 28%; Not at all: 40%
7. In the past 4 weeks, was there ever no food to eat of any kind in your household	Yes: 42%
because of lack of resources to get food?	1 CS. 42/0
8. How many times did this happen?	Rarely 67%; Sometimes 24%; Often 19%
9. In the past 4 weeks, did you or any household member go to sleep at night hungry	Yes: 53%
because there was not enough food?	1 68. 33/0
10. How many times did this happen?	Rarely 72%; Sometimes 14%; Often 14%

Graduation Approach Planning Worksheet for Analyses & Assessments

Based on your own experience and research as well as your review of the example assessments and data sheets on the previous pages, please use the following table to plan for your Graduation Approach program. Fill out the table **based on your program's possible needs**; you do not necessarily need to complete every cell in the table. Work with your colleagues to fill in any missing information that you will need for planning your program.

Information Needed	Possible Resources (for example: specific analyses, assessments, documents, databases, interviews, surveys, questionnaires, etc.)	Possible Resource Providers (for example: name of specific government agency, local NGO, INGO, CBO, etc.)
Population density and		
demographic profiles		
Food security levels		
Geographic terrain of target region		
to aid in planning possible livelihood provisioning		
Overview of market access in		
possible value chain (including but		
not limited to vitality of local		
markets, distance, time and cost of		
travel to closest town, road		
conditions, public transport access)		
Suitability of possible livelihood		
opportunities (based on skills of		
possible beneficiaries and the local		
geography including weather conditions and availability of water		
and fodder)		
Level of access to formal or semi-		
formal financial services		
Level of access to healthcare or		
HIV/AIDS care providers		
Possible services that may be		
needed (beyond consumption		
support, livelihood provisions, or		
financial inclusion programs) by the beneficiaries in order to ensure		
graduation (for example,		
healthcare, adequate housing, or		
veterinary services for livestock)		
and capacity of lead implementer or		
program partners to provide this		
Potentially complimentary		
government social protection		
interventions and NGO activities		
Local private sector income-		
generating and employment activities		
Local power structures and		
conflicts		
Possible political instabilities and		
macro-economic factors or shocks		
(food crises, wars, inflation, etc.)		

Sample Standard and Illustrative Indicators

This list is illustrative, not exhaustive. As standard practice, data should be disaggregated by sex, age and socioeconomic status.

Core OVC Program Impact Indicators (Draft) Measure Evaluation, August 2014

Child well-being (CW) indicators			
Indicat	or	Suggested survey question	
CW.I	Percentage of children who are malnourished	 6-59 months old (<5 years): measurement of middle-upper arm circumference (MUAC) ≥60 months old (5+ years): measurement of weight and height (note: new guidance on use of MUAC for older children is expected) 	
CW.2	Percentage of children <5 years with recent diarrhea	Has the child had diarrhea in the 2 weeks preceding the survey?	
CW.3	Percentage of children <5 years with recent fever	Has the child had a fever in the 2 weeks preceding the survey?	
CW.4	Percentage of children who are too sick to participate in daily activities	At any point in the last 2 weeks, have you/has the child been too sick to participate in daily activities?	
CW.5	Percentage of children >2 years reporting irregular food intake	Have you/has the child gone a whole day and night without eating in the last 4 weeks?	
CW.6	Percent of children 1-5 years fully immunized	Do you have a card where [NAME's] vaccinations are written down? Has [NAME] received?	
CW.7	Percentage of children with basic shelter	Is the place that you/the child slept last night protected from the weather?	
CW.8	Percentage of children between ages 10 and 17 years reporting basic support	 Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? Do you have someone in your life to help with daily chores if you were sick? Do you have someone in your life that shows you love and affection? 	

Child well-being (CW) indicators				
Indicat	or	Suggested survey question		
		Do you have someone in your life to do something enjoyable with?		
CW.9	Percentage of children who have a birth certificate/identification card	 Does the child have a birth certificate or registration/ID card? Could you please show me [NAME's] birth certificate? 		
CW.10	Percentage of children >5 years currently enrolled in school	Are you/is the child currently enrolled in school?		
CW.II	Percent of children >5 years regularly attending school	During the last school week, did you/the child miss any school days for any reason?		
CW.12	Percent of children >5 years progressing in school over time	What grade are you in now?What grade were you in during the previous school year?		

House	Household well-being (HW) indicators				
Indicator		Suggested survey question			
HW.I	Percentage of households in which caregiver reports basic support	 Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? Do you have someone in your life to help with daily chores if you were sick? Do you have someone in your life that shows you love and affection? Do you have someone in your life to do something enjoyable with? 			

House	Household well-being (HW) indicators			
Indicat	tor	Suggested survey question		
HW.2	Percentage of households able to access money to meet important family needs	 Did your household incur any food-related expenses in the last four weeks? If yes: Was your household able to pay for these expenses? If yes: Thinking about the last time you bought any food for eating or cooking, where did the money come from? Did your household incur any school-related expenses in the last 12 months? If yes: Was your household able to pay for these expenses? If yes: Thinking about the last time you had to pay for any school-related expenses, where did the money come from? Did your household incur any unexpected household expenses, such a as a house repair or urgent medical treatment, in the last 12 months? If yes: Was your household able to pay for these expenses? If yes: Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from? 		
HW.3	Percentage of households that are food insecure due to lack of resources	In the past 4 weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?		

Sample child-level outcome indicators

From Guidance for Orphans and Vulnerable Children Programming, PEPFAR, 2012

Percentage of children who have completed immunization

Percentage of children who are malnourished

Percentage of children with a birth certificate/identification registration

Percentage of children demonstrating attachment with a primary caregiver

Percentage of children enrolled in school, attending regularly, and progressing to next grade

Percentage of children tested for HIV and % of HIV-positive children on treatment

Percentage of children with basic shelter

Percentage of children who are inactive/withdrawn or disobedient/aggressive

Percentage of children able to reach developmental milestones

Illustrative Core Indicators to Measure Impact on Well-Being

From Economic Strengthening Programs for HIV/AIDS-Affected Communities: Evidence of Impact and Good Practice Guidelines, PSP-One, 2009. http://pdf.usaid.gov/pdf_docs/PNADP184.pdf

Indicators for illness, nutrition, well-being, psychosocial, coping abilities to absorb econ shocks

Health status

What is the health status of the individual (or household, if the interviewer is asking at the household level)?

- Percentage of individuals/households reporting health status as (fair, poor, good or excellent).
- Percentage reporting illness in past 4 weeks.
- Percentage reporting illness (cough, stomach pain, fever) in past 4 weeks who saw a health care provider (by type).
- Percentage reporting illness that limits activities in the past 4 weeks.
- Percentage reporting long term/chronic illness (more than I month in past year arthritis, chest pain, TB, asthma, HIV/AIDS, or other chronic illness).

Is the person's health sufficient to carry out productive work (or school attendance if the individual is of school age)?

- Percentage of individuals reporting having an illness stop normal activities in the past year (for I day, 7 days or another specified time).
- Percentage reporting illness in past year that required someone else to stop activities to provide care.
- Percentage reporting having difficulty walking 5 km (unable, very difficult, somewhat difficult, no difficulty) currently or in past year.
- Percentage reporting having difficulty sweeping the floor (unable, very difficult, somewhat difficult, no difficulty) currently or in past year.

Can the individual afford to spend and sustain spending (if needed) on health care? in the past 6 months (or choose a "significant day/event" to serve as a marker to aid recall):

- Percentage who sought care from (gov't./private hospital clinic, traditional healer, relative/friend, community health worker, herbalist, grocer, faith healer, other, none) for last illness.
- Percentage reporting NOT seeking care at last illness due to the following factors: (illness not serious, or no time, no money, no transport, hospital/health center far away, did not want treatment, clinic is too crowded, no one can help, other).
- Percentage of those purchasing medicine (antibiotic, over the counter pain killer, ART, Quainine/Fansidar for malaria, etc.) to treat the last reported illness in which medicines were needed.
- Percentage adhering to ARV regimen (or other necessary medicine, for instance) to sustain the person's health in the preceding 6 months.
- Percentage reporting health expenditures (clinics, medicine, transport costs, pharmacy, etc.) in response to the last illness.

Nutritional status

Is nutrition being improved or sustained (assumes baseline survey was conducted)? Period of recall can be a month for the self-reported indicators.

- Percentage with anthropometric measurements that indicate that household members (and children in particular) are underweight.*
- Percentage stunted or wasted (most appropriate with children under the age of five). **
- Percentage having eaten (0, 1, 2, 3, 4) meals yesterday.
- Percentage reporting insufficient food for (0, 1, 2, 3, 4, 5, 6, 7, 8, 9+) days during the past month.
- Percentage reporting (too full, satisfied, somewhat hungry, hungry) generally after meals.
- Percentage reporting eating (cereals/grains, roots, beans/nuts, vegetables, meats/fish, fruits, cooked food, milk products, sugar, beverages, spices).

Mortality indicators

(Acknowledge that these questions may be difficult for the household to answer, allow option not to answer).

- Percentage of households reporting that any child or adult has passed away during a specified period.
 - If yes, tally the name and relationship to the head of household of the individual who died, as well as length of illness prior to the death (days, weeks or years). If possible probe for the cause of death: heart attack/stroke, cancer, HIV/AIDS, TB, pneumonia/other respiratory illness, stomach/diarrhea illness, malaria, meningitis, other, unknown.

Psychosocial indicators

Psychosocial status is generally better assessed through qualitative research. Even if researchers use a standardized scale (such as those listed below), qualitative formative research is critical to gather contextually relevant understanding of psychosocial dynamics.

Each sub-group will have very different responses, and they must be culturally appropriate. Emotional health can be expressed behaviorally, through physical health, self-perception/self-esteem, and overall functioning.

Children's Proxy Indicators. Behavior, hygiene, cleanliness, nutritional status, functional status (do they function and behave and have cognition at age-appropriate levels?). Examples of standardized scales for assessing children's psychosocial state include the Child Behavior Checklist (Achenbach System of Empirical Assessment, http://www.aseba.org/support/SAMPLES/PreschoolCBCLSample.pdf). This checklist is referenced as an example only. Any psychosocial evaluative behavior checklist would require local adaptation that is rigorously evaluated, pre-tested and translated for local context.

Elderly and Adults: General Health Questionnaire (12–60) (Global Health Questionnaire examples: http://www.gl-assessment.co.uk/health and psychology/resources/general health questionnaire/general health questionnaire.asp?css=1). Medical Outcomes Study, Short Form-36 (Rand Corporation, http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/POCMTBIRand/\$File/MTBI_RAND.pdf)s

^{*} These measurements are calculated through Body Mass Index (BMI). BMI = weight in Kg/height in meters². Underweight<18.5Kg per meters²; normal weight=18.5-24.95Kg per meters². Other options for calculating nutritional status include arm circumference and skin-fold thickness.

^{**} WHO definitions for children under 5 who are Underweight: Weight-for-Age < 2 standard deviations (SD) below the National Center for Health Statistics (NCHS) or WHO reference median. Stunting: Height-for-Age <2 SD below the NCHS/WHO reference median. Wasting: <2 SD weight/height.

Well-being

What is the perceived well-being of the individual?

- Percentage reporting (not hopeful, little hopeful, hopeful, unknown) that their situation will improve.
- Percentage reporting satisfaction with life (very unsatisfied, unsatisfied, neither satisfied or unsatisfied, very satisfied).
- Percentage reporting household consumption is (less than enough, enough, more than enough).
- Percentage reporting housing is (less than adequate, neutral, adequate, more than adequate).

Hygiene:

What is the hygiene level of the household?

- Percentage reporting frequency of having soap to bathe (never, 1-3× per week, 4-7× per week).
- Percentage reporting frequency of brushing teeth (never, 1-3× per week, 4-7× per week).
- Percentage reporting number of changes of clothes (0-1; 2-3; 4-5; 6+).
- Frequency of bathing (0, I-3, 4-7× per week).

Ability to cope/absorb shocks

- Percentage reporting (lower crop yield, crop disease, livestock death/stolen, rise in food prices, illness/accident of household member, death of household member, damage to house) in the preceding 2 years.
- Percentage reporting that economic shocks caused (loss of income, child to leave school for >1 week, child to leave school permanently, prostitution, begging) in the preceding 2 years.

Additional OVC-specific indicators:

Does the household report caring for OVC?

- Percentage reporting a child in the house that does not have a biological mother or father in the household due to (migration for work, divorced, desertion, sick, married, death of parent, remarried, do not know).
- % of caregivers reporting caring for a nonbiological child more than 4 days/week. If yes:
- % with the orphan(s) or vulnerable child(ren) currently (or not) enrolled in school (if age 6-17).
- % reporting that children missed (1, 2, 3, 4, 5, 6, 7+) days of school in the past month.
- % reporting that children stopped attending school due to (still in school, no school fees, to care for sick family member, poor school performance, no interest, got married, graduated, pregnant/parenting, got a job, expelled, work at home, disabled, work outside the home).
- % with children completing grades (I-I4 or university).
- % with children repeating a grade.
- % repeating a grade due to (school fees, cared for sick family member, poor grades, pregnant/parenting, married, illness, working in the home, working outside the home, not interested, not important to adults).
- % of household with children desiring to return to school.

Additional PLWHA-specific indicators:

• Since many households may allocate much of the resources to the PLWHA, use the indicators about health status, in combination with the economic indicators to assess if the PLWHA is getting access to needed treatment, and also to assess if the rest of the household is getting adequate nutrition, health care, school enrollment (as appropriate).

Sample economic strengthening core indicators by approach: Social assistance, asset protection, asset growth

Intervention approach	Illustrative indicators of program success
Social assistance*	(Conditional and Nonconditional)
Asset and Cash Transfers	 Are cash transfers getting to the intended recipients in a timely and efficient fashion? Percentage of households receiving at least I cash transfer in the preceding x period. Percentage reporting increased income within x period (list lowest, average, and highest amount received). Percentage reporting they spend cash on (schooling, uniforms, health care, food, shelter, electricity, alcohol/tobacco, other entertainment) in the previous month.
Food Assistance	Is food aid reaching the intended recipients, timely, frequently, and efficiently? Percentage of households (among x sampled) receiving food aid. Percentage receiving food aid (weekly, monthly, other). Percentage receiving (list quantities). Percentage (consuming, selling, trading, giving away) food aid. Percentage reporting (condition of food is good, old, neutral).
Social Pensions	 Are social pensions reaching the intended recipients (for example: elderly who are also OVC caregivers)? Percentage of elderly reporting receiving a social pension to care for (0, 1, 2, 3, 4 dependent children). Percentage reporting that the social pensions are (insufficient, adequate, more than adequate) to care or basic needs of the household.

^{*} Recommended target groups for cash and food transfers include individuals who are most vulnerable, poor, and labor constrained (for example: elderly, disabled, chronically ill) and PLWHA at the symptomatic stages.

Asset protection**

(Restore or maintain economic resources)

Group and Individual Savings

Insurance

- Percentage of households reporting increase in asset ownership.
- Percentage reporting increased ability to cope with economic shocks (see these indicators listed above).

Insurance services may include life/funeral insurance, home damage, crop, health. With all insurance schemes, it is important to first determine if the household has experienced a shock, even beyond focus of intervention. Ideally, any form of insurance, should help the household cope with all sorts of shocks (illness, weather, livestock death).

Illustrative impact indicators of successful insurance schemes:

- Include the indicators about basic household consumption (use nutrition, health seeking behaviors, and school enrollment indicators above) to determine whether households are able to cope with shocks within the past month (or another appropriate time frame).
- Percentage reporting that crop failure caused (loss of income, child to leave school for>I week, child to leave school permanently) within the past I2 months.
- Percentage reporting receiving payments on claims made to the insurer, in the event that crop failure (or other insured event) occurred within the past 12 months.
- Percentage of households reporting that children have taken part in the following risk activities in past 12 months (or other appropriate time frame): begging, leaving school in order to work, prostitution, skipping meals, sent to live with another household for care and support.
- Percentage of women reporting the following risk activities in the past 12 months: begging, prostitution, migration away from their families.

Note: Nutritional indicators, health-seeking behaviors (ability to access needed health care), hygiene, well-being, and psychosocial indicators apply to all target groups.

Legal Protective Services (to protect vulnerable groups)

Particularly relevant for divorced, separated, widows, and orphans.

- Percentage engaging in productive work.
- Percentage accessing credit when they need it.
- Percentage with sufficient legal status to care for their children, be head
 of their household, own livestock, remain in their dwelling, and maintain
 their land.
- Percentage reporting they having received legal assistance when they need it.
- Percentage reporting requiring legal assistance to maintain (head of household, right to care for their children, right to own/rent land etc.) but not being able to access it.

^{**} Target audiences for asset growth and protection include very vulnerable households (those in transition) including caregivers of OVC, youth, and PLWHA.

Asset growth***

Microfinance

Business loans/microfinance

- Percentage reporting sufficient loans to increase their business.
- Percentage reporting ability to repay.
- Percentage reporting increase in income (before and after), baseline is necessary.

Skills Training

Note: Programmatic best practices from field practitioners suggest that skills training should be complementary, but not mandatory to receiving economic-strengthening assistance.

- Percentage reporting increased knowledge, skills in the training program.
- Percentage reporting increased confidence to use the new skill for incomegenerating activities.

Market Linkages

Market linkages (baselines are important to determine the effect of the market-linkage program)

- Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.
- Percentage reporting increased clientele base, or increased market access as compared to before the program inception.

Income-generating activities (baselines are important to determine the effect of the market-linkage program)

 Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.

*** Business loans, skills, vocational and market linkages are best targeted toward those who are somewhat vulnerable but with productive capacity: caregivers, youth (though youth may respond better to mentorship and skill building, than to loans) and PLWHA who have productive capacity.

Illustrative Standard Indicators Used to Assess HES Interventions

From Economic Strengthening for Vulnerable Children: Resource Guide, Livelihoods and Food Security Technical Assistance (LIFT), 2013.

http://theliftproject.org/economic-strengthening-for-vulnerable-children-resource-guide/

Household Economic-Strengthening Indicators

Percentage of households with access to minimum food consumption requirementsmeasured against 2100 kilocalories per person per day (adapted for child caloric requirements as needed)

Percentage of households reporting increased consumption of diverse diets that include (cereals/grains, roots, beans/nuts, vegetables, meats/fish, fruits, cooked food, milk products, sugar, beverages, spices).

Percentage of households reporting expenditure on essential non-food items and services (schooling, uniforms, health care, food, shelter, electricity) in the previous month

Percentage of households reporting increase in asset ownership

Percentage of households earning sufficient cash income to maintain productive assets

Percentage of households with the ability to invest in productive activities

Percentage of households reporting increased ability to cope with economic shocks

Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.

Percentage reporting increased clientele base, or increased market access as compared to before the program inception

Child-focused indicators

Average percentage of children in household (not) enrolled in age-appropriate education

Average number of days enrolled children did not attend school in past month

Percentage of households stating ____ as reason for school non-attendance (child/caregiver illness, hunger, chores/work, etc.)

Average percentage of children in household self-reporting feelings of hunger or lack of hunger in past week

Average percentage of children in household meeting regional or national growth or developmental targets (+/- a certain percent)

Average percentage of children in household with a savings account or other fund in their name

¹ Adapted from Economic Strengthening Programs for HIV/AIDS Affected Communities: Evidence of Impact and Good Practice Guidelines p28 to 30 (http://goo.gl/qQ5t6)

Suggested Indicators

From Children and Economic Strengthening Programs: Maximizing Benefits and Minimizing Harm, CPC Livelihoods and Economic-Strengthening Task Force, 2013.

http://www.seepnetwork.org/filebin/pdf/resources/FIELD_CPC_ES_Child_Protection_v16_WEB.pdf

Although programs do not generally collect all of the following data, this list is meant to help implementers think about the causal pathway and determine what might be appropriate indicators for program-specific contexts and beneficiaries.

Programs targeting either adults or children as primary beneficiaries

Program design and management Indicators

Percentage of ES and child protection (CP) programs designed with the input of local women, girls, boys and men.

Percentage of ES and CP programs designed with the participatory evaluation of local women, girls, men and boys.

Percentage of ES programs designed with the active involvement of personnel trained in child protection principles and practice.

Percentage of ES programs that have a child protection focal person.

Intra-household Indicators

Average percentage change in expenditures on girls' and boys' needs (health, education, other basic needs).

Nutrition: Average number of meals consumed per day, protein consumed, household hunger score Percentage change in primary/secondary school enrolment/attendance since the intervention was implemented (or average number of missed days of school)

Percentage change in primary/secondary school completion rates for girls and boys

Average number of hours spent by boys and girls doing domestic work.

Average number of hours spent by boys and girls working outside the home

Number of children who report improvement in their own well-being

Number of women in partnerships who report increased ability to influence household spending decisions

Programs targeting children as primary beneficiaries

Whom is the program actually reaching over the course of the program? Is the program attracting and retaining the intended numbers of girls and boys from vulnerable groups?

What are the profiles of those who drop out of the program?

Post-graduation follow-up monitoring of up to a year

Have beneficiaries successfully found paid work and remained in their fields of training?

Have they maintained an adequate level of savings, etc.?

SAVIX Indicators for Savings Groups

SAVIX is a standardized management information system <u>for savings groups</u>. Project administrators can upload their data directly to the site. SAVIX generates 29 metrics but no outcome indicators. http://savingsgroups.com/home/whatwemeasure;jsessionid=89irjbenqxnxp5c43dr957pz

Outreach Indicators	
Total Number of Groups	Number of supervised groups+Number of graduated groups
Total Number of Members	Registered members of supervised groups+Registered members of graduated groups, at time of graduation
Membership Data	
Women Members (%)	(Registered women/Total number of members)×100
Average Number of Members per Group	Total number of members/Total number of groups
Average Age of Groups (months)	Average age of all groups, in months
Portfolio Indicators	
Total Assets	Total value of loans outstanding+Total cash in loan fund+Total cash in other funds+Total value of property
Total Debt	Total value of outstanding debts to external financial institutions or individuals
Total Equity	Total assets-Total debt
Total Member Investment	Total savings+Total cash in other funds
Total Savings	Total value of member savings
Total Savings, as percentage of Loans Outstanding	(Total savings/Total value of loans outstanding)×100
Total Cash in Other Funds	Total cash in other funds
Total Value of Loans Outstanding	Total value of balances of outstanding loans
Loans Outstanding, as percentage of total assets	(Total value of loans outstanding/Total assets)×100
Loan Losses, as percentage of loans outstanding	(Total value of loan write-offs/Total value of loans outstanding)×100
Loans Past Due, as percentage of loans outstanding	(Total value of balances of late loans/Total value of loans outstanding)×100
Average Savings per Group	Total savings/Total number of groups
Average Savings per Member	Total savings/Total number of members
Savings per Member, as percentage of GNI/capita	(Average savings per member/Gross national income per capita)×100
Percentage of Members with Loans Outstanding	(Number of current borrowers/Number of loans outstanding)×100
Average Outstanding Loan Size	Total value of loans outstanding/Number of loans outstanding

Average Outstanding Loan Size, as percentage of GNI/capita	(Average outstanding loan size/Gross national income per capita)×100
Performance Ratios	
Group Survival Rate	(Total number of active groups in the research sample/Original number of groups in the research sample)×100
Annualized Return on Assets	(Total profits/Total assets) \times (52/Average age of groups in months) \times 100
Annualized Return on Equity	(Total profits/Total equity) \times (52/Average age of groups in months) \times 100
Field Officer Caseload	Total number of supervised groups/Number of Field Officers
Percentage of Groups Formed by Village Agents	(Total number of groups formed by Village Agents/Total number of groups)×100
Cost per Member Assisted	Total project expenditures to date/Total number of members
Quarterly Cost per Member Supervised	Project expenditures this quarter/Number of supervised members

Monitoring and Evaluation Guiding Principles and Good Practices

- 1. If you do not know what the data is going to be used for, do not collect it.
- 2. Better to monitor and evaluate a small set of good indicators well than do a poor job of monitoring a comprehensive list.
- 3. Better to use tested, validated standard indicators that can be compared across time/place than be "creative"
- 4. Better to align with national M&E systems and indicators than be "creative."
- 5. Better to be creative in finding affordable ways to monitor and evaluate what matters.
- 6. Allocate sufficient funds to M&E: at least 10% of program budgets.
- 7. Allocate time (dedicated staff) and resources for R&L. Budget for translation and dissemination of results—plan ahead for this.
- 8. Engage professional experts to design M&E systems and conduct program evaluations.
- 9. Develop M&E plans in tandem with program plans. Baselines and comparison groups need to be established prior to program implementation.
- 10. Look for opportunities to develop, implement, and test causal models of economic strengthening for vulnerable children.
- 11. Invest in robust methodologies. It will pay off in the long run.
- 12. Fund systematic evaluation of ES programs, especially longitudinal studies of impact.
- 13. Plan for child-level monitoring in project plans. Build in child-level indicators from the beginning.
- 14. Involve local partners and communities (including children) in setting priorities, selecting indicators, and defining project success.
- 15. Disaggregate all data by sex, age and socioeconomic status.
- 16. Monitor unintended consequences.
- 17. Donors: Require that proposals for economic-strengthening programming include the protection and well-being of children in their M&E strategies.
- 18. Align data-collection timelines with when information is needed most.

- 19. Ask stakeholder groups which information they want and how they want it (report, 1-page handout, oral presentation, or recording that field staff can share with stakeholders in villages).
- 20. Set up times for review with stakeholders; communication should go in both directions.
- 21. When identifying goals, objectives, intermediate results, and indicators, ask: Which answers might I get? What will I do with that information once I get it? Design for ACTION.
- 22. USE THE DATA!

Resources on Monitoring and Evaluation:

UNDP Handbook on Planning, Monitoring, and Evaluating for Results. http://web.undp.org/evaluation/guidance.shtml#handbook (Accessed June 24, 2015) An Introduction to Indicators. 2010. UNAIDS.

http://www.unaids.org/sites/default/files/sub_landing/files/8_2-Intro-to-IndicatorsFMEF.pdf (Accessed June 24, 2015)

Basic Terminology and Frameworks for Monitoring and Evaluation. 2010. UNAIDS. http://www.unaids.org/sites/default/files/sub_landing/files/7_1-Basic-Terminology-and-frameworks-MEF.pdf (Accessed June 24, 2015)

Child Protection in Crisis (CPC) Learning Network. < <u>www.cpcnetwork.org</u>> (Accessed June 24, 2015)

Children, Youth and Economic Strengthening (CYES) Network.

http://www.seepnetwork.org/children--youth-and-economic-strengthening-pages-20202.php (Accessed June 24, 2015)

Core OVC Program Impact Indicators, Measure Evaluation. 2014.

http://www.cpc.unc.edu/measure/publications/ms-13-61/at_download/document (Accessed June 24, 2015)

Designing a Results Framework for Achieving Results: A How-To Guide. 2012. Independent Evaluation Group (IEG), the World Bank. http://tinyurl.com/d9jyhe6 (Accessed June 24, 2015)

USAID Project Starter toolkit. http://usaidprojectstarter.org/ (Accessed June 24, 2015)

Principles and Practices of Program Design Worksheet

Instructions

Review the recommended principles and practices of program design and decide if whether you are

- already applying them;
- you can apply them better;
- you can start applying them; or
- you can find out more about them.

If some of them are not applicable, you can leave them blank.

	Principles and practices	Already doing it	Do it better	Start doing it	Find out more about it	
Cro	Crosscutting principles					
1	Do no harm to the private sector.					
2	Take a multi-sectoral approach and ensure open dialogue throughout the program.					
3	Base program design on sound situation and market analyses.					
4	Develop interventions for sustainability and scalability.					
5	Map and build on existing safety nets and economic interventions available to vulnerable groups.					
6	Weigh the benefits and risks of targeting: Identify whether targeting risks breaking down market opportunities and systems. Assess the ability of pre-existing delivery channels to advance programming.					
7	Target on the basis of poverty, incapacity, and dependence rather than HIV/AIDS status.					
8	Identify best practices and adapt them to the specific vulnerabilities of children and households affected by HIV/AIDS.					
9	Assess intra-household dynamics. Many studies suggest that targeting women and the elderly is one way to ensure high impacts on households and children.					
10	Carefully consider how to include supportive services for any approach that may change perceived gender roles.					
11	Make special provisions to include households with children who are particularly vulnerable or marginalized due to their gender, disability, ethnicity, HIV status or other factors.					
12	Consult women and men, girls and boys, and members of vulnerable groups (refugees/displaced, persons with disabilities, single-headed households, children in/of the street, etc.) throughout the program cycle to ensure that their livelihood needs will be met and that risks can be averted.					
13	Know what you can do by yourself and build partnerships to implement the rest.					
14	Identify robust indicators to effectively track performance and outcomes. Consider opportunities for credible impact assessment.					

				Start	Find out
		Already	Do it	doing	more
	Principles and practices	doing it	better	it	about it
	Link or integrate programs (particularly for the most				
15	vulnerable) with voluntary, complementary support services,				
13	e.g. health, counseling, adherence to ART, parenting skills, and				
	other family welfare services.				
	Institute strategies for graduating clients between different				
16	types of programs. Link programs to prepare individuals to				
10	build their economic capacity and improve their prospects for				
	accessing services from formal financial institutions.				
17	Ensure that implementing partners have the capacity to				
- '	administer services regularly, reliably, and over the long term.				
1.0	Prioritize money management interventions and income				
18	promotion using low-risk activities to diversify and stimulate				
	growth in household income.				
10	Support host-country governments to initiate, expand, or be				
19	innovative in their social protection initiatives at both the policy				
20	and operational levels.				
20	Stay abreast of impending research conclusions.				
Soc	ial assistance and cash transfer programs				
21	Use transparent poverty criteria for targeting households.				
	If conditionalities are tied to participation in a program, ensure				
22	that adequate supplies of the service are available and				
	accessible to beneficiaries.				
23	Critically assess the administrative capacity of implementing				
23	agencies and the effective coordination of technical support.				
24	Use community-based mechanisms of cash transfer if they are				
24	well-planned and budgeted for.				
25	Design mechanisms for safely and transparently distributing				
23	benefits.				
26	Build household capacity to manage resources independently.				
27	Develop a clear exit strategy or transition process for cash				
21	transfers at the community level.				
28	Work with governments to integrate cash transfers with social				
20	protection frameworks to be instituted over the long term.				
Sav	rings and insurance				
	Savings				
2.0	Consider savings as a first step for poor households to build				
29	their asset base and access a broader menu of financial services.				
	Tailor savings products to the needs and capacities of those they				
30	seek to reach, as well as the capacities of the institutions				
	administering the products.				
31	Ensure that participants self-select into savings-groups rather				
	than encouraging groups formed for other purposes (such as				
	home-based support) to create a savings group.				
32	Help vulnerable groups (including HIV/AIDS-affected				
	households) to successfully manage lending and credit schemes				

				Start	Find out
	Principles and practices	Already doing it	Do it better	doing it	more about it
	by encouraging time-bound (e.g. 6-12 months) savings periods,	doing it	octici	11	about it
	after which savings and interest are returned to participants for				
	transparency; allowing savings groups to design their own				
	meeting frequency terms, contribution amounts and				
	management procedures; ensuring that strong training and				
	operational manuals are in place; and ensuring that groups				
	require minimal outside input and are encouraged to remain				
	autonomous.				
33	For long-term savings and individual savings programs, ensure				
33	that savings are placed in reliable, regulated institutions, which				
	can also provide loans or other financial services to clients after				
	they have developed a savings base.				
2.4	Consider using ASCAS in very remote communities and in				
34	situations where small savings may be a stepping-stone to the use of more formal financial services.				
35	Remember that group meetings represent an opportunity cost to participants and must be used in communities where people are				
33	able and willing to meet regularly.				
	For individual savings activities, analyze the product-				
	development process and market research to ensure savings are				
36	designed around the needs and aspirations of the target				
	population and will ultimately benefit the child in whose name				
	it was created.				
	Microinsurance (life, disability, health, loan,				
	agriculture)				
27	Invest in research to tailor insurance to meet the needs of				
37	HIV/AIDS-affected households.				
	Ensure that insurers working in communities with a high				
	prevalence of HIV/AIDS mitigate risk by expanding the size of				
38	risk pools, utilize accurate mortality and morbidity data to price				
38	their insurance products, and design benefit packages and levels				
	of coverage based on willingness to pay.				
39	Encourage only institutions or groups that have the capacity to				
	assess and manage risk to undertake insurance services.				
40	Favor an arrangement whereby the program implementer or a				
41	local organization acts as local agent for a commercial insurer. Target groups rather than individuals to minimize costs.				
41					
42	Support the use of information-monitoring systems necessary for reducing fraud.				
43	When implementing health insurance programs, verify that clinics meeting minimum standards of care are accessible by				
43	health insurance subscribers.				
	Include educational programs and financial education training				
44	on the unique characteristics of insurance (clients often expect a refund for "unused" insurance).				

	Principles and practices	Already doing it	Do it better	Start doing it	Find out more about it
Ind	come growth				
45	Recognize that income growth and enterprise development are long-term business propositions. Design programs with sustainability objectives.				
46	Conduct market research to understand the business needs of each target group and identify viable markets and sectors that have potential for growth.				
47	Carefully design interventions that link financial with nonfinancial services, such as vocational training.				
48	Integrate complementary training, health education, and literacy services, when possible, to build confidence and knowledge among beneficiaries.				
	Skills training				
49	Require market research to establish the viability of using the skill in question and identify opportunities as well as constraints for program graduates as they try to productively earn income from the training.				
50	Form partnerships with employers who have indicated a clear need to employ certain skilled professionals in areas such as computer programming, mobile technology, and other market- driven sectors.				
51	Invest in quality facilitation of training.				
	Income-generating activities (IGAs)				
52	Reconceptualize IGAs as microenterprises and educate clients on associated business risk, business planning, and entrepreneurship development to establish more market-driven and competitive IGAs.				
53	Use IGAs cautiously, ensuring that adequate market research has been carried out to identify profitable, sustainable opportunities to sell the goods or services.				
54	Invest in business and technical skills development.				
55	Verify that there is sufficient expert input on how to run a business, as well as on the specific opportunity.				
	Job creation				
56	Consider who wins and who loses.				
57	Consider that the marketability of new skills is more often assured when work is carried out with a private-sector partner.				
58	Invite private-sector partners to underwrite some or most of the training costs.				
	Business loans/microcredit				
59	Reserve business loans for people who have the capacity to engage in income-generating activities. Loans may not be				

		Already	Do it	Start doing	Find out more
	Principles and practices	doing it	better	it	about it
	appropriate for the most vulnerable, especially those living with AIDS.				
60	Focus on working through sustainable institutions that provide loans and ensure arm's-length relationships with clients.				
61	Avoid funding non-microfinance programs that try to initiate "loan schemes" to individuals or groups on a small scale.				
62	Evaluate with a critical eye programs offering education and other services in conjunction with the loan.				
63	Require timely, regular reporting based on industry standards for loan programs.				
64	Avoid combining grants and loans; giving with one hand (social-welfare activities) and taking away with the other (requiring loan repayments) can be confusing to target communities.				
	Market linkages				
65	Recognize that not all vulnerable children and caretakers can immediately engage in these types of projects.				
66	Recognize and address complementary difficulties that do not lie at the primary producer level but which can impact their success.				
67	Focus on projects that lead to increases in productivity and/or add significant value to the final product.				
68	Channel support to projects that focus on sustainable production, distribution and sales achieved mainly through private-sector channels.				
69	Target subsidies where there will be no effect on long-term pricing and the sustainability of production/distribution market relationships.				
_					
Leg	gal services				
70	Build a path for vulnerable children and caregivers to eventually access more formal services by assisting them in accessing identification or birth certificates.				
71	Engage with policymakers on issues that create barriers to effective asset transfer in favor of the child upon the death of parents.				
72	Recognize advocacy efforts for legal services and community education as necessary preliminary steps to more widespread economic strengthening.				
Mo	onitoring and Evaluation				
73	If you do not know what the data is going to be used for, do not collect it.				
74	Better to monitor and evaluate a small set of good indicators well than do a poor job of monitoring a comprehensive list.				

				Start	Find out
	Principles and practices	Already doing it	Do it better	doing it	more about it
	Better to use tested, validated standard indicators that can be	doing it	better	11	about it
75	compared across time/place than to be "creative."				
= 6	Better to align with national M&E systems and indicators than				
76	be "creative."				
77	Great to be creative in finding affordable ways to monitor and				
77	evaluate what matters.				
78	Allocate sufficient funds to M&E: at least 10% of program				
78	budgets.				
	Allocate time (dedicated staff) and resources for R&L. Budget				
79	for translation and dissemination of results—plan ahead for				
	this.				
80	Engage professional experts to design M&E systems and				
	conduct program evaluations.				
0.1	Develop M&E plans in tandem with program plans. Baselines				
81	and comparison groups need to be established prior to program				
	implementation. Look for opportunities to develop, implement, and test causal				
82	models of economic strengthening for vulnerable children.				
83	Invest in robust methodologies. It will pay off in the long run.				
	Fund systematic evaluation of ES programs, especially				
84	longitudinal studies of impact.				
0.5	Plan for child-level monitoring in project plans. Build in child-				
85	level indicators from the beginning.				
	Involve local partners and communities (including children) in				
86	setting priorities, selecting indicators, and defining project				
	success.				
87	Disaggregate all data by sex, age and socioeconomic status.				
88	Monitor unintended consequences.				
	Donors: Require that proposals for economic-strengthening				
89	programming include the protection and well-being of children				
	in their M&E strategies.				
90	Align data-collection timelines with when information is				
	needed most.				
	Ask stakeholder groups what information they want and how				
91	they want it (report, 1-page handout, oral presentation, or				
	recording that field staff can share with stakeholders in				
	villages). Set up times for review with stakeholders; communication				
92	should go in both directions.				
	When identifying goals, objectives, intermediate results, and				
93	indicators, ask: Which answers might I get? What will I do with				
	that information once I get it? Design for ACTION.				
94	Use the data!				
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Adapted from:

- Economic Strengthening Programs for HIV/AIDS-Affected Communities: Evidence of Impact and Good Practice Guidelines. PSP-One. 2009.

 FIELD Report No. 2: Economic Strengthening for Vulnerable Children Principles of Program Design and Technical Recommendations for Effective Field Interventions. Save the Children. 2008.

 Guidance for Orphans and Vulnerable Children Programming. PEPFAR. 2012.

Summary Presentation

Instructions

Choose Option 1 or Option 2:

- Option 1: Your <u>hypothetical</u> "intervention of interest" that would be relevant to your country program
- Option 2: An existing intervention in your country and any changes you might consider Then consider the categories listed in your workbook in relation to your intervention. You may not have an answer for every category at this point.

Option 1:	Option 2: (Highlight changes you are considering making in the factors below.)
Objectives	
Intervention types	
Target populations	
Illustrative main activities	
Outcomes (measurable)	
Causal model (how activities will lead to outcomes)	

How the intervention and its exit strategy fit into a graduation/ pathway model Evidence supporting (or needed to support) such an intervention Assessments needed or done How the intervention will be linked, complementary, or integrated with other interventions (including HIV/AIDS services) Aspects that will contribute to scalability and sustainability Organizational/staffing/	
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scalability and sustainability	
Organizational/staffing/	
partnering considerations	
Ideas for monitoring and evaluating the intervention	
Notes	

Action Plan

Instructions

Discuss how you will apply what you have learned during this workshop. Consider the following questions:

- How can you improve current activities? How can you align them with the evidence? How can you better monitor and document results?
- What priority target populations should you strive to reach with future activities?
- Which types of interventions should you consider or explore?
- How can you make current or future interventions part of a pathway or link with other interventions?
- Which types of assessments or information do you and your organization need in order to plan a robust program?
- What kinds of support do you and your team need in order to plan and implement a high-quality program?
- Which other issues does the team need to explore?
- What else do you need to consider?

Notes	

Action Plan						
Next steps	Who and with whom?	By when?	Notes			
Notes						
Notes						







