



# Economic Strengthening for Vulnerable Children

PARTICIPANT WORKBOOK

Name: \_\_\_\_\_



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## Agenda

### Day 1

- Introduction of objectives and participants
- Review of Agenda, Learning Needs and Pre-test
- What is ES, and why do it?
- Economic Strengthening Project Objectives
- Vulnerabilities, Assets, and Targeting of Vulnerable Populations
- Levels of Economic Well-Being
- Types of ES interventions
- The Economic Strengthening Continuum

### Day 2

- Pathways and Graduation
- What is the evidence?
- MERL – The Basics
- Introduction to Assessments
- Review of an Assessment
- Using Assessments to Select Interventions
- Models for Integrating Additional Services
- Integrating Additional Services in Context

### Day 3

- Scalability
- Sustainability
- Organizational Capacity and Partnership
- MERL Data needs
- MERL Practice
- Economic-Strengthening Evaluation Types

### Day 4

- Evaluating Economic Strengthening Interventions
- Principles and Practices of Economic Strengthening Program Design and Implementation
- Prepare Presentations
- Individual Presentations
- Review of Learning Needs, Test Results and Workshop Evaluation

My pre-test number: \_\_\_\_\_

**“Economic strengthening” is ...**

- The portfolio of strategies and interventions that supply, protect and/or grow physical, natural, financial, human and social assets.
- A portfolio of interventions to reduce the economic vulnerability of households and thereby improve their resiliency to future shocks.
- A portfolio of interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of the children in their care.

**Notes**

## Poverty and health linkages

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

## Project objectives

### Instructions

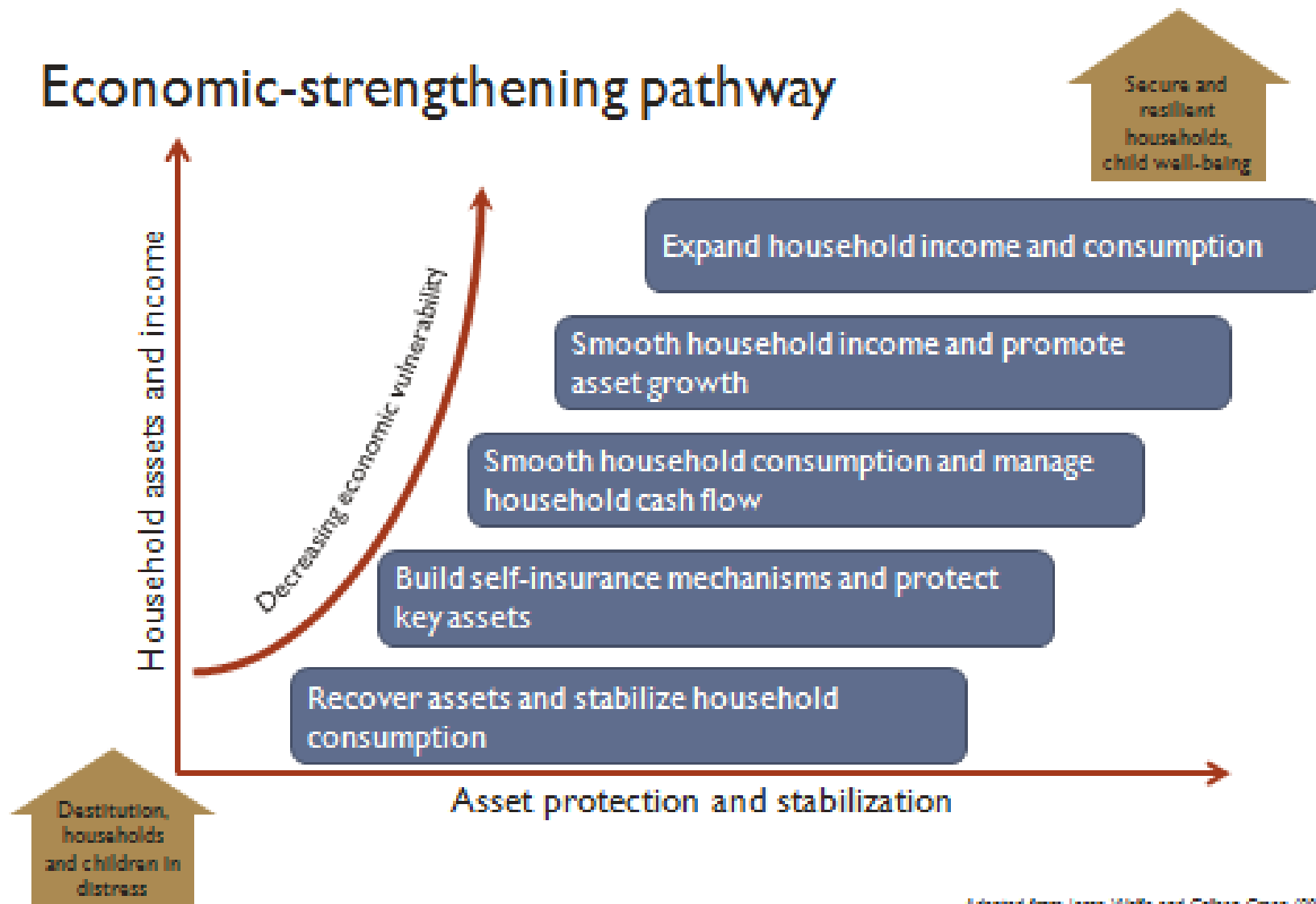
Below are objectives that different projects might aim to achieve. Review each objective and discuss in your group whether economic-strengthening interventions might contribute to achieving the objective.

As a group, note one of the following responses for each project objective:

- ES interventions would be the primary strategy for achieving the objective.
- ES interventions would be a realistic contributing strategy for achieving the objective.
- ES interventions would not contribute to achieving the objective.

Project Objective	ES primary strategy	ES contributing strategy	ES would not contribute
1. Increase secondary school attendance among rural adolescent girls.			
2. Improve uptake of HIV testing among migrant farm workers.			
3. Treat children with severe malnutrition.			
4. Increase retention in an HIV-treatment program.			
5. Improve uptake of prevention of mother-to-child HIV- transmission services.			
6. Strengthen parenting skills of single mothers between the ages of 18 and 25.			
Notes			

# Economic-strengthening pathway



Adapted from Jason Wolfe and Colleen Green (2012)





## Task 1: Your objectives

## Instructions

Write at least one possible ES intervention project objective that would be relevant for your country program. You do not need to identify specific ES interventions, just the objective. Then, note how these objective(s) relate to broader country/mission strategic objectives or goals.

Possible ES intervention project objectives	How do these objectives relate to broader country/mission strategic objectives or goals?
1.	
2.	
3.	
Notes	

## Task 2: Targeting vulnerabilities

### Instructions

Identify vulnerabilities (at the individual or household level) that are high priorities for your program and related assets that your program can build on. Then, identify at least one target population for ES interventions in your country. Note how the target population(s) align with the possible project objectives.

As you work on Task 2, you may review and revise Task 1: Your Objectives.

Priority Target Populations	How do these target populations align with the possible project objectives
1.	
2.	
3.	
Vulnerabilities	Assets
1.	1.
2.	2.
3.	3.
<b>Notes</b>	

## Levels of economic well-being

Level of economic well-being	Characteristics
Most vulnerable: Families in destitution	<ul style="list-style-type: none"> <li>▪ Trouble paying for basic necessities (e.g., food)</li> <li>▪ No predictable source of income; debt they cannot pay</li> <li>▪ Very few liquid assets (e.g., cash savings, livestock, food/crop stores, personal belongings)</li> <li>▪ Extremely food-insecure</li> </ul>
Very vulnerable: Families struggling to make ends meet	<ul style="list-style-type: none"> <li>▪ Usually paying for basic needs (e.g., food) but not for other needs (e.g., school fees)</li> <li>▪ One or more predictable sources of income</li> <li>▪ Some liquid assets, which may fluctuate throughout the year</li> <li>▪ Seasonal fluctuations in income/expenses (e.g., agricultural)</li> <li>▪ Probably classified as moderately food-insecure</li> </ul>
Somewhat vulnerable: Families prepared to grow	<ul style="list-style-type: none"> <li>▪ Paying for basic and other needs (e.g., schooling, basic health care)</li> <li>▪ Some liquid assets that fluctuate less than for struggling families</li> <li>▪ Seasonal fluctuations in income/expenses, but not as dramatic as for struggling families</li> <li>▪ Probably classified as mildly food-insecure</li> </ul>
Notes	

## Types of economic-strengthening interventions

Intervention type	Definition
<b>Savings and loan groups</b>	<p>Groups that pool the resources of caregivers (and sometimes young people) to accumulate savings and distribute relatively large sums of money to their members.</p> <ul style="list-style-type: none"> <li>▪ <u>Rotating Savings and Credit Associations (ROSCAs)</u> Traditional savings groups (merry-go-rounds, <i>tontines</i>, <i>chilembas</i>, <i>stockveldt</i>) that collect deposits from all members and distribute the combined amount directly to selected members. No accumulation or payment of interest.</li> <li>▪ <u>Accumulating Savings and Credit Associations (ASCAs)</u> Members deposit small, regular amounts into a pool of funds. Interest-bearing loans are issued to members. Additional savings and interest payments allow the pool to increase.</li> <li>▪ Types include village savings and loan associations (VSLAs), savings and internal lending communities (SILCs), and self-help groups (SHGs). PEPFAR OVC Guidance includes these in “Money Management” category.</li> </ul>
<b>Individual savings</b>	Individual savings accounts opened in the name of children or caregivers to build cash assets.
<b>Asset transfers (usually cash transfers)</b>	<p>Direct transfers of assets—most often cash—to low-income families to support costs related to the care of vulnerable children. Can be:</p> <ul style="list-style-type: none"> <li>▪ Conditional. Transfer depends on recipient engaging in specific behaviors (e.g., child attending school).</li> <li>▪ Unconditional. No conditions attached.</li> <li>▪ Food or other commodity.</li> </ul>
<b>Income-generating activities (IGAs)</b>	Small projects to produce income for caregivers (groups or individuals).
<b>Skills training</b>	<p>Specialized training for caregivers and older children. Can include:</p> <ul style="list-style-type: none"> <li>▪ Vocational training</li> <li>▪ Apprenticeships, internships, on-the-job training</li> <li>▪ Career counseling</li> <li>▪ Mentoring</li> <li>▪ Entrepreneurship/small-business training</li> <li>▪ Household financial management training</li> </ul>
<b>Job creation</b>	Developing paid employment opportunities for caregivers or older adolescents

<b>Intervention type</b>	<b>Definition</b>
<b>Food security/nutrition intervention</b>	A range of interventions designed to strengthen household nutrition and/or food security, including: <ul style="list-style-type: none"> <li>▪ Food aid</li> <li>▪ Food for work programs</li> <li>▪ Food gardens</li> <li>▪ Agricultural development projects, including livestock and aquaculture</li> </ul>
<b>Microinsurance</b>	Initiatives to link households with low-cost insurance (health, life, disability, funeral/burial, loan insurance). Can involve a commercial insurance provider, a microfinance institution, or a community group acting as agent for the insurance provider.
<b>Legal services</b>	Assistance to protect rights and assets. Can include birth registration or other ID documents, help in planning, preparing wills, land and property inheritance, advocacy for legislation.
<b>Business loans, microcredit</b>	Collaboration with a lending institution (or creation of a lending institution) to provide group or individual loans to caregivers to start or grow a business.
<b>Market linkages</b>	Interventions designed to increase caregiver business profits by analyzing and improving value-chain processes (input supply, production, processing, wholesaling, and retailing).
<b>Social protection (SP)</b>	
<b>Social pension</b>	Public works
<b>Cash transfers (also included under ES)</b>	Social/government workforce development
<b>Government programs (waivers, vouchers, etc.) to support access to health care or education</b>	Planning, advocacy, coordination of SP policies and approaches
<b>Social insurance (health, unemployment, etc.)</b>	
<b>Notes</b>	

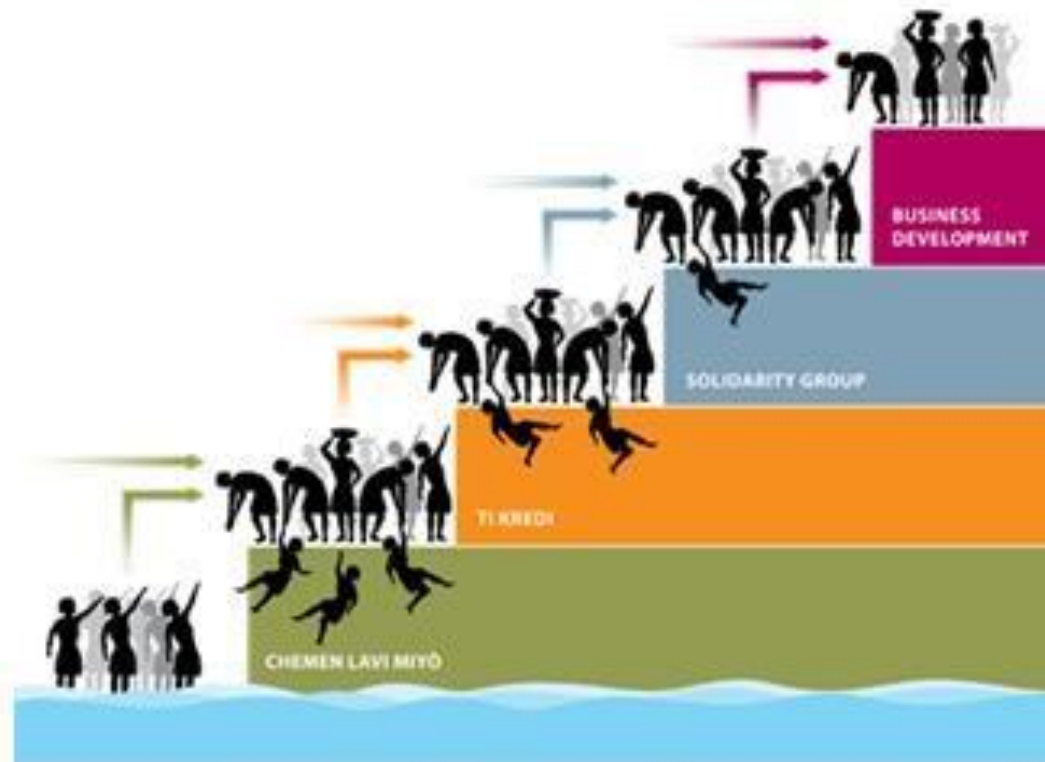
## The economic-strengthening continuum

Economic Well-Being and ES Category			
Households that are ...	Are ready for livelihood ...	Which includes strategies to ...	
Prepared to grow (somewhat vulnerable)	<b>PROMOTION</b>	<b>Grow income and expenses</b>	<b>Enterprise development</b> <ul style="list-style-type: none"> <li>▪ Skills training/job creation</li> <li>▪ Income-generating activities</li> <li>▪ Business loans</li> <li>▪ Market linkages</li> </ul>
Struggling to make ends meet (very vulnerable)	<b>PROTECTION</b>	<b>Match income to expenses</b>	<b>Money management</b> <ul style="list-style-type: none"> <li>▪ Group and individual savings</li> <li>▪ Food security/nutrition</li> <li>▪ Insurance services</li> <li>▪ Legal services</li> </ul>
In destitution (most vulnerable)	<b>PROVISION</b>	<b>Meet basic needs</b>	<b>Consumption support</b> <ul style="list-style-type: none"> <li>▪ Asset and cash transfers</li> <li>▪ Food aid</li> <li>▪ (Social pensions)</li> <li>▪ (Public works)</li> </ul>

Adapted from LIFT and PEPFAR

## Example pathway and graduation models

# Fonkoze's graduation model



# THE GRADUATION APPROACH





### Task 3: ES intervention types, beneficiary groups, and outcome

**Instructions**

1. Identify at least 2 ES intervention types that might be of interest to your country programs.
2. For each intervention type, select at least 1 possible target beneficiary group.
3. For each intervention type, identify at least 3 expected outcomes.
4. Take 1 of the 2 ES intervention types that you have identified and describe how this intervention might fit into a pathway model.

<b>ES Intervention Types</b>	<b>Possible target beneficiary group(s)</b>	<b>Outcomes</b>
Review how the interventions, target populations, and outcomes align with the objectives and priority target populations you identified in Tasks 1 and 2. Consider revising, if appropriate.		

For 1 of the ES intervention types identified above: Describe how this intervention might fit into a pathway model. If beneficiaries were able to achieve the intended outcomes, where could they go next on the pathway? Would your initiative facilitate activities at this next “step,” or are there already systems in place to support further household growth?

<b>ES intervention type</b>	<b>Pathway</b>
<p>Present your selected intervention types, target populations, outcomes, and pathway steps to your group for feedback. Revise as appropriate.</p>	
<p><b>Notes</b></p>	

## Evidence for impact of various ES interventions

Strong evidence for impact (Strongest evidence is for cash transfers)		
Intervention	Impact	Summary from PEPFAR OVC Guidance
<ul style="list-style-type: none"> <li>Cash transfers</li> </ul>	<ul style="list-style-type: none"> <li>HH financial status</li> <li>Nutrition (rapid impact)</li> <li>Health</li> <li>Education (small impact)</li> <li>HIV/AIDS (weak evidence)</li> </ul>	<p><b>“The most robust evidence base”</b></p> <p><i>“Of all HES interventions, cash transfers have the most robust evidence base employing the most rigorous methodologies and systematically demonstrating impact across multiple dimensions such as poverty, education, health, and nutrition outcomes. Evidence from specific contexts has also shown that cash transfers can have infection outcomes by reducing risky sexual behavior among adolescent girls.”</i></p>
<ul style="list-style-type: none"> <li>Savings groups</li> </ul>	<ul style="list-style-type: none"> <li>HH financial status</li> <li>Nutrition (evidence mixed)</li> <li>Psychosocial well-being, women’s empowerment</li> <li>Health</li> <li>Education (small impact)</li> <li>HIV/AIDS (weak evidence)</li> </ul>	<p><b>“Solid and growing” evidence</b></p> <p><i>“The evidence for the important role of savings is solid and growing. Several experimental studies show that access to savings increases household investments in different domains, including agricultural inputs, small businesses, and health. ... In most contexts, money management interventions [led by savings] are the highest HES priority for OVC families.”</i></p>
<ul style="list-style-type: none"> <li>Legal services</li> </ul>	<ul style="list-style-type: none"> <li>Access to assets</li> <li>Education</li> <li>Health care</li> <li>Employment</li> </ul>	<p><b>“Critical”</b></p> <p><i>“Ensuring children access to basic legal rights, such as birth certificates and inheritance rights, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older. Evidence suggests that birth registration is critical to ensuring that children can access these essential services and opportunities.”</i></p>

Weak evidence for impact		
Intervention	Impact	Summary from PEPFAR OVC Guidance
<ul style="list-style-type: none"> <li>Income-generating activities (IGAs)</li> </ul>	<ul style="list-style-type: none"> <li>HH financial status?</li> <li>Nutrition?</li> <li>Health?</li> <li>Education?</li> <li>Psychosocial well-being?</li> <li>HIV/AIDS risk?</li> </ul>	<p><b>“The weakest evidence base”</b></p> <p><i>“Interventions to promote income generation have the weakest evidence base for OVC programming. ... Of all HES interventions, family-income promotion has the most distant causal links with child well-being. ... The impact pathways have not been adequately explored beyond descriptive studies. The implications are that traditional approaches may only work for some families, while others require alternative approaches or longer time horizons. Careful analysis and highly capable implementing partners are prerequisites for success, and further rigorous research is necessary to better understand what works and why.”</i></p>
Mixed or inconclusive impact		
Intervention	Impact	
<ul style="list-style-type: none"> <li>Individual savings</li> <li>skills training</li> <li>Microinsurance</li> <li>Food security/nutrition job creation</li> <li>Business loans,</li> <li>Microcredit</li> <li>Market linkages</li> </ul>	<p><u>For all of these intervention types:</u></p> <ul style="list-style-type: none"> <li>Some evidence of positive impacts on a variety of indicators of well-being, e.g. improved financial status, nutrition knowledge, self-esteem, and school attendance, reduced depression and sexual risk-taking intentions.*</li> <li>Some studies suggesting no impact.*</li> <li>In a few cases, evidence of negative impact.*</li> <li><b><u>No rigorous, definitive studies demonstrating impact.*</u></b> <ul style="list-style-type: none"> <li>Often highly context-specific rather than generalized.</li> <li>ES interventions are often part of a multi-intervention program (e.g., microcredit with financial literacy training and job counseling), which may increase impact but also makes it harder to attribute impact to a specific type of intervention.</li> </ul> </li> </ul> <p>* For more detail, see “Recent Evidence Reviews” and “Evidence Matrix” in Participant Workbook.</p>	

## Gaps in the evidence base

Among the many gaps in our understanding of the complex dynamics of economic-strengthening programs and their impacts on children and households:

- Does increasing income lead to tangible improvements in well-being for poor households? Over what time frame? With which mix or sequence of interventions? What role does gender play? What are the benefits and trade-offs of targeting women vs. targeting men?
- To what extent does improving household welfare translate to improved child well-being? What helps or hinders this? Are certain outcomes, such as children's nutrition or education, influenced more readily than others? And which interventions have the most impact on children and youth?
- To what extent do positive child-level impacts today translate to better economic outcomes for individuals and communities in the future?
- What are the specific impacts of economic-strengthening interventions for people living with HIV/AIDS?

### Notes

**Task 4a: What does the evidence base mean for me?****Instructions**

List the ongoing ES interventions currently in place in your country and/or organization. For each intervention, note:

- Does the evidence base confirm this intervention for the target population?
- Does the evidence base challenge this intervention for the target population?
- Do you need to find out more before you can know if the evidence base confirms or challenges this intervention?

On-going ES interventions	How does the evidence inform these interventions?			
	Confirmed	Challenged	Need to find out more	Notes
1.				
2.				
3.				
4.				
5.				
<b>Notes</b>				

**Task 4b: What does the evidence base mean for me?****Instructions**

List the ES interventions you identified in Task 3. For each intervention, note:

- Does the evidence base confirm this intervention for the target population?
- Does the evidence base challenge this intervention for the target population?
- Do you need to find out more before you can know if the evidence base confirms or challenges this intervention?

Possible Interventions	How does the evidence inform these interventions?			
	Confirmed	Challenged	Need to find out more	Notes
1.				
2.				
3.				
4.				
5.				
<b>Notes</b>				

**What can you do to strengthen the evidence base?**

**Notes**



**Task 5: Create your own causal model****Instructions**

Look back at Task 3 and select 1 of the ES intervention types, along with the target population and outcomes. Then, sketch a causal model for the intervention.

## Example Assessments

### I. Example Situation Analysis: Social and Resource Mapping

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

### Steps

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

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

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

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

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

After returning from the community, research teams worked to reconstruct the map on paper,

using various colored stickers or symbols to label key community resources and household characteristics.

During analysis, teams discuss:

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

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

- What does it tell you about the larger locality?

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

Source: CARE Gender Toolkit

## 2. Example HH Livelihood Assessment: Coping Strategies Index

**Figure 5. CSI: UNRWA—West Bank Palestine**

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

### 3. Example Child/Caregiver Well-Being Assessment: OVC Well-being Tool

<b>CHILD STATUS INDEX (CSI)</b>						
<b>DOMAIN</b>	<b>1 — FOOD AND NUTRITION</b>		<b>2 — SHELTER AND CARE</b>		<b>3 — PROTECTION</b>	
	<b>1A. Food Security</b>	<b>1B. Nutrition and Growth</b>	<b>2A. Shelter</b>	<b>2B. Care</b>	<b>3A. Abuse and Exploitation</b>	<b>3B. Legal Protection</b>
<b>GOAL</b>	<i>Child has sufficient food to eat at all times of the year.</i>	<i>Child is growing well compared to others of his/her age in the community.</i>	<i>Child has stable shelter that is adequate, dry, and safe.</i>	<i>Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.</i>	<i>Child is safe from any abuse, neglect, or exploitation.</i>	<i>Child has access to legal protection services as needed.</i>
<b>Good = 4</b>	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
<b>Fair = 3</b>	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.
<b>Bad = 2</b>	Child frequently has less food to eat than needed, complains of hunger.	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
<b>Very Bad = 1</b>	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.
<b>DOMAIN</b>	<b>4 — HEALTH</b>		<b>5 — PSYCHOSOCIAL</b>		<b>6 — EDUCATION AND SKILLS TRAINING</b>	
	<b>4A. Wellness</b>	<b>4B. Health Care Services</b>	<b>5A. Emotional Health</b>	<b>5B. Social Behavior</b>	<b>6A. Performance</b>	<b>6B. Education and Work</b>
<b>GOAL</b>	<i>Child is physically healthy.</i>	<i>Child can access health care services, including medical treatment when ill and preventive care.</i>	<i>Child is happy and content with a generally positive mood and hopeful outlook.</i>	<i>Child is cooperative and enjoys participating in activities with adults and other children.</i>	<i>Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.</i>	<i>Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.</i>
<b>Good = 4</b>	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.
<b>Fair = 3</b>	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
<b>Bad = 2</b>	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.
<b>Very Bad = 1</b>	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age-appropriate productive activity or job. Infant or preschooler is not played with.
<i>Public Domain: Developed by the support from the U.S. President's Emergency Fund for AIDS Relief through USAID to Measure Evaluation &amp; Duke University. O'Donnell K., Nyangara F., Murphy R., &amp; Nyberg B., 2008</i>						

#### 4. Example Gender Analysis: Intra-Household Decision-making

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

##### Steps

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

##### Education

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

##### Marriage

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

##### Gender roles in the household

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

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

#### Decision-making

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

#### Conclusion

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

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

Source: CARE Gender Toolkit

## 5. Example Market Analysis: Key Market Analysis Questions

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

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



## 6. Example Cost Assessment: Grameen Foundation cost assessment methodology

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

### Methodology

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

#### 1. Collecting data.

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

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

#### 2. Financial projections.

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

developed operational and financial projections for 2014–2018, incorporating growth estimates provided by the organizations, and applying the assumptions noted above.

### 3. Analysis.

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

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

## Using Assessments to Select Interventions

### Background

Your organization has decided to respond to a U.S. government request for applications for a PEPFAR-funded OVC care and support intervention with an economic-strengthening component.

- Location: Western Region of Cote d'Ivoire.
- Goal: Improve well-being of 50,000 HIV-affected vulnerable children and their families over 4 years while strengthening community systems for care and support.
- Funding: \$12 million over 4 years.

The funder has made US\$100,000 available for formative research and assessments. Your organization has charged you with compiling the information needed for the application.

### Instructions

Information contained in assessments may be useful as you:

1. Select an ES intervention type (or combination of ES intervention types)
2. Identify at least 1 major objective for the selected ES intervention type
3. Select a target population
4. Identify a targeting strategy
5. Justify points 1 through 4. The justification should address issues such as HIV-related and child well-being outcomes, stigma, program linkages, and cost-benefit considerations.

Note your responses on the following page.

Assessments funded		
		Justification
Intervention type(s)		
Major objective(s)		
Target population(s)		
Targeting strategy(ies)		
Notes		

## Models for Integrating Additional Services

### Task 6a

If your primary activity were . . .	And you wanted to add . . .	Would you recommend the linkage be . . .	Additional assumptions
<p>1. HIV testing and counseling</p> <p>People who come for counseling often express concern about the impacts of the disease on their families.</p>	Health insurance	<input type="checkbox"/> Parallel <input type="checkbox"/> Unified <input type="checkbox"/> Linked	
<p>2. Provision of ART</p> <p>Several villages have been faced with declining agricultural production; impacts of food insecurity and malnutrition on HIV treatment are becoming apparent.</p>	Agricultural training and/or improved input subsidization and/or crop insurance	<input type="checkbox"/> Parallel <input type="checkbox"/> Unified <input type="checkbox"/> Linked	

If your primary activity were . . .	And you wanted to add . . .	Would you recommend the linkage be. . .	Additional assumptions
<p>3. Support for vulnerable children</p> <p>Malnutrition is a significant problem among children.</p>	<p>Food provision and/or conditional cash transfers</p>	<p><input type="checkbox"/> Parallel</p> <p><input type="checkbox"/> Unified</p> <p><input type="checkbox"/> Linked</p>	
<p>4. Reproductive health and HIV-prevention education activities</p> <p>Stigma is declining in the poor areas in which you work, but many very poor villagers do not participate in education activities because they feel the activities are not for them.</p>	<p>Savings groups</p>	<p><input type="checkbox"/> Parallel</p> <p><input type="checkbox"/> Unified</p> <p><input type="checkbox"/> Linked</p>	

## Task 6b

### Instructions

Select an ES intervention type and target population and then discuss how you might connect such an intervention to:

- other ES interventions;
- social protection programs;
- HIV/AIDS clinical services;
- other HIV-related services; and
- other non-ES programs.

Please be as specific as you can in describing how the linkage would work and, for each linkage, note the expected benefits and risks.

ES intervention type and target population(s) of interest (identified in Tasks 3 & 5):			
	<table border="1"> <tr> <th data-bbox="617 850 1266 889">How the linkage would work</th><th data-bbox="1266 850 1898 889">Expected benefits and risks</th></tr> </table>	How the linkage would work	Expected benefits and risks
How the linkage would work	Expected benefits and risks		
Other ES interventions			
Social protection programs			

<b>ES intervention type and target population(s) of interest (identified in Tasks 3 &amp; 5):</b>		
	<b>How the linkage would work</b>	<b>Expected benefits and risks</b>
<b>HIV/AIDS clinical services</b>		
<b>Other HIV-related services</b>		
<b>Other non-ES programs</b>		
<b>Notes</b>		



## Sustainability challenges and solutions

<b>Type of ES intervention:</b>	
<b>Challenges to achieving sustainability</b>	<b>Possible solutions</b>
<b>Notes</b>	

## Organizational Capacity Quiz

Which of the following statements describe your ...

<b>a. Mission statement/Goals?</b>	
a. Vulnerable children and HIV care and support	1
b. Community development, including some care and support and some ES	2
c. Economic strengthening, livelihoods and/or food security	3
<b>b. Technical capacity?</b>	
a. Do not have a technical expert at local office, <u>or</u> Have technical expert at national or international head office	1
b. Have at least 1 strong ES technical expert at each regional office <u>or</u> Have several good ES technical field staff <u>or</u> Willing to hire additional technical staff	2
c. Employ mostly experienced ES experts	3
<b>c. Financial capacity?</b>	
a. Able to meet most day-to-day financial needs, not able to grow without significant outside investment	1
b. Adequate finances for day-to-day activities and can cover additional expenses if required	2
c. Able to take financial risks and invest in new activities	3
<b>d. Systems?</b>	
a. Weak financial and management systems	1
b. Adequate systems for tracking income, expenditures and inventories	2
c. Robust financial management systems and a management information system for tracking disbursements (cash, loans), assets and outcomes	3
<b>Total points</b>	

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

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

### Task 7: Organizational capacity

#### Instructions

Do a SWOT analysis of the capacity of either your own organization or a partner organization to carry out a selected ES intervention.

ES intervention: \_\_\_\_\_

Organization: \_\_\_\_\_

<b>Strength</b>	<b>Weakness</b>				
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 10px; width: 50px; height: 50px;">S</td> <td style="padding: 10px; width: 50px; height: 50px;">W</td> </tr> <tr> <td style="padding: 10px; width: 50px; height: 50px;">O</td> <td style="padding: 10px; width: 50px; height: 50px;">T</td> </tr> </table>	S	W	O	T	
S	W				
O	T				
<b>Opportunity</b>	<b>Threat</b>				

**How might the weaknesses and threats be mitigated?**

**Notes**

## Standard and illustrative indicators (sample)

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

### Core OVC Program Impact Indicators (Draft)

Measure Evaluation, August 2014

Child well-being (CW) indicators		
Indicator		Suggested survey question
CW.1	Percentage of children who are malnourished	<ul style="list-style-type: none"> <li>6-59 months old (&lt;5 years): measurement of middle-upper arm circumference (MUAC)</li> <li>≥60 months old (5+ years): measurement of weight and height (note: new guidance on use of MUAC for older children is expected)</li> </ul>
CW.2	Percentage of children <5 years with recent diarrhea	Has the child had diarrhea in the 2 weeks preceding the survey?
CW.3	Percentage of children <5 years with recent fever	Has the child had a fever in the 2 weeks preceding the survey?
CW.4	Percentage of children who are too sick to participate in daily activities	At any point in the last 2 weeks, have you/has the child been too sick to participate in daily activities?
CW.5	Percentage of children >2 years reporting irregular food intake	Have you/has the child gone a whole day and night without eating in the last 4 weeks?
CW.6	Percent of children 1-5 years fully immunized	Do you have a card where [NAME's] vaccinations are written down? ... Has [NAME] received....?
CW.7	Percentage of children with basic shelter	Is the place that you/the child slept last night protected from the weather?
CW.8	Percentage of children between ages 10 and 17 years reporting basic support	<ul style="list-style-type: none"> <li>Do you have someone in your life to turn to for suggestions about how to deal with a personal problem?</li> <li>Do you have someone in your life to help with daily chores if you were sick?</li> <li>Do you have someone in your life that shows you love and affection?</li> <li>Do you have someone in your life to do something enjoyable with?</li> </ul>
CW.9	Percentage of children who have a birth certificate/identification card	<ul style="list-style-type: none"> <li>Does the child have a birth certificate or registration/ID card?</li> <li>Could you please show me [NAME's] birth certificate?</li> </ul>

CW.10	Percentage of children >5 years currently enrolled in school	Are you/is the child currently enrolled in school?
CW.11	Percent of children >5 years regularly attending school	During the last school week, did you/the child miss any school days for any reason?
CW.12	Percent of children >5 years progressing in school over time	<ul style="list-style-type: none"> <li>• What grade are you in now?</li> <li>• What grade were you in during the previous school year?</li> </ul>

Household well-being (HW) indicators		
Indicator		Suggested survey question
HW.1	Percentage of households in which caregiver reports basic support	<ul style="list-style-type: none"> <li>• Do you have someone in your life to turn to for suggestions about how to deal with a personal problem?</li> <li>• Do you have someone in your life to help with daily chores if you were sick?</li> <li>• Do you have someone in your life that shows you love and affection?</li> <li>• Do you have someone in your life to do something enjoyable with?</li> </ul>
HW.2	Percentage of households able to access money to meet important family needs	<ul style="list-style-type: none"> <li>• Did your household incur any food-related expenses in the last four weeks? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you bought any food for eating or cooking, where did the money come from?</li> <li>• Did your household incur any school-related expenses in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for any school-related expenses, where did the money come from?</li> <li>• Did your household incur any unexpected household expenses, such as a house repair or urgent medical treatment, in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from?</li> </ul>
HW.3	Percentage of households that are food insecure due to lack of resources	In the past 4 weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?

## Sample child-level outcome indicators

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

- Percentage of children who have completed immunization
- Percentage of children who are malnourished
- Percentage of children with a birth certificate/identification registration
- Percentage of children demonstrating attachment with a primary caregiver
- Percentage of children enrolled in school, attending regularly, and progressing to next grade
- Percentage of children tested for HIV and % of HIV-positive children on treatment
- Percentage of children with basic shelter
- Percentage of children who are inactive/withdrawn or disobedient/aggressive
- Percentage of children able to reach developmental milestones

## Illustrative core indicators to measure ES impact on well-being

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

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

#### Health status

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

- ☐ Percentage of individuals/households reporting health status as (fair, poor, good or excellent).
- ☐ Percentage reporting illness in past 4 weeks.
- ☐ Percentage reporting illness (cough, stomach pain, fever) in past 4 weeks who saw a health care provider (by type).
- ☐ Percentage reporting illness that limits activities in the past 4 weeks.
- ☐ Percentage reporting long term/chronic illness (more than 1 month in past year - arthritis, chest pain, TB, asthma, HIV/AIDS, or other chronic illness).

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

- ☐ Percentage of individuals reporting having an illness stop normal activities in the past year (for 1 day, 7 days or another specified time).
- ☐ Percentage reporting illness in past year that required someone else to stop activities to provide care.
- ☐ Percentage reporting having difficulty walking 5 km (unable, very difficult, somewhat difficult, no difficulty) currently or in past year.
- ☐ Percentage reporting having difficulty sweeping the floor (unable, very difficult, somewhat difficult, no difficulty) currently or in past year.

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

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



### Nutritional status

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

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

\* These measurements are calculated through Body Mass Index (BMI). BMI = weight in Kg/height in meters<sup>2</sup>. Underweight<18.5Kg per meters<sup>2</sup>;normal weight=18.5-24.95Kg per meters<sup>2</sup>. Other options for calculating nutritional status include arm circumference and skin-fold thickness.

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

### Mortality indicators

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

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

### Psychosocial indicators

Psychosocial status is generally better assessed through qualitative research.

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

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

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

*Elderly and Adults:* General Health Questionnaire (12–60) (Global Health Questionnaire examples: [http://www.gl-assessment.co.uk/health and psychology/resources/general health questionnaire/general health questionnaire.asp?css=1](http://www.gl-assessment.co.uk/health%20and%20psychology/resources/general%20health%20questionnaire/general%20health%20questionnaire.asp?css=1)). Medical Outcomes Study, Short Form-36 (Rand Corporation, [http://www.wsib.on.ca/ wsib/wsibobj.nsf/LookupFiles/POCMTBIRand/\\$File/MTBI\\_RAND.pdf](http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/POCMTBIRand/$File/MTBI_RAND.pdf) )

### Well-being

#### What is the perceived well-being of the individual?

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

### Hygiene:

#### What is the hygiene level of the household?

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

### Ability to cope/absorb shocks

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

### Additional OVC-specific indicators:

#### Does the household report caring for OVC?

- Percentage reporting a child in the house that does not have a biological mother or father in the household due to (migration for work, divorced, desertion, sick, married, death of parent, remarried, do not know).
- % of caregivers reporting caring for a nonbiological child more than 4 days/week.

If yes:

- % with the orphan(s) or vulnerable child(ren) currently (or not) enrolled in school (if age 6-17).
- % reporting that children missed (1, 2, 3, 4, 5, 6, 7+) days of school in the past month.
- % reporting that children stopped attending school due to (still in school, no school fees, to care for sick family member, poor school performance, no interest, got married, graduated, pregnant/parenting, got a job, expelled, work at home, disabled, work outside the home).
- % with children completing grades (1-14 or university).
- % with children repeating a grade.
- % repeating a grade due to (school fees, cared for sick family member, poor grades, pregnant/parenting, married, illness, working in the home, working outside the home, not interested, not important to adults).
- % of household with children desiring to return to school.

**Additional PIWHA-specific indicators:**

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

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

Intervention approach	Illustrative indicators of program success
<b>Social assistance*</b>	<b>(Conditional and Nonconditional)</b>
<i>Asset and Cash Transfers</i>	<b>Are cash transfers getting to the intended recipients in a timely and efficient fashion?</b> <ul style="list-style-type: none"> <li>• Percentage of households receiving at least 1 cash transfer in the preceding x period.</li> <li>• Percentage reporting increased income within x period (list lowest, average, and highest amount received).</li> <li>• Percentage reporting they spend cash on (schooling, uniforms, health care, food, shelter, electricity, alcohol/tobacco, other entertainment) in the previous month.</li> </ul>
<i>Food Assistance</i>	<b>Is food aid reaching the intended recipients, timely, frequently, and efficiently?</b> <ul style="list-style-type: none"> <li>• Percentage of households (among x sampled) receiving food aid.</li> <li>• Percentage receiving food aid (weekly, monthly, other).</li> <li>• Percentage receiving (list quantities).</li> <li>• Percentage (consuming, selling, trading, giving away) food aid.</li> <li>• Percentage reporting (condition of food is good, old, neutral).</li> </ul>
<i>Social Pensions</i>	<b>Are social pensions reaching the intended recipients (e.g., elderly who are also OVC caregivers)?</b> <ul style="list-style-type: none"> <li>• Percentage of elderly reporting receiving a social pension to care for (0, 1, 2, 3, 4 dependent children).</li> <li>• Percentage reporting that the social pensions are (insufficient, adequate, more than adequate) to care or basic needs of the household.</li> </ul>
* Recommended target groups for cash and food transfers include individuals who are most vulnerable, poor, and labor constrained (e.g., elderly, disabled, chronically ill) and PLWHA at the symptomatic stages.	



<p><b>Asset growth***</b></p> <p><i>Microfinance</i></p> <p><i>Skills Training</i></p> <p><i>Market Linkages</i></p>	<p><b>Business loans/microfinance</b></p> <ul style="list-style-type: none"> <li>• Percentage reporting sufficient loans to increase their business.</li> <li>• Percentage reporting ability to repay.</li> <li>• Percentage reporting increase in income (before and after), baseline is necessary.</li> </ul> <p><b>Note:</b> <i>Programmatic best practices from field practitioners suggest that skills training should be complementary, but not mandatory to receiving economic-strengthening assistance.</i></p> <ul style="list-style-type: none"> <li>• Percentage reporting increased knowledge, skills in the training program.</li> <li>• Percentage reporting increased confidence to use the new skill for income-generating activities.</li> </ul> <p><b>Market linkages</b> (baselines are important to determine the effect of the market-linkage program)</p> <ul style="list-style-type: none"> <li>• Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.</li> <li>• Percentage reporting increased clientele base, or increased market access as compared to before the program inception.</li> </ul> <p><b>Income-generating activities</b> (baselines are important to determine the effect of the market-linkage program)</p> <ul style="list-style-type: none"> <li>• Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.</li> </ul>
<p>*** Business loans, skills, vocational and market linkages are best targeted toward those who are somewhat vulnerable but with productive capacity: caregivers, youth (though youth may respond better to mentorship and skill building, than to loans) and PLWHA who have productive capacity.</p>	

## Illustrative standard indicators used to assess HES interventions

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

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

<b>Household Economic-Strengthening Indicators<sup>1</sup></b>
Percentage of households with access to minimum food consumption requirements- measured against 2100 kilocalories per person per day (adapted for child caloric requirements as needed)
Percentage of households reporting increased consumption of diverse diets that include (cereals/grains, roots, beans/nuts, vegetables, meats/fish, fruits, cooked food, milk products, sugar, beverages, spices).
Percentage of households reporting expenditure on essential non-food items and services (schooling, uniforms, health care, food, shelter, electricity) in the previous month
Percentage of households reporting increase in asset ownership
Percentage of households earning sufficient cash income to maintain productive assets
Percentage of households with the ability to invest in productive activities
Percentage of households reporting increased ability to cope with economic shocks
Percentage reporting increased revenue due to application of the new skill (determine profit values and compare with the cost of inputs) over the last month, year, or since program inception.
Percentage reporting increased clientele base, or increased market access as compared to before the program inception
<b>Child-focused indicators</b>
Average percentage of children in household (not) enrolled in age-appropriate education
Average number of days enrolled children did not attend school in past month
Percentage of households stating _____ as reason for school non-attendance (child/caregiver illness, hunger, chores/work, etc.)
Average percentage of children in household self-reporting feelings of hunger or lack of hunger in past week
Average percentage of children in household meeting regional or national growth or developmental targets (+/- a certain percent)
Average percentage of children in household with a savings account or other fund in their name

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

## For savings groups: SAVIX

SAVIX is a standardized management information system for savings groups. Project administrators can upload their data directly to the site. SAVIX generates 29 metrics but no outcome indicators.

<http://savingsgroups.com/home/whatwemeasure.jsessionid=89irjbenqxn timer=5c43dr957pz>

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

<b>Performance Ratios</b>	
<b>Group Survival Rate</b>	$(\text{Total number of active groups in the research sample} / \text{Original number of groups in the research sample}) \times 100$
<b>Annualized Return on Assets</b>	$(\text{Total profits} / \text{Total assets}) \times (52 / \text{Average age of groups in months}) \times 100$
<b>Annualized Return on Equity</b>	$(\text{Total profits} / \text{Total equity}) \times (52 / \text{Average age of groups in months}) \times 100$
<b>Field Officer Caseload</b>	Total number of supervised groups / Number of Field Officers
<b>Percentage of Groups Formed by Village Agents</b>	$(\text{Total number of groups formed by Village Agents} / \text{Total number of groups}) \times 100$
<b>Cost per Member Assisted</b>	Total project expenditures to date / Total number of members
<b>Quarterly Cost per Member Supervised</b>	Project expenditures this quarter / Number of supervised members



## **MERL: Guiding principles and good practices**

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

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

### **Resources on MERL**

*UNDP Handbook on Planning, Monitoring, and Evaluating for Results.*

<<http://web.undp.org/evaluation/guidance.shtml#handbook>> (Accessed June 24, 2015)

*An Introduction to Indicators.* 2010. UNAIDS.

<[http://www.unaids.org/sites/default/files/sub\\_landing/files/8\\_2-Intro-to-IndicatorsFMEF.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/8_2-Intro-to-IndicatorsFMEF.pdf)> (Accessed June 24, 2015)

*Basic Terminology and Frameworks for Monitoring and Evaluation.* 2010. UNAIDS.

<[http://www.unaids.org/sites/default/files/sub\\_landing/files/7\\_1-Basic-Terminology-and-Frameworks-MEF.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/7_1-Basic-Terminology-and-Frameworks-MEF.pdf)> (Accessed June 24, 2015)

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

Children, Youth and Economic Strengthening (CYES) Network.

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

*Core OVC Program Impact Indicators, Measure Evaluation.* 2014.

<[http://www.cpc.unc.edu/measure/publications/ms-13-61/at\\_download/document](http://www.cpc.unc.edu/measure/publications/ms-13-61/at_download/document)> (Accessed June 24, 2015)

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

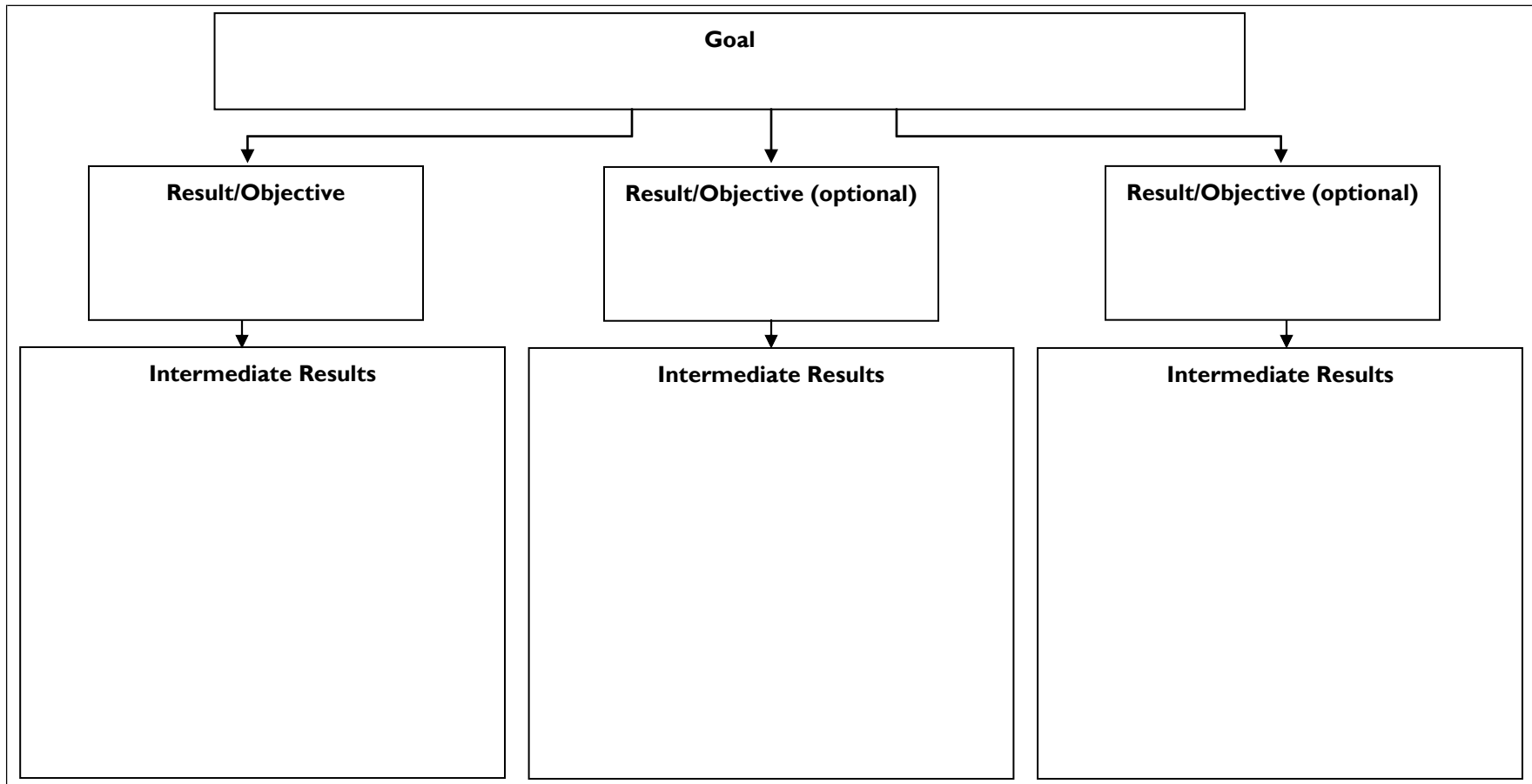
USAID Project Starter toolkit. <<http://usaidprojectstarter.org/>> (Accessed June 24, 2015)

## Task 8a: Results framework

### Instructions

Review the ES interventions and target population for which you sketched a causal model in Task 5.

- Develop a results framework for an intervention
- Complete the “Indicators” column for your intermediate results in the logical framework template (next page).



**Task 8b: Logical framework**

<b>Narrative Summary</b>	<b>Indicators</b>	<b>Data Sources</b>	<b>Assumptions</b>
Project goal:			
Project purpose:			Affecting the purpose-to-goal link:
Outputs:			Affecting the output-to-purpose link:
Inputs:			Affecting the input-to-output link:

## Task 9: Evaluation

### Instructions

Review your notes on the evidence base for ES interventions. Note any existing evaluations that might inform either ongoing ES interventions in your country or the hypothetical intervention you have been developing in previous Tasks. Next, identify evidence gaps relevant to your hypothetical intervention, and formulate 2 relevant evaluation questions. For 1 of the evaluation questions, write:

- Purpose of the evaluation (including who would use the information).
- Objectives of the evaluation
- Relevance of the evaluation
- Stakeholders for the evaluation
- Type of evaluation
- Possible evaluation designs/methods
- HIV-related aspects of the evaluation
- Gender aspects of the evaluation
- Capacity-building aspects of the evaluation

<b>Evaluations that might inform ongoing ES interventions:</b>	<b>Evaluations that might inform your causal model:</b>
<b>Evidence gaps relevant to your ES intervention/target population of interest:</b>	
<b>Formulate 2 evaluation questions relevant to your ES intervention/target population of interest</b>	
1.	2.

## Task 10: Principles and practices of ES program design

### Instructions

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

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

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

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

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

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



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

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

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

Adapted from:

- [\*Economic Strengthening Programs for HIV/AIDS-Affected Communities: Evidence of Impact and Good Practice Guidelines. PSP-One. 2009.\*](#)

- [FIELD Report No. 2: Economic Strengthening for Vulnerable Children Principles of Program Design and Technical Recommendations for Effective Field Interventions. Save the Children. 2008.](#)
- [Guidance for Orphans and Vulnerable Children Programming. PEPFAR. 2012.](#)

## Task 11: Summary presentation

Option 1 – Your hypothetical “ES intervention of interest” that would be relevant to your country program

### Instructions

**Option 1:** Your hypothetical “ES intervention of interest” that would be relevant to your country program

Consider the categories listed in your workbook in relation to your intervention. You may not have an answer for every category at this point.

Objective(s)	
Intervention type(s)	
Target population(s)	
Illustrative main activities	
Outcomes (measurable)	



## Option 2 – An existing ES intervention in your country and any changes you might consider

### Instructions

**Option 2:** An existing ES intervention in your country and any changes you might consider

Consider the categories listed in your workbook in relation to your intervention. You may not have an answer for every category at this point.

Objective(s)	
Intervention type(s)	
Target population(s)	
Illustrative main activities	
Outcomes (measurable)	
How the intervention and its exist strategy fit into a graduation/ pathway model	

Assessments needed or done	
How the intervention will be linked, complementary, or integrated with other interventions (including HIV/AIDS services)	
Aspects that will contribute to scalability and sustainability	
Organizational/staffing/partnering considerations	
Ideas for monitoring and evaluating the intervention	
Notes	



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