



# Savings Groups “Plus” for Orphans and Vulnerable Children



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Jennine Carmichael, FHI 360

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## OVERVIEW

There is a substantial body of information about good and promising practices in savings group (SG) programming, but little that specifically addresses the use of SGs in PEPFAR programming for orphans and vulnerable children (OVC). This paper aims to assist SG practitioners in supporting PEPFAR OVC programs effectively. It discusses: 1) the needs and priorities of PEPFAR OVC programming and how they shape SG programming; 2) what evidence exists on good or promising practices for SG programming that serves PEPFAR OVC needs; and 3) what key gaps in the evidence base need to be addressed to advance future programming.

This paper argues that, in PEPFAR OVC programs, SGs should be part of an integrated program (SG+) that uses savings groups as a platform to deliver development interventions beyond finance or business support. The “plus” interventions should add value by increasing SG effectiveness and ideally generate interaction effects that lead to greater impact on child-level outcomes than either intervention would have alone.<sup>1</sup> Additionally, it proposes high-level guidance for such programming.

## Guidance Summary

1. **Follow acknowledged good practice guidelines for SG+ programming.** Key references for good practice guidelines are *Beyond Financial Services* (Rippey and Fowler 2011) and *Program Quality Guidelines for Savings Groups* (SEEP 2015).
2. **Pair savings groups with a “plus” intervention that has demonstrated effectiveness, or high potential for effectiveness** when delivered through a savings group platform, supported by a strong theory of change.
  - Health education, demand creation for health services, and health-related behavior change are promising intervention areas, along with gender equality interventions and food security and nutrition programming.
  - Other interventions that build on and increase the group solidarity aspect of savings groups have high potential for effectiveness and call for further investigation.
  - “Plus” interventions that rely on increased household spending to succeed must be realistic about what members can achieve with small loan amounts and lump sum savings payouts.
3. **Emphasize respect for the role of savings**, and train SG promoters to teach group members that good membership can consist of savings alone.
4. **Design and implement a robust monitoring, evaluation, and learning system that includes child-level indicators that can capture short-term changes in child outcomes.** A useful resource is *Magnify Your Project’s Impact: How to Incorporate Child-Level M&E in Economic Development* (Rutherford et al. 2015).

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<sup>1</sup> Financial “plus” interventions, such as linking savings groups to formal financial services or providing financial or business training to SG members are not considered in this guidance since there is little evidence of their effect on child-level outcomes.

## PRIORITIES FOR PEPFAR OVC PROGRAMMING

PEPFAR OVC programming priorities are shaped by several key documents: legislation authorizing and reauthorizing PEPFAR funding; the 2012 PEPFAR Guidance for Orphans and Vulnerable Children Programming; and PEPFAR 3.0 Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation. This section will review the provisions of these documents that are most relevant to household economic strengthening programming, particularly savings groups, in PEPFAR OVC programming.

### Authorizing legislation

P.L. 108-25, United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, established the President's Emergency Plan for AIDS Relief (PEPFAR). In doing so, it noted the particular vulnerabilities of children and women to HIV/AIDS, as well as the impacts of the disease on the "social cohesion and economic well-being of the family" (108th Congress 2003, 117 Stat 712). It called for "multisector strategies that address the impact of HIV/AIDS on the individual, family, community, and nation" (108th Congress 2003, 117 Stat 715). It authorized a five-year strategy to combat HIV/AIDS globally, with "a particular focus on the needs of families with children... women, young people, and children (such as unaccompanied minor children and orphans)" and required allocating 10 percent of PEPFAR funding to orphans and vulnerable children (108th Congress 2003, 117 Stat 718, 746).

The acts that reauthorized PEPFAR funding in 2008 and 2013 built on this foundation. P.L. 110-293, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 created the current definition of OVC for PEPFAR: "[c]hildren who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence" (110th Congress 2008, 122 Stat 2919). It established an outreach goal of 5,000,000 OVC receiving care through PEPFAR programming (110th Congress 2008, 122 Stat 2966). Its provisions re-emphasized the need for multisectoral approaches to addressing HIV/AIDS generally and the needs of orphans and vulnerable children specifically, as well as highlighting the importance of supporting families and communities in caring for OVC. Finally, P.L. 113-56, PEPFAR Stewardship and Oversight Act of 2013 makes minimal alteration to existing language on OVC and maintains the earmark and outreach goals specified in the 2008 reauthorization.

The Lantos/Hyde Act authorizes a new PEPFAR strategy containing: "A description of strategies— (i) to address the needs of orphans and vulnerable children, including an analysis of—(I) factors contributing to children's vulnerability to HIV/AIDS; and (II) vulnerabilities caused by the impact of HIV/AIDS on children and their families; and (ii) in areas of higher HIV/AIDS prevalence, to promote a community-based approach to vulnerability, maximizing community input into determining which children participate."

Consistent themes throughout PEPFAR legislation are: that **caring for orphans and vulnerable children** is significant to addressing the HIV epidemic, recognizing that **families and communities are critical sources of care** for children, and that **supporting families and communities effectively requires multisectoral programming** aimed at increasing their resilience to the effects of HIV/AIDS. The programming implications of these themes are further articulated in the guidance that PEPFAR produced for its OVC programming in 2012.

## PEPFAR OVC Programming Guidance

“Programming for children orphaned and made vulnerable by HIV/AIDS contributes to the achievement of an AIDS-free generation by responding to the social (including economic) and emotional consequences of the disease on children, their families, and communities that support them.” (PEPFAR 2012, 5)

PEPFAR Guidance for Orphans and Vulnerable Children Programming centers the family in supporting children’s resilience to HIV/AIDS. PEPFAR recognizes that, for many vulnerable families, improving their economic situation is a critical aspect of this resilience and aims to increase their economic viability through “**household economic**

**strengthening**” (HES). HES is a term fairly specific to PEPFAR, and it highlights that PEPFAR has a strong interest in “families as direct beneficiaries, with success [of HES programs] measured by a family’s ability to invest in the education, nutrition, and health of its children” (PEPFAR 2012, 38).

PEPFAR HES programming targets families in three broad categories: 1) families in destitution, which lack the ability to meet their basic needs; 2) families struggling to make ends meet, which can meet basic needs but struggle with investments like education and are unable to meet large lump-sum expenses; and 3) families ready to grow, which can meet all their needs and manage large lump-sum expenses with some effort. All households targeted by PEPFAR are likely to experience food insecurity to varying degrees. Programming goals for these families are 1) consumption support to recover assets and stabilize household consumption; 2) money management to support expanding income and consumption and protect assets; and 3) income promotion to smooth income and consumption and promote asset growth (PEPFAR 2012, 42).

### PEPFAR HES Intervention Priorities

- 1) **Money management interventions for savings, access to consumer credit, and fostering knowledge and behaviors for better family financial management**
- 2) **Integration of HES activities with complementary interventions, such as parenting skills**
- 3) **Income promotion using low-risk activities to diversify and stimulate growth in household income**

(PEPFAR 2012, 43)

## PEPFAR 3.0

With its third strategic plan in 2014, PEPFAR announced a shift in its overall programming approach, increasing its focus on testing and treatment for populations at greatest risk in areas of greatest HIV incidence, in order to achieve UNAIDS 90-90-90 global goals: 90 percent of people with HIV diagnosed, 90 percent of them on ART and 90 percent of them virally suppressed by 2020 (OGAC 2014, 6-7). Supporting orphans and vulnerable children and their families and communities continues to be a PEPFAR priority, but there is greater emphasis on adolescent girls, who as a group are experiencing alarmingly high rates of HIV infection. PEPFAR 3.0 comes with heightened demand for evidence-based programming, which poses a particular challenge for HES interventions. Aside from cash transfers and their impact on prevention outcomes, there is a fragmented and weak evidence base for HES effects on HIV outcomes. PEPFAR has not changed its guidance for OVC programming as of publication of this brief, but the geographic “pivot” to high-burden areas increases

the importance of transitioning OVC and their families in low-burden areas away from PEPFAR support, which favors scalable, sustainable activities like promoting savings groups.

## SAVINGS GROUPS IN HES PROGRAMMING

SGs have several appealing features for PEPFAR. They are suited to the needs and risk profile of most families “struggling to make ends meet,” which make up the majority of the PEPFAR HES target population (PEPFAR 2012, 41). SGs have low costs per client and high potential for sustainability, and can support small income generating activities that help households diversify their sources of income (Allen and Panetta 2010). There is evidence that SGs help families address food insecurity (Meaux 2016, 7), which is a known barrier to HIV care and treatment (Young et al. 2016); and they have the potential to increase participants’ social capital and community ties (Ban et al. 2015, 2) which supports PEPFAR’s interest in strengthening communities (PEPFAR 2012, 13). For purposes of this brief, however, the most important characteristic of SGs is their **potential to serve as an effective platform for delivering other services**, or in other words, to be savings groups *plus* (SG+).

While the term SG+ is new, interest in pairing savings groups with other interventions is not. As soon as donors and practitioners realized that effective SGs create incentives for members to gather in regular, well-attended group meetings, they began looking for ways to harness the groups for other purposes. When Rippey and Fowler wrote their influential report on integrating SGs with other activities, *Beyond Financial Services*, in 2011, they had a robust and diverse body of experience to draw upon, from integrated activities such as:

training provided to group members in addition to the training for the core financial activities, products or services offered; cash or in-kind transfers; linkages between the SG and other service providers, including financial institutions; creation of federations or networks of SGs; or any other product or activity in addition to the core financial activities of the SG, saving, borrowing, and insurance (Rippey and Fowler 2011, 6).

The operation of SG integration has also been broadly defined in practice. SGs have been considered part of an integrated program in situations ranging from the delivery of other services to all SG members in SG meetings, to SGs and other activities operating in the same communities with an assumption that some degree of overlap will occur. The evidence review that underpins this document, *Savings Groups Plus: A Review of the Evidence* (Orr et al. 2016) takes a broad view of integration in terms of how interventions were delivered because of the limited evidence base and the lack of information about the integration approach in most sources.

Considering PEPFAR’s priorities for OVC programming, are these broad approaches to SG integration sufficient to meet HES programming needs? As noted previously, the evidence base for HES interventions effects on child well-being is currently thin and weak, other than for cash transfers. But since cash transfer programs are challenging for donors to support at large scale and are best suited to extremely poor and vulnerable households, their usefulness to PEPFAR OVC programs is highly context specific. Outside of cash transfers, the intervention with the most evidence for child-level effects is microcredit loans (Brown 2015, Ellis and Chaffin 2015, Parr and Bachay 2015), but microcredit carries a degree of risk that is not necessarily appropriate for the

majority of PEPFAR OVC households. And since households may use microfinance loans to pay for food and healthcare rather than business investments, “future interventions may best serve the intended beneficiaries by combining microcredit with additional support services” (Brown 2015, 22).

Given the evidence base for HES interventions and implementation realities, savings groups have a key role to play in PEPFAR OVC support because they are cost-effective, scalable, sustainable, and appropriate for many poor and vulnerable families. However, current evidence suggests that **in order to lead to positive changes in OVC households, SGs need to be closely integrated with effective complementary development interventions** (Gash 2017, 12). Savings groups for PEPFAR OVC programs should be SG+, inherently.

## SG+ Definition and Principles for PEPFAR OVC Programming

Since there is not currently an established definition for SG+, there is room to tailor a definition of the term for PEPFAR that speaks directly to OVC programming needs:

SG+ activities for PEPFAR HES programs use savings groups as a **platform to deliver non-financial development interventions** that add value by **increasing group effectiveness** for members, and ideally generate **interaction effects that generate greater impact on child-level outcomes** than either intervention would alone.

Designing SG+ programs to use savings groups as a platform to deliver non-financial services addresses PEPFAR’s interest in multisectoral programming that strengthens families and communities and improves children’s outcomes. Using SGs as a platform for other interventions also aims to bolster child-level effects. Designs that focus on increasing group effectiveness help to balance concerns that additional activities could interfere with core savings group functions, and add to the potential for SG+ to achieve interaction effects that magnify the impact of SGs and the paired intervention.

While the evidence base for SG+ programming is limited, the base of experience is substantial. This experience informed the lessons synthesized in *Beyond Financial Services* (Rippey and Fowler 2011, 5), which established the initial core guidance on effective savings group integration:

- Respect principles of good program design and implementation.
- Match delivery mechanisms to the type of and demand for other activities.
- Recognize additional capacity and resource requirements.
- Weigh responsibility for risk.
- Measure costs of SG and other activities accurately.
- Assess sustainability.
- Proceed with Caution.<sup>2</sup>

A key theme in Rippey and Fowler’s analysis is the resource commitment involved in pairing savings groups and other activities. They focus on the organizational commitment required—determining appropriate delivery mechanisms and resource commitments, cost, and sustainability

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<sup>2</sup> See Annex 1 for detail.



considerations—and the potential risks to SG independence, but also highlight that integration may lead to risks to group members, and identify implementers’ responsibility to manage these risks appropriately.

The *Program Quality Guidelines for Savings Groups* (SEEP 2015) further flesh out guidance for SG+ programming that focuses on protecting SGs and group members in Principle 5: “If choosing to combine a Savings Group with other activities, plan carefully and respect the autonomy of the group” (SEEP 2015, 10). The key elements of this principle are:

- Transparent communication of expectations [to savings group members].
- Respect for the procedures and structure of the SG.
- Demand-driven, quality products and services.
- Safety of additional services and activities.
- Caution with allocation of group funds for any purpose outside savings and lending.
- Caution with anyone who views the SG principally as a market for products and services.<sup>3</sup>

These two sets of guidance provide a strong starting point for SG+ design and implementation. Since savings groups involve financial contributions from participants, program designers and implementers must work to minimize risks to participants’ money. This means carefully considering the implications of any changes to core components of the savings group methodology, like participant self-selection into groups. Time is another important resource for participants, so respecting their time by offering high-quality “plus” interventions that members request helps preserve their interest in and ability to maintain the group. Donors and implementers should anticipate that introducing non-financial activities into SGs will require additional resources, and that the sustainability built into SGs will not necessarily carry over into “plus” interventions.

For PEPFAR’s particular interests, some additional considerations would help guide SG+ to serve OVC support goals better:

- **Employ a “plus” intervention that has demonstrated effectiveness or high potential for effectiveness when delivered through a savings group platform**, supported by a strong theory of change.
- **Emphasize respect for the role of savings**, and train savings group promoters to teach savings group members that good membership can consist of savings alone; taking loans is a benefit, not a requirement.
- **Design and implement a robust monitoring, evaluation and learning system** that includes child-level indicators that can capture short-term changes in child outcomes.

These additional proposed elements address PEPFAR’s emphasis on evidence-based programming, its focus on vulnerable populations, and the importance of influencing better outcomes for children. It is important to articulate these elements for PEPFAR OVC programming because:

- To date, SG+ projects have tended to take an approach that has been more exploratory than grounded in evidence or well-documented theories of change. Program designers are limited to some extent by the current thin evidence base for SG+. One way to address this

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<sup>3</sup> See Annex 2 for detail.

challenge is to **pair SGs with “plus” activities that have demonstrated positive impact.** Another is to identify promising interventions that have potential to interact well with SGs—short group lessons or activities that build on social capital effects, for instance. In either case, the designers should **create a theory of change** that describes how each intervention is intended to affect the desired outcomes for children and captures likely interaction effects.

- Encouraging savings is a cornerstone of PEPFAR HES programming. More vulnerable SG participants have less money to save, and less ability to take loans. If participants only contribute small amounts of savings and do not take loans, which generate interest for the group, other group members may perceive them as contributing less to the group. **Promoters need to understand, and know how to communicate to SGs, that participants who only save can still be valuable group members.**
- Monitoring, evaluation, and learning system designers should carefully **consider what changes the project wants to see in household and child outcomes, and whether those outcomes can realistically be affected in the project lifespan.** Designers may need to pick interim indicators that are more sensitive to small changes in household financial status. They should also plan to monitor outcomes in order to protect children from unintended negative consequences, such as increased child labor (Rutherford et al. 2015).

## Choosing a Good “Plus”

*Savings Groups Plus: A Review of the Evidence* (Orr et al. 2016), found a limited and mixed evidence base for SG+ programs, particularly with respect to child-level outcomes. There were no impacts found in measures associated with children’s education (Annan et al. 2013, Bara and IPA 2013, Larson et al. 2015, Swarts et al. 2010) or child nutrition (Brunie et al. 2014). Child health results were mixed, with Swarts et al. (2010) finding positive effects on caregivers’ attention to child health status and seeking quality health care for children, but Annan et al. (2013) finding that spending on child health decreased.<sup>4</sup> Measures associated with child well-being and child protection were similarly mixed in the sole study that examined them (Annan et al. 2013): child labor and use of harsh discipline were reduced, but use of positive discipline was mixed, no impact was seen on a composite measure of child well-being, and there was no measureable impact on child mental health or parent/child communication. It should be noted that many of the studies used indicators that are influenced by factors that are either outside the scope of the interventions or might not be influenced within a short project period.

While the results for child-level outcomes from SG+ are inconclusive, looking at the caregiver and household level identifies some promising areas for further exploration:

- *General health:* Four studies showed positive results in the areas of health education and demand creation for healthcare, indicating that these are promising candidates for “plus” interventions. There are also mixed, but promising, findings for health behavior change as a “plus” intervention.

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<sup>4</sup> The study results did not present any evidence about the mechanism behind this change or track indicators of child physical health, so it is unclear whether this change in spending affected child health, whether child health affected the change in spending, or if some other factor affected this measure.

- *Nutrition and Food Security*: Four studies assessed outcomes related to food and nutrition, although none were explicitly nutrition programs.<sup>5</sup> These studies found mixed, but promising results indicating that nutrition and food security programming may be a constructive “plus” intervention. Qualitative research indicates that SGs may be useful for mitigating intermittent household food insecurity.
- *Gender equality*: Three studies examined SGs plus an intervention aimed at improving gender equality. These SG+ projects showed positive impacts on most outcomes. Impact on intimate partner violence was the most notably mixed result, with positive impacts in one study, no measureable impact in another, and mixed results across related indicators in a third.<sup>6</sup>

The positive change in some elements of food security, particularly food sufficiency, has been seen in many SG projects, including those that are stand-alone projects with no “plus” (Meaux 2016, 7). Qualitative research done by Brunie et al. (2014) investigating why a SG+ project in Mozambique saw household food security improvements, but not child-level improvements in dietary diversity and weight-for-age, found that households had difficulty accessing diverse foods, and that the lump-sum payout from the SG was best suited to bulk purchases of fairly durable staples. Families faced reduced hardship during the hungry season, but did not necessarily have a more predictable income flow to regularly buy more nutritious foods.

In most contexts, savings group participants will not achieve large financial gains through SGs alone. The sums of money involved are too small to become a major economic engine for most households. The economic model clearly works to increase savings, but evidence for asset building and poverty alleviation is somewhat less robust (Meaux 2014, 6-8). “Plus” interventions that assume that participants will have the funds for and willingness to take on significant payments or investments may pose an unacceptable risk for participants.

To illustrate, in Pakistan a savings group project combined with education about maternal and child health and community midwife services increased participants’ knowledge of and ability to use these services, but did not substantially change their strategies for funding them. Compared to the control group, savings group participants demonstrated more knowledge about good maternal and child health practices, were more likely to use health services for birth, and expressed greater empowerment and involvement in selecting maternal health services. Money from savings groups were only a small portion of members’ strategies for maternal health provision, however. The groups “couldn’t provide sufficient funding [for maternal health services] but managed to sensitise the families to mobilise resources for the health care that women needed” (Noorani et al. 2013, 63).

Since members typically cannot access their savings until the end of the cycle, savings are not necessarily helpful for off-cycle expenditures. Project designers and implementers should take this into account when program success relies on particular kinds of household financial investments. For example, if aiming to increase girls’ education, timing the SG cycle to coincide with major school

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<sup>5</sup> The specific “plus” interventions were: malaria education, a rotating shared labor scheme, and OVC care and support

<sup>6</sup> See Annex 3 for a table of study results.

expenditures may make it more likely that some of the share-out sum will be spent on school fees, uniforms, or supplies for girls.

The SG+ evidence review found sufficient positive results in health education and demand creation and discussion-based gender interventions to conclude that these are likely to be good interventions to pair with SGs (Orr et al. 2016, 23). “Plus” interventions that involve group-based education make sense with SGs because group members are gathering together regularly and have some level of relationship and shared trust that can help facilitate conversations and reinforce learning. Increasing conversation and interaction among group members may also help to promote the effectiveness of saving and lending operations, by strengthening members’ social bonds.

The evidence base indicates that **health education, health services demand creation, and health behavior change** are promising “plus” intervention areas. **Discussion-based gender equality interventions** seem to work with SGs. The largely positive food security effects of SGs suggest that they could pair well with **food security and nutrition programming**. Outside of these areas, the evidence base is thin to nonexistent, but plus interventions that have a **demonstrated history of success** on their own, that **build group solidarity**, and that **attempt to minimize participants’ financial risks** are reasonable candidates for SG+ programs.

## Implementation Considerations

There is no implementation research on SG+ that provides evidence on how best to run programs. Based on many years of experience, however, Dunford (2001) identified three main approaches to SG integration: linked, parallel, and unified. These describe how an organization handles service delivery for the savings group and the “plus” intervention. All three can be used in SG+ programming where savings groups are the platform for delivering other services.

**Table 1. Methods for Delivering Integrated Services to SGs<sup>7</sup>**

Delivery	Description
<b>Linked</b>	<b>Two or more institutions provide services.</b> Example: One institution promotes, organizes, trains, and supervises SGs, while the other delivers an additional service to the groups, either in conjunction with or separate from the regular SG meeting.
<b>Parallel</b>	<b>Distinct staff within the same institution provides different services to the groups.</b> Example: One staff person is responsible for organizing, training, and supporting SGs and their financial activities, while another staff member from the same institution provides nonfinancial services, either at the regular meeting or another time and place.
<b>Unified</b>	<b>All services are provided by the same staff of the same institution.</b> Example: An SG trainer also receives training on providing the complementary service, and delivers it in conjunction with the regular SG meetings.

Implementers should carefully consider which approach (or blend of approaches) best balances their resources with delivering high quality savings groups and plus interventions. Staff with aptitude for SG implementation may not have the expertise to implement a complex plus intervention effectively,

<sup>7</sup> Table adapted from Gash et al. 2015, reflecting the framework proposed in Dunford, 2001.

for instance. The lower cost of the unified model could be offset by lower quality service delivery or by a heavy training investment. It may be more effective for an implementer to invest resources in internal (parallel) or external (linked) partnerships to secure technical expertise in both SG and the “plus” interventions.

There is also no published evidence on how SG+ interventions should be sequenced. Practitioners have added plus interventions to existing SGs, formed SGs out of groups started for other interventions, and started SG+ activities entirely from scratch. When starting an SG+ program from scratch, it may help to focus on building members’ capacity to manage SG functions before introducing plus activities. Since the SG methodology intends that groups will be self-managing after their first cycle, letting new groups get this focused experience before introducing additional programming may lead to higher quality groups (IRC and SEEP 2016). However, in the case of highly mobile populations, such as youth, launching plus activities in the first SG cycle would allow members who may not be able to complete multiple cycles to benefit from the skills and knowledge imparted by the plus intervention. In the absence of implementation research and documentation, however, designers and implementers can only operate on informed guesses.

## **ADVANCING PRACTICE FOR THE FUTURE**

Future SG+ programming can build knowledge for donors and implementers by:

1. Using and documenting a theory of change describing how SG and plus interventions are expected to interact to produce the desired effects.
2. Planning and budgeting for impact evaluation research to the highest possible degree of rigor and employing qualitative methods, as well as quantitative ones, to help explain if and how change happened and whether the theory of change was accurate.
3. Provide for the longest possible period of time to observe change. This is particularly important for plus interventions that aim to achieve behavior change; the current lack of evidence for behavior change may be due to limited study periods rather than lack of intervention effectiveness.
4. Plan for cost and implementation research, or at least comprehensive operational reviews. The existing evidence base cannot provide any guidance about whether any of the service delivery approaches (linked, parallel, or unified) is most effective from either an implementation or cost standpoint, and there is no evidence about whether a particular approach to sequencing SG and “plus” interventions is most effective.

Evidence and experience demonstrates that savings groups are a cost-effective intervention that helps vulnerable households build stability and resilience. Using SGs as a platform to deliver other services is a natural outgrowth of their effectiveness, and has been happening for many years now. PEPFAR OVC programs have an opportunity to help ensure that SG strengths are harnessed to maximum effect for children and their families through thoughtful design, implementation, monitoring, impact evaluation, and learning.

## ANNEX 1: GUIDING IDEAS FOR SAVINGS GROUP INTEGRATION FROM BEYOND FINANCIAL SERVICES: A SYNTHESIS OF STUDIES ON THE INTEGRATION OF SAVINGS GROUPS AND OTHER DEVELOPMENTAL ACTIVITIES<sup>8</sup>

An important first principle is that programmes that leverage groups for Other Activities (OA) need to respect all that has been learned about the design and management of development programmes, including broad prior consultation with stakeholders, careful planning, transparency, respect for local culture and desires, and monitoring and correction and... a vision for the future that does not include the Facilitating Agency's (FA) ongoing involvement.

In addition to respecting the rules of good development when designing and implementing SG programmes, the following ideas should be kept in mind when offering OAs to SG members:

**Respect Principles of Good Programme Design and Implementation:** Careful planning, transparency, avoidance of creating dependency, an exit strategy, and willingness to make corrections are important to success in SG programmes, as in all programmes.

**Match Delivery Mechanisms to the Type of and Demand for Other Activities:** This paper suggests using a "unified" delivery model when overlap in outreach is desired; overlap will not happen automatically with "parallel" or "linked" models, even when a FA has it built into its programme plan and staff training... Conversely, first consider "parallel" or "linked" delivery models when the market for the OA is much larger, smaller or different than SG members or when the OA is too complex to be delivered by SG implementing staff, or not consistent with its mission, skill set or legal status.

**Recognize Additional Capacity and Resource Requirements:** SGs are easy to replicate but as other services are added, there is a risk that increased complexity can be problematic for the FA, just as it can for the SG. FAs should be cautious in marrying complex OAs to SGs.

**Weigh Responsibility for Risk:** Facilitating agencies should consider their responsibility for the risks associated with any OA. Risk is not inherently negative and sometimes high-risk ventures have high payoffs. However, programmes should assess risk and manage it, and in particular, avoid transferring risk to groups or individuals that are not capable of absorbing losses; this applies especially to any OA that requires the use of group or individual member funds.

**Measure Costs of SG and Other Activities Accurately:** It is recommended that the FA consider having a clear written policy about attributing costs to the two elements, and stating that groups are to be considered independent and sustainable at the end of the first year.

**Assess Sustainability:** FAs should consider up-front the impact of any OA on the sustainability of the Savings Groups themselves, of the OA and of the capacity of the system to adapt and expand the benefits provided by the OA, by developing an exit strategy, and by asking the questions, Who does?, and Who pays? once the intervention ends.

**Proceed with Caution:** While the results of combining OAs with SGs documented in the case studies were largely positive, they also revealed issues surrounding risk, costs, and sustainability, and suggest that caution is warranted.

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<sup>8</sup> Rippey and Fowler 2011, 4-5

## ANNEX 2: PROGRAM QUALITY GUIDELINES FOR SAVINGS GROUPS

Principle 5: If choosing to combine a savings group with other activities, plan carefully and respect the autonomy of the group.<sup>9</sup>

ELEMENTS OF PRINCIPLE 5	GUIDANCE NOTES
<b>Transparent communication of expectations</b>	If using SGs as platforms for additional services, trainings, or products, be clear about the intention to introduce these add-ons and any responsibilities they carry. If SGs are being added to existing programming, inform prospective members of the expectations of participating in an SG, the time commitment, and related duties.
<b>Respect for procedures and structure of the SG</b>	Retrofitting SGs into existing programming must be done in a way that respects the core values of SGs and the procedures set forth by the various tested methodologies. Ensure that existing program structures, such cooperatives or farmers groups are not inherited by the SG; stress the need for the SG to openly select its membership and to set up its own leadership structure.
<b>Demand-driven quality products and services</b>	Other activities, whether educational, entrepreneurial, or service oriented, need to respond to member demand, be worthy of members' time, and have a clear benefit for the group. In fact, they should be introduced with as much care devoted to design, training, and management as the core activities of the SG itself. When promoting additional activities, consider the following: Who will manage the activity? What expertise is required? How much additional time will it demand from SG members? What is the cost of the additional activity, and who will pay for it? Is there a demonstrated demand for the activity? What happens post-project? What is the risk if the activity fails?
<b>Safety of additional services and activities</b>	Ideally, introduce other activities once the group is well established and has built the needed confidence, trust, and solidarity to adequately manage that activity. Discourage investment of group funds in activities that yield benefits to only a few members. SGs eager to start a business should be guided toward options that retain their value and require limited management, time, and labor. These activities may include purchasing animals, stocking grain, or buying chairs to rent for large gatherings. Keep in mind that these investments, despite their safety and relative ease of management, may also lead to issues when members decide to leave the group. Before a group makes such an investment, urge its members to decide what will happen at the end of the cycle, and what part of the investment will accrue to those members who choose to leave.
<b>Caution with allocation of group funds for any purpose outside of SG savings and lending</b>	Some new models of group formation rely on trainers to provide multiple services, such as literacy and health training. In the same way, external agents may be drawn to a group's resources and offer the group new technologies or inputs. Help trainers and external agents to understand that while members may decide to participate in the new activity, the decision to allocate group funds toward it must remain with the group. Stress this point with members, too. Similarly, help them to understand that opening their box to receive external funds can be risky, as such donations often come with strings attached and may alter group dynamics.

<sup>9</sup> SEEP Network Savings-Led Financial Services Working Group 2015, 10-11.

## ANNEX 3: SUMMARY OF FINDINGS FROM SAVINGS GROUPS “PLUS”: A REVIEW OF THE EVIDENCE

\* indicates a statistically significant finding. Bolded text indicates child-level indicators and results.

STUDY AUTHORS, PUBLICATION DATE	COUNTRY, PROGRAM	STUDY DESIGN	INDICATOR	RESULT
Annan et al., 2013	Burundi; VSLA and “Healing Families and Communities” which is a family-based intervention for child protection, well-being, and development programming	RCT (randomized by cluster)	<b>Spending on children’s health</b>	<b>Negative*</b>
			<b>Spending on children’s education</b>	<b>No impact</b>
			<b>Spending on children’s clothing</b>	<b>Positive*</b>
			<b>Reduced child labor</b>	<b>Positive</b>
			<b>Reduced harsh discipline—primary caregiver</b>	<b>Positive*</b>
			<b>Reduced harsh discipline—someone else in household</b>	<b>Positive*</b>
			<b>Increased positive discipline</b>	<b>Mixed*</b>
			<b>Child well-being</b>	<b>No impact</b>
			<b>Child mental health</b>	<b>No impact</b>
			<b>Family well-being</b>	<b>No impact</b>
			<b>Parent/child communication</b>	<b>No impact</b>
BARA and IPA, 2013	Mali; SG plus malaria education and prevention	RCT (randomized by cluster)	Malaria knowledge	Mixed*
			Malaria prevention practices	No impact
			Fever	No impact
			Health expenses	No impact
			<b>School enrollment</b>	<b>No impact</b>
			Business development and expansion	No impact
			Agricultural assets and inputs	No impact
			Not having enough to eat over last 12 months	Positive*
			FFH food security index	Positive*
			FFH chronic food insecurity index	Positive*
			Household assets	No impact
			Livestock ownership by women	No impact
			Livestock ownership by household	Positive*
			Poverty (PPI score)	Positive*
Non-food expenditure	No impact			



STUDY AUTHORS, PUBLICATION DATE	COUNTRY, PROGRAM	STUDY DESIGN	INDICATOR	RESULT
Brunie et al., 2014; Brunie et al., n.d.	Mozambique; VSL plus a rotating shared labor scheme	Quasi-experimental, prospective study with pre-post members vs non-members	Income	Positive*
			Asset ownership	Positive*
			Food sufficiency	Positive*
			Household dietary diversity score	Positive*
			<b>Child individual dietary diversity score</b>	<b>No impact</b>
			<b>Child weight-for-age z-scores</b>	<b>No impact</b>
Gupta et al., 2013	Cote d'Ivoire; SG plus eight session "gender dialogue" groups to reduce intimate partner violence (IPV)	RCT (randomized by cluster)	Physical IPV reduced	Positive
			Sexual IPV reduced	Positive
			Economic abuse reduced	Positive*
			Acceptance of wife beating reduced	Positive*
			Attitudes towards refusal of sex	No impact
Iyengar and Ferrari, 2011	Burundi; VSLA plus women's empowerment discussions	Quasi-experimental pre-post evaluation with current VSLA members randomly assigned to the "plus" intervention	Increased spending by women with own earnings	Positive*
			Women's authority over major household purchases	Positive*
			Women's authority over daily household purchases	No impact
			Women's authority over purchase of alcohol and cigarettes	No impact
			Women's authority over visiting family or friends	No impact
			Women's authority over visiting spouse's family and friends	No impact
			Women's authority over how many children to have	Positive*
			Women's authority over having sex	No impact
			Cooperative behavior between spouses	Positive
			Management of disagreements	Positive
			Household consumption	Positive*
			Women's exposure to violence	Positive
			Men's attitudes toward gender-based violence (GBV)	Mixed*
			Larson et al., 2015	Kenya; Savings and Loans Association (SLA) plus OVC care and support
<b>Age-for-grade congruent (on track)</b>	<b>No impact</b>			
<b>Completion of last school term</b>	<b>No impact</b>			

STUDY AUTHORS, PUBLICATION DATE	COUNTRY, PROGRAM	STUDY DESIGN	INDICATOR	RESULT
Noorani et al., 2013	Pakistan; SG plus MNCH services	Quasi-experimental cross-sectional study of members vs non-members	Use of antenatal care	Positive*
			Use of skilled delivery	Positive*
			Use of postnatal care	Positive*
			Mean expenditure on MNCH services	No impact
Okello et al., 2013	Ethiopia; Savings and Loans groups plus PLHIV and OVC care and support programming	Quasi-experimental non-randomized intervention and control	Disclosure of HIV status	Positive*
			Household savings	Positive*
			Current ART use	Negative*
			Length of ART use	Positive*
			Non-infection with opportunistic infection	Negative*
			Independence	Positive*
			Social relations	Positive*
			Environment for PLHIV	Positive*
			Physical condition	No impact
			Psychological condition	No impact
Composite quality of life score	Positive*			
Slegh et al., 2013	Rwanda; VSL plus male engagement and gender equality group discussions	Quasi-experimental cross-sectional study of members vs non-members	Economic situation	Positive
			Male participation in traditionally female household activities	Positive
			Partner relations, decision-making, and family dynamics	Positive
			Male stress coping	Positive
			Male support of family planning	Positive
			Conflict reduction	Positive
Swarts et al., 2010	Uganda; (Savings and Loans Group) SLG plus OVC Care and Support	Quasi-experimental household comparative survey of members (and OVC in their care) vs non-members (and OVC in their care)	Access to savings and loans	Positive
			Business initiatives	Positive
			Meals per day	Positive
			Nutritious diet	Positive
			Dietary diversity	Positive
			Grow own food	Positive
			<b>Attentive to health status of children</b>	<b>Positive</b>
			<b>Seek quality health care for children</b>	<b>Positive</b>
			Literacy	Positive
			Shelter	No impact
			<b>School attendance</b>	<b>No impact</b>
			Reciprocal community support	Positive
			HIV testing	Positive
Contraception use	Positive			

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**Mission Statement**

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

**Statement of Purpose**

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

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

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

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

