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Graduation Approach for OVC: Putting Together the Pieces

Activity 1: Introducing Objectives, Participants, & Group Norms

- Step 1: Introduce workshop objectives
- Step 2: Play introductory game
- Step 3: Discuss workshop logistics and group norms

Workshop Objectives

Equip you to:

- Recognize the Graduation Approach and incorporate into a comprehensive PEPFAR/OVC program
- Apply evidence to match Graduation Approach interventions to beneficiary profiles and contexts.
- Design and plan Graduation Approach interventions that link with HIV/health and other interventions to maximize beneficiary well-being.
- Integrate monitoring and evaluation activities into Graduation Approach project design to strengthen program implementation and build the evidence base.

We will achieve our objectives by:

- Defining “Graduation” and the “Graduation Approach”
- Planning for the Graduation Approach
- Implementing the Graduation Approach
- Monitoring – at the program and household level
- Reaching Graduation and managing risks of households slipping back

Play “Something Unique” Game

Everyone stands in a straight line, side to side

When it is your turn, step forward from the line and tell us:

1. Your name
2. Your organization
3. Your position
4. Something you think is unique about yourself.

If others have the unique thing in common they step forward too. Everyone steps back in place and the next person attempts to find something unique



Group Norms

What group norms help a workshop like this one run smoothly?

Activity 2: Reviewing Agenda, Learning Needs, and Pre-Tests

- Step 1: List your learning needs
- Step 2: Review the Participant Workbook, Resource Materials, and Workshop Agenda
- Step 3: Take the pre-test



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Introducing the Graduation Approach

Activity 3: Introducing Graduation Approach

- Step 1: Discuss what we mean by “graduation” and the Graduation Approach
- Step 2: Consider responsible graduation

What We Don't Mean by Graduation

- **We don't mean transitioning out of programs!**
- We don't mean transfer of responsibility of prime implementing partners to local organizations.
- We don't mean transfer of ownership/sponsorship of programs and positions to the local government and transitioning support to other areas or initiatives.
- We're not talking about leaving districts or withdrawing subsidies.
- We're not talking about Sustained Districts (formerly Maintenance Districts) , Central Support Districts (formerly Transition Districts), or Scale-Up Districts.

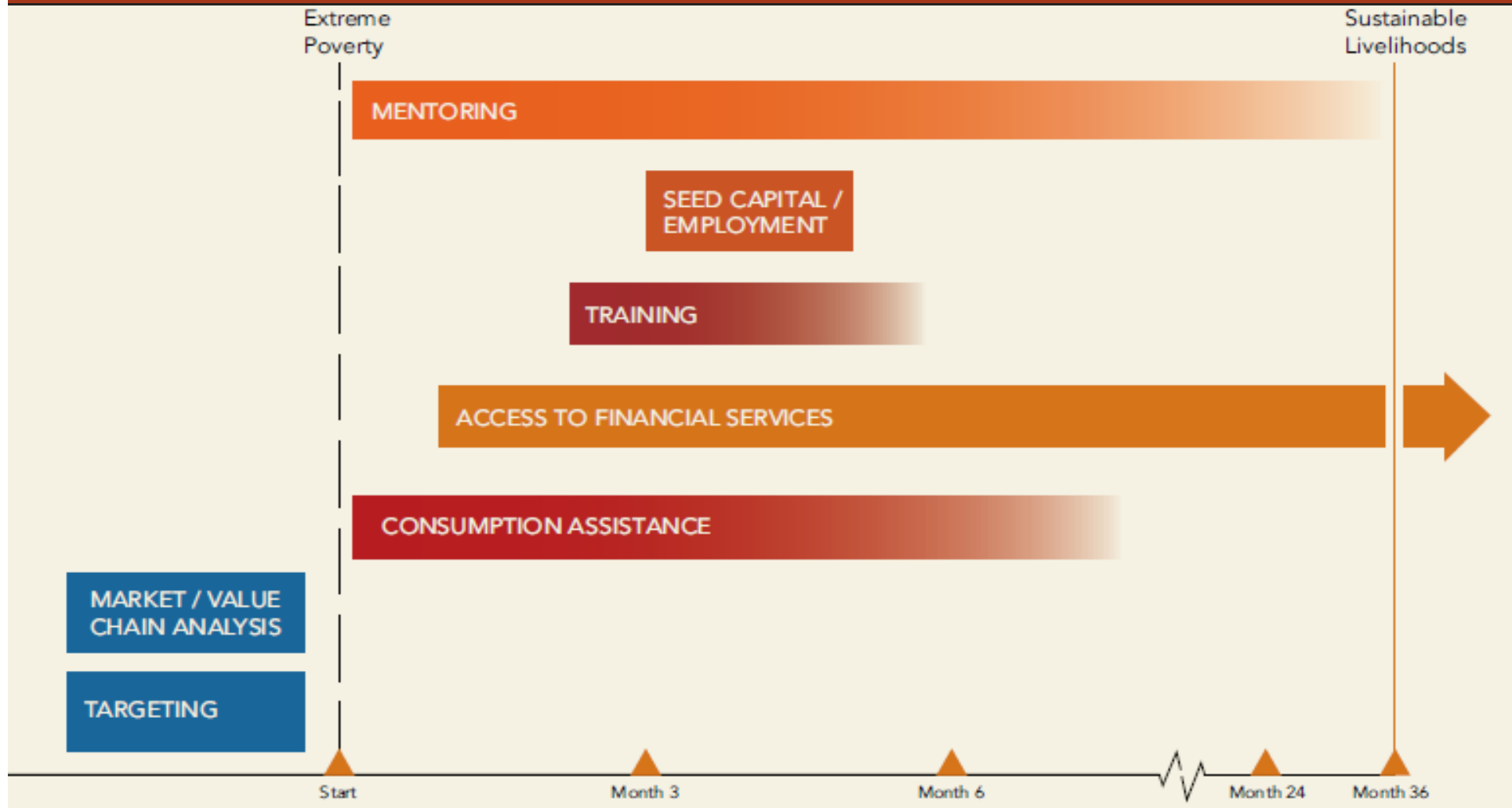
What We Do Mean by Graduation

- **Graduation (updated definition):** The threshold point at which a participant in a Graduation Approach program is deemed to have satisfied locally determined criteria intended to ensure that he or she has reached resilience and has significantly lower risk of falling back into vulnerability.
- A beneficiary has reached a point where he/she (or household) does not need an existing service or program intervention anymore and may no longer receive all of it and can move on to other programs.

3 Types of Graduation (Samson, 2015)

- **Exogenous exit**—involves a decline in benefits after a certain period of time or a time limit on how long the beneficiary remains in program—factors outside of the beneficiary's influence
- **Endogenous (or threshold) graduation**—involves exiting after reaching some socioeconomic or resilience success criteria/threshold
- **Developmental (or sustainable) graduation**—includes one of the above, but beneficiaries can continue using parts of the program after other parts end or after graduating into new parts or programs

CGAP/Ford Graduation Approach



Question to the Group

- What other intended outcomes should Graduation Approach for OVC include?

Question to the Group

- What other common elements do you think Graduation Approach programs for OVC should have?

Common Understandings of Possible Graduation Approaches for OVC


1. Approaches for capacity building or skills-transfer must operate within a long-term and holistic perspective.
2. Direct support will not continue forever, because even the most vulnerable HHs can strengthen their coping strategies through a combination of activities including linkages, social networks, savings, and income diversification.
3. The ultimate goal must create a HH stable enough to provide consistently for the basic needs of its members and capable of accessing available services.



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Video Case Study





Evidence suggests that a multi-sectoral approach (i.e., integrated, complementary, or linked with health, nutrition, etc.) produces more powerful results.

Researcher Munshi Sulaiman

RCT Evaluation Results: Group Work

In your groups, discuss the following sections:

- Group 1: Program commonalities and variations (page 2)
- Group 2: Results of pooled sample (pages 8-9)
- Group 3: Results variations country by country (pages 9 to 12)
- Group 4: Discussion introduction and cost-benefit analysis (pages 12 to 13)
- Group 5: Discussion mechanisms (13 to 15)

Evaluation Results: Group Work

In your groups, discuss the following questions:

1. What are the important takeaways that everyone should know about this section?
2. What questions do you still have after reading this section?

Principles of Responsible Graduation

1. A “revolving door” not a one-way door.
2. Programs should be appropriate to contexts.
3. Graduation should be based on applying clear and consistent eligibility criteria.
4. Graduation should facilitate movement into other support as needed.
5. Graduation programs require accountability mechanisms.
6. Graduation is not for everybody.

Principles of Responsible Graduation: Group Work

In your groups, discuss the following questions:

- How does your principle promote the rights of your beneficiaries?
- What risks will your Graduation Approach program run if you do not consider this principle when designing and implementing?



What would you add to the Principles of Responsible Graduation for your organization?



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Reviewing Theories of Change

Activity 4: Reviewing Theories of Change

- Step 1: Review the concept of theory of change
- Step 2: Examine the components of a theory of change
- Step 3: Conduct group work on theories of change

Guiding question for this workshop:

How can participation in a
Graduation Approach program
promote OVC well-being?

Question to the Group

What is a theory of change?

What Does a Theory of Change Do?

- Expresses a causal pathway for change.
- Challenges assumptions about how change happens that you can test through project design and monitoring & evaluation.
- Focuses on impact and how change happens instead of on individual role players, agencies, or projects.

How is a ToC different from other models?

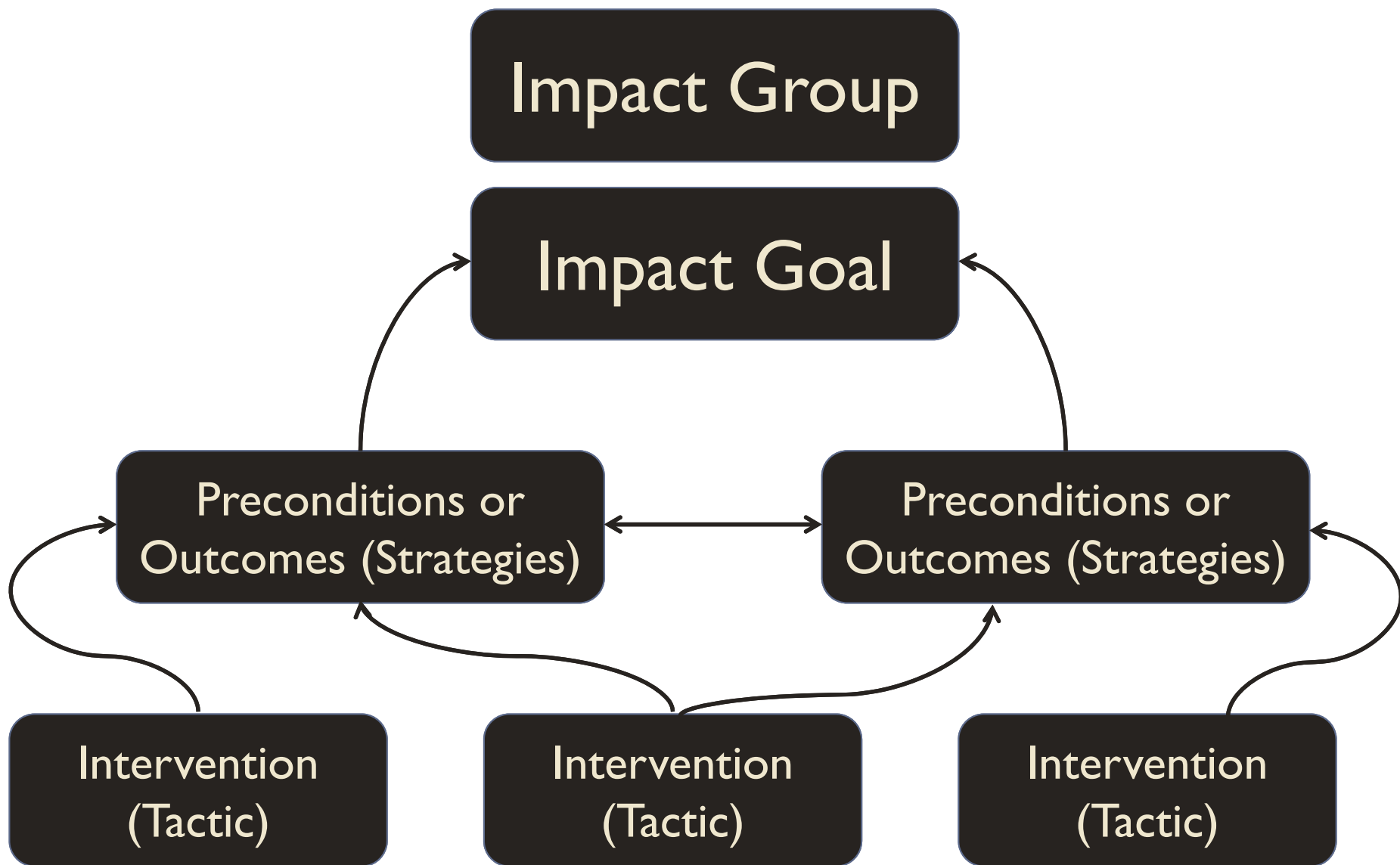
- SCOPE and FOCUS
- HOW and WHY change happens
- Using and building evidence to prove them
- Draws in a large set of stakeholders
- Helpful with project design and evaluation

Project Designs or Logical Frameworks

- Focus on a defined set of actors
- Focus on the extent to which activities lead to predetermined results.
- Provide a detailed description of an intervention – inputs, outputs, outcomes and ultimate goal.
- Useful for project monitoring

Theories of Change versus Logical Framework (Logframe)

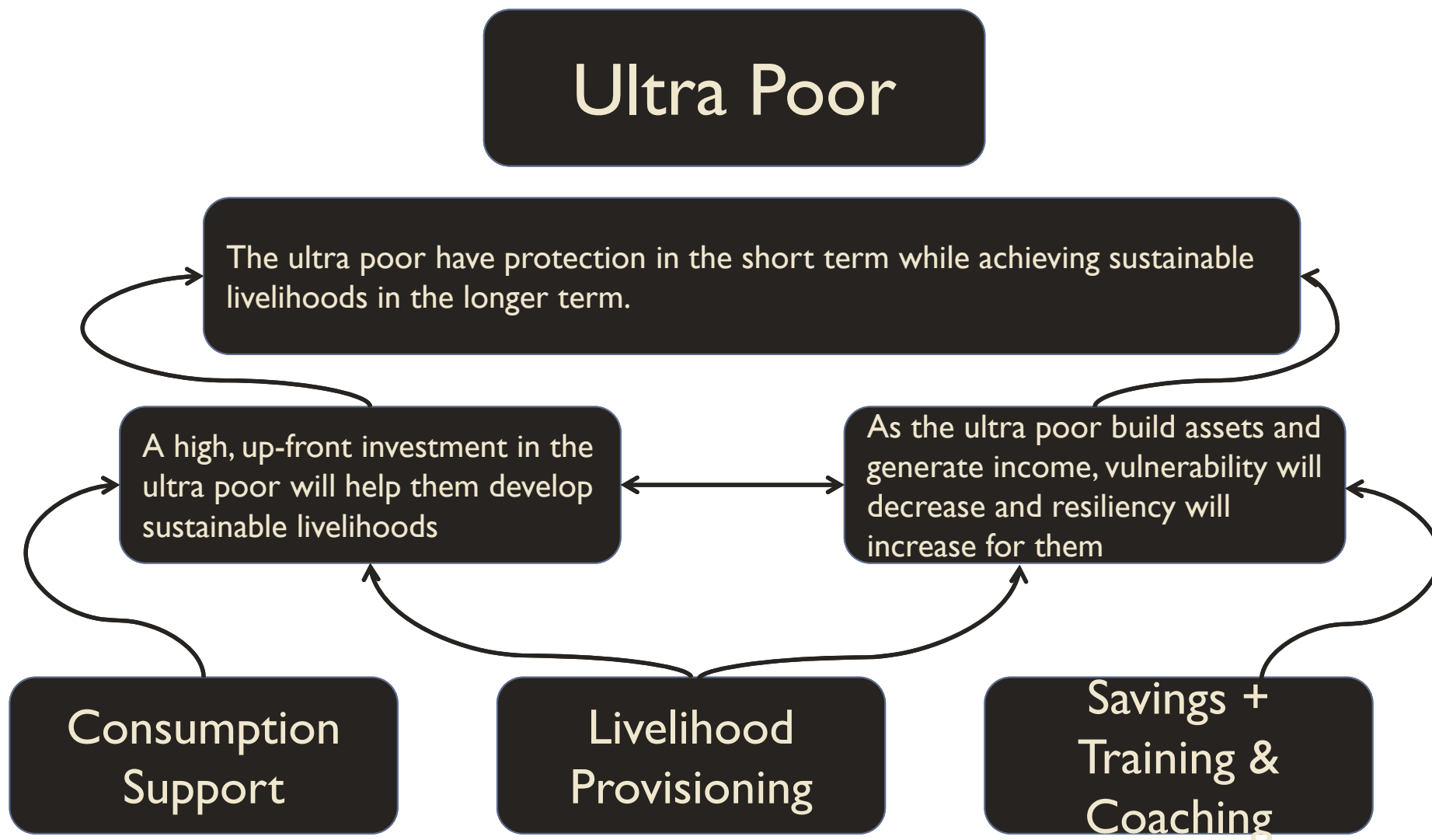
Theory of Change	Logframe/Program Strategy
Causal model for change	Causal model for change
Describes how and why you think change happens	Describes how program activities will lead to immediate outputs, which influence outcomes and project goals
Encompasses a wide range of social actors	Tends to be restricted to key development partners
Focus on proving assumptions/beliefs about how social change happens	Focus on completing activities to enable results
Used as a tool for program design and evaluation	Used as a tool for project monitoring
Uses and builds evidence to prove key assumptions	References risks and assumptions, but does not focus on these



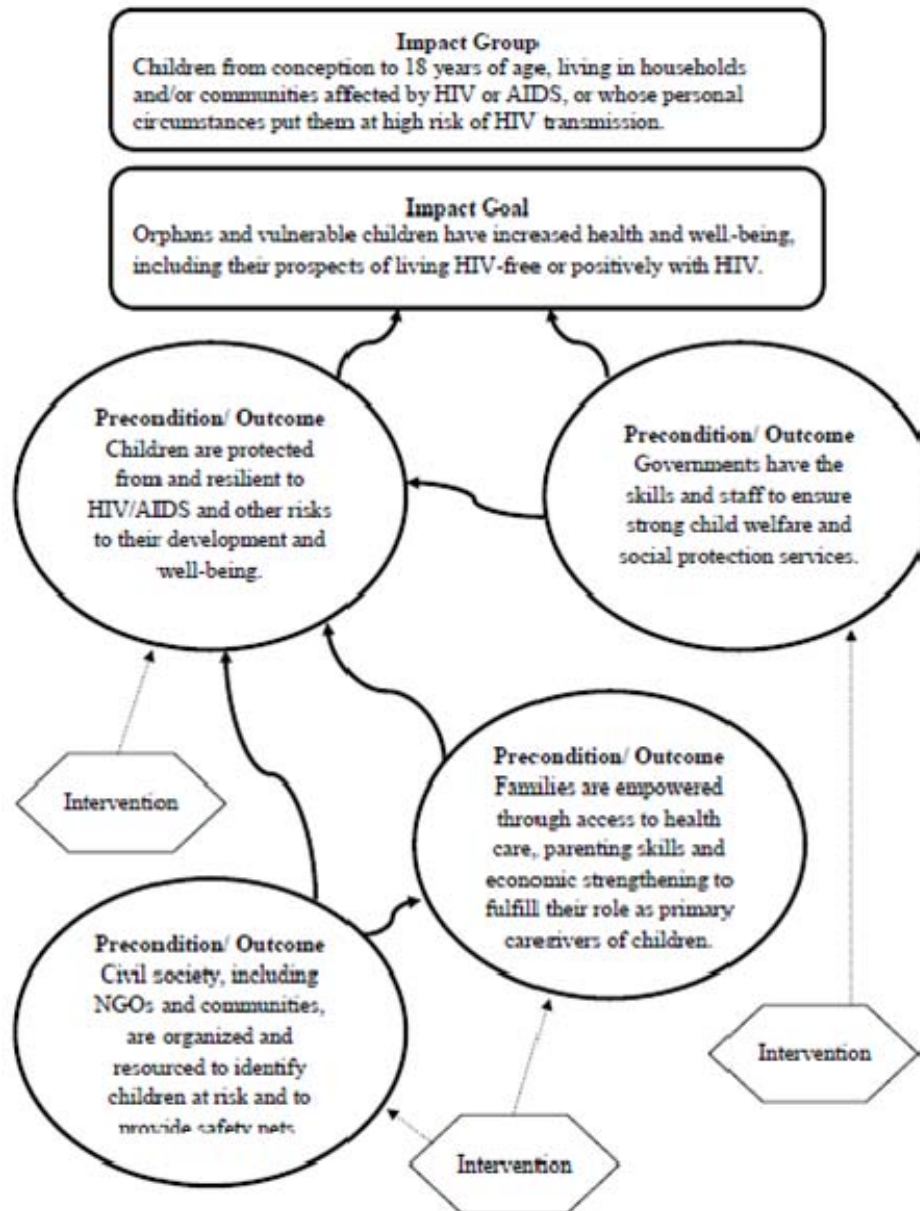
A complex reality

- A theory of change represents a complex reality within which an organization has to decide where it will act.
- One organization may come up with a very different intervention within a theory of change or work at a different level than another organization

CGAP/Ford Theory of Change for the Graduation Approach



PEPFAR OVC Implied Theory of Change diagram



Group Work on Theories of Change: 30 minutes

- Sit in organizational teams
- Please open your workbooks to page 5 labeled “Diagramming Your Own Theory of Change”.
- Define the components of a theory of change for a possible future Graduation Approach program that you would like to see for your beneficiaries
- Diagram your theory of change.
- List outcomes/strategies that will allow your impact group to reach its impact goal.
- Draw or describe how the interventions for each of the outcomes will work together in a GA intervention.

Question to the Group

Who would like to share their theory of change?

Question to the Group

How can a theory of change guide your decisions around monitoring and evaluation?



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Defining Target Groups

Activity 5: Defining Target Groups

- Step 1: Picture representative people in their impact groups and how to target them (groups of three people)
- Step 2: Discuss targeting criteria
- Step 3: Assign impact groups to vulnerability levels (groups of three people)

The top of the Theory of Change

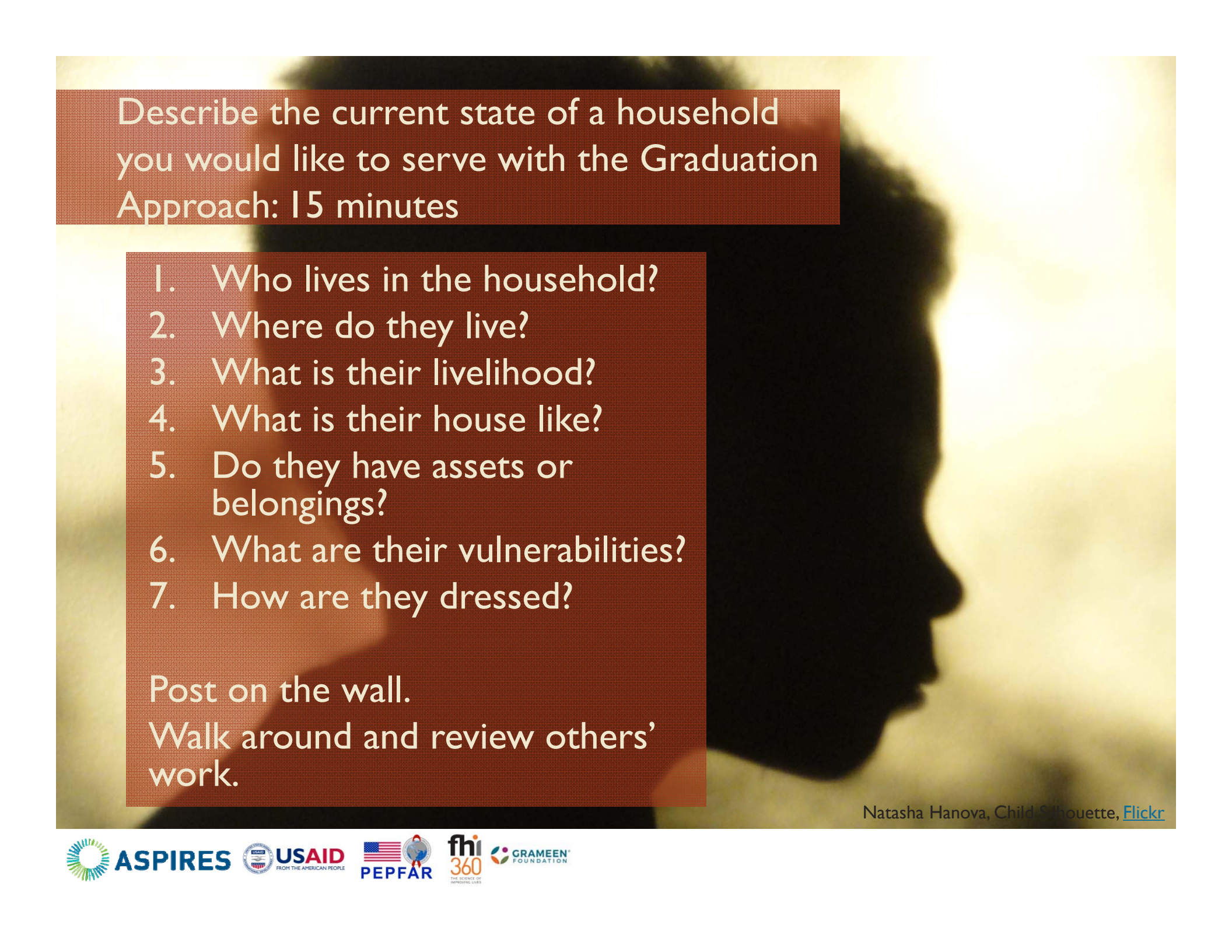
- The impact group is who we want to experience the change
- Before we can start setting goals and outcomes and looking at ways to increase resiliency, health, and well-being, we need to understand the vulnerabilities of our beneficiaries.

Question to the Group

What are some examples of targeting criteria that organizations use to target beneficiaries?

Animal Game to form Groups of 4

- You'll receive a picture of an animal
- Take your workbook with you and find others who have the same animal as you by acting like your animal and making its sounds.
- When you find your fellow animals, choose a place in the room to do the group activity.



Describe the current state of a household
you would like to serve with the Graduation
Approach: 15 minutes

1. Who lives in the household?
2. Where do they live?
3. What is their livelihood?
4. What is their house like?
5. Do they have assets or belongings?
6. What are their vulnerabilities?
7. How are they dressed?

Post on the wall.

Walk around and review others'
work.

Natasha Hanova, Child Silhouette, [Flickr](#)

Questions to the Group

What do you notice?

What common characteristics did the target groups share?

How did the target groups differ?

Question to the Group

How can you indirectly target vulnerable children for a program?

Remember?

PEPFAR refers to its targeting as
HIV/AIDS-_____

and _____

rather than exclusive.

Question to the Group

How can you make a Graduation Approach program **HIV/AIDS-sensitive** and **inclusive** rather than exclusive?

Characteristics of Levels of Economic Well-Being

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

Assigning Impact Groups to Levels: Exercise Instructions

1. In your groups from before, take 10 minutes to place the impact groups you described in one or more categories of economic well-being.
2. Select a reporter to report out why you chose those categories.

Questions to the Group

How easy or difficult did you find reaching consensus on where to place your target groups? Why?

A family's level of economic well-being...

- Depends on more than economic assets and vulnerabilities.
- Health/HIV status, education, training, social capital and women's economic/social status contribute.
- It may not always be clear cut what makes a given family destitute, struggling, or prepared to grow.
- Your evolving understanding will combine characteristics and situations will change over time.

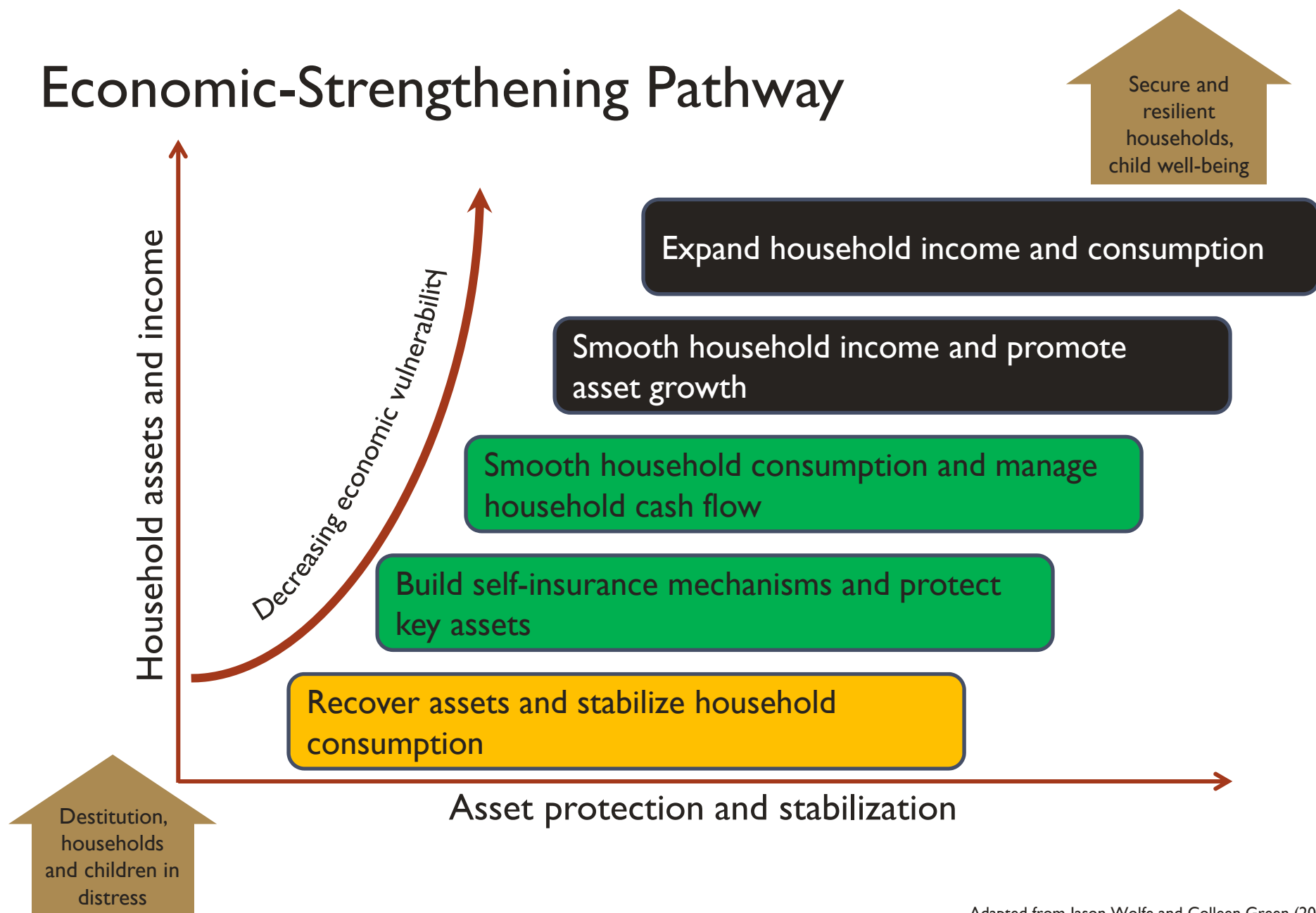
Questions to the Group

Which of you already employ some type of targeting or do something similar to distinguish among different vulnerability levels?

Economic Well-Being and ES Category

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

Economic-Strengthening Pathway



Adapted from Jason Wolfe and Colleen Green (2012)

Questions to the Group

Which way can households move, up or down the levels?

Why might households at the Prepared to Grow level need consumption support?

How might the Graduation Approach help its people at all three levels?



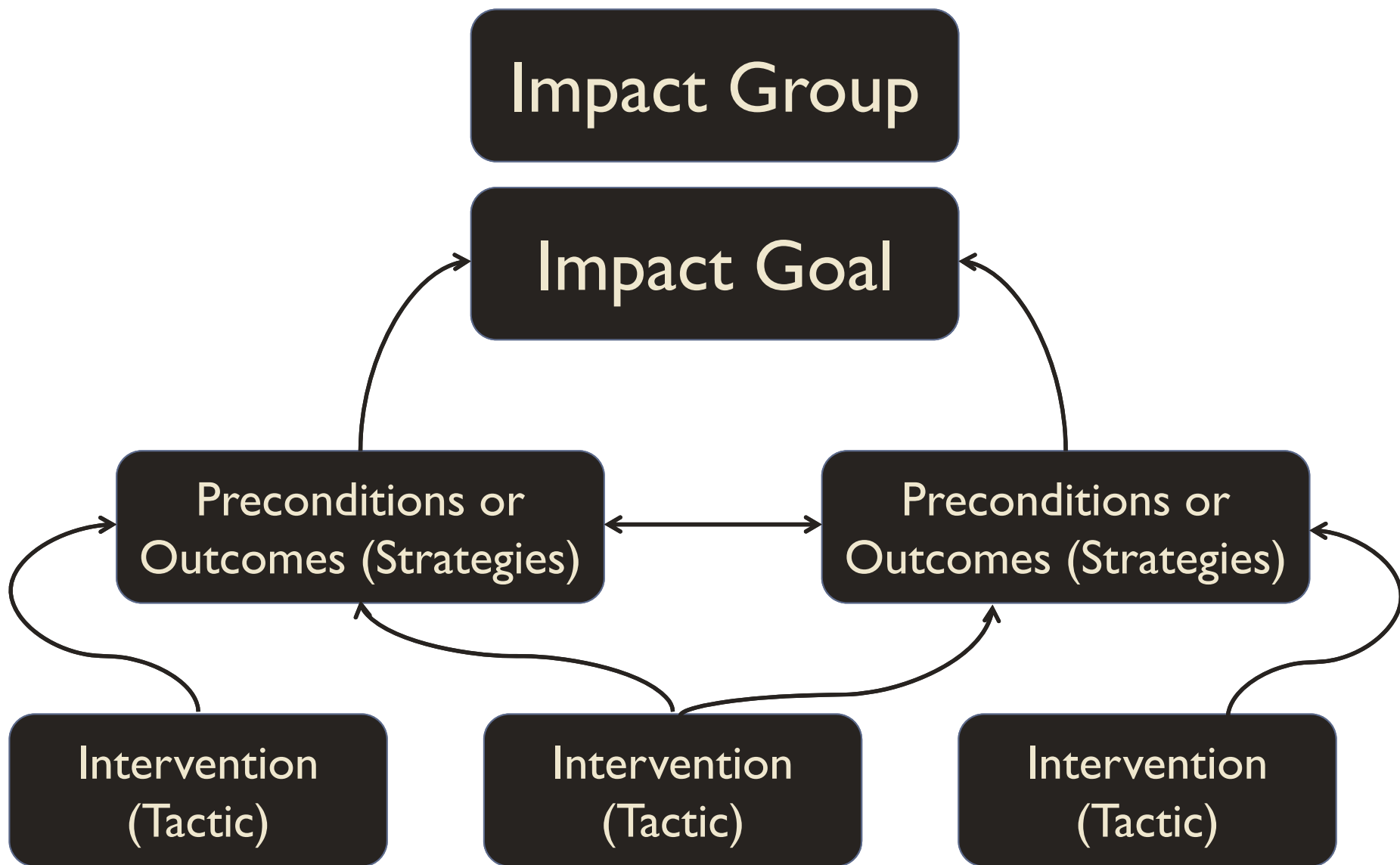
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Establishing Objectives and Graduation Criteria



Activity 7: Establishing Objectives and Graduation Criteria

- Step 1: Survey common objectives of GA programs and achievement criteria of past programs
- Step 2: Have participants work on their own achievement criteria
- Step 3: Review what beneficiaries need and what project partners can provide



Question to the Group

- When establishing program outcomes, why would you want to tie them to measurements that you can monitor and evaluate over the life of the program and even after program end?

BRAC Sample Outcomes, Criteria, and Measurements

Outcome	Graduation Criteria	How They Measured
Establish food security	No self-reported food deficit in past year	Ask households about access to 2/3 meals a day over a period of recall
Establish income-related resilience	Multiple sources of income	Verify multiple types of income and diversification of IGAs
Establish economic resilience through savings	Existence of cash savings	Verify meeting a fixed threshold of HH savings
Establish resilience to negative health effects	Use of sanitary latrine and clean drinking water	Verify access to clean water sources
Establish greater structural resilience of home	Homes have solid roofs of non-thatched materials	Confirm presence of non-thatched and secure roof
Reinforce positive behavior change	No childhood marriage; school-aged children go to school: use of family planning	Confirm ages and status of all children and ask about access to and practice of planning

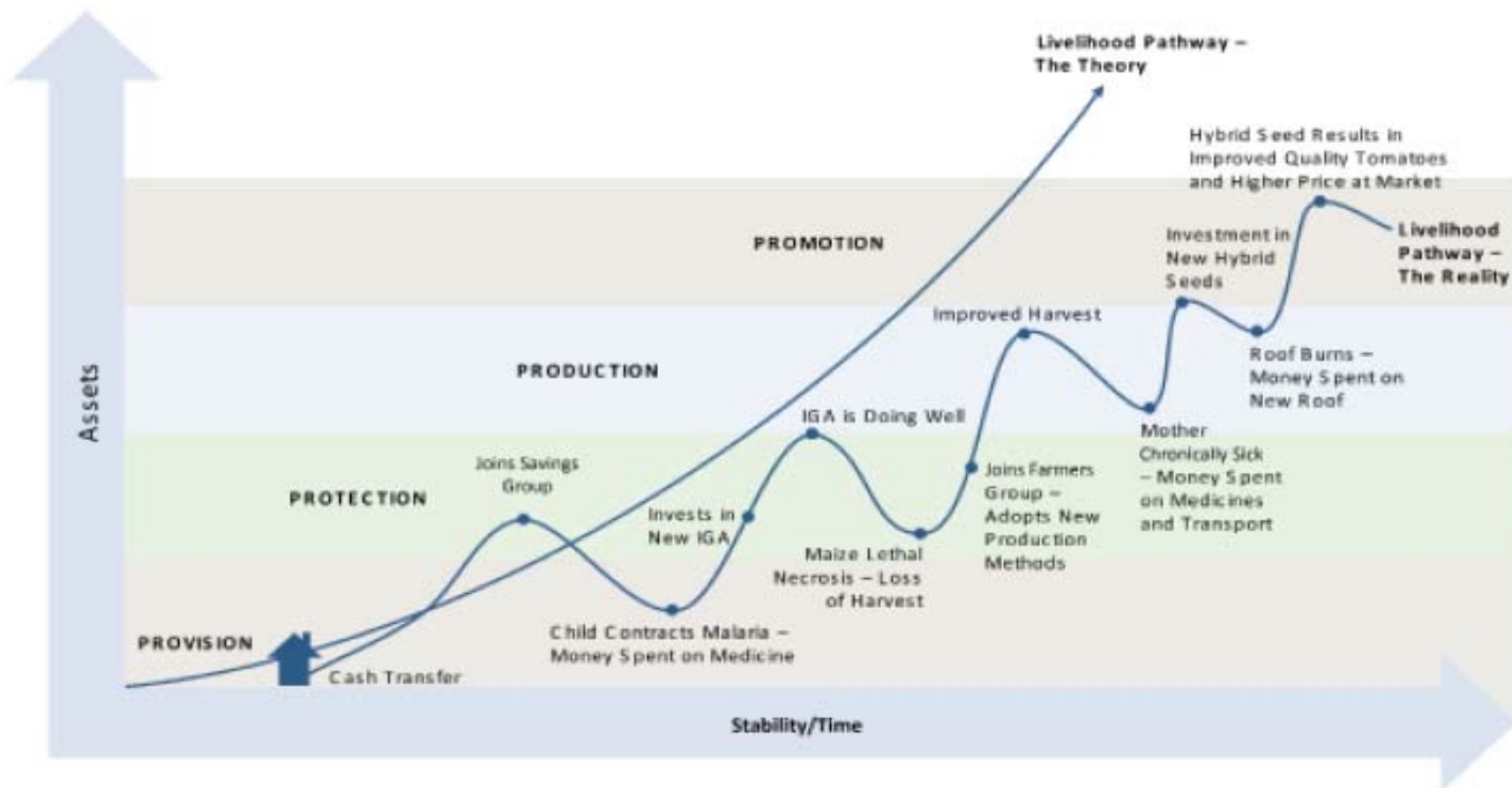
Question to the Group

- What outcomes might you plan for in order to reach the impact goal of OVC having increased health and well-being?

Graduation Approach: Sample Graduation Indicators from REST

- At the end of the program cycle, beneficiaries must meet at least one quantitative indicator **and** one qualitative indicator
 - Quantitative Indicators
 - Moving into food security by owning 12 months food supply plus 3 months of reserves
 - Saving an amount greater than or equal to 75% of the initial value of the asset transferred
 - Qualitative Indicators
 - Expanding and diversifying livelihoods
 - Readiness to access microcredit
 - Verification by a Community Task Force that the concerned household is better off

Livelihoods Pathway: The Reality



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

Outcomes and Criteria Exercise-- work with a colleague

When filling out the worksheet, consider:

- What outcomes would you want your impact group to reach?
- What achievement criteria would you tie to those outcomes?
- How would you measure how the impact group met those criteria?

GA Possible Services and Partners Planning Sheet

- With a partner, use the table on page 13 to plan for your discussions with possible partner organizations.
- Fill out the table to the best of your knowledge; your organization and your might not eventually provide all of the listed services or partner with all of the organizations.



Including Consumption Support

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Activity 8: Including Consumption Support

- Step 1: Review consumption support
- Step 2: Use integrative thinking to explore in-kind support, cash transfers in hard currency, and mobile money
- Step 3: Consider what beneficiaries need and what project partners can provide

What do we mean by consumption support?

For the Graduation Approach, when we talk about consumption support, we usually mean providing beneficiaries with the immediate means to obtain food in order to meet their household's immediate needs.

What does consumption support look like in the Graduation Approach?

Usually, most GA programs begin by giving the most vulnerable either in-kind food aid or cash transfers to buy food – then stop supplying aid once the beneficiaries start to see returns from their income-generating activities.

What does consumption support look like in the Graduation Approach? Cont.

For groups other than the most vulnerable, we can also mean providing in-kind aid or cash transfers to help with the shocks and multiple stresses they may face during lean seasons.

Consumption Support should be Temporary

- The most vulnerable, the very vulnerable and the somewhat vulnerable will at some point live with scarcity.
- In all cases, the aim of the program designers is that consumption support be temporary. (This should be established with the beneficiary from the start of the program.)
- Program designers should also look for other consumption support interventions for beneficiaries to link to after graduation in case of unforeseen shocks – or let beneficiaries return to the program should they fall back into vulnerability.

Question to the Group

What effects do you think living with scarcity might have on beneficiaries?

Psychological effects of living with scarcity (Mullainathan and Shafir, 2013)

Distraction:

Scarcity creates stress, which causes people to perform less well in decision-making tasks.

Three effects of living with scarcity (Mullainathan and Shafir, 2013)

Tunneling:

Time horizons shorten as people focus on managing the next imminent crisis or need, which also causes them to neglect other needs or crises.

Three effects of living with scarcity (Mullainathan and Shafir, 2013)

Borrowing:

People will borrow from the future to take care of immediate needs, sometimes at very high rates, even if this makes them less well off in the long term.

Psychology of scarcity

For extremely poor households, consumption support can provide a respite from the relentless focus on daily survival, thus freeing them from the “psychology of scarcity” and providing a basis for developing the longer-term livelihood strategies.

From a non-psychological reality, as long as people cannot satisfy the most basic needs of food, water, and health, they will not have the time or resources to engage in productive livelihood activities.

Question to the Group

How might government-sponsored food support or other social protection (safety net) programs help?

Question to the Group

If you do not have access to government SP programs, what are some of the things you will need to consider when designing consumption support into a Graduation Approach program?

Question to the Group

What should we consider when setting the amount of a food stipend?

Question to the Group

What should we consider when setting the duration of a food stipend?

How long should consumption support last?

- The majority of the CGAP/Ford Foundation pilots determined the length of the consumption support by the amount of time it would take for the beneficiaries to begin making enough money from their income generating activities.
- Once the IGAs made money, beneficiaries could afford to buy the food for their households on a regular and consistent basis.

Considerations for providing consumption support

1. Time of year (lean season will affect both the beneficiaries and their potential customers of their IGAs – there will be very little means to make purchases.)
2. How long it will take for the livelihood to return a profit. (We will cover this in the next session.)

Integrative Thinking Exercise: Consumption Support (15)

1. Each team, work together to come up with the best reasons and circumstances (“pros”) for Graduation Approach program designers to use the following types of consumption support:

- **Team Blue:** in-kind food aid
- **Team Red:** hard currency cash transfers
- **Team Yellow:** mobile money cash transfers

2. Write down the “pros” from the points of view of the beneficiaries, the implementing partners, and the larger community.

3. Determine the two “pros” that you think are the most important.

4. Use the Consumption Support Exercise worksheet on page 14 in your workbook to record your team’s and the other teams’ work.

Question for the Group

How could we use these methods in a combined effort?

Combined Consumption Support

- Some previous programs such as BRAC's in Bangladesh provide both weekly **cash transfers** in hard currency **and in-kind food support** in the form of lentils and other staple grains from the area.
- BRAC closely coordinates the duration of the stipend to the specific enterprise selected by each beneficiary household and how quickly the related assets can deliver income to that household.

Consider what beneficiaries need and what project partners can provide. (30 min)

- Work with your neighbor on what interventions you might use in order to provide consumption support.
- Who would provide this support? A government agency? A local NGO? An international NGO? A CBO? Or your organization?
- Complete the Graduation Approach Consumption Support Planning Worksheet on page 15.
- Volunteers share findings.

Planning Consumption along side IGAs

- At the same time you plan the consumption stipend, you can also plan the options of IGAs that you will offer the beneficiaries based on a thorough market analysis of the region.
- You should consider how long it will take the selected enterprises to return an income and to time the consumption stipend to end shortly after that period.



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Selecting Livelihood Activities



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Activity 9: Selecting Livelihoods

- Step 1: Consider what organizations need to research when selecting options for livelihoods
- Step 2: Discuss possible employment selections
- Step 3: Examine sample market analyses questions
- Step 4: Work on GA Livelihood Selection worksheet

Considering Livelihoods Exercise

Each table, discuss the following and write on a flip chart:

- **Mercury:** List all of the factors about beneficiaries themselves that you need to consider before selecting livelihood activities for them.
- **Venus:** List all of the factors about beneficiaries' families that you need to consider before selecting livelihood activities as options.
- **Earth:** List what you should do before, during, and after offering livelihood activities.
- **Mars:** List the factors to consider about any assets for the livelihoods you might provide

Possible Livelihood Selections Exercise

Each table, discuss possible enterprises for the following types of beneficiaries and list those livelihoods on a new flip chart:

- **Mercury:** rural (or peri-urban) beneficiaries who want self-employment
- **Venus:** rural (or peri-urban) beneficiaries who want formal employment
- **Earth:** urban beneficiaries who want self-employment
- **Mars:** urban beneficiaries who want formal employment

Post Lunch Exercise

With a partner, go to page 20 of your workbook and the Graduation Approach Livelihood Selection Planning Worksheet.

Begin answering each question to the best of your knowledge. They are all Yes/No questions. Answer with either a “Y” or an “N” in the blank provided.

Take 20 minutes.



Incorporating Asset Transfers

Activity 10: Incorporating Asset Transfers

- Step 1: Consider needs for organizational capacity and asset transfers
- Step 2: Work in groups to rank considerations for transferring assets
- Step 3: Plan how best to implement assets for possible GA programs

Debate Exercise: Asset Transfers (Cash Transfers versus In-Kind Asset Transfers)

- Each team, take 30 minutes to work together to come up with the best reasons (the pros) why program designers should use your type of asset transfers and arguments why they should not use (the cons) your opponent's type of asset transfer.
- Consider the point of view of your stakeholders: beneficiaries, communities, and program partners.
- While working, pick a representative to come forward and debate your opponent
- After 30 minutes, your spokesperson will have 5 minutes to give your argument; Alison and I (and perhaps a special guest) will judge the winner.
- **Team One:** in-kind assets (pros), cash transfers (cons)
- **Team Two:** cash transfers (pros), in-kind assets (cons)

Question to the Group

Many programs give the in-kind asset or the cash transfer for free while others require beneficiaries to pay back all or part of the value of the asset. What pros and cons do you see for both methods: free or requiring pay back?

Question to the Group

Looking back at the Economic Well-Being and ES Category Continuum on page 7 of your workbook, who would normally receive in-kind assets, who would normally receive cash, and who would normally receive loans?

Instructions for Ranking Exercise: Asset Transfers

1. In your groups, read the sheet with the asset transfer considerations and explanations.
2. On your sheets, rank the considerations in order of importance from most important at the top to least important at the bottom by using the following system:
3= Most Important
2= Important
1 = Not So Important
0 = Counterproductive or Detrimental.
3. After time expires, prepare to report to the whole group why you placed each of these considerations in the order you chose.



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Integrating Savings Programs

Activity 11: Integrating Savings Programs

- Step 1: Consider components of savings programs
- Step 2: Review case study on savings
- Step 3: Conduct brain writing exercise on business and financial education topics
- Step 4: Discuss connecting with credit services and insurance services

Activity 11: Integrating Savings Programs

- Step 1: Consider components of savings programs
- Step 2: Review case study on savings

Savings Component in a GA

- Can help beneficiaries manage risks, reduce vulnerabilities, build resilience, and prevent them from selling assets or turning to local money lenders when faced with shocks.
- It will also teach beneficiaries about financial responsibility, banking, credit and insurance.

Savings Component in a GA

- Can help beneficiaries manage risks, reduce vulnerabilities, build resilience, and prevent them from selling assets or turning to local money lenders when faced with shocks.
- It will also teach beneficiaries about financial responsibility, banking, credit and insurance.
- Provides a platform to offer education and access to services.

Question for the group

When do you think programs should start their savings component?

Be careful!

Be careful not to pressure beneficiaries into putting their cash into savings instead of using it for consumption support or for a productive asset.

Be careful!

Be careful not to pressure beneficiaries into putting their cash into savings instead of using it for consumption support or for a productive asset.

Instructions for Savings Component Exercise

1. In your groups, review the piece of paper with the pro and con to discuss.
2. Spend 15 minutes preparing a two-minute argument in favor of your pro and against your con.
3. Pick a reporter to give your two minute presentation.
4. Record the pros and cons from all of the discussions in the Graduation Approach Pros and Cons of Savings Components table in your participant workbook.

Including more than 1 option

- You don't need to think of these options as either/or.
- You may find that you have times when you want to offer both informal and formal savings options, voluntary and compulsory options, group and individual accounts, and cash and in-kind savings.
- Many GA programs have set up group accounts at formal financial institutions after those banks or MFI's have evaluated the group's operations, maturity, and capacity to absorb credit. The savings groups then lend the available capital to group members.

Instructions for Case Study Exercise (15 min)

1. In your groups, read the case study on page 30 of your workbook.
2. Discuss what you think the program did well and what they could have done differently.
3. When I call on your group, provide any answers that the previous group had not discussed.

Brain Writing Exercise Instructions (30 min)

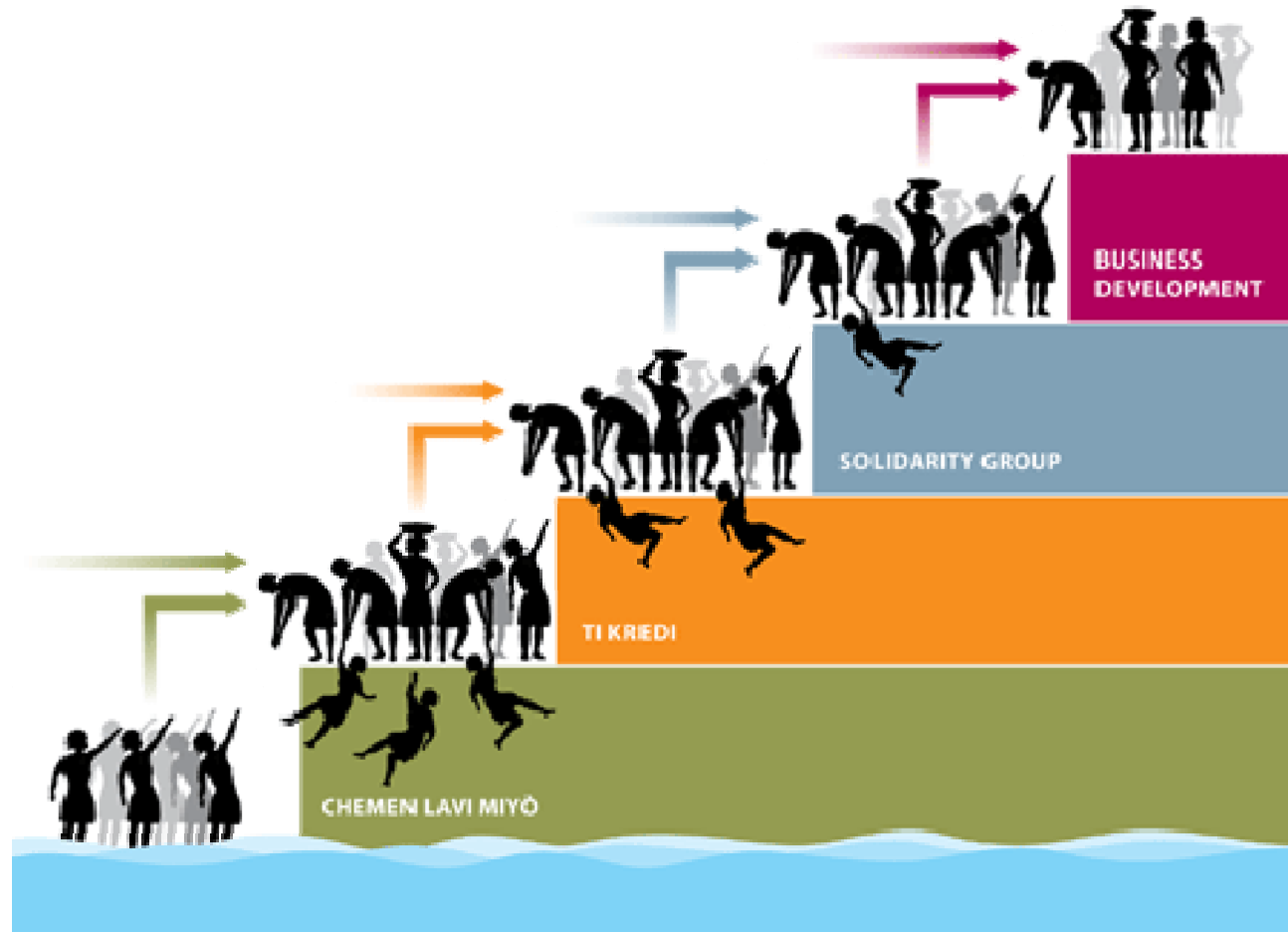
In your groups :

1. Everyone take a marker and begin writing your own ideas for the topic.
2. Come up with as many topics as you can on your own for 5 minutes.
3. At the end of 5 minutes, turn the flipchart to the left.
4. Underneath the topics your teammates submitted, add your ideas expanding or clarifying the ones already on the paper.
5. Pass the flipchart to the left until the sheet has made one full pass around the whole table or no one has any further ideas.
6. Once the table has reviewed all of the work sheets, pick a reporter at the table to read the flipchart and to hold a table vote for the 5 best ideas.
7. Have the reporter tell the whole group your team's 5 best ideas.

Connecting with credit services and insurance services

- Beneficiaries can graduate from informal savings to formal savings.
- Beneficiaries can also graduate into credit services and insurance – perhaps with those same institutions.
- The REST case study provided good ideas of how to introduce credit to those in destitution, and those who are struggling to make ends meet, you would normally only do so for those prepared to grow and graduate.

Fonkoze's Graduation Into Ti Kredi



Question for the Group

What kinds of insurance could you include in your GA program that you could leave in place after the end of the program?

Instructions for Savings Component Exercise

1. In your groups, review the piece of paper with the pro and con to discuss.
2. Spend 15 minutes preparing a two-minute argument in favor of your pro and against your con.
3. Pick a reporter to give your two minute presentation.
4. Record the pros and cons from all of the discussions in the Graduation Approach Pros and Cons of Savings Components table in your participant workbook.

Instructions for Case Study Exercise

1. In your groups, read the case study.
2. Select someone to take notes and to represent the group.
3. Discuss what you think the program did well and what they could have done differently.
4. When I call on your group, provide any answers that the previous group had not discussed.
5. Confirm that we have accurately captured your answers on a flip chart or slide.

Brain Writing Exercise Instructions

In your groups :

1. Find page 33 (GA Possible Topics for Business & Financial Education) and at the top of the page write your name in capital letters.
2. Underneath the instructions, write your first idea for the topic.
3. Continue writing topics for 5 minutes or until you run out of ideas.
4. When everyone at the table has finished submitting ideas, have each person pull someone else's workbook and worksheet from the center.
5. Underneath the topics your teammates submitted, add your ideas expanding or clarifying the ones already on the paper.
6. Pass the workbooks and worksheets to the left until the sheet has made one full pass around the whole table or no one has any further ideas.
7. Once the table has reviewed all of the work sheets, pick a reporter at the table to read all sheet and to hold a table vote for the 5 best ideas.
8. Have the reporter tell the whole group the results of your findings.



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Linking to Health and Related Services

Activity 12: Linking to Health and Related Services

- Step 1: Review importance of linking beneficiaries with healthcare infrastructure and brainstorm options
- Step 2: Decide which health education topics to teach to individuals and which to groups
- Step 3: Consider nutritional, psychosocial support, childhood-protection, legal, and educational services

Activity 12: Linking to Health and Related Services

- Step 1: Review importance of linking beneficiaries with healthcare infrastructure and brainstorm options
- Step 2: Decide which health education topics to teach to individuals and which to groups

Health Shocks

- HIV-affected households and the poor lose what savings they have most commonly through health emergencies.
- They sell assets, go into debt and leave their Savings Groups.
- *GA programs must link to the existing healthcare infrastructure – especially when beneficiaries do not or cannot access (for whatever reason) locally available healthcare.*

How to address Health Shocks?

- When beneficiaries are paired with healthcare options, their health outcomes are improved, and the necessary preconditions/strategies for beneficiaries to develop livelihoods or do their jobs, and build resilience to future stresses, shocks, and crises are established.
- *You can build linkages to many services including healthcare via savings groups and micro-insurance.*

Question to the Group

What health services can you include in your Graduation Approach program?

Question to the Group

What health services can you link to in your Graduation Approach program?

Question to the Group

What health-related micro-insurance services can you link to Graduation Approach programs?

Health Education Topics Exercise

Each team, create a list of health education topics for...

- **Mercury:** general health and common illnesses
- **Venus:** hygiene
- **Earth:** nutrition
- **Mars:** HIV/AIDS and sex/family planning

Health Education Topics for weekly household visits

- Most of the documented GA pilots to date cite weekly household visits with one-on-one life-skills coaching as the most important factor in contributing to the success of their pilot.
- In addition, the sessions helped build the confidence of beneficiaries and let them discuss intra-household issues such as conflicts and abuse.

What is covered in the life-skills coaching sessions – weekly or bi-weekly?

- The majority of the topics covered during these life-skills coaching sessions centered on health issues and education.
- Classroom training with all of the beneficiaries in a village can also include:
 - Health education
 - Technical skills training on enterprises
 - Technical skills training on financial planning

Health Education Topics Exercise

1. In your groups, take the sheet of flip chart paper on your table and write a list of all of the health education topics you as a group believe your field agents and beneficiaries need to cover.
2. Beside each topic, please note whether the field agents should cover with individual households by writing “household” in parentheses, with all of the beneficiaries in a classroom by writing “classroom” in parentheses, or with both households and classrooms by writing “both” in parentheses.
3. Then post your flip chart on the wall.

Health Education Topics to Discuss

For the next activity you will:

1. Come up with a list of the **most important health education** topics your beneficiaries need to learn about; and
2. Decide which ones you need to cover with:
 - Individual households during the weekly visits by field staff and
 - Which ones you can cover during group learning sessions with all of the beneficiaries

Health Education Topics Exercise (15 min)

Each team, create a list of health education topics on page 35 of your workbooks for:

- **Mercury:** general health and common illnesses
- **Venus:** hygiene
- **Earth:** nutrition
- **Mars:** HIV/AIDS and sex/family planning

1. In your groups, take the sheet of flip chart paper on your table and write a list of all of the health education topics you as a group believe your field agents and beneficiaries need to cover.
2. Beside each topic, please note whether the field agents should cover with individual households by writing “household” in parentheses, with all of the beneficiaries in a classroom by writing “classroom” in parentheses, or with both households and classrooms by writing “both” in parentheses.
3. Then post your flip chart on the wall.

4. Choose a representative to report.



ASPIRES



Linking with HIV/AIDS programming

- **Every** intervention should have linkages with HIV/AIDS prevention, care, and treatment programs.
- Although targeting by HIV/AIDS status is not advised, adding complementary services to HIV/AIDS treatment programs is one way to discreetly reach PLWHA.
- Link (particularly for the most vulnerable) to voluntary support services (for example: health, ART adherence, family welfare) to ensure effective use of resources.



Child-focused interventions
must link with child
protection.



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Monitoring and Evaluating at the Household and Individual Levels



Activity 13: M&E at the Household and Individual Levels

- Step 1: Introduce monitoring at the household and individual levels
- Step 2: Review a sample CMS
- Step 3: Revisit your outcomes, criteria, ways to measure, and data needs at baseline, midline, endline, and year after project end

Monitoring and Evaluating at the Household Level: Data Needs for Health Outcomes

Outcome	Data Needs (baseline, midline, endline, one year after)
Increased awareness of importance of health services	<p>Household-level participation in health-awareness activities</p> <p>Data on improvement in individual's knowledge on key health issues</p> <p>Baseline and endline data about person's improved perceptions of health services</p>
Increased use of health services	Clinic attendance data showing increases in attendance
Improved health for household members	Health status data showing improved health of household members

Question to the Group

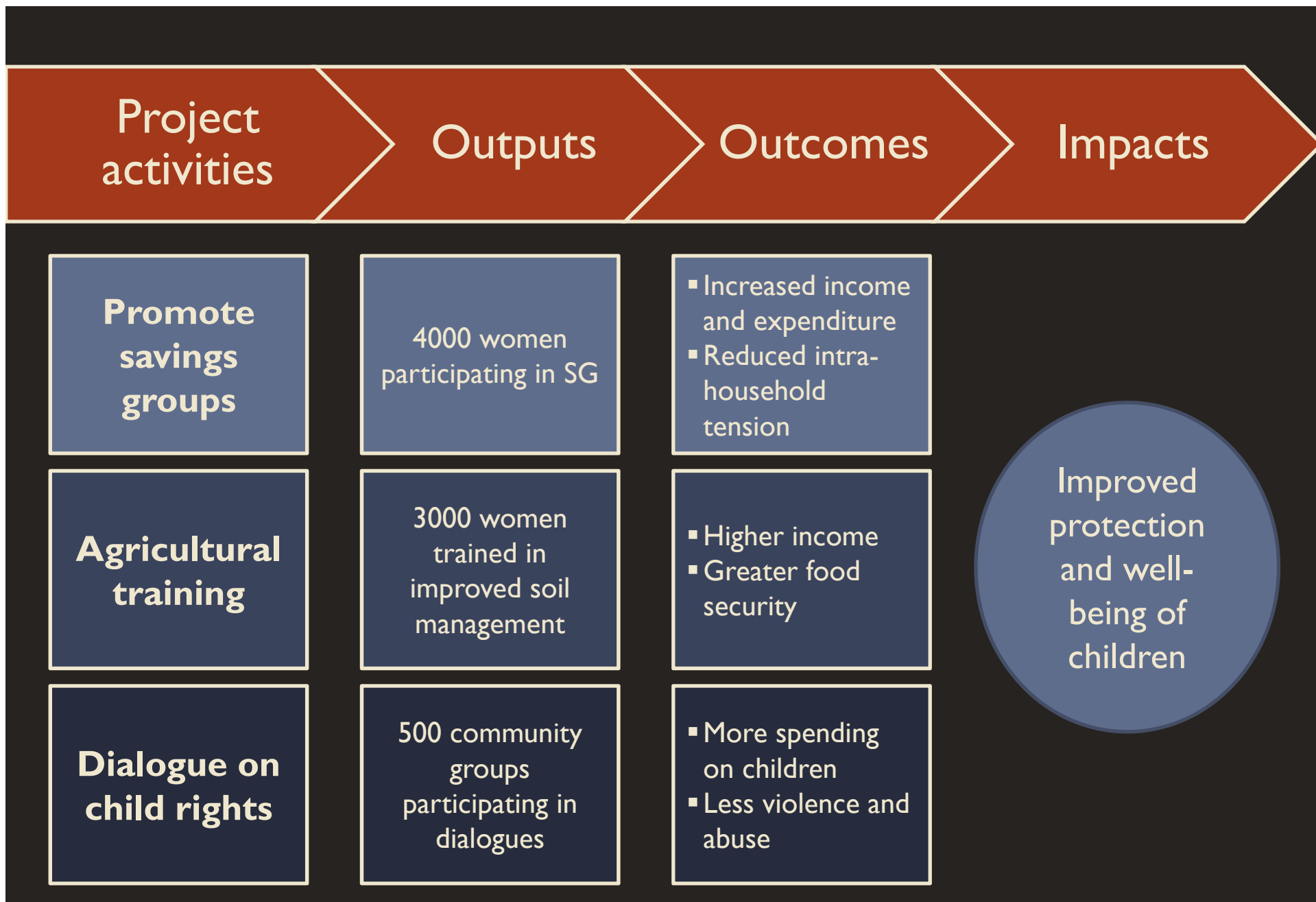
What other objectives and data needs do you think might go with the health portion of a Graduation Approach program?

Client Monitoring System (CMS)

Client monitoring systems (CMSs) are the usual way to collect and view data showing the beneficiaries' progress toward goals.

(But that does not mean that we cannot improve CMSs by adding outcomes as well.)

Review the CMS used by CGAP/FF on pages 47 through 50—tell us what do you notice (Intro to ES graduates, help us here...)



Why would you want to aggregate any data from a CMS?

- You can use the data to compare households with each other.
- You can then use this data to note any variations in progress.
- You can make adjustments in program design and services.
- You can use the data to identify slow climbers and give them additional help.

Considering Your Own CMS Exercise

With your partner:

1. Review the sample CMS on page 47 of the Participant Workbook—notice that this CMS consists of output indicators.
2. See if any of the output indicators give you any ideas what you might change in your outcomes that you started on page 12.
3. Mark up page 12 with any changes you would make. Use the Notes section at the end to add anything.
4. Use the bottom half of page 12 to write down any additions you would make to your outcomes.

Considering Your Own Data Needs

After pairing with a colleague and turning to page 12:

1. Based on what you have learned the past few days, add or edit to your chart any **outcomes, criteria, and ways to measure** that you want to include.
2. Consider the data you will need from field agents or case managers during home visits to beneficiaries.
3. Add the data needs in the appropriate column.
4. In the same cell or at the bottom of the page, add any questions you would use to get those data needs.




Monitoring and Evaluating at the Program Level

Activity 14: M&E at the Program Level

- Step 1: Introducing M&E at the program level
- Step 2: Work together to discuss pros and cons of evaluations
- Step 3: Review principles and practices of program design

Activity 14: M&E at the Program Level

- Step 1: Introducing M&E at the program level
- Step 2: Review principles and practices of program design



OVC programs have often lacked robust program evaluations and, at times, adequate monitoring and data-tracking systems, in part due to a lack of funds committed to this area.

To combat this deficit, programs are advised to allocate **AT LEAST 10 PERCENT OF THEIR PROGRAM BUDGETS** to ensure adequate funds for M&E activities.

PEPFAR OVC Guidance, 2012

Evaluation supports accountability

“Measuring project effectiveness, relevance, and efficiency, disclosing those findings to stakeholders, and using evaluation findings to inform resource allocation and other decisions is a core responsibility of a publicly financed entity.”

USAID Evaluation Policy, 2011, <http://www.usaid.gov/evaluation/policy>

Evaluation supports learning & program improvement

“Evaluations of projects that are well designed and executed can systematically generate knowledge about the magnitude and determinants of project performance, permitting those who design and implement projects, and who develop programs and strategies ... to refine designs and introduce improvements into future efforts.”

USAID Evaluation Policy, 2011, <http://www.usaid.gov/evaluation/policy>

Question to the Group

Why would an organization want weekly monitoring of the program through a Management Information System (MIS) while still running the program?

Question for the group

How can supervisors use M&E data for observing performance and for taking note of any operational questions?

Question for the group

In addition to periodic monitoring, what evaluations and records might your organization use to keep track of program performance?

Question to the Group

In reporting out your data collected after program completion, why would you want a strong evaluation?

Review the principles and practices of program design (30 min)

- Thorough and well-conceived evaluations will reveal problems with your program design and the implementation of that design.
- If you want to avoid many common problems, you should begin looking at possible issues while still in the design phase.
- Individually, review the Principles and Practices of Program Design worksheet on page 86 of your workbook.
- Follow the instructions and honestly answer the questions: you do not need to share the results with anyone if you do not want to do so.

Monitoring and Evaluating at the Program Level Exercise

In your groups, take 20 minutes to discuss the following questions, and to post your answers on a flip chart:

1. Group 1: How can supervisors use M&E data for observing performance and for taking note of any operational questions?
2. Group 2: In addition to periodic monitoring, what evaluations and records might your organization use to keep track of program performance?

Question to the Group

In reporting out your data collected after program completion, why would you want a strong evaluation?

Monitoring and Evaluating at the Program Level Exercise 2

In your groups, take 20 minutes to prepare to debate on:

1. Group 1:

What advantages do performance/process evaluations have (their pros) and disadvantages do impact evaluations have (their cons)?

2. Group 2:

What advantages do impact evaluations have (their pros) and disadvantages do performance/process evaluations have (their cons)?

Purpose

- Why is the evaluation being conducted, and why now? What information is needed? Who will use the information and how?

Objectives

- What are the objectives of the evaluation?

Evaluation question(s)

- Better to answer a few questions well than to answer more questions superficially.

Scope

- Unit of analysis, time period to be evaluated, geographic coverage.

Evaluation criteria

- Standards against which the intervention will be assessed.

Relevance

- Is there a demand for the evaluation? Which future decisions will this evaluation inform?

Evaluation methods

- How will the evaluation collect and analyze data, interpret findings, and report results?

Indicators

- How will findings be measured?

Stakeholders for the evaluation

- Country-led? Joint? Beneficiaries? Community?

Gender aspects

- Will the evaluation assess intervention's gender mainstreaming, equal access?

Capacity-building

- How does the evaluation contribute to capacity-building?

Indicators: Guiding principles

- If you don't know what the data is going to be used for, don't collect it.
- Better to monitor and evaluate a small set of good indicators well than to do a poor job of monitoring a comprehensive list.
- Better to use tested, validated standard indicators that can be compared across time/place than to be “creative.”
- Better to align with national M&E systems and indicators than to be “creative.”
- Great to be creative in finding affordable ways to monitor and evaluate what matters.



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Preparing for Graduation and Managing Risks of Slipping Back



ASPIRES



USAID
FROM THE AMERICAN PEOPLE



PEPFAR



GRAMEEN
FOUNDATION

Activity 15: Preparing for Graduation and Managing Risks of Slipping Back

- Step 1: Consider trainings and linkages to other programs for graduates
- Step 2: Conduct brain writing exercise on managing risks of slipping back or beneficiaries who cannot graduate
- Step 3: Picture your beneficiaries after graduation

Group Activity Directions

- **Group 1:** On a flipchart, list **trainings that beneficiaries might need before** we graduate them.
- **Group 2:** On another flipchart, list **linkages to any services** that you would want to give your beneficiaries **when** they graduate.
- After **20** minutes, report to the whole group.

Managing the Risks of Slipping Back: Brainwriting Exercise

In your groups of 4 people, take 20 minutes to discuss the following questions, and to post your answers on a flip chart:

1. Group 1:

What can our programs do to reduce the risks of beneficiaries slipping back?

2. Group 2:

What can our programs do to help beneficiaries who cannot seem to graduate?

Brainwriting Instructions

- Take one sheet of flipchart paper.
- Pick one side of the paper.
- For 10 minutes, write all ideas you have for the answer to the question on your side; keep writing until you run out of ideas.
- After 10 minutes, turn the paper to the left.
- For 5 minutes, add or edit any ideas you have about your left-side teammate's ideas.
- After 5 minutes, turn the paper to the left again, and then repeat for your next teammate.
- After 5 minutes, turn the paper one final time and repeat for your final teammate.
- As a group, after picking the best ideas and circling them, report out to the whole group.



Describe the state of the household you would like to serve **after** graduation from your Graduation Approach program

1. Who lives in the household?
2. Where do they live?
3. What is their livelihood?
4. What is their house like?
5. Do they have assets or belongings?
6. What vulnerabilities remain?
7. How do they dress?

Post on the wall.

Walk around and review others' work.

Natasha Hanova, Child Silhouette, [Flickr](#)

Activity 16: Preparing and Giving Presentations and Team Action Plans

- Step 1: Review RCT on pilots
- Step 2: Facilitate presentations and discussions
- Step 3: Make an action plan

RCT Evaluation Results: Group Work

In your groups, discuss the following sections:

- Group 1: Program commonalities and variations (page 2)
- Group 2: Results of pooled sample (pages 8-9)
- Group 3: Results variations country by country (pages 9 to 12)
- Group 4: Discussion introduction and cost-benefit analysis (pages 12 to 13)
- Group 5: Discussion mechanisms (13 to 15)

Evaluation Results: Group Work

In your groups, discuss the following questions:

1. What are the important takeaways that everyone should know about this section?
2. What questions do you still have after reading this section?

Final Project Exercise

1. Take 30 minutes to complete your own worksheet.
2. We will check in and see if you need more time.
3. After we call time, form a circle in your group.
4. Take 10 minutes to present your proposed project.
5. For 5 minutes, take questions from your group members about your project.
6. Repeat the process until all group members have presented.

Action Plan Exercise

Staying in your groups of three people:

1. Take 30 minutes to complete the Action Plan on pages 94 and 95 in your workbook.
2. After we call time, form a circle in your group.
3. Take 5 minutes to present your action plan and to take questions from your group members about your project.
4. Repeat the process until all group members have presented.

Activity 17: Reviewing Learning Needs, Test Results, and Evaluations

- Step 1: Review and answer sticky note questions
- Step 2: Complete the post-test and workshop evaluations
- Step 3: Review the results of the post-test
- Step 4: Close the workshop



What changes can happen if your organization applies what you have learned during this workshop?

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Pre- and Post-Test Answers: #1

- 1. What do BRAC, CGAP, Ford Foundation, USAID, UNHCR, and development NGOs mean when they refer to “graduation”?
- Answer: d. A beneficiary has reached a point where he/she (or household) does not need an existing service or a given program (intervention) anymore and will no longer receive it but can move on to other programs. The household or individual has graduated from the original service or intervention.

Pre- and Post-Test Answers: #2

- 2. Strategies provide an overall plan for meeting an objective. Tactics detail the specifics of how you will implement that strategy. In a theory of change, what parts make up the strategies and what parts make up the tactics?
- Answer: a. Preconditions/outcomes make up the strategies and interventions make up the tactics.

Pre- and Post-Test Answers: #3

- 3. When targeting programming for OVC, what should you strive to do?
- Answer: g. Figure out how to attract people living with HIV to your program that serves a broader population—make your targeting HIV/AIDS-sensitive and inclusive rather than exclusive, further segment beneficiaries by their level of economic well-being or their vulnerabilities, decide on targeting caregivers, households, adolescents/children, or a combination, and conduct a situational analysis.

Pre- and Post-Test Answers: #4

- 4. The original Graduation Approach programs targeted the most vulnerable ultra-poor in destitution, tried to increase the beneficiaries' consumption and asset holdings, and included five key components: consumption support, livelihood provisioning, asset transfer, life-skills coaching, and technical training. How might a Graduation Approach program targeted to OVC differ?
- Answer: f (all of the above). a. For its beneficiaries, it might include the very vulnerable struggling to make ends meet and the somewhat vulnerable prepared to grow their capabilities as well as the destitute in need of provisioning.
- b. For its components, it might include health components, psychosocial support, childhood-protection services, legal services, and education services in addition to the standard services offered.
- c. It might incorporate the six principles of responsible graduation described by the Institute of Development Studies (IDS).
- d. It might remove any of the five key components if any prove unnecessary.
- e. It might strive to improve the health of its beneficiaries as well as increase consumption and asset holdings.

Pre- and Post-Test Answers: #5

- 5. Fill in the blank: When you determine what you want your beneficiaries to accomplish, you establish _____ for your program. When you determine how you would measure if beneficiaries reach those items, you consider how you would monitor and evaluate your project and set possible graduation _____.
 - Answer: b. outcomes, criteria

Pre- and Post-Test Answers: #6

- 6. Fill in the blank: For Graduation Approach programs, consumption support can take the form of _____, _____ or _____.
- Answer: c. food, cash transfers, or both

Pre- and Post-Test Answers: #7

- 7. When selecting enterprises for livelihoods, which two analyses will help you determine the best options for your beneficiaries?
- Answer: a. Value Chain Analysis and Market Analysis

Pre- and Post-Test Answers: #8

- 8. For asset transfers, when would you want to provide in-kind assets instead of cash, mobile money, or loans?
- Answer: e (a, b, and c from above). a. When beneficiaries may not yet feel comfortable buying assets from vendors
- b. When vendors may attempt to rip off beneficiaries because of their lack of confidence, knowledge, or experience
- c. When participating organizations can purchase assets, store them, and transport them at less expense and more securely than beneficiaries can buy them and take them home.

Pre- and Post-Test Answers: #9

- 9. When designing the savings component of a Graduation Approach program, what should you consider for your beneficiaries?
- Answer: d (a, b, and c from above).
- a. Formal versus informal savings
- b. Voluntary versus compulsory savings
- c. Group versus individual savings

Pre- and Post-Test Answers: #10

- 10. When designing the health component of a Graduation Approach program, what should you consider for your beneficiaries??
- Answer: e (a, b, and c from above).
- a. Mobile health services including immunizations
- b. Enrollment (including mobile enrollment) in wellness, health, and HIV/AIDS services offered by government agencies
- c. Government-supplied and NGO-supplied clinics, hospitals, medicines, and medical staff



Freedom from Hunger

Additional Possible Material for Inclusion: Benchmarks, Case Management, Synergies

Question to the group

What would you include in a list of minimum benchmarks for OVC programming?

Question to the group

What does “healthy, stable, safe, and schooled” mean to you?

PEPFAR benchmarks for OVC

- **DOMAIN: Healthy**
 - 1.1 Key Objective: Increase diagnosis of HIV infection
 - 1.1.1 Benchmark: All children, adolescents, and caregivers in the household have known HIV status or a test is not required based on risk assessment.
 - Caregivers self-reported HIV positive or negative test results for children (0-9 years) and adolescents (10-17 years).
 - For children without HIV status reported by caregivers, case manager has completed a PEPFAR approved HIV risk assessment for children/adolescent showing HIV test not indicated.
 - Caregivers self-reported HIV test results for HIV-exposed infants (HEI) at 18 months of age or at least one week after cessation of breastfeeding, whichever comes later.
 - Caregivers self-reported HIV positive or negative test results.
 - For caregivers without HIV status reported, the case manager has completed the PEPFAR HIV risk assessment showing HIV test not indicated.

PEPFAR benchmarks for OVC

- **DOMAIN: Healthy**
 - 1.2 Key Objective: Increase HIV treatment adherence, retention, and viral suppression
 - 1.2.1 Benchmark: All HIV+ children, adolescents, and caregivers in the household with a viral load result documented in the medical record or laboratory information systems (LIS) have been virally suppressed for the last 12 months. (Beneficiaries whose earliest viral load test result was <12 months ago are ineligible to meet this benchmark.) *OR If viral load testing or viral load testing results are unavailable at clinic treating HIV+ beneficiaries, then*
 - All HIV+ children, adolescents, and caregivers in the household have adhered to treatment for 12 months after initiation of antiretroviral therapy. (Beneficiaries who initiated ART <12 months ago, and those with a break in adherence during the 12-month period, are ineligible to meet this benchmark.)

PEPFAR benchmarks for OVC

- **DOMAIN: Healthy**
 - 1.2 Key Objective: Increase HIV treatment adherence, retention, and viral suppression
 - ART clinicians confirmed that HIV+ caregivers/children/adolescents are virally suppressed or if viral load testing is unavailable, regularly attending appointments and picking up medications over the past 12 months. Or...
 - HIV+ caregivers and caregivers of HIV children/adolescents self-report that they have regularly attended appointments and picked up medications over the past 12 months.
 - HIV+ caregivers and HIV+ adolescents 12 years and older self-reported that they have regularly taken medication without missing doses for the past 12 months.
 - Caregivers for HIV+ children and adolescents younger than 12 years self-reported that children have regularly taken medication without missing doses for the past 12 months

PEPFAR benchmarks for OVC

- **DOMAIN: Healthy**
 - 1.3 Key Objective: Reduce risk of HIV infection
 - 1.3.1 Benchmark: All adolescents 10-17 years of age in the household have key knowledge about preventing HIV infection.
 - Adolescents aged 10-17 can describe at least two HIV infection risks in their local community, can provide at least one example of how they can protect themselves against HIV risk, and can correctly describe the location of at least one place where HIV prevention support is available.

PEPFAR benchmarks for OVC

- **DOMAIN: Healthy**
 - 1.4 Key Objective: Improve development for children under 5 years of age (particularly HIV-exposed and HIV-infected infants and young children).
 - 1.4.1 Benchmark: No children < 5 years in the household are undernourished.
 - Case manager or health worker confirmed that children < 5 years had a mid-upper arm circumference (MUAC) measuring over 12.5cm and showed no sign of bipedal edema (for example: pressure applied on top of both feet for three seconds and did not leave a pit or indentation in the foot).
 - Clinician previously treating a child for malnutrition confirmed child has a z score of > -2.

PEPFAR benchmarks for OVC

- **DOMAIN: Stable**
 - 2.1 Key Objective: Increase caregiver's ability to meet important family needs.
 - 2.1.1 Benchmark: Caregivers can access money (without selling productive assets) to pay for school fees and medical costs for children 0-17.
 - Caregivers self-report that school fees for children and adolescents incurred over the past two terms were covered by caregivers using non-PEPFAR resources (*for example: Caregivers did not use PEPFAR-provided cash transfers or block grants or scholarships to pay school fees*). Caregivers described where payment for the last two school terms for school-age children came from (for example: household financial resources, government provided cash transfer, etc.), and the money to pay the expenses does not come from the selling of a productive household asset.
 - Caregivers self-report that costs associated with medicines or transport to medical appointments for children, adolescents, and caregivers incurred over the past six months were covered by caregivers using non-PEPFAR resources (*for example: Caregivers did not use cash transfers provided by PEPFAR to pay medical costs*). Caregivers described where payment for medical costs over the past six months came from (*for example: household financial resources*), but the money to pay the expenses comes from a productive source and not from distress selling of household assets.

PEPFAR benchmarks for OVC

- **DOMAIN: Safe**
 - 3.1 Key Objective: Reduce risk of physical, emotional, or psychological injury due to exposure to violence.
 - 3.1.1 Benchmark: No children, adolescents, and caregivers in the household report experiences of violence (including physical violence, emotional violence, sexual violence, gender-based violence, and neglect) in the last six months.
 - Children over 12 years, adolescents, and caregivers self-reported no experiences of abuse, neglect, or exploitation in the last six months.
 - Caregivers reported no experience of abuse, neglect or exploitation in the last six months for children under age 12 years in their care.

PEPFAR benchmarks for OVC

- **DOMAIN: Safe**
 - 3.1 Key Objective: Reduce risk of physical, emotional, or psychological injury due to exposure to violence.
 - 3.1.2 Benchmark: All children and adolescents in the household are under the care of a stable adult caregiver.
 - Caregivers identified by child/adolescents as their primary caregivers confirmed that they are adults (at least 18 years old), and have cared for and lived in the same home as the child or adolescent for at least the last 12 months.

PEPFAR benchmarks for OVC

- **DOMAIN: Schooled**
 - 4.1 Key Objective: Increase school attendance and promotion.
 - 4.1.1 Benchmark: All school-age children and adolescents in the household regularly attended school and progressed during the last year.
 - School administrators confirmed that school-age children/adolescents are enrolled in school and have not missed more than 80% of school days per month during the last six months when school was in session.
 - School administrators confirmed that school-age children/adolescents progressed from one grade to the next grade or graduated in the last school year.

Graduation in terms of OVC programming

Graduation refers to beneficiaries exiting an OVC program by achieving its desired outcomes in ways they can sustain after the program ends.

Questions to the group

- In what ways do participants exit OVC programs?
- Do all of these come under your understanding of “graduation”?
- What does the term “graduation” mean to you?

Three types of exiting from OVC programs

- Case plan achievement
- Transfer
- Attrition

Pathways for Exiting OVC Programming

ONGOING MONITORING OF THE CASE



HEALTHY



SAFE



SCHOOLED



STABLE

IDEAL: CASE PLAN ACHIEVEMENT PATH

CIRCUMSTANCES OF EXIT

- Jointly identified case plan goals have been achieved

Assess readiness for case plan achievement

Pre-case plan achievement planning with child and/or family

Continued monitoring of child and/or family

Conduct a final case review

Final case review or case plan achievement ceremony for child and/or family



ALTERNATIVE: TRANSFER PATH

CIRCUMSTANCES OF EXIT

- The child ages out of the program
- The child and/or family plans to relocate
- The program plans to relocate or closes before case plan goals have been achieved
- The child and/or family require specialized case management support not provided by the OVC program

Identification of additional ongoing family needs and resources

Identification of sources of support

Development of Memoranda of Understanding (MOU) with new service providers

Pre-transfer planning with child and family

Introduction of clients to new service providers and case workers



Formal transfer of case files and other documentation to new service providers

Follow up

ALTERNATIVE: ATTRITION PATH

CIRCUMSTANCES OF EXIT

- The child and/or family requests to no longer participate in the program
- The program is unable to locate the child and/or family
- The child dies

Confirmation of attrition

Documentation of attrition

CASE CLOSURE

Once children and families have officially exited the OVC program through one of the pathways described above, program support is terminated and case files may be closed.

What do we mean by case plan achievement?

- **Definition:** Children and caregivers have achieved both the goals of the case plan and the goals of the program.
- “Within the context of OVC programs, case plan achievement is broadly understood as the point at which **a child and family are able to meet their basic needs and recognized benchmarks in the areas of safety or protection, stability, education, and health, and no longer require the interventions offered by an OVC program.**”

Beeler, Aften. 2017. Pathways for Exiting Programs for Children Orphaned by or Made Vulnerable by HIV (OVC). Catholic Relief Services.

Steps in case plan achievement

- Assess readiness to achieve case plan.
- Plan with child or family how they will reach case plan achievement.
- Continually monitor child or family.
- Conduct final case review or case plan achievement ceremony for child or family.

Transfer

- Not “transition”
- Definition: Case files and case management responsibilities for the child or family have transferred to another source of support following a written administrative process.

Transfer: Circumstances

- Child ages out of the program.
- Child or family plans to relocate prior to achieving their case plan.
- Program relocates or closes.
- Interventions in case plan completed but family still requires support that the OVC program cannot provide.

Steps for transfer

- Identify additional ongoing needs and resources for family.
- Identify sources of support.
- Develop memoranda of understanding (MoU).
- Sign MOU or other form of agreement with new or other service providers.
- Plan with child and family prior to transfer.
- Formally transfer case files and other documentation to new service providers.
- Follow up with all parties.

Attrition

- Definition: Attrition within the context of OVC programs means the **premature termination of support** to a child or family due to **circumstances beyond the control of the program**.
- You should avoid attrition whenever possible.
- It occurs as a result of the death of a child, a request by a child or caregiver that they no longer receive the services, or an inability to locate the child or family

Questions to the group on case plan achievement and benchmarks

- How do case plans connect to benchmarks?
- Why do we need minimum benchmarks?

Discussion

- What might each benchmark look in practice?
- What role does ES play in the benchmarks?
- How might ES support other benchmarks?
- How should we assess benchmarks?

Synergies between components

OVC programs have found the following component synergies:

1. Nutrition and ES programs reinforce each other.
2. Life-skills training improves ES outcomes (especially for youth).
3. Water, sanitation, and hygiene (WASH) improves nutrition and health outcomes.
4. Nutrition affects HIV treatment and overall health outcomes.
5. ES improves education outcomes.
6. Legal support affects economic outcomes.
7. Farmer field schools affect both food security and economic outcomes.

Considerations for UCTs: Proven Positive Beneficiary Outcomes

- Reduced risk behaviors, gender-based violence (GBV), intimate partner violence (IPV), and violence against children
- Reduced transmission by prevention of mother-to-child transmission (PMTCT) and by prevention with positives
- Increased HIV testing services and linking to care
- Increased HIV treatment retention and adherence
- Reduced HIV morbidity and mortality

Considerations for Savings Groups: Proven Positive Beneficiary Outcomes

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