



ASPIRES Family Care Process Assessment: Cash Transfers for Family- Child Reintegration and Prevention of Separation

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Acronyms

ASPIRES	Accelerating Strategies for Practical Innovation and Research in Economic Strengthening
CBS	Catalyzing Business Skills
CDO	Community Development Officer
CT	Cash Transfer
DCOF	Displaced Children and Orphans Fund
ES	Economic Strengthening
ESF	Economic Strengthening Facilitator
ESFAM	Economic Strengthening to Keep and Reintegrate Children into Families
FARE	Family Resilience
FGD	Focus Group Discussion
FL	Financial Literacy
FS	Family Strengthening
GBV	Gender-Based Violence
HH	Household
IDI	In-Depth Interview
IGA	Income-Generating Activity
KII	Key Informant Interview
MSA	Matched Savings Accounts
NO	National Office
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan For AIDS Relief
PO	Program Officer
PPI	Progress Out of Poverty Index
PRA	Participatory Rapid Appraisal
PSW	Parasocial Worker
SCORE	The Sustainable COmprehensive REsponses (SCORE) for Vulnerable Children and their Families
SPM	Selection, Planning, and Management
SG	Savings Group
SW	Social Worker
TA	Technical Advisor

TOC	Theory of Change
UGX	Ugandan Shillings
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association

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Introduction

The ASPIRES project aims to advance household economic strengthening (ES) programs for vulnerable populations. ASPIRES offers technical assistance to scale up high-quality interventions in the areas of consumption support, money management, and income promotion. The project also supports rigorous research to evaluate programs and inform a new understanding of best practices in ES.

A subproject known as ASPIRES Family Care, funded by USAID's Displaced Children and Orphans Fund (DCOF), aims to develop evidence and learning related to how household-level ES can support the prevention of unnecessary family-child separation and reintegration of children in family care in low- and middle-income countries. Under this subproject, two ASPIRES subpartners, ChildFund and the AVSI Foundation, carried out projects that integrated case management, social support, and ES interventions.

Because these projects were intended to be subjects of evaluation research, the timing and content of programming were designed to accommodate research needs in addition to delivering results for participants. Each project offered a number of ES interventions, in different combinations, to explore what worked best for households who were reintegrating children or who were at risk of separating from their children. One of the ES interventions incorporated into the two projects were limited-scale cash-transfers, which were intended to help prevent family-child separation in high-risk families and to support the reintegration of separated children into family care in Uganda.

ChildFund directly implemented the Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) project, which aimed to support the reintegration of 89 children from child care institutions into family care in Gulu, Kamuli, and Luwero districts and to prevent children's separation in 611 families assessed to be at high risk of family-child separation in 10 parishes in those districts.

The AVSI Foundation developed the Family Resilience (FARE) project with implementing partners Retrak, Companionship of Works Association (COWA) and Fruits of Charity Foundation (FCF). FARE originally aimed to support the reintegration of up to 300 (later reduced to 268) street-connected children or children in the juvenile justice system into family care in Kampala Capital City and Wakiso District and prevent the family-child separation of 350 families identified to be at risk of separation in eight parishes in those districts.

Both ESFAM and FARE used novel approaches to build evidence on the role of ES in preventing separation and effectively supporting the reintegration of separated families, and their experiences offer practical lessons for implementers. This evaluation seeks to capture some of these lessons by examining the designs and implementation processes of the cash transfer components of the ESFAM and FARE projects. This learning is intended to inform

future programming for ChildFund and AVSI and to contribute to guidance that will be developed by ASPIRES as a resource for similar programs.

Additionally, this evaluation seeks to help fill a gap in documentation about when and how best to implement limited-term cash transfer interventions for non-emergency populations. Though the projects were distinct and operated in different contexts, their interventions both used cash transfers (CTs) to tackle the issue of family separation for very vulnerable households. We combined findings from both ESFAM and FARE in this report in order to draw insights about common themes, differences, and context-specific design features that could benefit both programs. Finally, although ASPIRES is implementing a separate evaluation that we expect to yield insight into program effects, this evaluation explores how staff and beneficiaries linked program design and implementation features to the effects of cash transfers.

The objectives of this evaluation can be summarized as follows:

- Explore how the cash-transfer interventions function under specific contexts.
- Gather perspectives on what works from an implementation/supply point of view.
- Gather information on what works from a beneficiary point of view.
- Take an early and exploratory look at results from the cash transfers.
- Explore what could be improved in similar situations.

Background

Cash transfers are increasingly important social protection interventions targeting vulnerable children in USAID programs. Programming for orphans and vulnerable children (OVC) has supported the use of cash transfers in light of the growing body of evidence linking cash transfers to positive HIV-relevant behavior change, with especially pronounced effects among girls and young women (Baird, Chirwa, McIntosh, & Özler, 2010; Cluver, Orkin, Yakubovich, & Sherr, 2016; Goodman, Kaberia, Morgan, & Keiser, 2014).

The premise of using cash transfers to protect against child separation in vulnerable households (HIV-affected or otherwise) remains far less explored. In a literature review initiated under the Family Care project, Laumann (2015) draws on a synthesis of existing research to argue that income support can address poverty as a major driver of separation, while acknowledging that the effects of ES interventions on child-level outcomes are not well understood. Laumann cites evidence that unconditional cash transfers through government-led social protection programs can reduce family-child separation (Barrientos, Byrne, Villa, & Peña, 2013; Thompson, 2012).

In addition, Laumann cites evidence indicating that well-designed and well-targeted government-led social protection programs and other income support programs can address poverty-related drivers of family-child separation because they may reduce child poverty, child labor, and early marriage/sexual initiation, increase legal identity documentation of children and access to education and improve child nutrition (Adato & Bassett, 2012; Barrientos et al., 2013;

Chaluda, 2015; Roelen & Shelmerdine, 2014; Sanfilippo, Neubourg, & Martorano, 2012). Income support interventions may also help to reduce caregiver stress and hence improve household dynamics (Barrientos et al. 2013), though we find the caveat that “income transfers that are too small may lead to poor child-level results and some designs may lead to increased child labor, within-household inequities, and/or poorer care of children” (Barrientos et al. 2013, Roelen and Shelmerdine 2014). In a systematic review of 201 studies on CTs, significant positive impacts were reported on food expenditure, access to school, and use of health services. Improved access to school was found to be accompanied by reductions in child labor. Authors also argue that CT’s effects on increased investment in livestock show how they can contribute to long-term economic empowerment (Bastagli et al., 2016).

CTs certainly hold promise as a viable intervention to prevent family separation, but there are some common issues that programs must address for successful implementation. A review of beneficiary and community perceptions of five unconditional cash transfer programs in the Middle East and Africa found some common issues encountered by these programs. The review found there is a need for improved targeting to reach “destitute” households and that transfer amounts should be tailored according to household size and inflation. It also found payment modalities should reflect a reasonable time to access cash (Jones, Samuels, & Malachowska, 2013). Respondents also called for improved staff capacity, improved governance and accountability, such as grievance mechanisms, tailored packages of support, and government funding commitments for sustainability.

Overview of Intervention Strategies

ESFAM

ESFAM identified potential participants for its at-risk-of-separation, or prevention, caseload through a two-step process in predominately rural intervention sites in Gulu, Luwero, and Kamuli districts. First, in targeted communities, it used a community-based participatory process to identify households at risk of separation. Identified households were then verified and assessed using a standardized vulnerability assessment tool, which was used to classify them according to economic and social vulnerability levels: destitute, struggling, and prepared to grow. Only destitute and struggling households were enrolled. Households that already experienced separation were identified through a process of tracing the children who had been living in child care institutions and then returned to their families by these institutions without preparation or ongoing support. These households were highly geographically dispersed.

The ESFAM project planned to support targeted families with case management and social support services including home visits to deliver psychosocial support, strengthen parenting skills, strengthen child protection mechanisms, and link individual households to services through referrals to health, education and other child wellbeing and protection-related services. In addition, all families were to receive an ES intervention that included newly-developed

financial literacy and business skills training using its *Catalyzing Business Skills (CBS) for Caregivers* curriculum, delivered by Economic Strengthening Facilitators (ESFs), and ongoing coaching on social and economic topics by para-social workers (PSWs) at home using its *Follow-On Coaching to Households: Para-Social Workers Guide*.¹

ESFAM’s ES interventions were intended to address two primary and inter-related drivers of separation: poverty and lack of access to education. For the most destitute families, 408 in total, the program would feature a short-term cash transfer program, amounting to 420,000 UGX (\$115) total, intended to be disbursed at varying amounts based on family need on a monthly basis for up to 12 months. Of the remaining 292 families in the program, the 155 lower-scoring families (struggling 1) would be encouraged to open a project-matched savings accounts with PostBank Uganda, and the 137 higher-scoring families (struggling 2) would be encouraged to form VSLAs in their communities. In addition to receiving CTs, destitute participants would also be encouraged to join a VSLA.

In addition to the activities above, ESFAM also planned to provide additional material support to all families reintegrating children in the form of packages including mattresses, mosquito nets, bedsheets, blankets, flour, beans, and books/pens. The project would also provide caregivers in reunification cases with 40,000 UGX (around \$11) for uniforms for all school-going reunified children shortly before school enrollment.

ESFAM also planned to engage children and youth in ES with the intention to foster their self-confidence, build social resilience, create social cohesion among children/youth in a group setting, and build financial literacy and money management skills. ESFAM targeted CBS and savings groups to children aged 10-13 and youth aged 14-17, with a goal of reaching 225 young people.

PSWs and ESFs would deliver home visits and provided ES support to households. Each volunteer would receive a stipend from ESFAM and would be overseen by one full-time, salaried social worker (SW) in each district, who would report to the ES Specialist at ChildFund’s national office (NO).

Building on related experience and programming at ChildFund, ESFAM began to roll out activities with project participants in December 2016. The activities were sequenced as follows:

Table 1. Summary of ESFAM Household (HH) Classification System & ES Activities

HH Economic classification	Destitute	Struggling 1	Struggling 2
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¹ Both the curriculum and the coaching guide were developed for the project by ESFAM partner Making Cents International.

Sequenced ES Activities²	1st - HH-based FL Training and coaching (Module 1 CBS) for adult members, then 2nd - Cash Transfer, then 3rd - VSLA membership accompanied by CBS	1st - HH-based FL Training (Module 1 CBS) and coaching for adult members, then 2nd – Matched Savings Account, then 3rd – HH-based CBS	1st – VSLA, then 2nd – Group-based CBS for members of the VSLA 3rd- Group coaching in VSLAs and household coaching through home visits
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Source: ESFAM ES Strategy

FARE

Implemented in predominately urban areas, including slums in Kampala and the more peri-urban surrounding district of Wakiso, FARE had a very different operating environment than that of the more rural ESFAM. FARE identified households at risk of separation by asking local leaders in targeted areas which families were at risk and which factors were the most important contributors to separation locally. They then approached these households with a brief tool designed to prioritize households displaying specific vulnerability factors for enrollment. Interested participants were then enrolled. FARE also reunified street-connected children and children in the juvenile justice system with their families in Kampala Capital City and Wakiso District on a rolling basis through September 2017. The process involved counseling and preparation of the child, family tracing, and family preparation. Following reunification, FARE continued to support these children and families to facilitate the children’s reintegration in family and community.

Similar to ESFAM, FARE planned to offer target families a package of “wraparound” services including case management support and home visits for counseling, psychosocial support, assistance with resolving conflicts, and referrals to other services. These services would work in complementarity with the ES interventions, which for a group of the poorest families (based on Progress Out of Poverty Index score) would include cash transfers with the same total ceiling of 420,000 UGX, but delivered in the fixed monthly amount of 70,000 UGX over six months.

Prior to receiving cash transfers, recipients would be trained in income generating activity (IGA) selection, planning and management, mostly in groups, using materials known as Selection Planning and Management (SPM), developed under the AVSI-led SCORE project.³ Training topics would include market analysis to explore IGA opportunities, income potential related to customer interest and profitability, funds required to operate an IGA, income sufficiency to meets costs and contribute to meeting household expenses, planning to start up an IGA, and

² Note that all packages were accompanied by continuous HH economic and social coaching by ESFs and PSWs.

³ The Sustainable COmprehensive REsponses (SCORE) for Vulnerable Children and their Families project was a USAID-funded program targeting orphans and vulnerable children (OVC) in 35 districts in Uganda. It operated from 2011-2018.

how to manage an IGA. In addition, all families in targeted parishes (whether receiving transfers or not) would be encouraged to participate in VSLAs.

Table 2. Summary of FARE ES Activities

Intermediate Result 2: Targeted families/HHs have increased economic resources and capacities
<ul style="list-style-type: none">• Stabilize household consumption of destitute families by providing consumption support.• Increase HH assets and access to resources by forming, training and supporting VSLA groups that include targeted families.• Increase cash security and increase member access to financial services by linking VSLAs with commercial banks/microfinance institutions.• Increase participant household earning potential by building skills related to financial literacy and enterprise selection, planning and management.• Build vocational and life skills of out-of-school adolescents aged 14-17 from targeted families/HHs and increase their income earning potential by providing an apprenticeship program with a structured curriculum and on-the-job training.

Source: Adapted from FARE M&E Plan

FARE's view on the transfers was that they were intended first and foremost to help households meet their consumption needs, i.e., to provide some basic economic stability to the households in areas like food security and school-fee payment. Once this basic stability was achieved, the secondary goals of the transfers—making small investments in income-generating activities and/or saving a small portion of the transfers for future investment and/or to offset economic shocks—would become more salient.

FARE planned to make cash transfers to only about 10-15 percent of its total target population. The project staff members were initially skeptical about these transfers as they feared cash transfers or other handouts would undermine the sense of self-reliance important for the VSLA they saw as the anchor to the ES strategy; however, information from household assessments and implementation experience increased their enthusiasm. Limited by budget constraints and the priority placed on other activities, FARE planned to make cash transfers 80 (31 at risk, 49 reintegrating) of its 650 targeted HHs—just over 12 percent of the 650 families originally targeted by the project, but an increase from its initial projection of 74 HHs.

FARE added other distinctive elements to its service package. Interested adolescents in target households would be offered the opportunity to participate in life skills training and apprenticeships, as well as some linkage to vocational training. The project would also offer group-based parenting skills training and other community-based activities aimed at strengthening families and communities in targeted parishes. With the exception of the cash transfers, which would employ project-based eligibility criteria, targeted families would be free to choose the project interventions in which they wished to participate as part of the household development planning process.

FARE’s activities would be supported by staff at a variety of levels, including technical advisors and program officers (POs) at the HQ level, program managers and program officers at implementer level, and social workers and community-based trainers who would work directly with beneficiaries. All interventions would begin with extensive community dialogues and sensitization, in which the entire local population and its leaders would be made aware of the nature and purpose of the training.

Methods & Sample

The primary source of data for this evaluation was approximately four weeks of fieldwork in the target communities, divided between the two investigators and conducted separately in November and December 2017. Individual interviews for this evaluation focused on both project staff and direct beneficiaries, while FGDs focused on VSLA members (some of whom were CT recipients), as noted in Table 3. Translators were employed for interviews in the relevant local languages (Luganda and Acholi). The project was reviewed and received a non-research determination by FHI 360’s internal research ethics committee. Respondents were purposively selected by ESFAM and FARE based on the number and types of respondents requested by investigators. 28 of 408 ESFAM CT recipients and 27 of 80 FARE CT recipients participated in in-depth interviews or FGDs.

Table 3. Sample Frame

Interview Type	Number of Participants	
	ESFAM	FARE
Project staff (Project Manager, ES Specialist, Social Worker(s), M&E Advisor)	12	14
Local government officials	6	3
FGDs with VSLA members (9 in total, 6-15 participants each, mix of reintegration and at-risk)	43	48
VSLA leader (1 per district)	3	2
Finance staff with responsibilities related to the CT intervention	1	1
CT recipients (3 per district, mix of reintegration and at-risk)	9	6
Total	74	74

The demographic characteristics of the CT recipients interviewed are described in Table 4 below. The median age of participants from both projects was around 40 years old. The majority of CT recipients were female, especially among FARE participants, of whom only one male was interviewed. Differences in fertility and education levels reflect the contrasting environments of FARE, which is more urban, and ESFAM, which is more rural. With a median of 5.5 children per household, ESFAM households were more likely to have more children than FARE households, which only had a median of 4 children per household. Education levels tended to be higher for FARE than ESFAM households, which were more likely to report having no education. Across both programs, about three-quarters of CT recipients interviewed were from prevention households, with

the remaining quarter from households reintegrating children.

Table 4. Demographic Characteristics of the CT Recipients Interviewed (IDIs and FGDs)

Characteristic	ESFAM	FARE
Median age (in years)	40	41
Gender (%)		
Women	20 (71.4%)	26 (96.2%)
Men	8 (28.6%)	1 (3.8%)
Total	28 (100%)	27 (100%)
Median HH composition		
Children	5.5	4
Adults	2	2
Examples of sources of incomes	Vending, farming, casual labor, cobbler	Farming, casual labor, washing clothes, baking
Education levels (%)		
None	5 (17.9%)	2 (7.4%)
Primary	18 (64.2%)	18 (66.7%)
Lower secondary	5 (17.9%)	6 (22.2%)
Tertiary	0 (0%)	1 (3.7%)
Total	28 (100%)	27 (100%)
Beneficiary status (%)		
Prevention	21 (75%)	21 (77.8%)
Reintegration	7 (25%)	6 (22.2%)
Total	28 (100%)	27 (100%)

In addition to the fieldwork, we reviewed project materials including those listed below in Table 5. We searched these materials for information on program objectives, activities, targets, and performance related to the research questions posed by this assessment. However, given the volume of materials available, we did not conduct a systematic qualitative analysis of the data, and although we were able to gain a working understanding of how the projects were implemented, we were unable to capture all of the details on how each project was implemented.

Table 5. Project Materials Reviewed

ESFAM	FARE
<ul style="list-style-type: none"> • ESFAM Project work plan(s) • ESFAM Project Monitoring and Evaluation Plan • ESFAM Project quarterly reports • ESFAM Economic Strengthening Strategy • ESFAM Cash Transfer Guidelines • <i>Catalyzing Business Skills for Caregivers</i> • <i>Follow-On Coaching to Households: Para-Social Workers Guide</i> • ASPIRES subproject monitoring reports (January 2017 and June 2017) • Other project records (e.g., case files, CT computation forms, etc.) 	<ul style="list-style-type: none"> • FARE Project work plan(s) • FARE Project Monitoring and Evaluation Plan • FARE Project quarterly reports • FARE Cash Transfer Guidelines • <i>IGA Selection, Planning and Management</i> • ASPIRES subproject monitoring reports (January 2017 and June 2017) • Other project records (e.g., learning documents)

Research Questions

This process evaluation examined the efficacy of the cash transfer program by way of six questions, as follows:

1. What was/is the theory of change for the CT intervention? How appropriate was/is the theory to the situation on the ground?
2. Was the CT intervention design appropriate to deliver results according to the theory of change?
3. Is/was the CT intervention implemented as planned and appropriately?
4. How did participants manage and use their CTs/report managing and using CTs to the project team?
5. To what extent, and in what ways, are the objectives of the CT intervention met/being met or not met?
6. How might the CT intervention be improved?

Findings

Theory of Change

Both ESFAM and FARE provided, in their project proposals, a theory of change (TOC) to describe how their overall project activities reduced unnecessary family separation. In this assessment, the investigators explored how the projects articulated a TOC to describe how the CT intervention specifically affected desired project outcomes. Given that the linkage between

cash transfers and child separation outcomes remains relatively unexplored in both research and practice, an important component of this study was the interrogation and verification of the TOC. That is to say, how did staff and participants understand cash transfers to form part of an intervention equation that would lead to reunification and/or prevention of separation? And was that understanding clear and consistent?

We examined written guidelines and materials from each program to understand the partners' top-down position on the TOC. ESFAM's materials presented a basic TOC as follows:

CTs → families meet basic needs → increased productivity → reduced vulnerability to separation, acknowledging that CTs can also support investment and savings.

The ESFAM training guidelines clearly and repeatedly express this idea that change begins with meeting basic needs—after which these vulnerable families can turn to longer-term solutions like income-generating activities:

“[Our work] indicates that families with separated children, and families that are at risk of separation, are often highly vulnerable and living in destitute conditions where basic needs are not met. Cash transfers can reduce their vulnerability by helping to meet their basic needs. CTs should remove some of the factors that contribute to separation.”

“... the CTs can be used to directly pay for basic needs and educational expenses, and/or can be used in income-generating activities which might support the household to support the basic needs of food, clothing, shelter and health needs of a child... [CTs allow households] to start getting back into productive activities”

Although basic needs were iterated as the “food, clothing, shelter and health needs of a child,” project guidelines were not prescriptive on how to measure whether these needs were being met. Instead, case managers used a Cash Transfer Computation tool to work with a family to help them define the amount of expected expenses for food, housing, health, education, and an undefined line for “other” expenses.

The FARE guidelines were comparable to ESFAM's in most ways, though they suggested perhaps more inclination to encourage simultaneous investment in consumption needs and new income streams/saving:

“[The CTs] are used to meet day-to-day household needs and requirements and to make small investments (for example, saving and borrowing through VSLA) that can help recipients develop or expand sources of income.... [They] allow non-productive households (i.e., those that cannot participate in the labor market due to physical constraints, lack of land ownership, or another asset limitation) to subsist in times of

financial difficulty without having to sell off assets or take on debt. The funds transferred can then be applied toward expenses such as education, production capital, and credit. In this way, the implementation of cash transfer programs is seen as means of preventing household destitution as well as an investment in long-term economic development.”

FARE’s cash transfer guidelines did not provide a definition of basic needs. A separate reflection note offered some examples of basic needs as “food, shelter, clothing and protection.”

The ground-level perspective obtained in the interviews on how CTs should be used largely mirrored the written guidelines for the two projects. When questioned, ESFAM staff and beneficiaries presented a fairly consistent focus on the use of CTs for basic needs, with emphasis on schooling in particular.

ESFAM stakeholders did mention using CTs to support IGAs and savings activities, but less often than meeting consumption needs. ESFAM staff placed more emphasis on the role of CTs in consumption support, and only occasionally made an explicit connection between CTs and income-generation and savings. For example, a social worker in Kamuli suggested that CTs were meant to help simultaneously with basic needs/education and with the development of businesses to earn income and protect the household from shocks.

Like its written materials related to the TOC, FARE’s staff and beneficiaries conveyed a less clear and sequential relationship between consumption needs and savings and IGA investment. Among the beneficiaries, there were a range of views expressed: some suggested the CT was meant to meet basic needs, others cited basic needs and savings, while others suggested basic needs, savings, and investment in income-generating activities (IGAs).

FARE staff noted that the cash provided would not meet all participant needs or immediately change their level of economic vulnerability. Instead, they emphasized the use of CTs for consumption “relief” to “stabilize” households so participants could get involved in other interventions that would lead to enhanced income streams. One PO described CTs as the “kick-start” for the next stage in livelihoods; i.e., meeting basic needs to prevent kids from leaving, but also helping households reach a point where recipients have enough money to invest in income-generation.

FARE staff saw CTs as stabilizing households in several ways. Throughout interviews, they emphasized the importance of helping households achieve greater food security and ensuring that children returned to school. An AVSI staff member focused on family strengthening interventions noted that keeping children in school and providing food are key to preventing them from running away. A CBT in Wakiso elaborated, “These people were so poor they couldn’t afford to eat... the kids were roaming around, going to the rubbish bins to find something. This is why they were running away to go to the streets.” In a written reflection, FARE staff also noted that CTs reduce pressure at home and help families “stabilize” through improved relationships.

Intervention Design

Design process

To inform design of its CT intervention, FARE conducted an assessment to identify the appropriate modality for disbursing the CTs. FARE's finance officer confirmed the assessment found that "mobile is safer" than cash-based disbursements, which may put both staff and recipients at risk for theft, and "sim cards are cheap (2000 UGX)." FARE staff also indicated the project had done a prior assessment of the drivers of separation, as well as a separate assessment to determine the disbursement amount for CTs. According to FARE's guidelines, the assessment found that households would require 90,000 UGX monthly for six months, but this was reduced to 70,000 UGX. According to staff, the reduction was made due to budget constraints.

ESFAM did not conduct an assessment to inform the selection of a CT modality, and later encountered problems with mobile money in the field, including participant distance from mobile agents. Rather than identifying a uniform CT amount using an assessment prior to intervention rollout, ESFAM identified a ceiling amount for the total CT disbursement at 420,000 UGX over no more than 12 months. Although investigators did not undertake a systematic review of case files, a cursory review of IDI participant records found participants either received or were on-track to receive the full balance of their CTs within four or five disbursements, putting the average disbursement somewhere between 84,000 UGX and 105,000 UGX. Field staff were instructed to conduct a monthly assessment to calculate a family's needs that month, then made the next disbursement accordingly until the ceiling was met. Although Making Cents conducted an assessment in early 2016 to tailor ESFAM's training packages, no reference was made to other types of assessments used to inform CT design.

Targeting

Process

Both FARE and ESFAM developed guidelines to inform the CT process, and, in alignment with best practices, both programs developed clear criteria for targeting beneficiaries (Catholic Relief Services, 2016). According to its M&E Specialist, ESFAM initiated the selection process by organizing a community meeting including potential beneficiary households and other stakeholders, such as local government officials. Using Participatory Rapid Appraisal (PRA) methods, participants identified key risk factors and ranked them based on importance. Then, ESFAM organized focus groups to identify households demonstrating the identified risk factors. Factors were scored based on how they were ranked, and households were classified based on pre-determined cutoff scores.

Households classified as "high" or "medium risk" were then assessed using the Family Status Vulnerability Index (FSVI). The FSVI is a variation on the Government of Uganda's OVC targeting and assessment tool (HVAT), which has been updated to include more indicators relevant to separation, including caregivers' access to external material and emotional support, household responses to shocks, an estimate of monthly income, and ability to pay for food, shelter, water, health, and education over the past three months. The FSVI includes indicators

on economic status, basic needs, care, treatment and health; psycho-social support; and child protection. The FSVI originally generated three categories: destitute, struggling, and prepared to grow, where the latter category was considered economically stable and not targeted with ES. Ultimately, cut-offs between categories were determined based on programmatic targets. To create three target groups to match to three intervention packages, the struggling group was divided into two separate groups: struggling 1 and struggling 2. CTs were targeted to destitute households. Although the ultimate decision of which participants would receive CTs was determined by the FSVI, community members were informed that the input they gave during the PRA process would be used for targeting CTs, and community members knew who were eligible for the CTs. The participatory nature of ESFAM's targeting process is in alignment with best practice (Catholic Relief Services, 2016).

FARE took a less participatory approach to targeting. Although it did not rely on PRA, FARE also introduced the intervention to the community through a community meeting, but kept selection confidential. A Wakiso SW explained that few non-recipients knew about the transfers at all, suggesting limited involvement by participants in the community meeting. The selection process started with compiling a list of vulnerable households identified by local leaders. Then, FARE conducted a household assessment using a version of the HVAT updated with additional indicators relevant to family separation. A subset of HVAT indicators known as the Simple ES Tool generated classifications of destitute, struggling, and prepared to grow. Unlike ESFAM, FARE staff took the additional step of returning to participants' homes to verify assessment results using subjective judgement.

Like ESFAM, FARE planned to target destitute households with CTs, which they estimated would account for approximately 10% of households at risk of separation and 15% of households reintegrating children. However, approximately 80% of assessed households were classified as destitute, probably due to a targeting approach focused on identifying very poor households. FARE revised its methodology to target the bottom 10% of households according to the Progress out of Poverty Index (PPI), a validated poverty assessment tool conducted simultaneously with the HVAT to assess the validity of the tool. Both FARE and ESFAM provided intensive post-disbursement monitoring to ensure that participants were using the CTs to meet their needs, per best practice.

Response to targeting approach: ESFAM

Generally, staff, participants, and government officials interviewed found the targeting process for both FARE and ESFAM to effectively identify the most vulnerable households. The SW from Luwero, ES Specialist, and at least one participant felt that although targeting criteria were sound, final decisions should have been validated by staff and/or community members. Most participants had a general idea of how they were selected, but at least two participants in Kamuli did not know, likely because they were reunified households enrolled later in the project that started receiving CTs before financial literacy training.

For ESFAM, both participants and government officials saw the FSVI as an accurate tool that

identified the right people and avoided conflict. This was largely attributed to the involvement of the community in identifying vulnerable households. A couple of participants said the targeting method wasn't "fair," but they agreed that it did reach households worst off. When asked about errors of inclusion, staff unanimously responded that all households targeted were very poor and accurately targeted. Although there is no evidence that participatory targeting is more or less accurate than other approaches to targeting (Devereux et al., 2017), these findings reflect similar research on CT targeting methods in Zimbabwe, which indicated that community members found participatory targeting methods to be more acceptable and produce less jealousy than census-based methods, but that the two methods had a low level of agreement and the participatory method failed to include a large number of vulnerable households (Robertson et al., 2014).

However, ESFAM staff members noted that many vulnerable households classified as "struggling" were likely left out of the CT intervention when staff felt they were poor enough to qualify for it. The SW from Kamuli estimated that 10 of 53 struggling 1 households should have been classified as destitute. As ESFAM's ES Specialist pointed out, nearly all households could have used cash because "the dividing line between destitute and struggling is very small." He went on to explain, "The assumption was that struggling households would have cash to save, but this was not always the case." He further explained that some struggling households were unable to save regularly in savings groups. A better option, he suggested, would be to provide cash to all participants, with amounts graduated by vulnerability level.

Even more controversial was the dividing line between struggling 1 and struggling 2 households. While struggling 1 households were not eligible for CTs, those that chose to participate did receive a subsidy in the form of matched savings accounts (MSA). Struggling 2 households, however, received no subsidy; they were only invited to participate in a VSLA, in addition to receiving at-home coaching. ESFAM's Program Manager found this division hard to justify, and reported seeing no appreciable difference between the two categories. The M&E Specialist noted that although the households might look similar, struggling 2 households had less obvious advantages, such as access to credit, that made them less vulnerable. The SW from Kamuli noted visible differences, such as more IGA-ownership, better housing, income, parenting skills, and savings among struggling 2 households. Struggling 2 participants were reluctant to discuss it in interviews, but, with probing, expressed dismay about not being targeted for subsidies. Overall, due to the conflict caused by cutoff decisions, staff and participants largely agreed that CTs should have been made available to all participants.

Response to targeting approach: FARE

FARE staff were highly confident in the accuracy of the process of classifying households according to vulnerability level, largely because staff were able to return to participant homes to verify the results of the HVAT. They also saw the PPI as an effective tool for identifying the most vulnerable households, and reported that it was in alignment with the HVAT.

Staff reported some inclusion errors that were corrected during the verification process. Like

ESFAM, several FARE staff agreed that more participants could have benefited from CTs. Retrak's ES PO observed that some households that were truly living "hand-to-mouth" were excluded from CTs, and he estimated about 205 Retrak participants were not in VSLA groups or receiving CTs. Of these, he saw half as requiring family strengthening interventions prior to ES, such as addressing domestic abuse issues. The other half, however, were just left out. He explained simply, "All households are destitute." A reflection paper developed by the FARE team in October 2017 showed that the PPI was still seen as capturing the poorest of the poor: "While the staff felt it was appropriate to describe all participant households as destitute, they recognized a sub-group, which they felt, could be well described as 'destitute and desperate.'"

Some negative consequences were reported due to the confidential nature of targeting CTs. Respondents reported that neighbors found out despite the secrecy, and staff reported that some participants who did not receive CTs lost interest in the activity altogether. Although project reports noted that confidential targeting generated some tension, it was not seen as disruptive to the project. A project manager from Retrak regretted not involving the community more in the selection process, and at a debrief meeting following this data collection exercise, FARE staff confirmed that if the project was larger, they would have striven for more transparency with community members on the targeting process.

Quantity and duration of CTs

According to best practice, CTs designed to meet basic needs should be based on a standard basket of goods, can be fixed or variable, and should be disbursed fairly frequently (Mercy Corps, 2014). Both ESFAM and FARE strove to meet these standards, but staff and participants agreed the amount and duration of CTs were too low to meet participant needs. Both programs established a ceiling of 420,000 UGX/participant, with the intention of monthly disbursements. FARE capped disbursements at six uniform payments over six months, while ESFAM offered variable payments based on a calculation of household needs, to last no longer than a year.

Most ESFAM participants were positive about the amount they received, but argued they could have invested more in IGAs if they had received larger transfers. When asked how much money would be enough for them based on their own definition of "enough", responses ranged from 600,000 to 1M UGX over a period ranging from six months to a year. A few participants said they would have preferred assets to cash. All in all, participants expressed extreme gratitude for the CTs, and, due to clear messaging, most understood when the CTs would end.

FARE was unable to provide the amount it initially calculated that would be required to meet household needs: 90,000 UGX/month. When asked whether 70,000 UGX was enough, one respondent replied that it solved "70% of my problems." Although the FARE guidelines stipulated that some funds would be available for households that needed more money after the six-month disbursement period, this became impossible due to budget constraints.

Implementation

Regardless of how well a program is designed, challenges will appear during implementation.

This section focuses on how program guidelines were put into practice.

Targeting communications

CT targeting was explained differently by the two projects. ESFAM engaged community members in a participatory process to conduct the targeting, and FARE explained the process to community members but did not share the results of the process with them. ESFAM participants reported no conflict with neighbors resulting from the targeting process. In fact, an ESF from Gulu described recipients' neighbors as relieved that they were receiving CTs because recipient households would no longer be "burdening them" with requests for money. Despite some complaints reported by LC1 officials (village-level leaders) in Kamuli and Luwero, community buy-in to the targeting procedures was found to be strong and was often attributed to the PRA exercise. FARE's process was more confidential, with the intention that non-participants would not find out or become jealous of CT recipients. Non-participating community members and participants who did not receive cash but who found out who was selected for CTs did not disrupt the program, but some jealousy was reported.

Although the classification of destitute households in ESFAM did not create conflict, the distinction between struggling 1 and struggling 2 households resulted in perceptions of unfairness among households classified as struggling 2. Exclusion from the CT and MSA intervention had highly negative effects on the overall participation of struggling 2 households. Although field staff reassured investigators that struggling 2 households understood and accepted the targeting process, M&E figures show much lower rates of participation among this group. When probed, a Gulu PSW admitted that none of the four struggling 2 households in her jurisdiction joined VSLA groups, likely due to not receiving cash. In fact, struggling 2 households were not participating at all in her area.

In FARE, some participants misunderstood how the targeting process worked. A lot of Wakiso participants said they were selected because of specific troubles they had, rather than describing the HVPT, HVAT or PPI assessment process.

Disbursement and accounting procedures

Accounting procedures for the CT intervention varied according to the different contexts served by ESFAM and FARE. Because ESFAM served peri-urban and rural populations with varying levels of access to mobile money, it used both cash and mobile money. FARE, however, relied principally on mobile money for its urban participant population.

On a monthly basis, ESFAM ESFs were intended to conduct a computation of each household's anticipated expenses and income during a home visit. The value of the CT was to be determined by the difference between these two figures. The names and CT amounts for all recipients would then be submitted to the district SW, who would compile them into a spreadsheet to be submitted to the NO for approval. Each family would then decide whether it preferred cash or mobile disbursement.

For ESFAM, the cash disbursement process was initiated when ESFs received a list of

recipients. SWs filled envelopes with cash according to the amount that had been calculated to meet the households' needs in consultation with PSWs. ESFs and PSWs disbursed the money to participants, who counted and verified the amount. Then, a receipt was signed by the SW, ESF, and recipient; this receipt was kept by ESFAM. The name of the recipient was crossed off a list and sent to HQ, where it was reviewed by the Project Manager and submitted to ChildFund's Finance Department for verification and reconciliation.

Mobile money was a more efficient process, and was preferred by ChildFund's finance staff. It took three days to view a transfer in the mobile system. After money was disbursed digitally, NO staff notified SWs, who would then verify each participant had received the money and that their signatures were recorded. Though electronic records confirmed receipt of the funds, field staff kept paper records of receipt in their case files. No money was disbursed until the previous transaction was verified and reconciled.

ESFAM households did not always receive payments on a monthly basis. Most of the participants interviewed reported at least one gap between payments of at least two months. Interviewees also noted they often did not receive a warning or explanation for the delay.

For FARE, all transactions were mobile and all recipients received a uniform amount of 70,000 UGX each month. After recipients were identified using the PPI, partners submitted the names of each recipient to the FARE financial manager. The financial manager checked each mobile number to ensure it was registered to the right name, and confirmed each beneficiary had signed a CT agreement. Payments were disbursed via Electronic Funds Transfer (EFT), and the finance manager received a digital report on who had received the payments. FARE staff checked in with participants as needed to verify the money was received. They also provided extra assistance to illiterate participants to check their balances. Sometimes the process of verifying receipt of payment involved following up with participants on the phone. The finance manager explained that no receipts were collected from participants because they already signed a written agreement accepting the transfers. Consistency was not flagged as a problem for FARE mobile payments.

Efficiency

Due to its more complex system of disbursement, ESFAM suffered from many more efficiency problems than FARE. The monthly calculation of disbursement amounts turned out to be a challenging and time-consuming process for ESFAM field staff. Field staff had low levels of education and required a lot of training to be able to conduct required tasks, including the calculation of CT disbursement amounts and overall tracking of CTs. In practice, this process came up as a cause for delays between disbursements. Although ChildFund's NO staff recognized some benefits to the process, including the process of sitting down with a family during a home visit and developing a budget, it was agreed that future programs should not recalculate disbursements on a monthly basis. The ES Specialist suggested that quarterly assessments would be more appropriate.

From the perspective of program staff, the ESFAM CT intervention was burdensome. A large number of staff had to be present for every cash disbursement, including the ESF, PSW, SW, and ES Specialist, occasionally joined by local government officials. The ES Specialist had to verify and sign off on all documentation and coordinate regularly with SWs. Although simpler for staff, mobile money was even less efficient for rural participants. Some sites, such as areas of Luwero, were near enough to a mobile agent that travel to pick up money was not a problem. In other areas, participants had to spend extra money to hire transport to far-flung mobile agents. However, finance staff calculated minimal transaction costs for physical cash disbursements. For mobile money, these included a 2% mobile money withdrawal charge and nominal transfer charges; for cash, they included fuel reimbursements for SWs to deliver the cash, which was estimated at about 1% of the transfer costs.

FARE's disbursement process was much more streamlined. Payments were all made using mobile money, which generated automatic reports that finance staff could verify and use to track received payments. Transaction costs were reported at 3600 UGX/withdrawal, a cost covered by the project. An early hiccup in setting up mobile CTs was a new government requirement that all SIM cards needed to be registered. Registration requires use of a national ID, which a substantial number of beneficiaries did not have. Some participants required considerable staff assistance, including accompaniment to the government office that issues IDs, to complete the process. Because mobile agents are dense in the Kampala area, participants were able to easily access their mobile payments.

Training and support

Both ESFAM and FARE offered intensive training and support to participants to prepare them to receive and later stop receiving CTs. Training was offered through home visits, and, for VSLA members, in groups. Participants praised the trainings highly and saw them as a major draw for the program.

ESFAM provided training on financial literacy, business skills, parenting, hygiene and sanitation, and child protection in addition to psychosocial support during PSW and ESF home visits. For destitute households, ESFAM's program reports stated that visits were conducted an average of three times a month. The financial literacy training was derived from a module of the larger *Catalyzing Business Skills* curriculum developed by Making Cents International to meet the needs of program participants. Intended to help CT recipients manage their transfers, the training was usually provided by PSWs at participant homes and consisted of seven 45-minute sessions covering household money flow, managing needs and wants, savings management, borrowing money in the community and managing financial emergencies. All CT recipients were intended to receive the financial literacy training prior to receiving CTs, but, due to rolling enrollment, some reunified households received the cash first. ESFAM also offered the full 20-hour *Catalyzing Business Skills* training through VSLAs.

ESFAM's CT guidelines stated that participants should be encouraged to spend money on children, and staff should monitor how the payments are used. Although investigators only

reviewed a small sample of CT participant case files, the information in the files reviewed suggested that participants spent their money as intended.

Table 6. ESFAM Training and Support Responsibilities

<i>Position</i>	<i>Responsibilities/roles related to cash transfers</i>
Para Social Worker (PSW)	Conduct the financial literacy coaching with each destitute household
Social Worker (SW)	Provide support to PSWs in carrying out coaching in the home
Economic Strengthening Facilitator (ESF)	Conduct financial literacy training and support the PSWs in coaching the household members in the home
Economic Strengthening Specialist (ESS)	Supervise and monitor the delivery and impact of the financial literacy training and coaching

Source: ESFAM CT Guidelines

FARE provided training in enterprise selection, planning, and management (SPM) to CT recipients in a group setting. The SPM training lasted five days and consisted of five modules, including: identification of suitable enterprises (knowledge and skills); operation and marketing; sources of capital and family expenses; planning and management of capital; and cash control and risk. VSLA groups were also intended to receive SPM training, but not until their second cycle. The rationale for this was that group members would need to focus on learning how to operate in a savings group, and start accumulating savings, before learning business skills. However, staff felt that waiting until the second cycle was a disadvantage for participants, who could have used the information from the training earlier. SPM training emphasized that CT recipients should prepare for the end of cash transfers by developing IGAs. All CT recipients were also encouraged to join VSLAs. FARE staff identified the following skills that participants gained during the training:

- Market research to understand local demand
- Knowing expenses and finding ways to limit business expenses
- Control of expenses versus income to make decisions
- Separating household expenses from business expenses
- Reinvestment of income into business activities
- Planning and envisioning later phases of business activity

Another key training feature for Kampala residents was advice on how to avoid confiscation of informal businesses by City Council officials, a common problem that can be devastating to poor households, who frequently have their entire inventory taken by police. Similar to ESFAM, SPM training was intended to be provided to CT recipients prior to disbursing cash, but rolling enrollment reversed this order for some reunified households.

Both FARE and ESFAM noted that receiving CTs had a positive influence on participants' commitment to other project activities. For ESFAM, destitute households formed the most enthusiastic VSLAs. In a written reflection piece, FARE noted that:

“...staff observed increased levels of interest and participation in project activities after they began receiving the CT. This could have been due in part to the perception of pressure or obligation to participate since receiving a direct benefit, or due to the other factors such as hopefulness, willingness to plan, willingness to engage with others, and greater sense of control over household needs.”

Interviewed participants and staff from both projects were enthusiastic about the training, and agreed the trainings provided were well-suited to and understood by participants. Participants even requested additional training. The ESFAM ES Specialist observed “rapid behavior change” and the program manager saw “really impressive” changes in a “short time.” FARE staff noted that participants' businesses were growing and the training was successful. FARE CT participants also noted an important element of self-reflection in the training they received. The business training focused on identifying the skills and aspirations of each person, and supported them accordingly as a very hands-on and individualized program. However, Retrak's program manager was concerned that, by missing out on SPM training early in the intervention, VSLA participants were being “left behind” by CT recipients, who were better able to run their businesses.

Participants interviewed from both projects listed the training topics that they liked best. These included how to: earn income and diversify businesses, save, select a microenterprise, invest, keep records, hire others to work on your business, join a VSLA, and “persist” with a business despite confiscation. They also liked learning about “saving culture” and developing business ideas. Child protection and parenting training were also named as favorite training topics, reflecting how integrated these aspects of the program were with explicitly economic elements.

Staff and participants from both programs also had suggestions for how to improve training. In Luwero, a participant lamented that despite gaining knowledge and ideas for businesses, he was still unable to implement those ideas due to a lack of capital. A PSW in Kamuli praised the content of the training but felt it was too short, and that a year would have been more appropriate to integrate the lessons learned. For FARE, the biggest concern was the VSLA participants missed out on valuable training that only CT recipients received. Several FARE staff agreed that SPM should be provided to VSLA members during their first cycle. Staff also suggested that CT recipients should receive additional financial literacy training after SPM, with the logic that after they start earning income through a business, they will need additional skills to manage it.

Challenges and solutions

Both ESFAM and FARE experienced early challenges with mobile money. As noted above, new government regulations mandating the registration of all SIM cards meant that participants

needed extra help obtaining and registering their SIM cards, especially if they did not have the ID cards required to do so. Staff sometimes had to accompany participants to government offices to obtain their IDs. Although an assessment found that 80% of participants had access to a phone, some destitute households did not have their own phones at the beginning of the project and needed to either share a phone (using their own SIM card) or buy a phone, which they were able to do. A SW from Retrak explained that staff had to teach participants how to access their cash using mobile money, but illiterate participants had difficulty figuring out when they had received a message confirming delivery and some forgot their PINs. Staff intervened and participants reportedly adapted to the process. FARE staff reported these issues were largely resolved in the first two months of programming, and the entire process ran smoothly after that.

In addition to adapting to new legislation, ESFAM had additional challenges with the mobile money platform, or e-wallet, they selected. The e-wallet required participants to withdraw their money within three days of receipt, or it would bounce back to ChildFund. In rural areas with limited electricity, it was common for participants' phones to be discharged or switched off for days at a time, causing them to miss payments. This created extra work for staff, who had to coordinate with participants to confirm whether they had received the money and make sure the next payment went through. After switching to a different platform, this was no longer a problem. However, problems with weak mobile networks in rural areas persisted. Additionally, more remote participants had to travel long distances to reach mobile agents, which cost money and created a sense of risk around transporting cash.

Cash disbursement was also challenging for ESFAM. It was seen as risky for staff, who had to carry large sums, and required coordination among a large number of staff who were required to be present at disbursement. However, many rural participants reported that cash was preferable in the absence of accessible mobile money agents.

Though few cases were noted, there were some reports of fraud. These primarily had to do with family members handling mobile transactions. ESFAM staff noted one scenario where a CT recipient was illiterate, so she had her son withdraw her mobile money for her. When field staff checked how much she received, she was missing some, so the program switched her to cash disbursements. In FARE, a recipient's wife withdrew money on his behalf without telling him. A SW later helped him understand how to withdraw money himself. FARE staff suggested identifying households that might need more support with mobile transactions earlier on in the process to avoid mishandling of CTs.

CT phase-out

Both FARE and ESFAM provided intensive sensitization to participants in preparation for the end of the CT intervention, encouraging them to become involved with IGAs and VSLAs. Participants from both programs confirmed they received clear communication from the beginning of the intervention on when the CTs would end. When asked how they prepared for the end of CTs, most participants described the trainings they received as well as their

involvement in VSLAs. A recipient in Gulu, for example, noted that he felt prepared for the end of CTs because he received training to diversify his business and continue saving.

After the transfers ended, all participants continued to receive home visits from field staff, which they saw as helpful. Although some were able to use their IGAs to sustain an improved standard of living, others reported having to reduce expenditures. A recipient in Kamuli reported that she would have less money to invest in her business and feared that it would be difficult to cover her children's school fees. Two other participants described reducing costs down to the "basics," and one participant in Kampala anticipated returning to eating just one meal a day. A PSW in Kamuli explained that some households were unable to meet their basic needs after the CTs ended, but VSLAs and IGAs would "help them survive." When asked about how they would handle the dry season, several ESFAM households expressed anxiety about their ability to cope with lean times.

When asked about what would happen to participants after the program ended, ESFAM's ES Specialist described an exit strategy focused on strong linkages with local government to carry forward support of vulnerable households. A participant felt assured that field staff that lived in his neighborhood would continue to be a resource for him after program closure.

Government involvement

ESFAM and FARE were both deliberate in ensuring a high level of local government involvement in both of their programs. ESFAM made efforts to involve government in the monitoring of cash disbursements. Although government officials were engaged in the initial targeting activities, they were not involved in the design of the interventions. Community Development Officers (CDOs) were invited to attend trainings, monitor payments, and check assessment tools. At least one CDO mentioned providing training on VSLAs, and several officials mentioned helping VSLAs become registered as CBOs, thus allowing them to access and be targeted for additional government initiatives. LC1 officials were more involved with mobilization and participated in the initial PRA exercises. Overall, officials were positive about the project and spoke to its impact, and program staff considered their involvement supportive to their work, providing project activities with legitimacy and performing a vital function in the targeting process. Future programs can emulate the positive relationships fostered with government officials.

However, ESFAM encountered some challenges with local government. The ES Specialist noted that some officials demanded compensation for their mobilization activities, but ESFAM only had budget to cover their transport. One LC1 in Kamuli was confused about project activities; he estimated there were 50 reunified households in his village, when in reality there were 12. He also told non-cash recipients that they would receive money in a second phase of the project, which created false expectations in the community. Future programs should be careful to ensure the government officials they work with are clear on which interventions they are implementing for whom. They should also manage expectations among government officials, who may spread incorrect information to participants and create disappointment.

FARE enjoyed closer relationships with officials in Wakiso than in Kampala, where officials served a greater number of constituents and were much harder to reach. One of FARE’s primary contacts at Kampala’s City Council was an official called a Probation Officer, who was responsible for working on child protection issues. FARE attempted to advocate on behalf of participants that City Council cease to confiscate their street-based IGAs, but they were unsuccessful, and the Probation Officer was not in favor of reforming the existing policy. Like ESFAM, LC1 officials were actively involved as members in VSLAs. In a debrief, FARE staff expressed that they would have liked more engagement with local government, including more structured interactions and clarity on roles and specific forms of collaboration.

CT Use and Management

Both FARE and ESFAM noted that early disbursements were used for consumption, and later ones for investment and savings. FARE reported that early payments went to debts like “house rent, school fees arrears,” but by the third quarter of FY17, most households were using CTs for investment in IGAs. ESFAM reported that the percentage of CT recipients reporting using some CT funds for IGA investment increased from 40% in the third quarter of FY17 to 61% by the end of September 2017. All of the CT recipients who participated in IDIs reported investing some money from their CTs, but interviews with staff suggested this was not the case with all CT recipients, a significant number of whom were only able to use the transfers for consumption. A FARE ES staff person estimated that 38-50% of the 80 families that received them only used the CTs for consumption. A PO in Wakiso estimated that about 20% of participants used the transfers for consumption only. For ESFAM, a PSW in Luwero observed that “most” participants that she worked with were unable to invest their CTs.

Nine CT recipients from ESFAM and six recipients from FARE were asked to report their top three uses for CTs. Their reports varied on their primary use of their funds, but they were almost equally divided between business investment, children’s schooling expenses, and basic needs. Two ESFAM participants also mentioned using their CTs to rent land. Six of 15 interviewees reported investment as their secondary use of CTs, three reported schooling and two reported saving. Other uses included basic needs, schooling, rent, investment, livestock, saving, and other uses.

Table 7. Top Three Uses for CTs from IDIs – Number of Times Mentioned

CT Use	ESFAM (n=9)	FARE (n=6)	Total
Business	7	6	13
Schooling	6	3	9
Basic needs	5	3	8
Rent (house or land)	2	3	5
Saving	2	2	4
Livestock	3	0	3

Faming inputs	1	0	1
Shelter improvements	0	1	1
Other	1	0	1
Total	27	18	45

Even if it was not a primary use for CTs, all IDI respondents reported saving some money from their CTs in a VSLA. No participants reported using bank accounts. Overall savings amounts reported were small, ranging from 5,000-20,000 UGX/month (USD \$1.40-5.60). ESFAM staff and participants seemed to suggest that all CT households are saving in VSLAs. Quarterly report data current at the time of the interviews (through September 2017) showed this was largely true in Gulu, where 127 of 132 destitute participants were in a VSLA, and Kamuli, where 127 of 139 destitute participants were in a VSLA. However, this was not the case in Luwero, where only 82 of 133 participants were in VSLAs. According to FARE records from early 2018, only 31 of the 80 CT recipient households were also enrolled in a VSLA. Conspicuously, only one of these households was reintegrating a child. A Retrak staff member reported that nearly all CT recipients were saving in a VSLA, but that they were not necessarily saving the CT itself, but rather money made in other ways. In Wakiso, a SW reported that few CT recipients joined VSLAs because they didn't have enough to save.

When asked who in their household managed the CTs, male recipients reported budgeting with their spouse or whole family. Female recipients, however, reported budgeting and managing the transfers themselves. Issues with male partners stealing the CTs from their wives were rarely reported, but sometimes this happened. Several FARE and ESFAM staff stated that this was not a problem at all, but a SW from Wakiso said there were a few cases of husbands taking the money when the wives had not informed them about the CTs from the start. There were also a few cases of GBV reported as related to the CTs. The Probation Officer from Kampala noted one situation when he assisted Retrak in intervening where a husband wanted to use CT money in an inappropriate way, but considered these situations as rare as "one case in 50." No ESFAM staff reported intra-family conflict related to CTs, perhaps in part due to the joint planning process that took place during the computation of the transfers.

Outcomes

FARE and ESFAM staff consistently agreed the projects were meeting their ultimate goal of preventing family separation. Government officials noticed as well. An LC1 official in Luwero saw the change in his community: "Kids aren't on the streets anymore." In Kampala, the Retrak Director shared that most reunified households were staying together: of Retrak's 22 reunified households that received CTs, only two children had left home.

Basic needs

According to the TOC for both FARE and ESFAM, CTs were intended to allow participants to meet their basic needs. However, interview participants disagreed on whether CTs

accomplished this objective as well as how “basic needs” should be defined. Interviews suggested that most households had increased meals and were met primary school expenses, and many had invested in IGAs, but not all children were attending school. Larger households and “granny-headed” households in particular were still struggling.

When asked how much money would be enough to help participants meet their basic needs, the most common response, from staff and participants themselves, was, “it’s never enough.” However, most staff from both FARE and ESFAM felt that most households were able to meet their basic needs, where such needs are defined as survival necessities in a context of deprivation. The program manager from FARE partner Retrak explained that, “in the slum context, [the CT] is enough” and that it prepared people to meet their needs “within an existing standard of living.” She and ESFAM’s ES Specialist shared the concern that if the disbursement amount were increased, the money would be likely squandered.

FARE’s Family Strengthening Technical Advisor confirmed that participants were able to meet basic needs, defined as food and school costs. As evidence that basic needs were met, the Program Manager from ESFAM noted that participants reported using early CT disbursements for consumption, and later disbursements for investment in IGAs. A CDO in Gulu explained that the CTs “cannot change much, but at least enabled them to meet basic needs,” and confirmed that separation had been reduced.

However, some staff and participants felt the CTs were too small to meet basic needs, especially for larger households. Neither FARE nor ESFAM calibrated the CT amount to family size: each household was given a uniform total amount over the life of the intervention, and staff and participants reiterated that this left larger households behind. One ESFAM social worker defined the threshold for household size that the CTs provided could adequately cover at six members; households larger than that would still struggle to meet basic needs. In Kamuli, one PSW said that seven of 16 CT recipients in her jurisdiction were not able to meet their basic needs due to family size. ESFAM’s ES Specialist noted that most households were able to meet food, school, and medical needs, but the CTs were inadequate to cover shelter. Some participants also noted that early disbursements occurred during a period of drought, so the entire sum went toward the purchase of food and could not be used to meet other needs.

Although increased food security was acknowledged by nearly all participants, interviews confirmed that not all recipient households were able to send all of their children to school. While most households were able to cover primary school fees, several participants and staff from ESFAM and FARE reported that CTs were not adequate to cover secondary school costs. In Kamuli, an ESF estimated that 10 of 30 participants in his jurisdiction were not sending all of their kids to school.

Definitions of “enough” also varied between staff members and participants. Rather than defining basic needs and whether they were met, AVSI’s Family Strengthening Technical Advisor and PO viewed the transfer “like a switch” to help participants start working, and

Retrak's Director felt that transfers must, at least in part, be used to support IGAs. AVSI's ES TA and PO noted the CT amount was defined based on a previous assessment that found that participants would need 90,000 UGX/month, but this had to be reduced to 70,000 UGX/month due to budget constraints.

Participants gave specific definitions of "enough" in terms of quantity of money and how they would use it. Amounts ranged from 500,000 UGX over five months for the purpose of building a business and paying school fees in Gulu to 5,000,000 UGX for home construction. The most common response was 1 million UGX over a year to help households pay for shelter, business investments, and education.

Household differentiation

CTs were found to be most effective at helping households meet their basic needs and improve their overall wellbeing for households with smaller families and existing sources of income. A PO from Wakiso noted that households with IGAs that were able to use CTs to grow their businesses finished the intervention in the best position. The ESFAM Team Lead also noted that CTs appeared to be more effective for female-headed households, who were more open to program participation.

Households that benefitted least from the CTs included large households, households without sources of income, households that rented rather than owned their homes, and indebted households. The ES PO from FARE gave the example of granny-headed households and those without IGAs as the most likely to backslide after CTs ceased. Staff also noted that households dealing with domestic violence or alcoholism also benefitted least from CTs.

Food security

Staff and participants nearly unanimously reported improvements in food security. Across both projects, recipients currently receiving CTs described increasing their meal intake from one meal a day prior to CTs to two or three meals a day. One ESFAM reintegration caregiver in Kamuli cried as she recounted that she used to only eat the food she was able to grow, and her family was starving. Another participant in Luwero noted that CTs allowed her family to consume a more balanced diet.

Despite these positive reports, some respondents reported that they expected they would need to reduce meals again during the next dry season. During a debrief on these findings, ESFAM staff attributed these concerns to higher level problems that the project was not able to address, such as governance, climate change, and lack of irrigation in some project areas. Based on a quarterly report through the end of 2017, Kamuli had been particularly affected by drought, and ESFAM took measures to ensure that all households in need received referrals for food relief as well as follow-up support from staff. Nonetheless, staff noted that during the project period, three caregivers had died from starvation while in the project. They recommended that future programming address food security through community-based initiatives to revive indigenous food security practices, such as traditional "kabaka gardens" maintained to support family

needs, and advocacy.

Education

Most CT recipients reported their kids were not in school prior to receiving CTs, but were in school when interviewed. However, probing revealed that households were often unable to cover the costs of secondary school, and some were still struggling to pay primary school fees. In addition, anecdotal evidence received after the fieldwork suggested that at least some households were unable to keep their kids in school after the CTs ended.

Shelter

For ESFAM, shelter was cited as an area where CTs had little impact. However, interviews with CT recipients showed critical improvements in shelter that helped improve overall income-generating abilities for participants. Two FARE CT participants interviewed were homeless prior to receiving CTs, and later used CTs to rent a place to live, and one ESFAM CT participant made major upgrades to his home. Overall standards for shelter across both programs remained poor, however.

Health

Access to health care was not emphasized as a key outcome in most of the interviews. One CT recipient in Gulu described how CTs and savings group participation allowed her to start going to a higher quality hospital than the local, public hospital, and CTs were linked to an increased ability to meet emergency expenses in a couple of interviews, but little else was mentioned.

Savings

Accumulating savings was one of the key outcomes identified for destitute households under ESFAM's ES strategy, and FARE noted CTs should be used to "meet day-to-day household needs and requirements and to make small investments (for example, saving and borrowing through VSLA)" in its CT guidelines. Both ESFAM and FARE ES staff encouraged CT recipients to start saving while receiving the funds, and all CT participants interviewed indicated they were saving in a VSLA.

However, not all participants were able to start saving. A CDO from Luwero acknowledged that ESFAM only partially met its objectives because not all participants were able to start saving. The ES TA from FARE shared similar thoughts, sharing that although participants were meeting their basic needs, not all were saving, particularly reintegrating households without access to a VSLA. Estimates of the proportion of households unable to save varied wildly among project staff, from "few" to "nearly all."

Investment

In FARE, business training was provided to all CT recipients prior to receipt of CTs, which demonstrated the expectation that participants should use their funds to invest in an IGA. ESFAM provided financial literacy training, and its CT guidelines made clear that by the end of CTs, households would "be able to meet their basic needs and start getting back into productive activities." Even though households did not receive business training prior to receiving CTs

participants were encouraged to invest, and they did.

Investment was understood by participants in different ways. In the more rural districts served by ESFAM, participants reported using CTs to rent land and purchase farming inputs. This allowed them to improve their ability to produce food for themselves and sell off any surplus. However, farming was not viewed as a business. Staff confirmed that most participants did not see farming as a business because they were unable to profitably sell off surplus due to lack of connections to a market system. Participants did see livestock as an investment, and it was very common for CT recipients to use their funds to purchase small livestock to multiply and sell off later.

A large portion of participants were reported to use CTs to start or reinvigorate dormant IGAs, often with credit obtained from VSLAs. The district SW for Kamuli estimated that 80% of CT recipients in his district were able to do this. The LC1 in Gulu clarified that this was made possible by VSLA membership, and that CTs helped participants “eat,” while VSLA helped them “invest.”

Other participants described using funds to invest in family members’ ability to obtain work. In Wakiso, one recipient described using the money to provide the transport needed for her sons to get jobs working on a road construction project. Another participant in Wakiso described using the money to fund her daughter’s apprenticeship, and others mentioned using it for children’s vocational training.

While most staff seemed optimistic about the number of participants able to use CTs for investment, others, primarily FARE staff in Wakiso, saw most participants using the money solely for consumption. Like savings, the exact proportion of beneficiaries unable to invest was difficult to discern from staff input. One CBT explained, “We talked to them about IGAs but they had no capital.” The SW from Wakiso estimated that 50% of participants in their jurisdiction were unable to invest. Another CBT in Wakiso estimated that 20-50% of participants used CTs for consumption only.

Social capital and family relationships

Several participants described living in a state of social alienation prior to enrolling in FARE or ESFAM, but that participating in CTs and VSLAs helped change their social positions. One recipient in Gulu described that even his parents would not previously lend him money, but his life transformed significantly enough since participating in ESFAM that they now come to him for financial help.

CTs, and their accompanying trainings, also helped ease tension in households where relationships were strained by poverty. A recipient in a Kampala slum explained that through the training that accompanied CTs, she learned how to operate an IGA from her home, where she could supervise her children.

Sustainability

Another Wakiso CBT reported that 75% of CTs went directly into basic needs like food, and that most recipient households were more or less in the same position as when the program started. However, she also reported that 95% of CT recipients saved in a VSLA, which may have long-term improvements in the resilience of these households as well as access to capital for future investment. Most CT recipients said they can sustain positive outcomes from the program through their business and VSLA. Several interviewees insisted they would not return to the level of poverty they experienced before the CT, even if they are afraid things will become difficult again.

The ultimate answers on sustainability were beyond the scope of this study, as it took place relatively soon after the end of the CTs for most participants. Other research under the SPIRES project is expected to deliver a longer-term follow-up look at whether effects were sustained.

Are outcomes being delivered to the neediest households?

Program documents and interview data suggested that the desired outcomes of the CT interventions, according to the TOCs laid out by FARE and ESFAM, were delivered, but with limitations. A few striking success stories showed that participants targeted were in situations of extreme distress prior to interventions. With the help of FARE and ESFAM, these participants were able to stabilize their lives, obtain housing, and engage in IGAs. However, although their situations improved due to the intervention, they remained vulnerable to shocks, which is not surprising given the direness of their circumstances and the short duration of the interventions.

In Kampala, two FARE participants interviewed had been homeless in the slums prior to the intervention. One described shielding her infant from oncoming traffic as the two slept on the roadside, living in constant fear of being raped. She was found by Retrak, described as on the verge of suicide by both herself and staff. At the time of the interview, she has been reunited with her children and was vending produce from a stall, renting a place to live, and eating regularly. However, she reported that when the CT ended, she would have to reduce her food consumption to one meal a day again.

One of the ESFAM participants interviewed was a man in his early 60s living in the rural district of Kamuli. When he enrolled in ESFAM, he lived in a cramped hut with all seven of his children and his wife. He and his wife shared a bed, and the children slept underneath. He used the CTs to build a brick house with more than one room. When interviewed, he was overflowing with enthusiasm for the program and showered the study team with gifts of food. But he also pleaded for more cash, explaining that although his family was more comfortable than before, they were still struggling. He explained that he was getting older and finding it more difficult to transport goods to the market on foot, and that with additional CTs, he would be able to purchase a bicycle.

Staff agreed that many participants were in a truly dire situation when they enrolled in the projects, and that project interventions made a major difference in their lives. Retrak's project

manager explained that the CTs “saved lives,” not just materially, but by bringing hope to participants who were “hopeless and suicidal.”

Suggestions for Improvement

Targeting

Across the two programs, there was consensus that targeting should have been more inclusive: many more participants would have benefited from CTs. Providing cash to more participants would have avoided ESFAM’s challenge in engaging struggling 2 households, who had a high rate of declining to participate in VSLAs.

For households who were not targeted for CTs and were unable to join VSLAs, FARE staff proposed additional support in the form of a basket of goods as emergency relief during the lengthy period required to set up referrals to external services. This would help households cover their needs temporarily before getting referred services. As most of the households in this situation were likely reintegrating, this would be similar to the reintegration package of basic necessities provided by ESFAM.

ChildFund and AVSI Foundation can learn from each other’s targeting approaches. ESFAM was happy with its participatory targeting process, and FARE staff expressed that they planned to adopt greater transparency in the future to avoid tension in the community. FARE was able to verify household classifications from the HVAT with household visits. Several ESFAM staff expressed that future programs should do something similar, including consulting with neighbors and local leaders to verify participant’s vulnerability status.

Training

Participants loved the training provided by ESFAM and FARE, and frequently requested refreshers and additional training. At least one ESFAM staff also proposed more training on additional topics, with an emphasis on IGAs rather than only financial literacy. FARE staff suggested several improvements to training, including expanding SPM to VSLAs in their first cycle and augmenting the business-oriented SPM training with additional financial literacy training for CT recipients. They also noted the deleterious effects of HIV and GBV in the communities where they worked. Instead of providing ad hoc training on GBV, FARE proposed that future programs should be deliberate in providing training on HIV and GBV.

Disbursement

Although a number of participants preferred it to cash, ESFAM had some serious challenges with mobile money. Mobile money was a problem in Kamuli and Gulu for rural people far from a mobile agent. ESFAM’s Project Manager said they should have done an assessment to understand how limited access would be in rural areas prior to rollout. If they had known, they could have partnered with a mobile operator to improve access in these areas. An ESF in Gulu said simply that cash should be given to rural participants, mobile money to urban, and based on FARE’s experience, that seems to be a reasonable model.

Mobile money was also difficult to implement because a number of impoverished program participants did not have phones or registered SIM cards, so they had to use other people's phones, creating the risk that someone else would withdraw money instead of them. Both programs worked hard to ensure that participants had access to phones and registered their SIM cards, and both provided intensive support to make sure that illiterate households were able to use mobile money. FARE's director suggested identifying participants who might have issues using mobile money in advance and targeting them for special assistance/help, including regular check-ins to ensure they received their CTs.

ESFAM staff also reflected that by decentralizing all CT processes from the NO, they could increase the overall efficiency of transfers, which often suffered from delays.

Quantity and duration

Staff and participants agreed that the intervention would have benefitted from larger transfers over a longer period, with a common recommendation of disbursing 100,000 UGX/month over the course of a year to account for two growing periods. This corresponded with both FARE's and ESFAM's efforts to calculate monthly household needs. A cursory review of CT recipient case files showed that ESFAM staff calculated that households needed an average CT disbursement between 84,000 and 105,000 UGX per month, and the assessment FARE completed prior to implementation suggested that households needed approximately 90,000 UGX per month in CTs. A handful of participants expressed a preference for a few large payments or a single lump sum to jump-start an IGA.

Another common recommendation was to vary the amount based on household vulnerability level, with more vulnerable households receiving more, and less vulnerable receiving less. Several staff members felt the vulnerability classification was not a good mechanism for identifying how much money a family needed. FARE's ES TA and PO suggested that family size, whether or not a family had IGAs, whether household head is productive, and total number of dependents were more important factors for determining the CT amount. Almost all respondents agreed that amounts should be tailored to family size, as large families struggled to make ends meet while receiving the same amounts as small families who thrived.

FARE staff did not suggest shifting away from uniform to variable disbursement amounts. For ESFAM, the monthly calculation of each household's CT was time-intensive and hurt program performance by creating delays in payments. ESFAM staff were divided on whether it would be better to provide a uniform amount or to continue conducting computations at less frequent intervals, such as quarterly rather than monthly. Participants were not asked about this topic consistently, but at least one in Gulu suggested a uniform monthly amount would have helped him budget more easily.

Another suggestion was to provide extra support for the most vulnerable. Families identified by FARE as backsliding were granny-headed and those without IGAs, and FARE staff felt that they needed both more money and more support.

Human resources

Staff turnover was a problem for ESFAM. Low staff capacity was especially highlighted in interviews with ESFAM staff, who explained that the scope of field staff volunteer positions, including PSWs and ESFs, became much larger than was initially anticipated due to the heavy demands of the project for documentation. Because of budget constraints, the project could only afford to pay field staff low stipends compared to other NGOs in the area, resulting in staff with lower levels of education and lower capacity to perform their jobs. This required intensive training, the investment in which was lost with high levels of turnover. This delayed the project in reaching its targets. Field staff complained of low pay, proposing a raise from 130,000 UGX to 200,000 UGX/month. ESFAM staff agreed that future programs should employ field staff with higher capacity and budget more toward their compensation.

Including men

FARE and ESFAM both had a disproportionate number of female participants, which placed a greater burden on women to engage in project related activities, and also left men out of key opportunities to improve household welfare. Culturally, NGO-organized activities are seen as directed toward females, but both programs acknowledged they could have been more intentional about including men in the program, both directly as participants, and indirectly through engagement in household visits and trainings. Some staff suggested involving local leaders to help mobilize men in future programs. Although GBV was reported as a rare occurrence among FARE households and not reported for ESFAM households, it is critical for future programs to take male engagement seriously as a means to avoid causing harm to beneficiaries who may encounter violence in direct consequence to program activities. A staff person from Retrak emphasized the importance of providing training to both husband and wife in each household, and ensuring that money is disbursed to them jointly to avoid conflict.

Discussion

Though iterated in different ways by various actors and in program guidance, the predominant theory of change across ESFAM and FARE was that CTs were intended to cover basic needs, especially food and education for children, which would prevent separation. It was understood that CTs would not, by themselves, lift families out of poverty or drastically change their living situation. Instead, they were intended to support families to engage in consumption smoothing and income-generating activities which are the mechanisms that would allow them to sustainably provide for their children after the CTs end. Both projects' overarching theories of change relied on the combined effects of comprehensive programming, including "family strengthening" and ES, to create an environment where children did not have the incentive to leave home.

Respondents agreed that family separation was reduced in the intervention communities, but they did not agree on whether CT recipients were able to meet their basic needs either while receiving or after receiving CTs. There was also disagreement on how to define sufficiency, and

whether participants should be expected to save and invest while receiving CTs. Staff from both projects emphasized the importance of food and education security to keeping children at home, and food security definitely seemed to improve over the project cycle. However, not all children, especially older children, were in school. Large families, especially, were struggling in this area. There was consensus that participants would have benefitted from larger transfers, and this was a main barrier to delivering on the TOC.

FARE and ESFAM both developed comprehensive guidelines on their CT interventions, which were largely in line with best practices. However, neither intervention was very informed by prior feasibility assessments. The results of FARE's assessment on transfer size were disregarded and ESFAM lacked the information needed to select an appropriate modality for the transfers in rural areas.

CTs were targeted to extremely poor and vulnerable households, and staff and volunteers were satisfied that targeting mechanisms reached families in this category. ESFAM and its stakeholders expressed confidence in their PRA approach to targeting. Some FARE staff felt it would have been better to leave final targeting decisions up to IPs rather than using PPI cutoffs, which could be subject to error due to bias on the part of respondents. FARE was able to adjust index-based classifications based on subjective decision-making, but involved community members much less in the targeting process, even going so far as to not disclose who received CTs to community members or other participants, which it does not recommend for future programs.

Implementation was affected by a number of challenges, including changes in government regulations on SIM cards for mobile money. Many of the issues cited were in line with concerns found in other, large-scale CT programs, including transfer amounts not tailored according to household size, payment modalities that do not reflect a reasonable time to access cash, and limited staff capacity (Jones et al., 2013). ESFAM's disbursement system was complicated and demanded high levels of human resources. The monthly recalculations of CT amounts by field staff was found to be burdensome and staff were unable to complete them on a monthly basis, causing delays in disbursement. Additionally, a large staff presence was required at every cash disbursement. ESFAM staff were divided about the value of providing varying disbursement values, and more research is needed to confirm whether this method of disbursing cash had an effect on how participants were able to budget and spend their money. Because it benefited from a context compatible with a mobile distribution system and because it provided uniform payments to participants, FARE did not suffer from these issues. Both projects enjoyed a sense of legitimacy in intervention communities that was strengthened by local government involvement.

Although a significant minority of participants were reported to only use CTs for consumption, most appeared to be investing in IGAs and a large majority appeared to be saving in VSLAs, though views on these issues sometimes varied among project staff. Even with some ambiguity, this was a significant finding because it suggested promise that CTs can be used to build a

sustainable path for households to meet the basic needs most associated with retention of children in the home. It also laid to rest any fears about dependency. FARE and ESFAM staff delivered very strong and consistent messaging on the purpose and duration of the CTs, including regular encouragement that participating households save and invest in order to become self-sufficient at the time of phase-out. All participants signed an agreement to comply with overall program commitments to keep children at home, and interviews suggested that they took these commitments seriously.

It should be noted that both programs addressed some of the demands identified by other CT programs, including careful targeting to the most destitute households and tailored packages of support (Jones et al., 2013). Both programs provided intensive support to participants, which participants appreciated. Participants were mostly confident that they would be able to sustain results after the end of the intervention, but many reported that they would have to cut consumption and some expressed concern over their ability to cover school fees. Ultimately, it was unclear if the intervention could be considered to produce sustainable results; in all likelihood, households that were unable to invest or that continue to struggle to meet basic needs will be left vulnerable to shocks and potential re-separation.

Both ESFAM and FARE required significant resources to provide comprehensive services to meet the needs of very vulnerable participants, so enhancing efficiency will be important if similar programming is to be scaled up. The reach of the CT interventions was very small, particularly for FARE, which only reached 80 CT recipients compared to ESFAM's 408, and respondents were quick to point out that many more households would have benefitted from the program. Additionally, many of the challenges raised concerns about resource limitations: transfer amounts were too small, the period was too short, and field staff were over-stretched. There was a need to streamline systems to increase efficiency where possible. As graduation programs across the world have demonstrated, working with very vulnerable populations is inherently resource-intensive, but can ultimately be considered cost-effective when comparing program expenses to the gains achieved by participants. This should be the aim for future programs modeled after FARE and ESFAM.

Limitations

This assessment used an exploratory, qualitative approach to examine staff and beneficiary perspectives on the effectiveness of design and implementation features of the cash transfer component of the ESFAM and FARE programs. It was not an impact evaluation and we cannot claim to prove causality between intervention activities and beneficiary outcomes. Additionally, investigators recognize that ESFAM and FARE were distinct projects operating in different project contexts with different beneficiary populations, and this assessment was not designed to collect directly comparable data between the two projects. Although we identified some similar themes in the data, any direct comparisons made between the projects were limited.

Conclusion

CT interventions implemented by FARE and ESFAM show promise as a component of comprehensive programming combining social support services and ES to prevent unnecessary family separation. Interview data and program reports suggested that both projects operated through a common TOC whereby CTs help families address basic needs, with a focus on food and education needs for children, which in turn allows them to engage in productive activities to continue meeting those needs and keep children at home. It appeared that the projects were delivering on this TOC for many households, but a sizable minority of households were struggling to meet basic needs, especially schooling, and investment in productive activities. Both programs would have benefitted from larger transfers tailored to family size over a longer period of implementation. FARE's and ESFAM's CT interventions, despite their limitations, demonstrate how even small transfers for very vulnerable households can be used to support savings and increased productivity.

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Mission Statement

ASPIRES accelerates evidence-based practice in economic strengthening for vulnerable populations through research and technical assistance.

Statement of Purpose

ASPIRES is a PEPFAR- and USAID-funded economic strengthening (ES) project focused on vulnerable populations, especially those affected by HIV. We aim to promote evidence-based practice by providing technical assistance (TA) for integrated ES programming most consistent with positive livelihood, health, and well-being outcomes. At the same time, we strengthen the evidentiary record through rigorous research so that future programming efforts have stronger foundations.

Research is at the heart of the ASPIRES identity, and all of our projects begin with a systematic interrogation of the existing evidence base in relevant program areas. We make major investments in original evaluation research of the highest possible rigor, both for course correction in implementation and to add to the evidence base. We share our findings on best practices with partners, the broader development community, policymakers, and other key constituents, and we offer TA to support programs that seek to replicate those practices.

ASPIRES provides limited direct implementation. Instead, we focus on providing existing USAID-funded projects with TA and research related to ES. This allows us to balance the collaboration necessary for in-depth research with independence from program operations. In this manner, we generate findings that contribute to identifying a core set of pathways to greater resilience for vulnerable households, and that provide insight into effective, efficient, and scalable interventions to achieve the desired impacts.

ASPIRES has no single theory of change; we are not a single-model or one-size-fits-all project. We are open to all manner of integrated ES interventions of interest to our USAID and PEPFAR stakeholders, with the ultimate aim to shape interventions around the best evidence available.

