

IMARISHA HOUSEHOLD ECONOMIC ASSESSMENT (HEA)

**IMARISHA — TANZANIA ECONOMIC STRENGTHENING FOR
HOUSEHOLDS AFFECTED BY AIDS**

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IMARISHA HOUSEHOLD ECONOMIC ASSESSMENT (HEA) ENDLINE

**TANZANIA ECONOMIC STRENGTHENING FOR HOUSEHOLDS
AFFECTED BY AIDS**

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ABSTRACT

BACKGROUND

In 2011, IMARISHA worked with PEPFAR home-based care (HBC) and most vulnerable children (MVC) implementing partner staff and volunteers, to conduct a household-level economic assessment of beneficiary households supported by implementing partners in eight program regions: Dar es Salaam, Dodoma, Morogoro, Shinyanga, Mwanza, Iringa, Singida, and Mbeya. The aim of the assessment was to better understand the economic constraints and opportunities of HIV-vulnerable households (including households with most vulnerable children) and to use this information to improve program design and interventions. The initial HEA was completed in November and December 2011 with six implementing partners (Africare Pamoja Tuwalee, FHI360 Pamoja Tuwalee, Pathfinder Tutunzane II, FHI360 ROADS II, Pact Pamoja Tuwalee, and Walter Reed Project (WRP)). Later, in November and December 2012, IMARISHA supported World Education (WEI)/Bantwana Pamoja Tuwalee to conduct a modified HEA in the northern zone (Arusha, Kilimanjaro, and Tanga).

Following the completion of the initial HEA data collection, IMARISHA began working with select partners, providing economic strengthening on a demand-driven basis. Of the original seven partners who participated in the HEA, IMARISHA had memoranda of understanding (MOUs) with four IPs: Africare Pamoja Tuwalee, FHI360 Pamoja Tuwalee, Pathfinder Tutunzane II, and WEI/Bantwana Pamoja Tuwalee. To better understand IMARISHA's impact and contribute to further learning, IMARISHA, in collaboration with Africare, FHI360, Pathfinder, and WEI/Bantwana, conducted a follow on HEA endline assessment in 2014 which is the focus of this report.

METHODOLOGY

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities, and potential resilience of HIV-affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions. IMARISHA used a purposive, non-randomized sampling methodology among program beneficiaries. IMARISHA adapted the HEA tool used by DAI in several other HIV programs specifically targeting poor, HIV-affected households including the USAID-funded ROADS II project led by FHI360 (used in several countries in East Africa including Tanzania) and the USAID-funded SAHACOM project led by KHANA in Cambodia. The HEA assessment tool was originally adapted from the tool developed by Save the Children UK. The adapted survey includes a variety of non-livelihood questions such as the FANTA-2 Household Hunger Scale, questions on dietary diversity, health and women's empowerment questions from the Tanzanian Demographic Health Survey (DHS), child basic needs questions, as well as questions used in Tanzania for the FinScope survey which queries financial service access. IMARISHA shared the survey instrument and solicited comments and feedback from PEPFAR partner leadership and M&E staff prior to rollout to improve effectiveness. IMARISHA's survey included 124 questions organized in eleven different technical domains (women's empowerment was added to the endline, but was not part of the initial baseline).

As with the initial HEA, IMARISHA used EpiInfo for the primary data analysis. Statistical comparisons between the initial HEA and endline HEA were conducted using inferential statistical tools determining p-values, odds ratio calculations, and differences in means calculations. The data analysis process started immediately after the data entering and cleaning exercise in late June 2014. IMARISHA compared data results with other Tanzania household surveys, namely, the 2010 Tanzania Demographic Health Survey (DHS), the 2012 Household Budget Survey and the 2007 and

the 2013 FinScope surveys conducted by Financial Sector Deepening Tanzania that analyzes access to financial services in Tanzania. In addition to the analysis of the aggregate data of all partners and in all regions, IMARISHA also analyzed partner data for each prime partner to provide better inform plans for economic strengthening (ES) programming and partner/sub-partner strategy. Since the endline survey analyzed a different set of partners from the initial IMARISHA HEA, IMARISHA re-ran and re-analyzed the initial survey results to match the endline partners and excluded those partners who did not participate.

As part of the HEA process, IMARISHA in conjunction with its partners also conducted focus group discussions (FGDs) to complement quantitative survey data and better understand the economic and livelihoods challenges confronting households, as well as how households view and engage with resources.

LIMITATIONS

The IMARISHA HEA is not a perfect tool nor was data collection a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR IP staff to collect data rather than use professional paid enumerators or a survey organization. The survey instrument was not designed to measure gender disparities or intra-household resource use and allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children's education access and household economic status. After data collection, there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

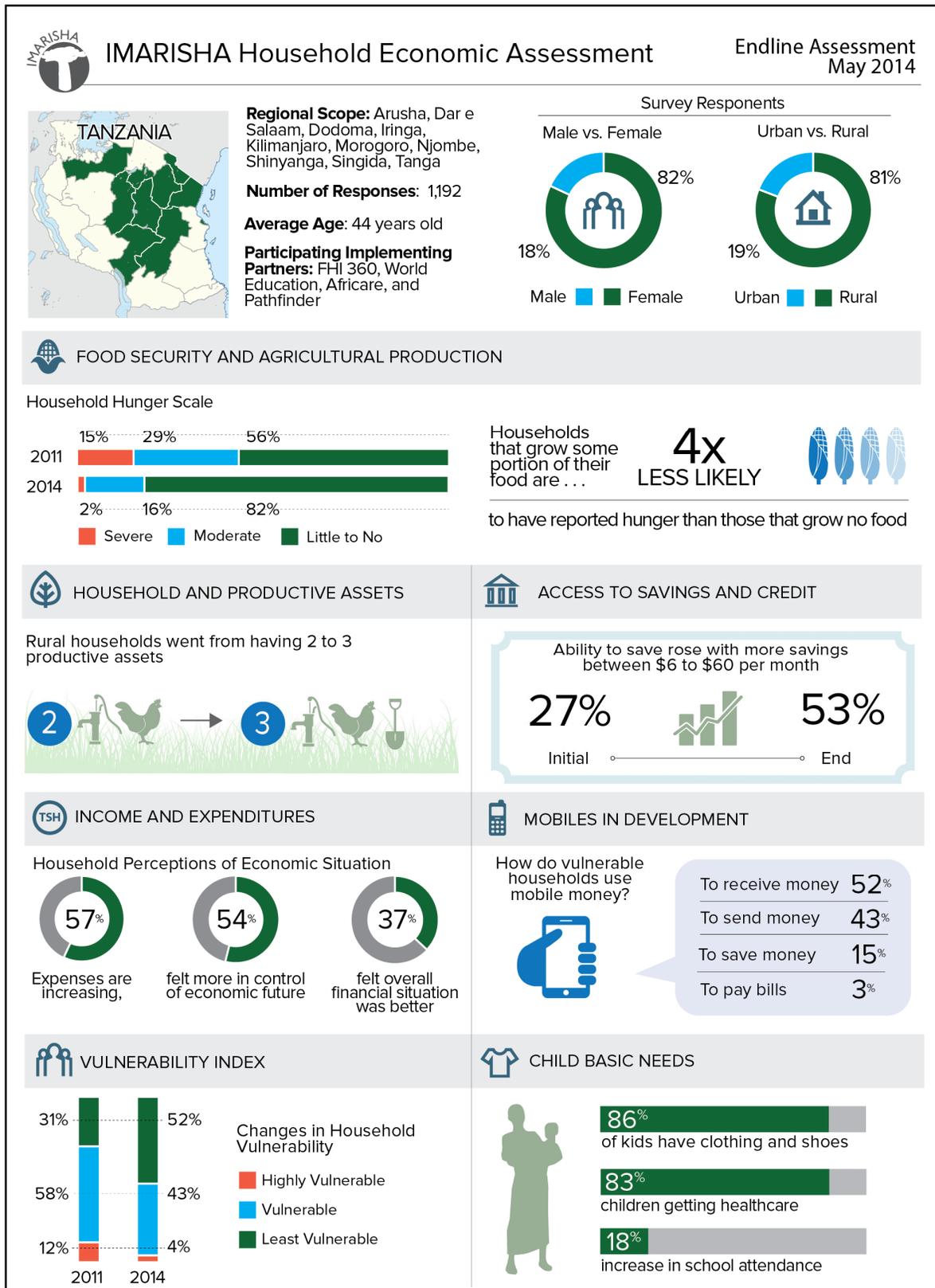
RESULTS

The results presented represent the overall sample population across all reporting districts and are summarized in the infographic in Figure 1. Qualitative focus group discussions revealed positive economic and social trends including a smoothing of seasonal expenditures and incomes as a result of improved savings behavior and increased confidence and decision-making authority for women.

As a part of the HEA, IMARISHA proposed a “vulnerability index” and “resilience index” for beneficiaries to better understand and differentiate commonalities that appear to make certain households more vulnerable, but conversely, what makes households more resilient. Using vulnerability traits that were linked to more vulnerable households such as household hunger level, presence of an OVC within the household, and inability to save, IMARISHA mapped the results of the HEA to create three profiles of households based on the characteristics of households determined to be “highly vulnerable”, “vulnerable”, and “less vulnerable”. These characteristics were then mapped to potential resilience outcomes and evidence-based strategies that implementers can use to support households within that vulnerability band. Changes in household vulnerability over time using this index are included in Figure 1.

While the IMARISHA sampling frame and methodology were not intended for statistically valid comparisons with nationally randomized datasets, examining key data points side by side further contextualizes and elucidates the stark challenges and vulnerabilities HIV-affected households face on a daily basis. It is within this context that PEPFAR partners need to implement economic strengthening efforts to foster progress away from directly provided assistance in the form of cash grants, food aid, etc., moving towards support that promotes stability and resiliency, fostering sustainable livelihoods and economic growth for HIV affected households.

FIGURE 1: SUMMARY RESULTS OF IMARISHA HEA ENDLINE ASSESSMENT



RECOMMENDATIONS FOR PEPFAR

1. **PEPFAR and USAID/CDC continue to invest in economic strengthening** within the context of community-based programs. Additionally, PEPFAR should support investment in other external technical assistance mechanisms to support community programs with specialized expertise (such as agriculture, market development/market readiness, business growth).
2. **Continue to use vulnerability assessment tools (such as the HEA, although a variety of other tools may be considered as well¹)** to establish a baseline understanding of target communities/households, their economic, health, and social status. Information generated from these assessments is useful to implementers to strategize and plan appropriate interventions for households at different levels—those living in destitution, those struggling to meet basic needs, and those prepared to grow.
3. Ensure that partners **regularly monitor households** and their engagement in partner-promoted economic strengthening interventions at the household and community level. This too requires more investment to ensure local implementing partners have sufficient human and financial resources to monitor outcomes of households.
4. **Invest in rigorous impact assessments as well as qualitative studies** to understand not only outcomes from ES programming on MVC and PLHIV households but also important qualitative nuances of client needs, behaviors, and aspirations.
5. **Continue to support linkages with other national social protection and development programs** that support vulnerable households. For PEPFAR-supported vulnerable households, a concerted effort must be made to link households and programming to TASAF III, ensuring that eligible MVC and PLHIV households are able to access conditional/unconditional cash transfers, and cash for public work schemes in the lean season. Similarly, TASAF can learn from the experimentation and programming of PEPFAR partners around savings and livelihoods.
6. Perhaps the biggest challenge is trying to **meet the complex and changing needs of households that are still “vulnerable but able to grow,”** and thus able to more effectively participate in market systems. Feed the Future programs can—in some instances—serve as “pull” mechanism to bring some growing households into more commercially focused activities, but currently with very strict geographic and programmatic limitations. Without substantial investment and niche expertise, **be realistic** on how much PEPFAR can support linking these evolving families to market systems in a meaningful or sustainable way.

Key Words: household, livelihoods, resilience, vulnerability, assets, access to finance,

¹ See Moret, Whitney. Vulnerability Assessment Methods. Brief. USAID ASPIRES Project. May 2014 and Moret, Whitney. Vulnerability Assessment Methodologies: a Review of the Literature. USAID ASPIRES Project. March 2014.

ACRONYMS AND ABBREVIATIONS

CDC	US Center for Disease Control
CHF	Community Health Fund
CPI	Consumer Price Index
CFSVA	Comprehensive Food Security and Vulnerability Assessment (WFP)
DAI	Development Alternatives Inc.
DHS	Demographic Health Survey
DOD	US Department of Defense
ES	economic strengthening
FANTA	Food and Nutrition Technical Assistance
FGD	focus group discussion
FSDT	Financial Sector Deepening Tanzania
HBC	home-based (HIV) care
HBS	household budget survey
HEA	household economic assessment
HISA	Household Income and Savings Association
HHS	household hunger scale
IGA	income-generating activity
IMARISHA	Improving Multi-sectoral AIDS Response to Incorporate Economic Strengthening for Households Affected by HIV/AIDS
IP	implementing partner
M&E	monitoring and evaluation
MARPs	most at-risk populations
MFI	microfinance institution
MOU	memorandum of understanding
MVC	most vulnerable child/children
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	person/people living with HIV/AIDS

PPP	public private partnership
SACCOS	Savings and Credit Cooperative Society
SILC	savings and internal lending community
TA	technical assistance
TACAIDS	Tanzania Commission for HIV/AIDS
TAHEA	Tanzania Home Economics Association
TASAF	Tanzania Social Action Fund
URT	United Republic of Tanzania
USAID	United States Agency for International Development
USG	United States government
WEI	World Education Incorporated
WFP	World Food Programme
WRP	Walter Reed Programme

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- PEPFAR prime partners: Africare Pamoja Tuwalee, FHI 360 Pamoja Tuwalee, WEI/Bantwana Pamoja Tuwalee, FHI 360 ROADS, and Pathfinder Tutunzane Project. These prime partners provided technical staff, supported and arranged logistics and communication with sub-partner staff/volunteers who participated in the data collection and supervised the data collection in eight regions;
- PEPFAR sub-partners: St. Luke's, ACT, Umwema Group, Sharing World Tanzania, Christian Council of Tanzania, Diosece of Central Tanganyika, Faraja Trust, HACOCA, RC Mahenge, ELCT Makete, ELCT Ludewa, TAHEA Iringa, Allamano Center, Afya Women, Ilula Orphan Program (IOP), ADP Mbozi, Tanzania Red Cross Society, Save the Children, Iyambi Hospital, CWCD, TEWOREC and ELCT Pare Diocese. These sub-partners provided staff and volunteers that undertook the data collection, organized logistics during field visits and organized the focus group discussions and meetings with key informants;
- The IMARISHA HEA lead investigator and Technical Director, Khalid Mgaramo, IMARISHA Livelihoods Coordinator, Lucy Maziku, and supporting staff who modified and translated the HEA tool, conducted trainings of enumerators, supervised data collection, conducted and supervised focus group discussions, supervised the data entry, and undertook the cleaning and finalization for the data analysis and development of the final report.
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For questions or comments, please contact Khalid Mgaramo (Khalid_Mgaramo@dai.com) and Colleen Green (Colleen_Green@dai.com).

BACKGROUND

The Improving the Multi-sectoral AIDS Response to Incorporate Economic Strengthening for Households Affected by AIDS (IMARISHA) Project is an ambitious four-year USAID/President's Emergency Plan for AIDS Relief (PEPFAR)-funded program working to improve the overall effectiveness of existing and new economic strengthening activities targeting HIV-vulnerable households. As a specialized technical assistance provider, the project has specifically focused on improving the economic health and safety nets of vulnerable AIDS-affected households. IMARISHA works directly with PEPFAR's home-based care (HBC) and most vulnerable children (MVC) partners as well as key government stakeholders including the Ministry of Health's Department of Social Welfare and the Tanzania AIDS Commission (TACAIDS). IMARISHA is a technical assistance project that has provided demand-driven technical assistance to PEPFAR partners supported by USAID, the Department of Defense, and the US Center for Disease Control (CDC). Over the course of the project, IMARISHA has provided technical assistance to PEPFAR Implementing Partners in 14 regions of Tanzania, including Dar es Salaam, Morogoro, Dodoma, Iringa, Mbeya, Mwanza, Shinyanga, Pwani, Zanzibar, Kigoma, Singida, Kilimanjaro, Arusha, and Tanga.

In 2011, IMARISHA worked with PEPFAR HBC and MVC implementing partner staff and volunteers to conduct a household-level economic assessment of beneficiary households supported by implementing partners in eight program regions: Dar es Salaam, Dodoma, Morogoro, Shinyanga, Mwanza, Iringa, Singida and Mbeya. The aim of the assessment was to better understand the economic constraints and opportunities of HIV-vulnerable households (including households with most vulnerable children) and to use this information to improve program design and interventions. The Household Economic Assessment (HEA) survey is an adaptation of DAI's successful livelihoods survey methodology employed through its global portfolio of HIV and livelihoods programs. This comprehensive, yet scalable, household economic needs assessment combines household surveys and focus group discussions to identify the underlying conditions and behaviors that shape household economic vulnerability so that current and future interventions can be tailored to better support household needs and take advantage of economic opportunities.

In addition to expanding understanding and evidence, the information from the initial HEA had many important functions for IMARISHA and its partners. This information helped:

- Quantify the core economic constraints and opportunities facing program beneficiaries;
- Understand the productive behaviors of households, perceptions of financial services, and financial literacy;
- Understand the relationships between household attributes;
- Target program activities to specific beneficiary needs and differing household vulnerability levels;
- Allow for comparisons between different locations or implementing partners, as well as with other economic development partners, particularly USG Feed-the-Future partners whose core activities focus on improving nutrition and food outcomes as well as strengthening agricultural interventions as a means of improving farmer incomes, including vulnerable farming households;
- Provide a baseline for measuring impact of economic strengthening support; and
- Help implementing partners augment programming to make it predictive and forward thinking.

The initial HEA was completed in November and December 2011 with six implementing partners (Africare Pamoja Tuwalee, FHI360 Pamoja Tuwalee, Pathfinder Tutunzane II, FHI360 ROADS II, Pact Pamoja Tuwalee, and Walter Reed Project (WRP)). Later, in November and December 2012, IMARISHA supported World Education (WEI)/Bantwana Pamoja Tuwalee to conduct a modified HEA in the northern zone (Arusha, Kilimanjaro, and Tanga).

Using a mixed methodology design, enumerators (implementing partner staff and volunteers) collected quantitative and qualitative data from program beneficiaries utilizing a survey instrument and semi-structured focus group discussions. The survey instruments included a variety of validated questions covering 10 domain areas, including the FANTA-2-designed and -validated Household Hunger Scale. This initial survey served to guide the refinement and design of livelihoods interventions targeted at vulnerable households affected by HIV/AIDS. From the initial HEA, IMARISHA provided tailored findings and recommendations to each implementing partner based on the data. These recommendations fell into a few key areas: food security and nutrition, productive behaviors, financial access and services, and other interventions to support economic empowerment.

General recommendations for all implementing partners were that programs should focus on the following:

Food Security and Nutrition

- Working with beneficiaries to improve food buying decisions for households around quality nutrition as well as to improve household cost-savings on food to reduce the burden of increasing food expenses;
- Working with a nutrition TA provider such as FANTA/Africare (Mwanza Bora) on improvement of dietary diversity and issues related to severe hunger. As noted above, this should be a priority area for food and nutrition interventions.
- Encouraging/fostering engagement in homestead gardening, nutrition and micro gardens where land is of limited quantity to provide greater diversification of crops that can provide nutrition value added for the household.

Productive Behaviors

- Increasing the adoption and utilization of productive behaviors to improve business practices for urban based beneficiaries that are engaged in trade based income generating activities through skills building and training. The training focus topics included basic business skills, including planning, record keeping, and general market knowledge.
- For rural beneficiaries, particularly those that fall into the severe to moderate household hunger categories, encouraging the uptake of household led agriculture using appropriate technologies and increasing agricultural yields, ideally in partnership with specialist organizations.

Financial Access and Services

- Continuing to expand and strengthen access to savings particularly through savings groups in both rural and urban areas where formal and semi-formal institutions do not exist or where financial literacy/exposure is limited. Access to savings and encouraging lump sum savings has protective effects on households and can help to increase resilience.
- Expanding access to formal and semi-formal financial sectors as savings groups mature (one or two loan cycles).
- Using savings groups or other ES groups to promote other productive behaviors (see below) and improved business skills.

- Fostering improved access to insurance. We recommend starting with promotion of access to the community health fund (CHF) public insurance scheme, using savings groups as a place to save up premiums (through a special, dedicated insurance fund within the social fund or explicitly as a group goal). Partners may also consider finding additional private microinsurance partners in Tanzania such as PharmAccess or MicroEnsure to provide private health care insurance.

Other Economic Empowerment Interventions

- Budget and resources permitting, providing access to legal services, and services to obtain birth certificates for individuals. These activities promote knowledge of rights and empower households to act. Birth certificates play an important role in formalization of individuals, allowing potential ability to formalize business, own land or access to formal financial services.

Following the completion of the HEA data collection, IMARISHA began working with select partners, providing economic strengthening on a demand-driven basis. Of the original seven partners who participated in the HEA, IMARISHA had memoranda of understanding (MOUs) with four IPs: Africare Pamoja Tuwalee, FHI360 Pamoja Tuwalee, Pathfinder Tutunzane II, and WEI/Bantwana Pamoja Tuwalee. To better understand IMARISHA’s impact and contribute to further learning, IMARISHA, in collaboration with Africare, FHI360, Pathfinder, and WEI/Bantwana, conducted this follow on HEA endline assessment.

The table below illustrates the timeline and technical assistance relationships between IMARISHA and key PEPFAR OVC and HBC implementing partners over the life of the project. Each partnership is detailed in one or more MOU, often renewed on an annual basis. See more information in Table 1.

TABLE 1: OVERVIEW OF PARTNERSHIPS BETWEEN IMARISHA AND CORE PEPFAR IMPLEMENTING PARTNERS

Name of Partner/Project	Type of Partner	Technical Assistance Duration	Baseline Data Collected	Endline Data Collected
Africare Pamoja Tuwalee	Prime implementing partner (IP)	6/10/2011 – 30/09/2014 ²	November 2011	May and July 2014
FHI360 Pamoja Tuwalee	Prime IP	6/10/2011- 30/09/2014 ³	November 2011	May 2014
WEI/Bantwana Pamoja Tuwalee	Prime IP	24/1/2013- 29/9/2014 ⁴	November 2012	May 2014
Pathfinder Tutunzane II	Prime IP	23/01/2012 – 29/09/2014 ⁵	November 2011	May 2014
Pact Pamoja Tuwalee	Prime IP	No MOU signed	November 2011	Did not participate in the endline
WRP/DOD Pamoja Tuwalee	Prime IP	No MOU signed	November 2011	Did not participate in the endline
FHI360 ROADS to a Healthy Future (ROADS II)	Prime IP	No MOU signed	November 2011	Project ended in May 2014; DAI served as contracted TA provider for duration of project; endline HEA conducted by DAI for the project

² IMARISHA and Africare signed two MOUs and one amendment that covered the terms, conditions and joint responsibilities of their work together over three and a half years.

³ IMARISHA and FHI 360 signed two MOUs and one amendment that covered the terms, conditions and joint responsibilities of their work together over three and a half years.

⁴ IMARISHA and WEI/Bantwana signed one MOU and one amendment that covered the terms, conditions and joint responsibilities of their work together over two years.

⁵ IMARISHA and Pathfinder signed one MOU that covered the duration of their work together over just under three years.

METHODOLOGY

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities, and potential resilience of HIV-affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions (FGD). This report highlights the key findings from the analysis.

SAMPLING PLAN AND INCLUSION CRITERIA

IMARISHA used a purposive, non-randomized sampling methodology among program beneficiaries. To be included in the sample, respondents needed to be over 18 years-old and a member of their household needed to currently be receiving services from one of the prime MVC and HBC implementing partners (Africare, FHI360, Pathfinder, or WEI/Bantwana). IMARISHA worked with four implementing partner/programs and 21 sub partners to implement the closed survey of existing (current or planned) beneficiary households in 31 districts of 10 regions—Dar es Salaam, Morogoro, Iringa, Njombe⁶, Dodoma, Shinyanga, Singida, Kilimanjaro, Arusha, and Tanga.⁷ The FHI360 ROADS II project also received technical assistance from IMARISHA and DAI and has kindly shared their end-line data which, where possible, is included in this analysis⁸. Each of the PEPFAR partners was responsible for identifying households based on their programming to target MVC or HBC households. IMARISHA calculated the sample size using the partner targets for beneficiary households and coverage area. Power was set at 95% and the sample size (N) totaled 1200 respondent households. IMARISHA calculated an average sample of 40 households per district and each partner was asked to include at least three districts in their area of coverage to ensure as diverse and representative sample of their beneficiary group as possible. An exception was WEI/Bantwana where the assessment was done in one district in each of the three regions, mirroring the sampling methodology used during the initial HEA of 2012⁹.

THE SURVEY INSTRUMENT

IMARISHA adapted the HEA tool used by DAI in several other HIV programs specifically targeting poor, HIV-affected households including the USAID-funded ROADS II project led by FHI360 (used in several countries in East Africa including Tanzania) and the USAID-funded SAHACOM project led by KHANA in Cambodia. The HEA assessment tool was originally adapted from the tool developed by Save the Children UK. The adapted survey includes a variety of non-livelihood questions such as the FANTA-2 Household Hunger Scale, questions on dietary diversity, health and women's empowerment questions from the Tanzanian Demographic Health Survey (DHS), child basic needs questions, as well as questions used in Tanzania for the FinScope survey which queries financial service access. IMARISHA shared the survey instrument and solicited comments and feedback from PEPFAR partner leadership and M&E staff prior to rollout to improve effectiveness.

6 Baseline data for Iringa includes Njombe. The Government of Tanzania split these into two administrative regions in 2012.

7 At the start of the IMARISHA program, its working area covered 7 regions of Tanzania: Dar es Salaam, Morogoro, Iringa, Mbeya, Dodoma, Shinyanga and Mwanza. For the initial HEA, Singida was added at the request of Africare Pamoja Tuwalee, who covered the additional costs associated with training and data collection. Subsequently, starting in 2012, IMARISHA began working in other regions, primarily at the request of specific partners.

8 The FHI360 ROADS II project endline data was collected in August-September 2013. Data analysis was done by Robert Salerno from DAI.

9 WEI/Bantwana's three selected districts were: Karatu district in Arusha's region, Same in Kilimanjaro region, and Korogwe in Tanga region.

IMARISHA's survey included 124 questions organized in eleven (11) different technical domains (women's empowerment was added to the endline, but was not part of the initial baseline):

1. Household Demographics
2. Household Food Security
3. Household Assets and Amenities
4. General Household Income, Expenditures and Livelihoods Support
5. Households saving and access to credit/insurance
6. Agricultural Production
7. Small Business/Micro-business Activities
8. Household Education and Health
9. Perceptions of well being
10. Child basics needs
11. Women's empowerment

FIELD TRAINING ON THE HEA SURVEY INSTRUMENT, TESTING AND DATA COLLECTION

IMARISHA conducted training and field-testing of the HEA survey instrument in three centers: Morogoro, Korogwe, and Shinyanga. Selected enumerators were either paid partner staff or IP-affiliated volunteers whose daily work takes place in the selected communities. The first training and field testing took place in Morogoro for three days from 5-7 May, 2014 and included partners that work in Dar es Salaam, Morogoro, Dodoma, Iringa, and Njombe regions. IMARISHA conducted subsequent trainings in Korogwe (15-17 May, 2014) for Arusha, Kilimanjaro, and Tanga based partner (WEI/Bantwana) and in Shinyanga (26-28 May, 2014) for Singida and Shinyanga based partners. After each training, IMARISHA provided the paper questionnaires to respective partners to distribute to enumerators who immediately began household interviews in their working areas. Data collection lasted for up to five days per partner.

After approaching a selected household, enumerators introduced themselves, their organization, and the survey's purpose. The HEA tool includes an introduction statement that is read to each household as part of the informed consent process. The informed consent process aims to ensure that each respondent household is aware of the survey's purpose, that the information shared will be treated confidentially with household identifiers removed, and that data would be stored in a safe location and analyzed and shared in aggregate. Households could choose not to participate in the survey or stop at any time during the interview. On average, interviews took 40 minutes per household.

IMARISHA collected most surveys from partners by mid-June. IMARISHA staff reviewed data points for quality and then later entered data into EpiInfo from May 21 to June 6, 2014. Data entry was performed by three data entry specialists and one reviewer. Each data entry specialist completed the entry of a minimum of 12 questionnaires per day into EpiInfo. From mid-June to mid-July, the IMARISHA team began data cleaning and coding in preparation for the analysis.

DATA ANALYSIS

As with the initial HEA, IMARISHA used EpiInfo for the primary data analysis. Statistical comparisons between the initial HEA and endline HEA were conducted using inferential statistical tools determining p-values, odds ratio calculations, and differences in means calculations. The data analysis process started immediately after the data entering and cleaning exercise in late June 2014.

IMARISHA compared data results with other Tanzania household surveys, namely, the 2010 Tanzania Demographic Health Survey (DHS), the 2012 Household Budget Survey and the 2007 and the 2013 FinScope surveys conducted by Financial Sector Deepening Tanzania that analyzes access to financial services in Tanzania. In addition to the analysis of the aggregate data of all partners and in all regions, IMARISHA also analyzed partner data for each prime partner to provide better inform plans for economic strengthening (ES) programming and partner/sub-partner strategy. Since the endline survey analyzed a different set of partners from the initial IMARISHA HEA, IMARISHA re-ran and re-analyzed the initial survey results to match the endline partners and excluded those partners who did not participate.

FOCUS GROUP DISCUSSIONS (FGDS)

As part of the HEA process, IMARISHA in conjunction with its partners also conducted focus group discussions (FGDs) to complement quantitative survey data and better understand the economic and livelihoods challenges confronting households, as well as how households view and engage with resources. IMARISHA developed a facilitator’s guide to focus the discussions and ensure consistency in questions and activities to facilitate comparability. Each FGD undertook two of three exercises:

1. The completion of a seasonality calendar that asks individuals to rank “good” or “high seasons” for income, crop production, expenditures, savings, credit usage, and food consumption;
2. An activity that asks individuals to rank different community economic strengthening resources including providers of direct material support, training/skills development providers, business development service providers and government extension services; and
3. An exercise to understand how the community perceives HIV services being provided there. Note: the third exercise was only used with FGDs in Dar es Salaam with beneficiaries of the Pathfinder Tutunzane II program.

Each PEPFAR partner identified a local supervisor to coordinate the FGDs, ensuring participant recruitment. Partner organization representatives confirmed attendance and provided logistical support. IMARISHA staff conducted the FGDs with selected beneficiaries. Each participant was provided with an invitation that contained general information on the project and purpose of the FGD. The focus group questions were not provided to participants ahead of time to ensure their responses were authentic. Prior to starting the focus group each participant signed an informed consent form.

FGD data were analyzed qualitatively. The results of FGDs have been used to complement the survey results. IMARISHA conducted 19 FGDs with PEPFAR partners in Kiswahili in 14 districts. Each group included between 7-12 participants; each session lasted approximately 90 minutes. Facilitators led the sessions and recorded the discussions with notes and tape recorders.

LIMITATIONS

The IMARISHA HEA is not a perfect tool nor was data collection a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR IP staff to collect data rather than use professional paid enumerators or a survey organization. The survey instrument was not designed to measure gender disparities or intra-household resource use and allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children’s education access and household economic status.

After data collection, there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

While challenges often arise when attempting to draw conclusions from pre and post implementation comparisons, the IMARISHA project and its relationship and method of engagement with PEPFAR partners posed challenges that should be noted and taken into context in the analysis. Challenges are outlined below:

TABLE 2: HEA CHALLENGES, RISKS, AND MITIGRANT STRATEGIES

Challenge	Risk	Efforts to mitigate risk in the analysis
The initial and endline assessments were conducted at different times of year (one during planting season, the other during harvest).	Seasonality may have skewed results related to food security, household hunger, dietary diversity, ag production, sources of food, and overall economic perceptions by introducing an element of temporal bias.	Where appropriate, efforts were made to compare shifts in seasonally-affected outcomes alongside those that would not be highly variable with seasons. ¹⁰
PEPFAR partners changed their geographic implementation emphasis from the initial assessment, focusing on more rural populations.	Urban and rural populations face different livelihoods challenges, have different demographic characteristics, and are impacted by seasonality in different ways.	Urban and rural populations were broken out and, where possible, an analysis of differences between these two data sets was done.
Walter Reed and Pact participated in the baseline but did not participate in the endline assessment. Also WEI/Bantwana's baseline was conducted one year later.	The profile of specific partners may have skewed comparisons between the overall results	The data analysis team re-ran the baseline HEA analysis against only the data collected from the partners that participated in the follow-up HEA.
WEI/Bantwana's baseline surveyed participants of savings groups supported by the project, as opposed to targeted households. Although most respondents had been in savings groups for less than 6 months, their participation in savings was counted in both the vulnerability and resilience indices.	Both the vulnerability index and the resilience index include household savings as a component of the measurement (e.g., "no savings" increases vulnerability and "reported ability to save" increases resilience). Therefore, these indices skew WEI/Bantwana household respondents as less vulnerable and more resilient at the time of the baseline assessment even though actual gains from savings group participation may not be realized.	This issue has been raised to WEI and suggestions have been made on how to rectify the indices in the future.

Despite these limitations, the HEA has helped to identify critical themes and provide a baseline for IMARISHA's support to PEPFAR implementing partners. In addition, and as a result of review of both the results and limitations of the instrument, further opportunities for new studies and analyses emerged including:

1. Understanding linkages between household food security and nutrition outcomes for PLHIV and MVC;
2. Understanding linkages between livelihoods and treatment adherence;
3. Understanding of intra-household use and allocation of resources particularly for MVC and PLHIV within the household.

¹⁰ For example, while perceptions of household hunger may shift during the year, established relationships between hunger and agriculturally productive assets or between hunger and savings allow for transitive analysis of the related metrics. Positive shifts in the number of productive assets or participation in savings (which are less likely to be impacted by seasonality) could then serve as proxy indicators to confirm overall positive trends in household hunger.

RESULTS

The results in this section represent the overall sample population across all reporting districts. Individual partner reports are available upon request.

DEMOGRAPHICS

Among the 1,192 respondents in the IMARISHA HEA sample population, similar to the initial HEA, most of the respondents were female (81.9%) and 18% were male. The mean age of the sample was 44 years-old (range: 18-95). Figure 2 highlights the regions in which the survey was conducted and the associated partner with each region. Table 3 shows the age distribution of respondents by region.

FIGURE 2: PARTNER REGIONS

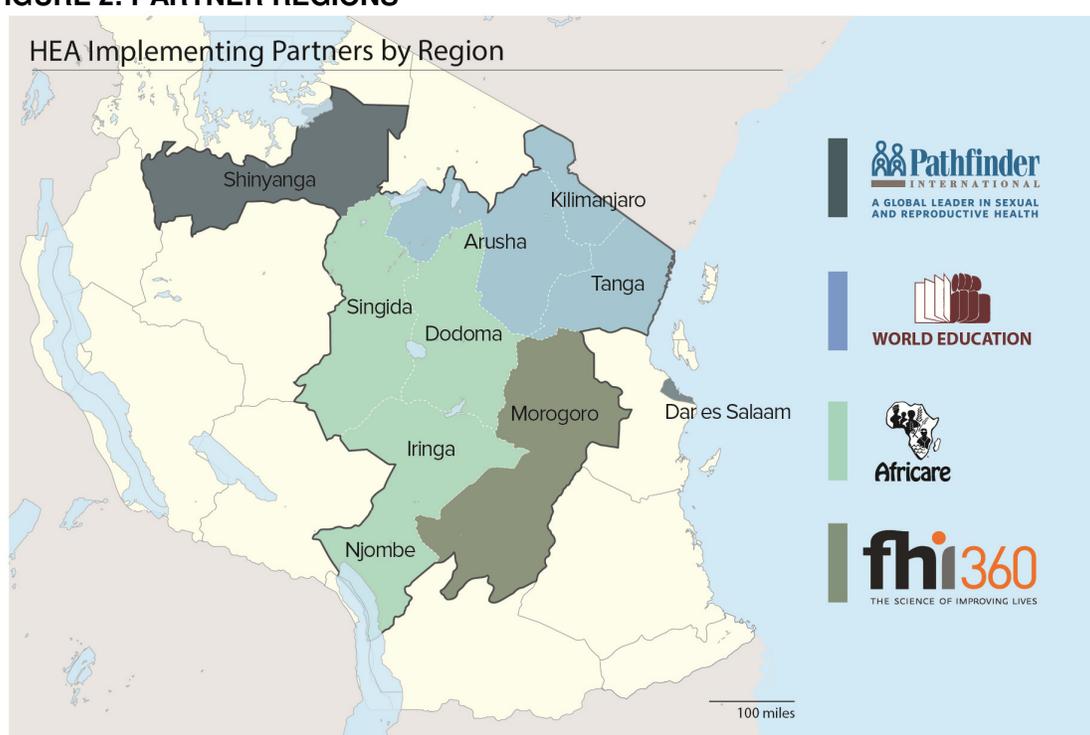
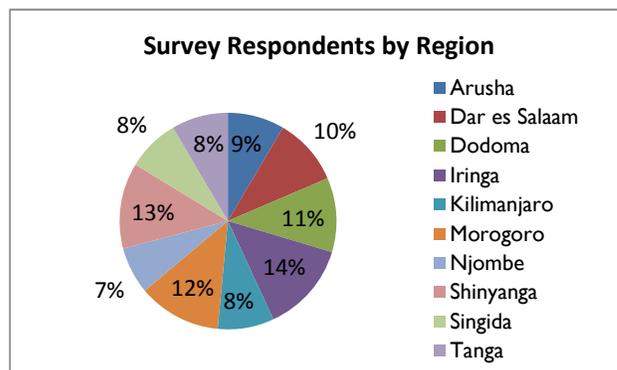


TABLE 3: AGE DISTRIBUTION OF RESPONDENTS BY REGION

Region	Age 18-24	Age 24-34	Age 35-44	Age 45-54	Age 55+	Total
Arusha	4	28	27	20	11	90
Dar es Salaam	4	22	42	26	11	105
Dodoma	9	25	46	25	20	125
Iringa	2	26	44	42	34	148
Kilimanjaro	0	11	26	32	23	92
Morogoro	2	22	50	35	26	135
Njombe	0	10	19	32	20	81
Shinyanga	1	20	37	52	24	134
Singida	1	7	28	28	26	90
Tanga	0	10	32	28	21	91
TOTAL	23	181	351	320	216	1091

Figure 3 illustrates the regional distribution of respondent households.

FIGURE 3: REGIONAL DISTRIBUTION OF SAMPLE



Over 81% of household respondents live in rural areas compared with 61% during the initial HEA¹¹. The average household size was 5.2 persons (range 1 - 17) in a household and 32% of households reported at least one adopted or orphaned child under 18 years living within the household¹². Rural households were statistically more likely to report having an orphaned child in the household.

LIVELIHOODS AND FOOD SECURITY

INCOME AND EXPENSES

The following sections describe the current household economics for PEPFAR-supported households participating in the assessment.

99.7% of households reported having at least one household member contributing to income, with a mean of less than 2 earners per household across the population. Most households reported informal income-generating activities, casual daily work, and small businesses as their primary income sources. Figure 4 and Table 4 below illustrate sources of income as well as self-reported monthly income across the sample.

FIGURE 4: HOUSEHOLD INCOME SOURCES

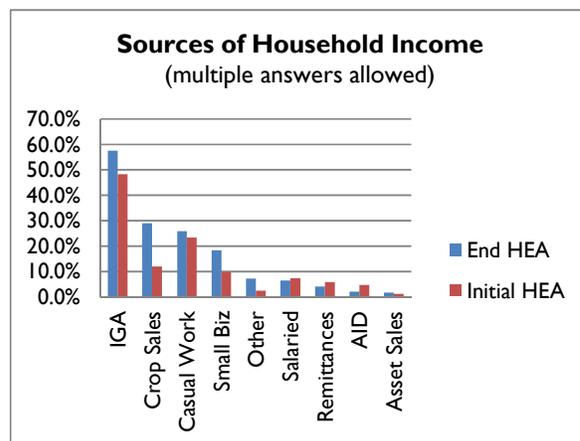


TABLE 4: CHANGES IN SELF-REPORTED MONTHLY HOUSEHOLD INCOME

Self-reported Monthly Income	Initial HEA Respondents	Endline HEA Respondents
TZS 0 - 10000	36.0%	21.23%
TZS 10001 - 50000	42.6%	45.44%
TZS 50001 - 100000	13.9%	18.24%
TZS 100001 - 250000	5.9%	10.40%
More than TZS 250000	1.7%	4.69%

¹¹ Please see the Limitations within the Methodology Section of this report for a further discussion on this shift and the associated implications for this analysis as well as how this shift is contextualized in this report.

¹² No statistical difference from the initial HEA.

Since the initial HEA, the business environment in Tanzania has experienced steady inflation. Headline inflation rates have averaged about 6.5% from year to year. The consumer price index (CPI) has risen from 121.8 (December 2011) to 148.9 as of June 2014¹³. Although the CPI has risen slightly faster than inflation, some items within the basket of goods measured have risen more quickly than others. For example, Food and Non-Alcoholic Beverages have risen by almost 30% since the initial HEA was undertaken. Thus, while PEPFAR-assisted households have seen their incomes rise in line with inflation, food prices have outpaced corresponding increases in income, likely resulting in increased pressure on those households who are more reliant on buying food compared to those who grow food. Also, while the number of households reporting a monthly income of more than TZS 50,000 (USD\$30) per month increased over the baseline, the overall average household income when adjusted for inflation rose only marginally¹⁴. However, this could be viewed as a positive trend in that PEPFAR-assisted households' incomes are at least growing in line with inflation.

Households continued to rank expenditures in the same order as the initial HEA with food purchases (78.4%), medical care (70%), and education (65.9%) comprising the top three household expenses. However, households tended to spread their responses over more categories than under the initial HEA suggesting some marginal increased flexibility in spending (see Table 5). Of interest with changes in reported expenditures at the endline is that households reported an increase in savings as an expenditure, which was prioritized as the 4th top expenditure. This change suggests that households are internalizing a common money management adage of “pay yourself first.” There was no difference in how men and women ranked the top three household expenditures. However, men ranked investments in agriculture and business more highly than women.

57% of households reported monthly expenses were increasing. Urban households were more likely to report that food prices were rising the fastest (68%) compared to rural households (35%) reflecting the fact that rural households also source substantial amounts of food for consumption from their own agriculture livelihood.

TABLE 5: CHANGES IN TOP HOUSEHOLD EXPENDITURES

Top Household Expenditures	IMARISHA Initial HEA	IMARISHA Endline HEA
Food	91.7%	78.4%
Medical Care	66.3%	70.1%
Education	50.9%	65.9%
Clothing	40.0%	17.3%
Cell Phone / Air Time	10.2%	16.6%
Transport	8.3%	4.7%
Microbusiness inputs	4.8%	6.4%
Agriculture Inputs	4.3%	10.1%
Savings	4.3%	23.2%
Alcohol	2.0%	1.2%
Other	0.6%	3.4%
Jewelry	0.5%	0.2%
Entertainment	0.2%	0.0%

Households in different regions, however, ranked expenditures very differently below the top three. Table 6 shows the top 5 expenditures prioritized by households in the ten regions surveyed.

13 Base 100 from September 2010. Source National Bureau of Statistics, Tanzania (<http://www.nbs.go.tz/>)

14 Source: National Bureau of Statistics, Tanzania, Annual Headline Inflation Rates 2011-2014

TABLE 6: REPORTED HOUSEHOLD EXPENDITURE PRIORITIES BY REGION

Region	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Arusha	Food	Education	Medical care	Savings	Clothing
Dar	Food	Medical care	Education	Mobile phone	Transport
Dodoma	Food	Medical care	Education	Clothing	Mobile phone
Iringa	Food	Education	Medical care	Clothing	Mobile phone
Kilimanjaro	Medical Care	Education	Food	Savings	Mobile phone
Morogoro	Food	Medical care	Education	Savings	Clothing
Njombe	Education	Medical care	Food	Ag inputs	Mobile phone
Shinyanga	Food	Medical care	Education	Clothing	Savings
Singida	Medical care	Education	Food	Savings	Clothing
Tanga	Medical care	Food	Education	Savings	Mobile

AGRICULTURE

Among HEA respondents in the final sample, 69.8% of households reported growing some food for household consumption, 75.8% own land while others rent, lease, and squat on available resources. Maize and beans are the most commonly produced crops among the IMARISHA sample with over 74% growing maize and over 33% growing beans. PEPFAR-supported households continued to have limited crop diversity, reporting an average of 2.7 crops per household. Rural respondents reported an uptick in the provision of agricultural training with over 21% of respondents reporting that they had received some training from an agricultural extension officer in the past year compared with just 8% at the time the initial HEA was conducted. Among PEPFAR-supported households surveyed there was an increase in the number of households reporting an increase in agricultural yields over the previous HEA. At the baseline, over 68% reported that yields had stayed the same or decreased while in the endline survey, 37% reported an increase while 42% said yields remained unchanged¹⁵. It is worth noting that all major indices in Tanzania have reported moderate to above-average maize harvests during the endline survey season which has led to low but stable prices.

Almost 20% more households (68%) reported raising some form of livestock relative to the initial HEA (46.7%). The mean number of livestock assets per household (chickens, cows, donkeys, pigs, and sheep) almost doubled from 4.3 at the baseline to 9.5¹⁶. Chickens remained the most popular livestock to rear (with a mean of 6.2 chickens per flock), followed by pigs, goats, and cows. PEPFAR-supported households increased their crop diversity slightly, reporting an average of 30% more crops per household. Beyond maize and beans, other crops varied by region (see Table 7).

TABLE 7: SELF REPORTED HOUSEHOLD CROP PRODUCTION BY REGION

Region	Three most frequently grown crops (Baseline)	Three most frequently grown crops (Endline) ¹⁷
Arusha	N/A	Maize, Rice, Beans
Dar Es Salaam	Cassava, Maize, Vegetables	Vegetables, Legumes and Lentils, Maize
Dodoma	Maize, Cereals, Legumes and Lentils	Maize, Cereals, Sunflowers
Iringa	Maize, Beans, Vegetables	Maize, Sunflowers, Beans
Mbeya	Maize, Beans, Vegetables	N/A
Morogoro	Maize, Vegetables, Legumes and Lentils	Maize, Rice, Vegetables

¹⁵ IMARISHA notes that these results could be somewhat biased based on the time of year the surveys took place with the most recent survey coinciding with some staple crop harvests whereas the previous HEA occurred during the planting season.

¹⁶ Across all households.

¹⁷ See Limitations section discussion on seasonality

Region	Three most frequently grown crops (Baseline)	Three most frequently grown crops (Endline) ¹⁷
Mwanza	Maize, Beans, Cassava	N/A
Njombe	N/A	Maize, Beans, Sunflowers
Shinyanga	Maize, Legumes and Lentils, Cassava	Maize, Sweet Potatoes, Rice
Singida	Maize, Cereals, Beans	Maize, Sunflowers, Beans
TOTAL	Maize, Beans, Vegetables	Maize, Beans, Sunflowers

FOOD SECURITY: HOUSEHOLD HUNGER AND NUTRITION

Respondents access food from a variety of sources that include crop and livestock production, food purchase, and food aid. Over half of households (58.2%) buy some portion of their food for household consumption – this percentage is down from the baseline where 76.3% reported buying food.

To gain a more accurate measure of food insecurity, the IMARISHA HEA uses the household hunger scale¹⁸, which includes questions related to: food availability, adequate access to food, and appropriate food utilization/consumption. Figure 5 and 6 below compare overall household hunger as measured during the initial and endline HEAs. As noted in the limitations section, there are notable differences between the initial and endline HEAs that should be considered when noting shifts. While rural and urban households both showed a marked increase in households reporting little to no household hunger, the Household Hunger Scale is a particularly temporally-focused tool with respondents asked to report on hunger during the preceding days, weeks, and months. With an eye to reducing potential impacts of seasonality, IMARISHA also looked at the linkages between household hunger and other (less time sensitive) productive behaviors and the trends in those behaviors discussed in this report. With seasonality accounted for, there seems to be reduced household hunger across the respondents.

FIGURE 5: HOUSEHOLD HUNGER

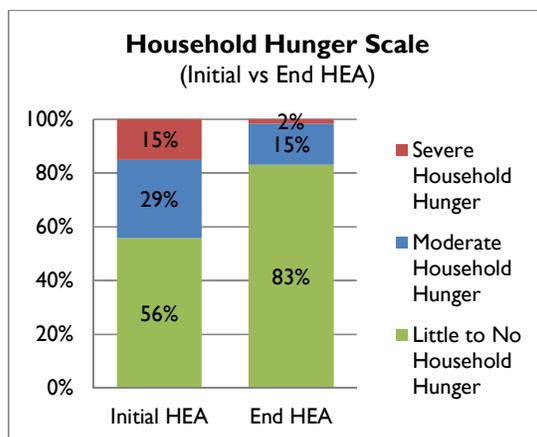
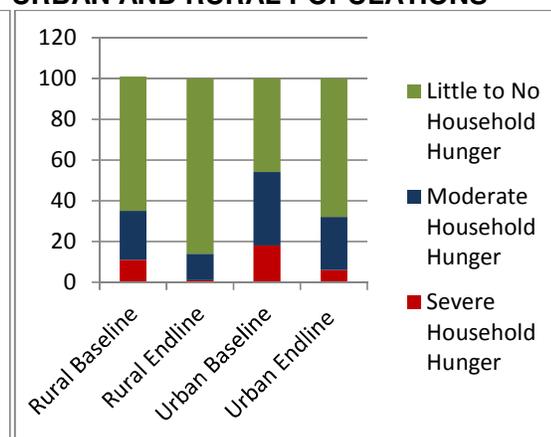


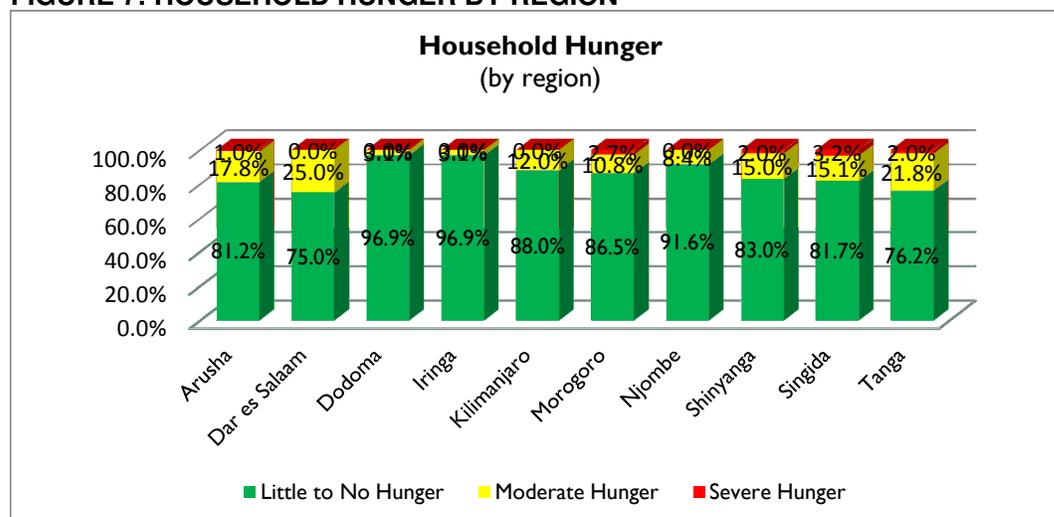
FIGURE 6: HOUSEHOLD HUNGER ACROSS URBAN AND RURAL POPULATIONS



In both the baseline and endline HEAs there was a distinct difference in reported hunger between rural and urban households with rural households showing less susceptibility to household hunger overall. Similarly, there were distinct differences in reported household hunger across regions as shown in Figure 7.

¹⁸ Developed by FANTA 2, the Household Hunger Scale is a globally-used metric to measure household hunger. For more information on the Household Hunger Scale, please see Megan Deitchler, Terri Ballard, Anne Swindale, and Jennifer Coates. "Introducing a Simple Measure for Household Hunger for Cross Cultural Use." FANTA 2 Project. Technical Note No. 12, February 2011.

FIGURE 7: HOUSEHOLD HUNGER BY REGION



DIETARY DIVERSITY

As a contributing indicator for quality of food as a component of food security and nutrition, the HEA looked at dietary diversity. Dietary diversity is measured against a multiple response, self-reported check list that queries different food groups. Sampled households reported improved dietary diversity and increased consumption of nutrient rich foods (legumes, animal sources of protein and nutrients, and vitamin A-rich foods) compared with the initial HEA. Endline respondents were more than twice as likely to have consumed animal-source foods and vitamin A-rich fruits and vegetables (OR 2.3 and 2.1 respectively). Table 8 below illustrates the percent of respondents who reported consuming foods in each category in the past 24 hours and compares these consumption habits to the 2010 DHS data.

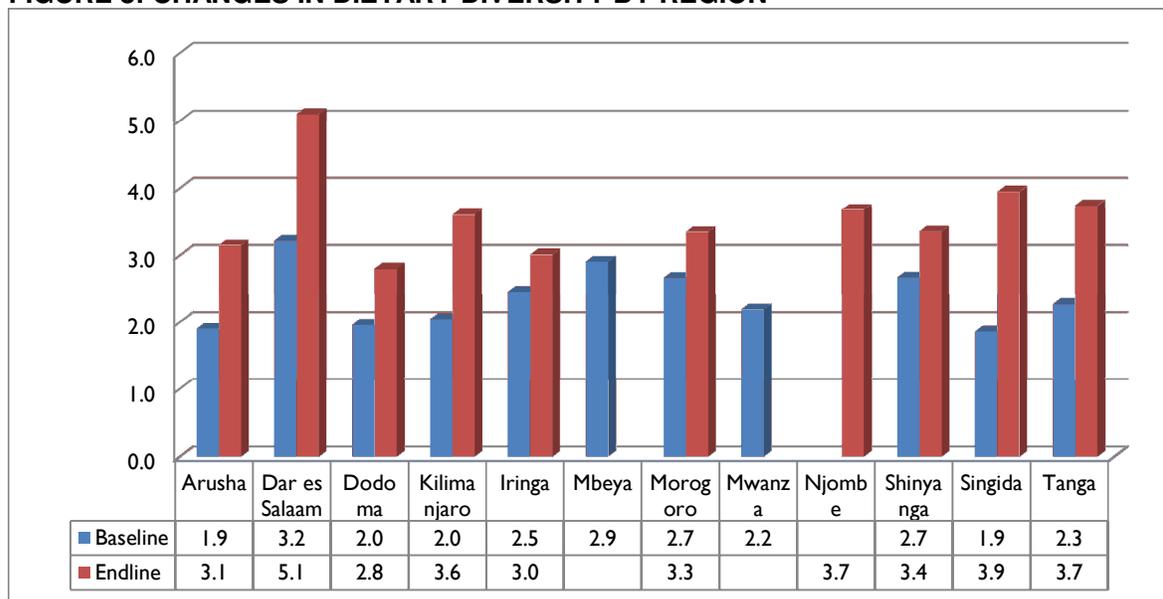
TABLE 8: CHANGES IN DIETARY DIVERSITY

	Tea/ Coffee	Foods Made from Roots/ Tubers	Foods Made from Legumes	Meat/ Fish/ Shellfish /Poultry/ Eggs	Cheese /Yogurt	Vitamin A Rich Fruits and Veg	Other Solid or Semi-Solid foods (e.g. porridge, cereals)	Sugary Foods	Number of Respondents
IMARISHA Initial HEA	30.1%	18.7%	19.8%	11.2%	5.2%	54.5%	81.8%	11.7%	1291
IMARISHA Endline HEA	34.9%	29.8%	39.7%	22.3%	8.3%	70.9%	88.9%	15.4%	1192
2010 DHS*	30.7%	32.3%	37.2%	35%	18.5%	61.6%	79.3%	4.1%	4113
2010 DHS* Poorest Wealth Quintile	14.7%	29.2%	30.2%	23.3%	19.3%	64.4%	81.5%	1.5%	847

*DHS only includes mothers

We also calculated a dietary diversity score based on the number of different foods consumed. A point is assigned to each different food group consumed. The mean dietary diversity score increased from 2.47 at baseline to 3.52 at the endline. Figure 8 illustrates the dietary diversity changes by region over the course of implementation.

FIGURE 8: CHANGES IN DIETARY DIVERSITY BY REGION



Both the improvements in dietary diversity and household hunger show that food availability and consumption diversity are improving, but HIV-affected households are still vulnerable. There are still opportunities for improvements in food security for HIV-affected households. Looking at trends in the data, there are correlational relationships between households who are engaged in small businesses and income-generating activities (IGAs) as well as households who report savings as one of their top three expenditures (potentially indicating a prioritization of savings and growth behaviors). These households reported higher dietary diversity scores overall in the endline sample.

PRODUCTIVE ASSETS AND BEHAVIORS

IMARISHA defines productive assets as household assets that can be used to expand income, reduce vulnerability, and increase resiliency. Within the HEA, productive assets are defined as a bike, motorcycle/bajaj, car, mobile phone, shovel, pickaxe, plow, sewing machine, wheelbarrow, or water pump. HEA households reported an increase in the average number of productive assets per household from 1.84 to 2.39¹⁹. The most frequently cited productive asset was a shovel (79.3%) and more than 90% of households reported that their assets had either increased or stayed the same.

Productive behaviors are behaviors and practices at the household level that can contribute to increases in income, yields, assets, and reduce overall vulnerabilities. Critical productive behaviors include savings, insurance, access to the formal financial sector, business practices (planning, record keeping), as well as key agricultural practices to improve yields, post-harvest handling, bulking, and other value addition activities. Table 9 illustrates changes in productive assets and behaviors in urban and rural households.

¹⁹ Statistically significant increase at the 95% C.I. level.

TABLE 9: CHANGES IN SAVINGS, ASSET OWNERSHIP, AND ADOPTION OF PRODUCTIVE BEHAVIORS IN URBAN AND RURAL POPULATIONS

	Self-Reported Savings Participation %	Has insurance %	Productive Assets (Mean/ household)	Business Productive Behaviors (Mean/ household)	Agricultural Productive Behaviors (Mean/ household)
Initial HEA Urban	45.9%	17.2%	1.9	0.22	0.15
Endline HEA Urban	60.5%	19.6%	1.68	0.40	0.22
Initial HEA Rural	55.8%	19.4%	1.99	0.14	0.27
Endline HEA Rural	78.8%	20.9%	2.59	0.38	0.53

ACCESS TO FINANCE

IMARISHA also sought to measure access to finance (financial inclusion) in comparison to an industry survey of financial access called the FinScope Survey. Inclusion is measured formally and informally. Formal inclusion means that an individual 16 years or older (18 years for IMARISHA) has or uses financial products from a regulated financial institution. Informal inclusion means individuals use financial services provided by an unregulated financial mechanism like a savings group. Changes in access to financial services between the initial HEA and endline HEA are presented in Table 10. A significant increase in the number of households participating in savings is evident in both urban and rural settings.

TABLE 10: CHANGES IN ACCESS TO FINANCIAL SERVICES

2007 Financial Inclusion Strands	FinScope Survey 2007	IMARISHA Initial HEA	IMARISHA Endline HEA
Formal financial institutions	9%	7.2%	3.19%
Semi-formal financial institutions	2%	1.1%	0.25%
Informal	35%	16.2%	73.07%
Financially Excluded	54%	75.5%	23.49%

In 2011, IMARISHA’s beneficiary households were substantially excluded in comparison to the overall adult population in Tanzania represented in the 2007 FinScope Survey. In the 2014 endline HEA, IMARISHA households are substantially more included, having made enormous shifts from the excluded category to participation in savings groups. More interesting is the shift away from formal and semi-formal financial institutions which some project partners have attributed to better knowledge of pricing and services.

Note: in 2014, FinScope released data from its 2013 survey but with differing metrics and categories from 2007. Although the industry standard has shifted, IMARISHA chose to maintain the same metrics as those used at the baseline in order to enable comparisons.

SAVINGS AND SAVINGS GROUPS

Participation in community savings groups has been an important program intervention across all HEA partner organizations. Adoption of savings as an intervention to reach vulnerable households was driven by increased global evidence that vulnerable households can effectively participate and that their participation allows households to manage seasonality issues as well as exogenous and covariant shocks, thereby improving the household's resilience.

Overall, the number of people who reported participating in savings increased by more than 20% from the baseline to the endline. Also, households that participated in savings groups were three times more likely to report an ability to save. Table 11 shows the percentage of respondents who reported they participated in savings groups, disaggregated by implementing partner. Table 12 shows savings group participation by region.

The Savings and Food Security Nexus

Despite differences in seasonality between the initial HEA and the endline HEA, the relationship between savings and household hunger remained strong even during leaner times of the year. Households that reported having saved anything in the last month were half as likely to have reported hunger than those that did not save. The relationship between decreased hunger and savings behaviors proved even stronger among rural households.

While the amount one saves is linked with overall ability to save, the act of participating in savings groups appears to have been a catalyst for savings even among those with very low reported monthly incomes. Savings group participation was correlated with a decreased likelihood of household hunger. Given that the overall rates of savings among PEPFAR-supported households increased as a result of project activities, it is possible that the reduction in household hunger noted in the endline HEA results are at least partially attributable to project activities despite previously noted limitations.

TABLE 11: SAVINGS GROUP PARTICIPATION BY PEPFAR IMPLEMENTING PARTNER

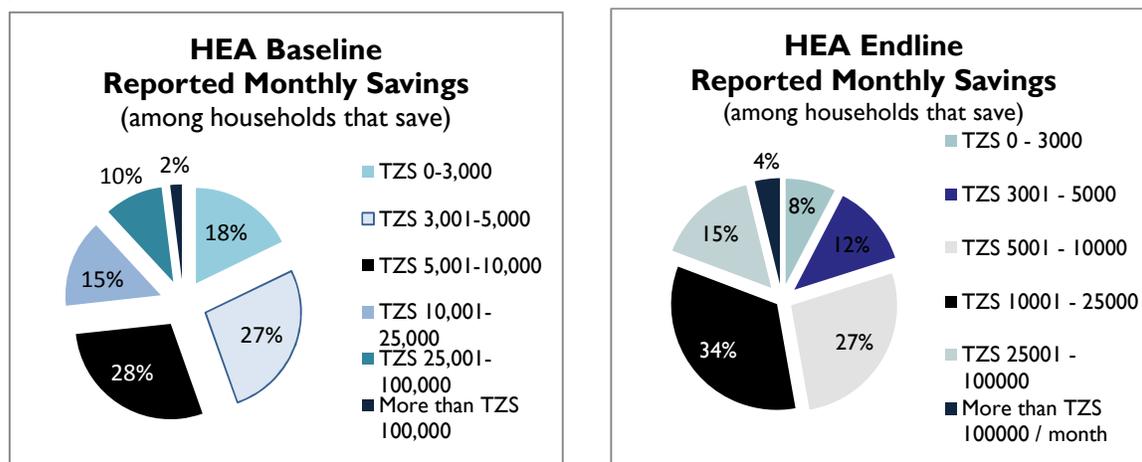
Africare	WEI/Bantwana	FHI360	Pathfinder
62.3%	97.3%	86.6%	56.3%

TABLE 12: SAVINGS GROUP PARTICIPATION BY REGION

Arusha	Dar es Salaam	Dodoma	Iringa	Kilimanjaro	Morogoro	Njombe	Shinyanga	Singida	Tanga
96%	35%	47%	65.2%	95%	86.5%	66.3%	69.3%	67.7%	97%

Since the baseline in 2011, those who save reported gains in the amount they are able to save in a month. 53% of respondents reported saving more than TZS 10,000 per month compared with 27% at the baseline. FGDs also highlighted the importance of savings groups in helping people borrow money to meet school fees and finance agricultural inputs (fertilizer, improved seeds), which they were unable to do two years earlier.

FIGURES 9 AND 10: CHANGE IN MONTHLY SAVINGS AMONG HOUSEHOLDS THAT SAVE



The impact of savings groups also carried over to even the poorest households in that there was a marked difference in savings rate directly correlated to savings group participation among the very poor (those with self-reported income of less than TZS 50,000 per month). Households who reported saving any amount in the previous month were half as likely to have reported hunger than those that did not and this relationship proved even stronger among rural households, suggesting perhaps that savings acts as a strong buffer for households who grow food as their primary livelihood and sustenance activity.

MOBILE PHONES AND MOBILE MONEY

The rapid uptake of mobile phones throughout the world has not bypassed PEPFAR-supported households. Over 68% of respondents reported having at least one mobile phone in the home, up from 51% at the baseline. Of households with a cell phone, 62.7% reported using some form of mobile money. Interestingly, 31% of households reported having used mobile money despite not owning a cell phone themselves. A third of respondents who said they used mobile money reporting starting doing so within the past year suggesting this market segment is still growing. Overall use of mobile money is categorized in Table 13 below. Table 14 shows mobile phone and mobile money usage by partner.

TABLE 13: MOBILE MONEY USAGE

How do you use mobile money? (Multiple answers possible)	
I use it to receive money.	55.2%
I use it to send money.	43.4%
I use it to pay bills.	2.8%
I use it to save money.	15.1%
I have purchased mobile insurance.	0.3%

TABLE 14: MOBILE PHONE OWNERSHIP AND MOBILE MONEY USAGE BY PARTNER

	IMARISHA	Africare	Pathfinder	FHI360	WEI/Bantwana
I own a mobile phone.	67.8%	61.1%	73.3%	71.8%	71.2%
I use mobile money.	62.7%	51.6%	68.1%	81.1%	66%
I use it to receive money.	55.2%	42%	61.9%	74.5%	59.6%
I use it to send money.	43.3%	31%	55.6%	65.1%	40.4%

	IMARISHA	Africare	Pathfinder	FHI360	WEI/Bantwana
I use it to pay bills.	2.8%	0.9%	3.6%	7.4%	2.6%
I use it to save money.	15.1%	6%	30.4%	24.8%	10.9%
I have purchased mobile insurance.	0.34%	0%	0.34%	0%	0.6%

CHILDREN, THE ROLE OF WOMEN AND PERCEPTIONS OF ONE'S ECONOMIC SITUATION

BASIC NEEDS OF CHILDREN

Among the IMARISHA sample, 21.1% of respondents reported not receiving healthcare during the past year due to economic barriers compared to 37.6% at the baseline. However, only 15.4% of households reported that that some children did not receive healthcare; the resounding majority (83%) reported that their children received healthcare services. With respect to education, 18% of the IMARISHA sample reported that more of their children were attending school than the previous year (baseline 15.6%), and 11.4% reported fewer children were attending school (13.6% baseline). Among households reporting lower school attendance, the cost of school fees and uniforms was the most frequently cited reason followed by illness²⁰. The IMARISHA sample households also reported that 86% of children within the households had both two sets of clothing and a pair of shoes. It is worth noting that several OVC partners still provide clothing and/or shoes to OVC households, specifically Pathfinder and FHI360 through a public-private partnership (PPP) with Toms.

WOMEN'S ECONOMIC EMPOWERMENT

In the endline HEA, IMARISHA included a subset of questions for married women only on decision-making related to household expenditures on education, health, and household food security. The aim of these questions is to understand a woman's role in household decision-making and the impact this has on her children. Because these questions were not asked at the baseline (except for a special baseline survey done with WEI/Bantwana in 2012), no comparable data exists from the 2011 HEA.

In the IMARISHA endline survey, 52% of women respondents answered questions on household decision-making. Overwhelmingly, households reported joint decision-making across a variety of factors: how money is used (59%), how and when to seek healthcare (56.1%), children's healthcare (68%), education (71%), and major purchases (64%). IMARISHA reviewed these trends in joint decision-making across other trend data and found that households who make joint economic decisions are more likely to report saving money.

PERCEPTIONS OF ECONOMIC CHANGE AND CONTROL

In order to better understand and appreciate how households understand livelihoods and food security changes, IMARISHA included questions to address household perceptions of their economic situation and food security. Respondents painted a brighter picture of their personal and community's economic and food situations when compared against the baseline²¹. Optimism and perceptions of control are frequently associated with productivity, social mobility, and economic opportunity. While causal analysis was not possible, perceived control of livelihoods and economic future can be motivating for households to address their economic future and adopt changes to improve their

²⁰ The IMARISHA HEA only addressed education access to a limited extent. Further qualitative research and investigation will be needed to better understand education access and challenges among the beneficiary population.

²¹ Again, limitations around seasonality make analyses of economic perceptions difficult to compare across time. The analysis team certainly recognizes that personal economic perceptions may be volatile and that respondents tend to exhibit a strong bias towards their most recent perceptions (known as the availability heuristic). In the case of the endline assessment, it is possible that respondents feel "richer" during the harvest season as this is the most recently available perception of their relative economic situation.

livelihoods situation. Table 15 below notes the responses provided to questions related to household perceptions of their situation and future for themselves and their communities.

TABLE 15: CHANGES IN HOUSEHOLD PERCEPTIONS OF ECONOMIC AND FOOD SITUATION

Households report that	HEA Baseline	HEA Endline
... their income decreased in the past year.	44.1%	19.5%
... their income increased in the past year.	11%	25.2%
... their overall economic situation improved	2.8%	37%
... their economic situation was stable	23.7%	35%
... their economic situation was worsening	73.4%	27%
... they feel more in control of economic situation	8.8%	54.5%
... they feel their food situation is the same or better than one year ago	39%	82%
... their community economic situation improved	8.6%	53%
... their community economic situation had declined	60.1%	20%
... they feel their community's food situation is the same or better than on year ago	33.5%	82%

DISCUSSION

PEPFAR in Tanzania is supporting a diverse group of persons infected, or affected, by HIV/AIDS. These households are made up of people living with HIV/AIDS, most-vulnerable children, at-risk youth, low-income women and MARPs (most at risk populations). The IMARISHA survey results have shown that PEPFAR-supported MVC and HBC households face daunting challenges in relation to livelihoods, food security, and nutrition.

THEMES FROM THE QUALITATIVE FOCUS GROUP DISCUSSIONS

Qualitative focus group discussions²² revealed positive economic and social trends including improved protection from seasonal fluctuations in expenditures and incomes as a result of increased savings. Savings group members in particular noted their ability to borrow during planting season (November-December), for school expenditures (December-January), and during the lean season when food stocks were short and food prices were high (January-March). This ability to smooth consumption using accumulated group savings and then group loans was highlighted repeatedly in FGD seasonal calendar exercises.

The majority of respondents agreed that more children are going to school, and spending more time there, due to household participation in savings groups. Member purchases, and increased spending power, are changing families' lives. Respondents' testimonies reflect increased expenditures in education and health, increased food security and asset ownership, and improved resilience for household and communities.

FGDs noted that savings groups motivated members to develop a "savings habit," which encourages ongoing participation and sustainability. This savings habit was further quantified by households who prioritized savings as an expenditure.

The social impact, particularly for women, of economic strengthening was also a common theme. Several women noted that they felt they had a voice now in their households and that their husbands showed more respect to them because they earned an income.

Testimonies from the Field

- One respondent from Mloda Mloda, Chamvino (Dodoma region) noted "Years back we were in darkness but when SILC was introduced we were enlightened. In the past years we spent all the monies we had, but now we save and this insures us. When the cycle ends and we cash out we can do big things."
- Another respondent from Tinde, Shinyanga noted that "those who are in a SILC group they managed to save their money every month throughout the year. Majority who has not [saved], they save their money during the harvesting season (June and July). They save money in order to use it during the agriculture season [November and December]."
- A caregiver from Mburahati, Kisiwani noted: "I am widow and used to live on credit most of the time as my only source of income was house rent but now through HISA [savings] group I managed to take loans and do different business such as grocery and poultry keeping and money from house rent seemed to be in excess. I am now managing to pay school fees to my children and improved my house as you see".
- From a respondent in Temeke, Dar es Salaam: "In the past it was difficult to fulfill your need as I was sleeping in the floor and was dreaming to have mattress which I afford to buy one this year. This is a great positive change for me."
- Another respondent in Mburahati noted: "I am now empowered and I have voice in my house because of the income I earned." She noted in the past that her husband did not listen to her but now respected her more. He now asks her to take loans from HISA groups to solve some of the family problems.

²² Feedback from HEA focus groups discussions was combined with qualitative feedback from a complementary savings study conducted by IMARISHA in 2014. This savings study was a learning study that reviewed Pamoja Tuwalee implementing partners' theories of change, CSG methodologies and experiences in implementing CSGs across Tanzania, and the impacts on vulnerable households and their communities.

Finally, FGDs were also asked to share their thoughts on organizations and government service providers in their community that provide direct support (funds or goods) to vulnerable households, seek to improve those households through training, skill development, knowledge and information sharing and mentoring, and offer training or services enabling business growth. The majority of respondent FGDs noted that organizations which promote savings were valued over other organizations in the community. A common refrain was that savings is changing people's lives, allowing them to start or invest in small businesses and meet the direct needs of their families. A third of FGDs cited the need for both savings/empowerment/training combined with the direct support such as food, school fees, school uniforms. FGDs in central and northern zones spoke with praise about government services providers collaborating effectively with local and international NGOs to deliver services while FGDs in Iringa and Morogoro did not comment or noted an absence of government support. Finally, two FGDs noted how infrequently vulnerable households were able to access services (especially loans) from more formal providers like Pride and FINCA, thus, making them ineffective service providers for the vulnerable household niche.

HIV CARE IN THE COMMUNITY

IMARISHA also conducted some FGDs to gain a better understanding of how communities view home-based care services. Specifically, FGD members were asked their perceptions of community HIV services, the volunteers that support those services, and their views on advantages and challenges of these services. In general, FGDs in Dar es Salaam seemed slightly more positive about the services, noting that people appreciated the services, that they enabled people to get critical medicines and knowledge and information about HIV including how to live with HIV as a life-long illness requiring continued treatment. Dar es Salaam FGD members noted improvements in the services and wait times to obtain those services. Challenges cited included:

- A limited number of CD4 count machines (noted in Kahama where there is only one machine);
- Insufficient medicines especially septrin;
- In some instances, high prices for services or the requirement to buy septrin in the pharmacy.
- Some FGD members cited ongoing issues with stigma in the community which forces people to seek treatment outside their municipalities; and
- Some Shinyanga FGD members noted challenges with services and commodities particularly where service delivery was recently transitioned from Pathfinder to the government; these commodities (first aid kits) are no longer being provided.

In both Dar es Salaam and Shinyanga, FGDs praised volunteers for their closer relationship with the community and for their work to help people receive services. These volunteers are effective in linking households with other services including savings groups, nutrition services (Temeke Municipal Council was cited), and support services for children (payment of school fees, provision of uniforms, and health services).

COMPARISONS TO OTHER DATA SOURCES

Recognizing that it is not scientifically valid to compare the HEA data with other national level surveys given the methodologies and purposes of the IMARISHA HEA, it is operationally helpful to contextualize the IMARISHA sample in relation to national level data sources. With respect to assets, the IMARISHA sample fared worse in most categories of assets (with the exception of access to mobile phones and bicycles) relative to the broader population as demonstrated by Table 16 below.

TABLE 16: CHANGES IN HOUSEHOLD AND PRODUCTIVE ASSET OWNERSHIP RELATIVE TO NATIONAL DATA

	IMARISHA Initial HEA	IMARISHA Endline HEA	2010 DHS	2011-2012 HBS
Bajaj or motorcycle	0.5%	3.1%	2.9%	3.8%
Bike	23.6%	34.1%	43.1%	33.1%
Car	0.9%	0.5%	1.8%	1.5%
Mobile Phone	51.1%	67.8%	45.4%	57.2%
Radio	38.9%	43.1%	60%	54.9%
Refrigerator	3.2%	4.1%	5.5%	7.4%

PEPFAR households also fared worse when comparing dietary diversity with the overall 2010 DHS, as well as the disaggregated poorest quintile in the DHS. However, there were substantial improvements in the DHS since the baseline, particularly in relation to the consumption of protein and vitamin A-rich foods (see Table 12 presented earlier in this report). The trend that poorer, more vulnerable households demonstrate a higher intake of staple foods (roots and tubers, starchy foods, and porridges) is noted in the World Food Programme’s Comprehensive Food Security and Vulnerability Assessment as well.

While the IMARISHA sampling frame and methodology were not intended for statistically valid comparisons, with nationally randomized datasets, examining key data points side by side further contextualizes and elucidates the stark challenges and vulnerabilities HIV-affected households face on a daily basis. It is within this context that PEPFAR partners need to implement economic strengthening efforts to foster progress away from directly provided assistance in the form of cash grants, food aid, etc. to support that promotes stability and resiliency fostering sustainable livelihoods and economic growth for HIV-affected households.

VULNERABILITY AND RESILIENCE

PEPFAR-supported households are not homogeneous. PEPFAR-supported households face similar challenges around food insecurity, concerns about rising food costs, limited productive assets and behaviors, and limited linkages to markets and economic growth. Despite these overarching similarities, PEPFAR beneficiaries are not homogeneous in their overall livelihoods vulnerability. As a part of the initial HEA, IMARISHA proposed to develop a “vulnerability index” and “resilience index” for beneficiaries to better understand and differentiate commonalities that appear to make certain households more vulnerable, but conversely, what makes households more resilient.

Defining vulnerability and resilience is a very complex and imperfect science. After reviewing the data carefully and examining data points and relationships together, IMARISHA proposed vulnerability and resilience indices for discussion among partners in an attempt to better understand characteristics of household vulnerability for households at risk and resilience for households who appear more likely to thrive. Vulnerability indices are a more defined area of measurement within economic strengthening, but not an exact science. The Resilience index offered a new way to monitor households who are vulnerable, but capable of managing household shocks (coping) and moving toward greater stability (ideally thriving).

HIV is known to exacerbate household vulnerabilities across communities. All of the households in the IMARISHA sample are vulnerable and were initially chosen by PEPFAR partners for support to address their vulnerability. That said, IMARISHA has reviewed the household economic assessment to identify key traits of further vulnerability within the sample to help the Government of Tanzania and PEPFAR partners better understand and address household vulnerabilities. Within the

IMARISHA HEA sample, there were a number of characteristics of vulnerable households which aligned together appear to exacerbate overall household vulnerabilities. Considering the importance of food and nutrition for development, the validated measure of the household hunger scale and that IMARISHA respondents with rising expenses cited food as the expense increasing the fastest, IMARISHA used household hunger as a key reference point for understanding vulnerability and conversely resilience. Vulnerability traits that were linked to more vulnerable households included:

- **Larger household size** – households who have more than 5 household members appear to have greater vulnerability.
- **Fewer household members earning income** – households who have only one member of the household contributing to income appear to be more vulnerable.
- **Household Hunger Scale** - Households who exhibit moderate or severe hunger using the Household Hunger Scale appear to be more vulnerable.
- **Presence of an OVC** within the household appears to be linked to vulnerability and hunger.
- **Not receiving medical treatment** due to inability to pay is a characteristic of vulnerable households.
- **Lack of transport** through access to a bicycle or other motor vehicle is a characteristic of most vulnerable households
- **Reported lack of savings and inability to save** appears to be linked to household vulnerability.

Using these characteristics, IMARISHA proposed an index to measure household vulnerability. Each of the indicators cited above (with the exception of household hunger – which had a higher weight) was evenly weighted to construct the index. Based on the 2011 data for Tanzania, IMARISHA mapped the results to create three profiles of households based on the characteristics of households determined to be “highly vulnerable”, “vulnerable”, and “less vulnerable”. Figure 11 highlights the characteristics of households at each level of vulnerability. Table 17 below expands on those profiles and maps them to potential resilience outcomes and evidence-based strategies that implementers can use to support households within each vulnerability band.

FIGURE 11: VULNERABILITY CHARACTERISTICS ACROSS IMARISHA HOUSEHOLDS

Most Vulnerable (destitute)	Moderately Vulnerable (struggling to meet basic needs)	Less Vulnerable (able to grow)
SEVERE HUNGER	MODERATE HUNGER	LITTLE TO NO HUNGER
Little to no income	Frequent and severe income fluctuations 	Moderate income fluctuations
Little to no assets	Limited assets	More than two assets and access to transport 
 Not able to meet basic needs including health services	Some ability to meet most basic needs	Ability to meet basic needs and consider business investment

TABLE 17: PROFILES OF HOUSEHOLD VULNERABILITY AND PROPOSED INTERVENTIONS TO IMPROVE RESILIENCE

Families in Destitution (Highly Vulnerable Households)	
<p>Characteristics:</p> <ul style="list-style-type: none"> • 4 or more children in the household; average household larger than 5.5 persons; greater number of dependents • 1 or fewer income earners in the household • Severe household hunger in household– due to inability to buy or produce food • Members/children in household not receiving medical treatment due to inability to pay and lack of transport • Very few liquid assets (e.g., cash, savings), and what few assets are available are being liquidated (sold or traded) to meet household expenses • No discernible or predictable source of income • Negative outlook on food and economic future for household and community at large <p>Take care to understand whether this household situation is chronic, transient or acute</p>	<p>Resilience Outcomes</p> <ul style="list-style-type: none"> • Recover assets and stabilize household consumption • Address food security issue with clinic and social protection programs <u>FIRST</u> – prioritizing food quality (nutrition) and quantity <p>Purchasing Power Outcomes</p> <ul style="list-style-type: none"> • (Re)build short term capacity to pay for basic necessities <p>Evidence-Based Strategies</p> <ul style="list-style-type: none"> • Receive consumption support (ideally from govt sources such as TASAF 3 or from clinic/provider such as food support linked to treatment) • Introduce savings and productive behaviors
Families Struggling to Meet Basic Needs (Moderate Vulnerability)	
<p>Characteristics:</p> <ul style="list-style-type: none"> • Usually paying for basic needs (like food and medical care) but not regularly paying for other needs (like school fees), especially if they require lump-sum payments • One or more predictable sources of income • Some cash savings which may fluctuate throughout the year as they are accumulated and liquidated • Seasonal fluctuations in income/expenses, especially due to agricultural calendar which make meeting basic needs difficult at some times in the year • Classified as moderately hunger • Able to take on debt/ access credit from informal sources • Greater proportion of earners to overall household size as well as more diverse sources of income. • Neutral to positive outlook on food and economic future for household and community at large 	<p>Resilience Outcomes</p> <ul style="list-style-type: none"> • Build self insurance mechanisms and protect key assets • Expand income and consumption • Expand productive assets <p>Purchasing Power Outcomes</p> <ul style="list-style-type: none"> • Strengthen the family capacity to match income with expenses • Strengthen family capacity to improve productivity of some household level ES intervention (particularly in agriculture) <p>Evidence-Based Strategies</p> <ul style="list-style-type: none"> • Money management/savings groups • Introduce financial/ag productive behaviors
Families Prepared to Grow (Though Still Vulnerable)	
<p>Characteristics:</p> <ul style="list-style-type: none"> • Usually able to meet basic needs (like food – either through purchase or production) and other needs (schooling and basic health care) on a regular basis with lump-sum payments • Some liquid assets that fluctuate less throughout the year than for struggling families • Seasonal fluctuations in income/expenses but probably not as dramatic as for struggling families • Low or no household hunger • Has access to transport, e.g. a bicycle, bajaj or vehicle • Able to manage some economic shocks • Forward looking, positive outlook on overall food and economic situation for household and community at large 	<p>Resilience Outcomes</p> <ul style="list-style-type: none"> • Smooth income and promote asset growth • Smooth consumption and manage cash flow <p>Purchasing Power Outcomes</p> <ul style="list-style-type: none"> • Grow family income to enable more/larger investments <p>Evidence-Based Strategies</p> <ul style="list-style-type: none"> • Income promotion interventions for smallholders, value chains, other livelihood areas • Increase use of financial and productive behaviors

Recognizing these limitations, and also in an attempt to understand characteristics of resilient households and prioritize areas for improvement, IMARISHA examined variables that could be linked to more successful households and that could be influenced by PEPFAR partners as a part of

economic strengthening efforts. At the baseline HEA, the factors that appear to influence resilience included:

- ***Household use of productive behaviors for agriculture and business.*** In the baseline HEA most households used fewer than two productive behaviors. These productive behaviors provide opportunities to increase assets, income, and provide protection through better management of business (especially agriculture) and household finance and improved opportunities to increase income. Households who utilized productive behaviors appeared to be more resilient.
- ***Reported savings,*** particularly consistent participation in savings groups appears to be linked to resiliency.
- ***Engagement with the formal financial sector.*** In the baseline HEA, access to and use of financial products and services from the formal/semi-formal financial sector appeared to have protective effects for households and promote resilience.
- ***Perception of control about economic future of the household.*** In the baseline HEA, perceptions of control suggested better abilities to cope and even thrive. Recognizing that perception can influence practices and behaviors, these optimistic households appeared to be more resilient.
- ***Perception on household food situation.*** As with the above indicator, optimism characterizes greater resiliency.
- ***Perception on community economic situation.*** As with the above indicator, optimism characterizes greater resiliency.

Each of the indicators cited above was equally weighted to construct the index (with the exception of household hunger – which had a double weight). Both the vulnerability and resilience index were intended to be used by service providers as resources to more closely tailor economic strengthening interventions to vulnerability characteristics as well as potentially measure their outcomes. For example, the more vulnerable the household, the greater the need to consider provision activities as outlined in the Livelihoods Pathway²³. For less vulnerable households, there is a greater likelihood that the household will be able to participate in productive and promotion oriented enterprise growth activities. The resilience index in particular was intended to be used as a tool to analyze improved resilience resulting from ES interventions over time.

In context with national level data, the entire sample of PEPFAR supported households could be characterized as vulnerable. This vulnerability index attempts to further disaggregate vulnerability. The majority of IMARISHA households fell into the vulnerable category, with 12% being characterized as highly vulnerable.

Some aspects of vulnerability are not likely to change, despite PEPFAR or URT interventions (e.g. household size, presence of OVC within the household). Changes in household vulnerability between the initial and endline HEA are presented in Figure 12. Figure 13 highlights regional differences.

²³ The Livelihoods Pathway is the model adopted by the Tanzanian Ministry of Health and Social Welfare in the National Costed Plan of Action for Most Vulnerable Children II -2013-2017 (NCPA II). The pathway's objective is to help organizations better understand vulnerability so that their poverty reduction and growth strategy interventions can be more effective to achieve impact, and improve social and health outcomes (e.g., improved nutrition, attendance at the clinic and school, and reduction of stigma among others). See NCPA II or Technical Note #1: The Livelihoods Pathway- A Model for Designing and Understanding Economic Strengthening, DAI IMARISHA Project. May 2014.

FIGURE 12: CHANGES IN HOUSEHOLD VULNERABILITY

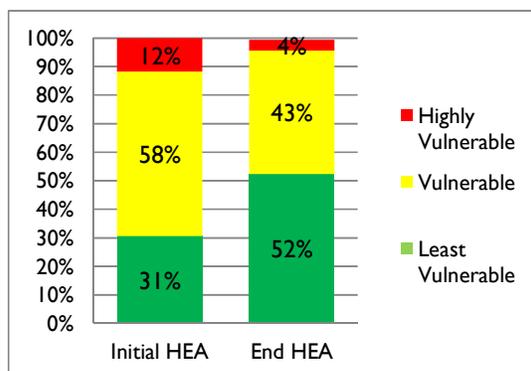
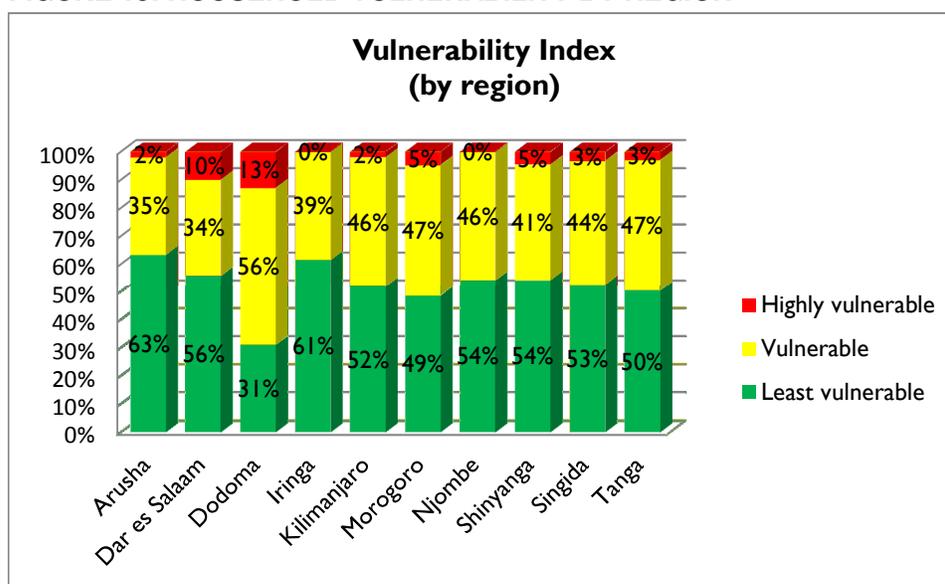


FIGURE 13: HOUSEHOLD VULNERABILITY BY REGION



At the endline all partners showed substantial gains in both the vulnerability and resilience indices as shown in Figures 14 and 15. However, IMARISHA believes the Resilience index overstates gains given issues related to seasonality. While research has shown that people optimistic about their economic wellbeing tend to demonstrate better economic behaviors (save more, improved creativity, willingness to take risks and create new ventures)²⁴ and that by contrast people who feel economically pessimistic tend to feel anxious and hopeless, creating obstacles to performance (a positive thing), it has also been shown that periods of gain or optimism have been known to color people’s memories of the past (even recent past). Economic perception questions asked at harvest, for example, may reflect “irrational exuberance²⁵” which passes when lean seasons come.

²⁴ Puri, Manju and David T. Robinson, “Optimism and Economic Choice”. The Journal of Financial Economics. 20 June, 2007; Puri, Manju and David T. Robinson, D. T. “Optimism, Work/Life Choices, and Entrepreneurship”, http://www.worldbank.org/finance/assets/images/manju_puri_entrepreneurship_dr_3.pdf (2004); and Liang, Chyi-Li (Kathleen) and Paul Dunn. “Entrepreneurial Characteristics, Optimism, Pessimism and Realism- Correlation or Collision? Journal of Business and Entrepreneurship, 2009, to name a few studies. This topic has been studied less in developing countries, particularly among poorer households.

²⁵ “Irrational exuberance” is a phrase used by the then United States Federal Reserve Board chairman, Alan Greenspan, in a speech given at the American Enterprise Institute during the Dot-com bubble of the 1990s as a comment on how market

FIGURE 14: CHANGES IN HOUSEHOLD RESILIENCE

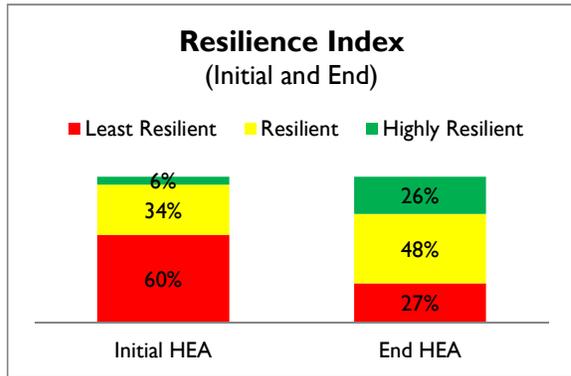
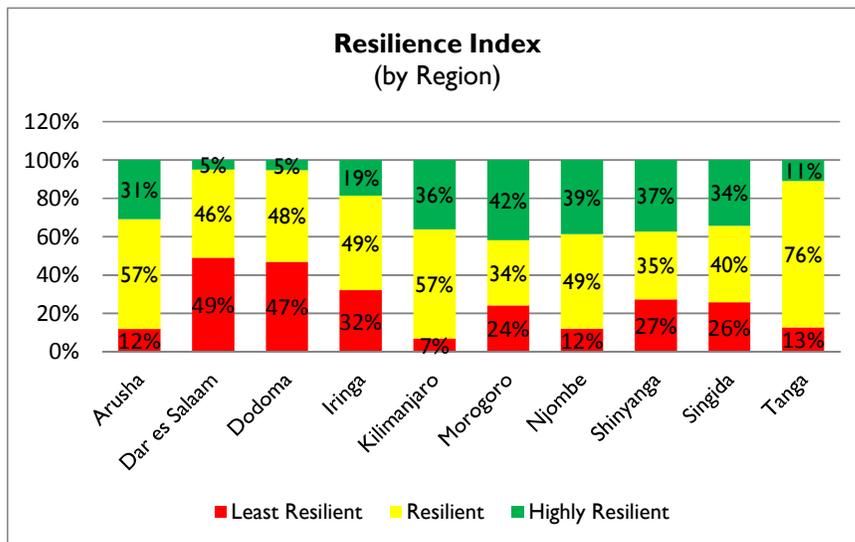


FIGURE 15: HOUSEHOLD RESILIENCE BY REGION AT ENDLINE HEA



actors behaved when seeing asset price increase/increases in the stock market indices as a sign of good fortune. The phrase was interpreted as a warning that the market might be somewhat overvalued.

RECOMMENDATIONS FOR PARTNERS AND PEPFAR

Both the aggregate and individual PEPFAR Implementing Partner HEA findings (see Appendix 2 for implementing partner reports) point to notable economic, social, and health improvements in vulnerable households being served by HEA organizational participants. These improvements were seen in multiple areas including food security/household hunger and dietary diversity, reported monthly income, savings, and assets. Positive trends were also identified in indirect but critical social and health areas such as access to health services, enrollment of children in school and nutrition. The degree of those gains varied by region and by partner.

Although a direct causal relationship cannot be evaluated in relation to technical assistance provided by IMARISHA to PEPFAR IPs or by PEPFAR IPs to households and communities, it would appear that investments made in economic strengthening interventions—such as informal savings groups, the creation of IGA groups, interventions focused on household gardening and nutrition strengthening, interventions focused on local chicken production, and support for farmer households through production improvement or demonstration programs—have allowed households to improve their economic coping skills, reduce financial pressure, meet consumption demands and in some cases, accumulate assets for both the household and related businesses. These are welcomed changes and demonstrate the value that investments can make on vulnerable households.

In line with these findings and others (see also recently published study of Pamoja Tuwalee/OVC implementing partner community savings groups²⁶), IMARISHA recommends that:

1. **PEPFAR and USAID/CDC continue to invest in economic strengthening** within the context of community-based programs. Additionally, PEPFAR should support investment in other external technical assistance mechanisms to support community programs with specialized expertise (such as agriculture, market development/market readiness, business growth). The alignment of these programs needs to be well coordinated by USAID and CDC to maximize cost, human resource, and objective synergies during planning and implementation. At the PEPFAR OVC and HBC implementing partner level, this investment should build upon the substantial gains to be made in mobilized informal savings groups, as a platform for improving household skills, behavior, and attitudes around business and agricultural production, particularly for households who have begun to accumulate assets.
2. **Continue to use vulnerability assessment tools (such as the HEA, although a variety of other tools may be considered as well²⁷)** to establish a baseline understanding of target communities/households, their economic, health, and social status. Information generated from these assessments is useful to implementers to strategize and plan appropriate interventions for households at different levels—those living in destitution, those struggling to meet basic needs, and those prepared to grow. At a minimum, vulnerability assessments should include questions related to: household and productive assets, food security (quantity and quality of food

26 Pamoja Tuwalee Community Savings Group Study: A Review of Practice and Innovations in Community Savings Groups Aimed at Supporting Most Vulnerable Children in Tanzania. DAI through the USAID-funded IMARISHA project and Pamoja Tuwalee Implementing Partners. July 2014.

27 See Moret, Whitney. Vulnerability Assessment Methods. Brief. USAID ASPIRES Project. May 2014 and Moret, Whitney. Vulnerability Assessment Methodologies: a Review of the Literature. USAID ASPIRES Project. March 2014.

consumed), expenditures, income, access to key livelihood services, productive behaviors and skills as well as gender dynamics vis a vis intra-household labor and decision-making. For MVC programming the assessment should also include questions related to access to and payments for education, access to and payments for health care for children, child basic needs, and other relevant child data. For community-based HIV programming the assessment tool should include questions on access to HIV clinic/health service as well as cost and access to regular health services. Follow up surveys or indices (such as the vulnerability and resilience index developed for the HEA) should be implemented at regular intervals to measure gains and observe trends (such as the impact that savings or group-based livelihood activities can have on food security, to name one). The information should also be used to validate, modify, and adapt programming and build the local evidence around successful (or unsuccessful) poverty alleviation programming. Sharing the information with governments also allows them to plan and/or coordinate existing social safety net programming investments to areas of greatest need.

3. Ensure that partners **regularly monitor households** and their engagement in partner-promoted economic strengthening interventions at the household and community level. This too requires more investment to ensure local implementing partners have sufficient human and financial resources to monitor outcomes of households. Monitoring should include in person visits by volunteers and staff, but may also entail periodic surveys from independent sources.

4. **Invest in rigorous impact assessments as well as qualitative studies** to understand not only outcomes from ES programming on MVC and PLHIV households but also important qualitative nuances of client needs, behaviors, and aspirations. To date, an impact assessment of a specific ES intervention or a combination of interventions has yet to be carried out in Tanzania. Use of qualitative methods can also help programmers understand critical economic and social linkages, for example, on how households adopt new technology, save and spend money through out the year, or positively or negatively benefit from group-based activities.

5. **Continue to support linkages with other national social protection and development programs** that support vulnerable households. To date, PEPFAR has been successful in influencing some parts of national government, particularly the Ministry of Health and Social Welfare’s Department of Social Welfare around ES principles and evidence. MOHSW has adopted the Livelihoods Pathway (an enhanced version of the ES Pathway highlighted by USAID in the *Household Economic Strengthening in Tanzania: a Framework for PEPFAR Programming*²⁸). The pathway approach is similar and complementary to the pathway approach promoted by TASAF III. For PEPFAR-supported vulnerable households, a concerted effort must be made to link households

Improving our Understanding of Resilience: the Resilience Index 2.0

The intent of the experimental resilience index was to identify and isolate variables that could be influenced to improve household economic standing and improve long term coping strategies. From the use of the resilience index, DAI has learned that these variables need to be measured at different time intervals to ensure seasonal optimism is reduced. We also believe that there may be need to revise the included variables. Thus, the Resilience Index 2.0 should:

- Be sensitive to changes in the diversity of income-earning strategies. Currently income earning strategies nor changes in the ways that households earn income are not measured;
- Include questions that would elucidate other money management and planning skills and behaviors, not just participation in the formal financial sector; and
- Be reflective of urban and rural differences such as seasonal market shifts, changes in seasonal consumption, and—in rural settings—the adoption of other good agricultural practices. Right now the index is not sensitive enough to rural and urban differences.

28 Wolfe, Jason. Household Economic Strengthening in Tanzania: a Framework for PEPFAR Programming. July 2009.

and programming to TASAF III, ensuring that eligible MVC and PLHIV households are able to access conditional/unconditional cash transfers, and cash for public work schemes in the lean season. Similarly, TASAF can learn from the experimentation and programming of PEPFAR partners around savings and livelihoods.

6. Perhaps the biggest challenge is trying to **meet the complex and changing needs of households that are still “vulnerable but able to grow,”** and thus able to more effectively participate in market systems. PEPFAR guidance for OVC programming prioritizes income growth programming that uses “low risk activities to diversify and stimulate growth of household income²⁹”. In this area there is no “plug and play option” (e.g., a specialized training or set of activities that will adequately address the gaps and quickly show results). Instead, income growth-driven programming requires substantial investment and the engagement of a complex set of market actors who interconnect with one another in different ways to build out the market system³⁰. The ability to do this also relies heavily on building and nurturing relationships between actors and all of this is affected by cultural norms, social and economic incentives, changing policies, and varying degrees of loyalty and mistrust. Feed the Future programs can—in some instances—serve as “pull” mechanism to bring some growing households into more commercially focused activities, but currently with very strict geographic and programmatic limitations. Without substantial investment and niche expertise, **be realistic** on how much PEPFAR can support linking these evolving families to market systems in a meaningful or sustainable way.

29 The US President’s Emergency Plan for AIDS Relief: Guidance for Orphans and Vulnerable Children Programming. July 2012, p. 43.

30 See USAID’s strategies on this topic at <http://microlinks.kdid.org/learning-marketplace/news/usaiddfid-and-sdc-explore-collaboration-inclusive-markets>

ANNEX 1: HOUSEHOLD ECONOMIC ASSESSMENT SURVEY: ENGLISH

INTRODUCTION AND CONFIDENTIALITY STATEMENT

Introduction:
(English) "My name is _____. I am working with _____ but today I representing our partner IMARISHA project implemented by DAI is four year USAID and PEPFAR-funded program that improves the overall effectiveness of existing and new economic strengthening activities undertaken by PEPFAR OVC and HBC implementing partners in seven regions of Tanzania. Being one of the people living in area where PEPFAR OVC and HBC implementing works we would like to interview you in order to find out about the economic profile and behaviors of the program's beneficiary population. This information is critical to helping develop appropriate economic livelihoods activities that can help beneficiaries build better safety nets, capitalize on basic economic opportunities and link into markets, thereby generating more income, greater economic stability and resilience."

Confidentiality and Consent:
(English) "I'm going to ask you some questions. Your answers are completely confidential. Your name will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think about the local economy and business opportunities, and will help us to plan better programs. We would greatly appreciate your help in responding to this survey. The survey will take about 45 minutes to ask the questions. Are you willing to participate?"

Do you consent to participate?
(Translation: *Do you consent to participate?*)

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

Signature Interviewee:
(Translation: *Signature Interviewee:*)

Signature Interviewer:
(Translation: *Signature Interviewer:*)

This assessment tool was prepared by DAI for IMARISHA.

Record Identifier _____

#	Question (English)	Answer Selection	Answer Respondent
QUESTIONNAIRE COVER SHEET			
	Directions		
	*** Please Complete the Answer, or Circle through the Correct Answer.		
	Example: (If the Respondent to the Survey is Male)		
	Sex of respondent (Circle one)	Male	
		Female	
1	Region	Enter Region Name	
2	District	Enter District Name	
3	Ward	Enter Ward Name	
4	Village/Street	Enter Village Name/Street Name	
5	Hamlet	Enter Hamlet Name	
6	Name of Interviewer:	Enter Name (Full)	
7	Assessment Date	Enter Date	
8	Time of Assessment (Start)	Enter Time	
9	Time of Assessment (Finish)	Enter Time	
10	Time of Assessment (Total)	Enter Minutes	

A. HOUSEHOLD DEMOGRAPHICS (GENERAL)		
Interviewee Information (General)		
A.1	Sex of respondent (Circle one)	Male Female
A.2	Age of respondent	(# years) Age
General Household Characteristics		
A.3	Household Make up	(#) Household members
		(#) Females
		(#) Males
		(#) All Female children aged <18 years including OVC
		(#) All Male children aged <18 years including OVC
	(#) Adopted/orphaned children <18 years	
A.4	Have there been any recent changes in the size of the household over the past year? (Circle one)	No change in the past year Household Size Increased in the Past Year Household Size Decreased in the Past Year
Household Earners vs. Dependents		
A.5	How many of the people in your household earn regular income/produce something that can be traded or sold and contribute to the household expenses?	(#) People earning money for my household
A.6	Has the number of household members earning income changed over the past year? (Circle one)	# of household earners stayed the same ____ # of household earners increased ____ # of household earners decreased ____
B. HOUSEHOLD FOOD SECURITY		
Food Insecurity		
B.1	Did your household experience a food shortage this year? (Circle all that apply)	Yes, my household experienced a food shortage at some point in the last year
		**go to B.3 No, my household did not experience a food shortage in the last 12 months
	If yes, what was the main reason for your lack of food? (Circle one)	I could grow some, but not enough food I don't have time to grow food (e.g. illness or taking care of a sick household member) I don't know how to grow my own food I don't have enough land I did not have enough water (rainfed, irrigation, etc.) for my household Other

Food Consumption		
B.3	In the last 4 weeks was there ever no food to eat of any kind in your household? (Circle one)	Never
		Rarely
		Sometimes
		Always
B.4	In the last 4 weeks did anyone in your household go to sleep hungry? (Circle one)	Never
		Rarely
		Sometimes
		Always
B.5	In the last 4 weeks did anyone in your household go a whole day and night without eating? (Circle one)	Never
		Rarely
		Sometimes
		Always
B. 6	Where do you get the food your household consumes? (Circle all that apply)	We buy our food
		We grow our food (agriculture, horticulture)
		We raise our food (poultry, livestock)
		We depend on food aid
B.7	I would like to ask you about liquids or foods you may have had yesterday during the day or at night. I am interested in whether you had the item, even if it was combined with other foods. (Please Read and Circle all that Apply)	Milk tinned, powdered, fresh animal milk, yogurt, cheese
		Tea or coffee
		Food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes
		Foods made from maize meal (ugali), porridges, millet, rice, sorghum, or any other food made from grains
		Bread, maandazi, chapati, or other foods made from wheat flour
		Yellow/orange colour fruits or vegetables such as pumpkin, carrots, yellow/orange sweet potato, ripe mangoes or papayas, passion fruit
		Any dark green, leafy vegetables such as amaranth, cassava, pumpkin or sweet potato leaves, and spinach
		Meat such as beef, goat, poultry(chicken), fish, shellfish or liver
		Eggs
		foods made from beans, peas, lentils, or nuts brown or white sugar, sweets or candies

Food Assistance		
B.8	Does your household receive regular food support? (Select one)	Yes
		**Go to B.11
B.9	If Yes, who do you receive support from? (Select all that apply)	Government
		NGO/CBO/FBO
		Family/friends
		Other
B.10	Has your food / nutritional situation changed in the last six months? (Select one)	My food situation is worse now
		My food situation has remained the same
		My food situation is better now
		now
C. HOUSEHOLD ASSETS AND AMENITIES		
House Construction		
C.1	Who owns the house / apartment? (Select one)	Female Head of Household
		Male Head of Household
		Both spouses (joint)
		Relative
		Landlord, we rent the house/apartment
		Other
C.2	Have you made any improvements to your house in the last year?	Yes
		** Go to C.4
C.3	What type of improvements have you made?	new / improved roof
		new / improved walls
		new / improved cooking facility
		new / improved sleeping facility
		new / improved floor or flooring
		new / improved windows
		new / improved toilet
		new well / improved drinking water
		Other
Household Assets		
C.4	Do you or anyone in your household have? (circle all that apply)	Watch
		Car
		Bajaj / Motorcycle
		Bicycle
		Mobile phone
		Radio
		Television
		Stereo system
		DVD / CD / VDC
		Gas stove
		Charcoal stove

		Wood stove
		Electric stove
		Paraffin Lamp
		Refrigerator
		Bed
		Mattress
		Wheelbarrow
		Pickaxe
		Shovel
		Plough
		Water pump
		Solar power
		Sewing machine
		Electricity
		Generator
C.5	Have your household assets changed in the past six months? (Select one.)	I obtained more assets
		My assets remained the same
		My assets reduced
	Reasons for reduced assets	
D. GENERAL HOUSEHOLD INCOME, EXPENDITURES AND LIVELIHOODS SUPPORT		
Household Income		
D.1	Please indicate the sources of household income (Circle all)	Salaried employment
		Small business, shop or kiosk
		Small household income generating activity
		Dowry
		Sale of crops / animals
		Sale of assets
		Remittances (cash donations from friends / family)
		Government / NGO aid, grant or other financial support
		Casual daily work
	Other	
D.2	Please provide your approximate total household income earned in the last month?	TZS 0 - 10,000
		TZS 10,001 - 50,000
		TZS 50,001 - 100,000
		TZS 100,001 - 250,000
		More than TZS 250,000
Household Costs		
D.3	Please indicate the top 3 ways that you spend your household income. (Circle top 3)	Food
		Medical Care / Medicine
		Education
		Cell phone / Air time

		Transportation (including maintenance and fuel)
		Clothing
		Jewelry
		Savings
		Micro business Inputs / Equipment
		Agriculture Inputs / Equipment
		Alcohol
		Entertainment
	Other	
D.4	How have these costs changed in the last six months? (Select one)	My monthly expenditures are increasing
	** go to D.6	My monthly expenditures are decreasing
	** go to D.6	My monthly expenditures have stayed the same
D.5	What household costs are increasing the fastest? (Select three)	Food
		Medical Care / Medicine
		Education
		Cell phone / Air time
		Transportation (including maintenance and fuel)
		Clothing
		Jewelry
		Micro business Inputs / Equipment
		Agriculture Inputs / Equipment
		Alcohol
		Entertainment
	Other	
D.6	In the past 1 year, have any of your household members not received medical treatment because the household lacked money to pay? (Select one)	Yes
		No
D7	Has the ability of your household to seek and pay for medical treatment changed in the past year?	We are more able to seek medical treatment?
		There has been no change
		We are less able to seek medical treatment
Access to Livelihoods Support		
D.8	Do you or your household receive economic livelihoods cash support? (Select one)	Yes, Cash
		Yes, Cash and Other Support (Livestock, Seeds, Inputs)
		Only non-Cash Support (Livestock, Seeds, Inputs, etc)
	** Go to E.1	No

D.9	If yes, who provides this support (Select all that apply)		NGO / CBO / FBO
			Family/friend
			Government
		Other	
D.10	If yes, how do you use your livelihoods support? (Select all that apply)		Buy Food
			Pay School Fees, Education Costs
			Pay Medical Costs (including transport)
			Buy Agricultural Inputs (Seeds, Fertilizer, etc.)
			Buy Livestock and Feed
			Start Small Business / Trade Activities
			Spend on Household Consumption (non IGA)
			Spend on Education Costs (non IGA)
		Other	Put in Savings
Access to Vocational Training / Education			
D.11	Have any persons in your household participated in vocational training in the past year? (Select one)		Yes
		** Go to D.15	No
		** Go to D.15	I don't know what this is?
D.12	If yes, who provided this vocational training? (Select all that apply)		Government (National, Regional, Local)
			NGO / CBO
			Commercial Training Provider (Fee-based Training)
			Business association / cooperative
Other			
D.13	If additional vocational training were available for a fee, would you be willing to pay for this training?		Yes
			No
E. HOUSEHOLD SAVING AND ACCESS TO CREDIT / INSURANCE			
Household Savings			
E.1	In the past month, what did you do with your money? (Circle all that apply)		I put the money in savings
			I used all my money to buy things for my household (food, rent, transport, etc.)
			I used the money to pay for health or education expenses
			I used the money to repay debts / loans
			I used the money to Invest / Improve my house or farming capacity
			I gave it out as a loan to family / friends
			I sent the money to family / friends to help them

E.2	Do you or your household participate in Savings?	Yes
		** Go to E.8
E.3	What are your <u>top two</u> sources of savings? (Select two)	Agricultural (Crop / livestock) sales
		Small Business / IGA income
		Employment income
		Remittances (Friends / Family)
		Government / NGO/ CBO / FBO Support
	Other	
E.4	If you saved, where did you keep your money?	I saved in a bank
		I saved in a NGO-MFI
		I saved in a cooperative society
		I saved in a group (e.g. SILC, WORTH, VIKOBA)
		I saved with a shop keeper
		I saved somewhere in my house (ex. under bed, in tin can, etc.)
		I saved with friends / family
		Other
	** Go to E.8	I don't save
E.5	How much money did you save in the last month?	TZS 0 - 3,000
		TZS 3,001 - 5,000
		TZS 5,001 - 10,000
		TZS 10,001 - 25,000
		TZS 25,001 - 100,000
		More than TZS 100,000 / month
E.6	Why do you save? (Select all that apply)	Education
		Illness / medical / health
		Child birth
		Business / investment
		Marriage
		Death / funeral
		Remittances (cash donations) to friends / family
	Other	
E.7	What do you do with your savings? (Select <u>3 most important</u>)	I use savings to reinvest in my savings group (e.g. SILC, WORTH)
		I use savings to buy food for my household
		I use savings to pay for health costs
		I use savings to pay school fees for my children
		I use savings to repay debts / loans
		I use savings to improve my home
		I use savings to improve farming capacity (i.e., buy

		equipment or tools)
		I use savings to buy animals
		I use savings to buy seeds / seedlings
		I use savings to buy other assets (cell phone, motorbike, etc.)
		I use savings to start or expand my business / IGA
		I use savings to pay dowry for my marriage
		I use savings to pay for a birth
		I use savings to pay for a festival or celebration
		I use savings to contribute money to friends / family (remittances)
	Other	
		I don't know yet
Access and Utilization of Savings Groups		
E.8	Do you currently belong to any informal savings and credit groups such as GSLA, VSL, VICOBA, SILC, and WORTH etc? (Select one)	Yes
	**Go to E.11	No
	**Go to E.11	I don't know what this is
E.9	How long have you been a member of SILC/WORTH group? (Select one)	1-6 months
		7-12 months
		Over one year
E.10	Do you think being part of a savings group is important to your financial stability and future growth? (Select one)	Yes, very important
		Yes, somewhat important
		No, not very important
		I don't know yet
E.11	Has this feeling changed over the past year? (Select one)	Yes, the group is more important to me now
		No, the group is less important to me now
		About the same
		I don't know yet
Access and Utilization of Microfinance		
E.12	Do you have a loan from any of the following institutions? (Select all that apply)	Bank
		Microfinance Bank /SACCO
		MFI - FINCA, PRIDE, BRAC etc.
		Money lender
		Informal Savings / Credit Group (e.g. SILC)
		NGO, Government or Donor
		Friends / Family
	**Go to F.1	No, I don't have a loan
	Other	

E.13	What is the purpose / reason for the loan? (Select all that apply)		To buy food
			To pay medical bills
			To pay school fees
			To buy farm inputs
			To buy inventory
			To buy equipment
			To start new business / petty trade
			To build or improve a house
			To pay other debt
	Other		
E.14	In the past month, have you made repayments on any of your loans?	** Go to E.15	Yes, I have made payments on all of my loans
			Yes, I have made payments on some of my loans
			No I have not made any payments on my loans
E.15	Why were you unable to make payments on all / any of your loans?		Did not earn enough money for repayment
			Business emergency / unexpected cost
			Health emergency / unexpected cost
			I did not want to pay
	Other		
Access and Utilization of Insurance			
E.16	Do you or any member of your household currently have insurance? (Select one)		Yes
		** GO TO F.1	No
		** GO TO F.1	I don't know what this is?
E.17	If yes, what type(s) of insurance do you have? (Select all that apply)		Health (including Community Health Insurance)
			Life
			Weather / crop
			Accidental death and disability
			Property
	Other		
F. AGRICULTURAL PRODUCTION			
Home / Land Ownership			
F.1	Does your household own any land?		Yes, my household owns some land
			No, my household pays rent for the land we live on
			No, I use land, but it is owned by someone else
			No, I do not own any land
F.2	Has your land size changed (increased or decreased) over the past twelve months? (Select one)		My land size has increased
			My land size has decreased
			My land size has remained the same
			I lost all my land

Horticulture and Farming

F.3	Has the use of your land mostly increased or decreased over THE past six months? (Select one)	I grow more crops now
		I keep more animals now
		I grow more crops AND keep more animals now
		Nothing has changed
		I grow fewer crops now
		I keep fewer animals now
		I grow fewer crops and keep fewer animals now
F.4	Do you or your household actively grow food for commercial or consumption purposes? (Select one)	Yes, for commercial purposes only
		Yes, for consumption purposes only
		Yes, for both consumption and commercial purposes
F.5	How long has your household been farming on that farm / farm plot? (Select one)	Less than 1 year
		1 year to 5 years
		More than 5 years
F.6	What are the primary crops you grow? (Select all that apply)	Maize
		Beans
		Legumes, Lentils, Pulses
		Banana / Plantain
		Cassava
		Rice
		Sweet Potatoes
		Potato
		Cereals (Sorghum, Millet, etc)
		Fruits
		Vegetables
		Cotton
		Sugarcane
		Coffee/Tea
		Sunflowers
Jatropha		
Tobacco		
	Other	
F.7	What is your <u>primary problem</u> that you face when growing crops? (Select one)	Access to Inputs (seeds, fertilizer, etc)
		Pests & Disease kills crops
		Access to Market / No Market
		Water / Irrigation / Drought
		Lack of agricultural skills / training
		Access to finance
	Other	

Livestock			
F.8	Household agricultural assets (Enter # of each asset)	(#) Chickens	
		Duck	
		(#) Goats	
		(#) Cows	
		(#) Sheep	
		(#) Pigs	
		(#) Donkeys	
		(#) Beehive	
	Other		
F.9	Have your household agriculture assets changed in the past twelve months? (Select one)		My household has obtained more agriculture assets
			My household agriculture assets have reduced - lost, stolen or given away
			My household agriculture assets have reduced - sold
			My household agriculture assets remained the same
		My household agriculture assets have reduced from other reasons	
Agricultural Productivity and Efficiency			
F.10	What new agricultural practices have you adopted in crop and livestock production in the last 6 months? (Select all that apply)		I have not made any improvements
			I have improved water conservation and utilization
			I have improved on crop selection
			I have improved soil fertility
			I have established an garden
			I have improved on selection of animals
			I have improved housing for my livestock
			I have improved on the quality of animal feed and water
			New / improved vegetable trellis
			New / improved fencing
			New / improved ag. Equipment (i.e. processing, packaging, etc.)
	New / improved skills / training (paid for)		
	Other		
F.11	Has the amount of your agriculture production (farming yield -both crops and animals) increased over the past 1 year? (Select one)		Yes, my agriculture output (farming yield) has increased
		** Go to F.18	My agriculture production is the same
		** Go to F.18	My agriculture production (both crops and animals has decreased)

F.12	If yes, what are you doing with the surplus animals or crops? (Select one)		My family is selling more
			My family is eating more
			My family is both eating and selling more
			We are throwing the extra away
			I am giving the extra away
F.13	How has the value of your agriculture sales (crops and / or animals) changed over the past 1 year? (Select one)		Improved
			Worsened
			About the same as always
Access to Agricultural Training / Extension Services			
F.14	Have you received agricultural / extension training in the past year? (Select one)		Yes
		**Go to F.21	No
		**Go to F.21	I don't know what this is?
F.15	If yes, who provided this agricultural training? (Select all that apply)		Government Program or Government extension worker
			Local NGO / CBO
			Local agriculture association / cooperative
			Farming input provider (seed, fertilizer, seedlings)
			Commercial Training Provider (Fee-based Training)
		Other	
Access to Market, Inputs and Services			
F.16	Where does your household sell most of its crops and animals? (Select one)	**Go to G.1	Not sold
			Sold at farm
			Broker
			Sold at market
			Sold at house
			Sold at store/traders
	Other		
G. SMALL / MICRO BUSINESS ACTIVITIES			
Small Business / Income Generation Activities - General			
G.1	What business / income generating activities have you been most active with over the past six months? (Select top 2)		Sale of crops
			Sale of animals
			Small Business / IGA
			Sale of firewood, charcoal or Kerosene
			Trades: Thatching / Weaving / Handicrafts / Iron smithing
			Employment / Job
		Other	
** Go to G.7	I don't have a small business or income generating activities		
G.2	How many different businesses / income generation activities does your household own or manage? (Select one)		1
			2
			3
			4 or more

G.3	How long has your household been doing business (#) Months / income generating activities?		
G.4	Has your small business income generation income changed over the last 1 year? (Select one)	My small business has improved, I am making more money	
		My small business has worsened, I am making less money	
		My small business has stayed the same	
		I don't have a small business	
Business / IGA Formalization			
G.5	Has your small business adopted formal business practices? (Select all that apply)	Yes, I have registered my small business with the local authority and government	
		Yes, I have opened a bank account for my small business	
		Yes, I am paying tax for my small business	
		Yes, my small business is using written contracts	
		Yes, my small business is submitting tenders for business opportunities	
		No, my small business has not adopted any formal business practice	
Constraints to Doing Business			
G.6	What are the biggest obstacles facing your business? (Select all that apply)	Low demand for product	
		Lack of access to market	
		Strong competition	
		Stigma issues	
		Lack of skills / knowledge	
		Lack of finance	
		Government interference	
		Taxation	
		Corruption	
Other			
Access to Business Training			
G.7	Have you received business training in the past year? (Select one)	Yes	
		** Go to G.9	No
		** Go to G.9	I don't know what this is?
G.8	If yes, who provided this business training? (Select all that apply)	Commercial Training Provider (Fee-based Training)	
		Business association / cooperative	
		Government / vocational training	
		Local NGO / CBO	
		Government through District Council dpts	
		Other	

G.9	In your small business, have you made any of the following improvements in the past year? (Select all that apply)	I have a new or have improved my business plan
		I have new/improved my financial records (such as stock Inventory/lists, cash in cash out, profit and loss etc.)
		I don't keep money I use for my personal use in the same place I keep money for my business
		I have new/improved marketing methods or promotional materials
		I have a new way of accurately pricing my goods and services
		I have found new people to do business with
		New / improved skills/training (paid for)
		I have made no improvements to my business
		Other
Use of Business Technology		
G.10	Do you use a mobile phone to help you with your day-to-day business or income generating activities? (Select one)	Yes
		No
		I don't know what this is
G.11	Do you use a computer (public or private) to help you with your day-to-day business or income generating activities? (Select one)	Yes
		No
		I don't know what this is
Financial Literacy		
G.12	Have you ever heard any of the following words or phrases? Read each word and ask them to tell you if they know what it is. (Select all that they know)	Informal Saving and Loan Group (SILC or WORTH)
		Savings Account
		Insurance
		Interest
		Collateral
		Bank
		M-pesa
MFI		
Mobile Money		
G.13	Do you use mobile Money? (Select one)	Yes
		Go to H1 No
		Go to H1 I don't know what this is
G.14	If yes, when did you started to use Mobile Money? (Select one)	1-6 Month ago
		7-12 Month ago
		Over one year

G.15	If yes, which of the following transactions do you made? (Select all that apply)	Send money
		Receive Money
		Save/store money
		Pay bills, fees, complete business transactions
		Use mobile insurance
H. HOUSEHOLD EDUCATION AND HEALTH		
Household Education		
H.1	How many school aged children living in your home go to school currently? (Enter # of each)	<i>(#) Male Children in School</i>
		<i>(#) Female Children in school</i>
		<i>(#) Male Children not attending School</i>
		<i>(#) Female Children not attending School</i>
H.2	Has the number of school aged (5-17) children living in your home going to school changed from a year ago? (Select one)	We don't have child between 5-17
		Yes, more children are attending school
		Yes, less children are attending school
		No change
H.3	For school aged (5-17) children not receiving education, please note primary reasons for them not attending. (Select all that apply)	Household responsibilities (including child care)
		Household labor or farming/IGA
		School fees, uniforms, etc., too expensive
		No access to formal education
		Too ill / sick to attend
H.4	Does your household receive any type of educational assistance? (Select all that apply)	Books
		Educational Materials (paper, pencils, etc.)
		Financial support / School Fees
		Food Support
		Tutoring
		School uniform
		** Finished
Other		
H.5	If yes, who provides this assistance? (Select all that apply)	Government
		Relatives/friend
		NGO/CBO
		Religious Organization / Institution
		Other
H.6	Have you (yourself) been to the clinic / dispensary in the past year	Yes
		No
		I don't know

H.7	Have any of your children been unable to visit a clinic in the past year due to lack of money?	None of the children
		Some of the children
		All of the children
		I don't know
I. Perceptions		
General Perceptions of Economic Status / Situation		
I.1	Has your income changed over the past six months? (Select one)	My income improved, I make more money
		My income worsened, I make less money
		My income remained the same
I.2	How do you compare your overall financial situation compared to six months ago? (Select one)	My financial situation is much worse now
		My financial situation is a little worse now
		My financial situation is the same
		My financial situation is a little better now
		My financial situation is much better now
I.3	Compared to last year, do you feel more in control of your economic future? (Select one)	Yes, I am a lot more in control of my economic future now
		Yes, I am a little more in control of my economic future now
		I feel about the same as last year
		No, I am a little less in control of my economic future
		No, I am a lot less in control of my economic future
I.4	How do you compare <u>your</u> overall food / nutritional situation compared to six months ago? (Select one)	My food/nutritional situation is much worse now
		My food/nutritional situation is a little worse now
		My food/nutritional situation is the same
		My food/nutritional situation is a little better now
		My food/nutritional situation is much better now
I.5	How do you compare the <u>community's</u> overall economic situation compared to one year ago? (Select one)	Much worse now
		A little worse now
		The same
		A little better now
		Much better now
I.6	How do you compare the <u>community's</u> overall food / nutritional situation compared to one year ago? (Select one)	Much worse now
		A little worse now
		The same
		A little better now
		Much better now
		No Don't Know

J. BASIC NEEDS		
J1. Do all children in your household have the following?	At least 2 sets of clothes:	Yes
		No
	At least one pair of shoes:	Yes
		No
	A blanket or sheet (for cover during sleep):	Yes
		No
K. WOMEN'S EMPOWERMENT		
K1. Tamo Are you married?		Yes
	** Go to L.1	No
	** Go to L.1	Widow(er)
	** Go to L.1	Divorced
	** Go to L.1	Separated
K2. Who usually decides how the money in the household will be used?		Respondent
		Spouse/partner
		Jointly
		Other
K3. Who usually makes decisions about health care for yourself?		Respondent
		Spouse/partner
		Jointly
		Other
K4. Who usually makes decisions about health care for your children?		Respondent
		Spouse/partner
		Jointly
		Other
K5. Who usually makes decisions about education for the children?		Respondent
		Husband/partner
		Jointly
		Other
K6. Who usually makes decisions about major household purchases?		Respondent
		Husband/partner
		Jointly
		Other

ANNEX 2: HOUSEHOLD ECONOMIC ASSESSMENT TOOL: KISWAHILI

IUTMBULISHO NA TAMKO LA TAARIFA ZA SIRI

Utangulizi: "Jina langu ni _____, ninafanyakazi na Shirika _____ ila kwa sasa nipo kwa niaba ya Mradi wa IMARISHA unaohusika na uboreshaji wa hali za maisha wa kaya zinazoishi maeneo yaliyoathirika na ugonjwa wa ukimwi. Ukiwa ni miongoni mwa watu wanaoishi maeneo yanayohudumiwa na mashirika yanayopata ufadhili toka serikali ya Marekani tungependa kuongea na wewe na kupata taarifa zako. Taarifa zako ni muhimu sana kusaidia Mradi uweze kubuni na kutengeneza shughuli za kiuchumi zinazofaa zaidi kuboresha hali za kiuchumi pamoja uhimili wa kiuchumi katika kaya."

Kukubali na Siri: "Nitakuuliza maswali. Majibu utakayotoa yatakuwa ni siri kabisa. Jina lako halitahusishwa kwa namna yoyote na taarifa utakazotoa katika mahojiano haya. Hautalazimishwa kujibu swali lolote ambalo hujisikii kulijibu, na unaweza kusitisha mahojiano haya muda wowote utakapoamua kufanya hivyo. Hata hivyo majibu yako ya kweli na dhati yatatusaidia kuelewa hali ya kiuchumi ya hapa na fursa za kibiashara nakutuwezesha kupanga miradi bora zaidi. Tutashukuru sana kwa msaada wako wa kujibu dodoso hili. Mahojiano yatachukua takribani dakika 45, je upo radhi kushiriki?"

Ndio

Hapana

Umeridhia kushiriki?

Sahihi ya Muhojaji:

Sahihi ya Muhojiwa:

Dodoso hili limeandaliwa na DAI kwa ajili ya Mradi wa IMARISHA.

Kumbukumbu _____

#	Swali	Jibu Chaguo	Jibu Msailiwa
Upande wa mbele wa dodoso			
	Maelekezo		
	*** Tafadhali kamilisha jibu au zunguushia jibu sahihi.		
	Mfano: (Kama muhojiwa ni mwanaume)		
	Jinsia ya muhojiwa (Zungushia moja)		Mme
			Mke
1	Mkoa	Ingiza jina la Mkoa	
2	Wilaya	Ingiza jina la Wilaya	
3	Kata	Ingiza Jina la Kata	
4	Kijiji/Mtaa	Ingiza jina la kijiji/Mtaa	
5	Kitongoji	Ingiza Jina la Kitongoji	
6	Jina la Muhojiwa:	Andika Jina Kamili	
7	Tarehe ya Usahili	Andika tarehe	
8	Muda wa kuanza Usahili	Andika Muda	
9	Muda wa Kumaliza Usahili	Andika Muda	
10	Muda wa Jumla Uliotumika	Andika dakika	

A. DEMOGRAFIA YA KAYA		
Taarifa za Jumla za Muhojiwa		
A.1	Jinsia ya Muhojiwa (Zungushia moja)	Mme Mke
A.2	Umri wa Muhojiwa	Idadi ya miaka
Taarifa za Jumla za Kaya		
A.3	Muundo wa kaya	(#) Idadi ya wanakaya (#) Wanawake (#) Wanaume (#) Watoto wote wa kike chini ya miaka 18 pamoja na WWKMH (#) Watoto wote wa kiume chini ya miaka 18 pamoja na WWKMH (#) Watoto waliorithiwa na yatima chini ya miaka 18
A.4	Kuna mabadiliko yeyote ya ukubwa wa kaya kwa kipindi cha mwaka mmoja uliopita? (Zungushia jibu moja)	Hakuna mabadiliko yeyote kwa mwaka mmoja uliopita Ukubwa wa kaya uliongezeka kwa mwaka mmoja uliopita Ukubwa wa kaya umepungua kwa mwaka mmoja uliopita
Wazalishaji dhidi ya wategemezi ndani ya kaya		
A.5	Watu wangapi katika kaya yako wanaingiza kipato/wanazalisha vitu vinavyoweza kuuzwa na kuchangia matumizi ya kaya?	(#) Idadi ya watu wanaoingiza kipato katika kaya yangu
A.6	Idadi ya waingiza kipato ndani ya kaya imebadilika kwa kipindi cha mwaka mmoja uliopita? (Zungushia Jibu Moja)	# Idadi ya waingiza kipato ndani ya kaya haijabadilika_____ Idadi ya waingiza kipato ndani ya kaya imeongezeka_____ Idadi ya waingiza kipato ndani ya kaya imepungua_____
B. USALAMA WA CHAKULA WA KAYA		
Kukosekana kwa usalama wa chakula		
B.1	Kaya yako ilipatwa na upungufu wa chakula kwa mwaka huu? (Zungushia jibu Sahihi)	Ndio, kaya yangu ilipata upungufu wa chakula kwa kipindi fulani cha mwaka uliopita **Nenda B.3 Hapana, kaya yangu haikupata upungufu wa chakula kwa miezi 12 iliyopita

B.2	Kama ndio, sababu gani iliyosababisha upungufu wa chakula? (Zungushia jibu Moja)	Nilikosa pesa/Rasilimali
		Nilima kiasi kidogo cha chakula hakikutoseheleza
		Sikuwa na muda wa kuzalisha chakula (kutokana na ugonjwa, kuuguza mwanafamilia n.k.)
		Sijui jinsi ya kuzalisha chakula
		Sina ardhi yakutosha
		Sikuwa na maji ya kutosha (Maji ya mvua na kilimo cha umwagiliaji)
	Sababu nyingine	
Matumizi ya chakula		
B.3	Ndani yawiki 4 zilizopita ishawahi kutokea kukosekana kwa mlo wa aina reyote katika kaya yako? (Zungushia jibu moja)	Haijawahi tokea
		Mara chache
		Wakati mwingine
		Mara kwa mara
B.4	Ndani ya wiki 4 zilizopita kuna mtu yeyote ndani ya kaya yako alilala bila kupata mlo wowote? (Zungushia jibu moja)	Haijawahi tokea
		Mara chache
		Wakati mwingine
		Mara kwa mara
B.5	Ndani ya wiki 4 zilizopita kuna mtu yeyote ndani ya kaya yako alishinda na kulala bila ya kupata mlo wowote? (Zungushia jibu moja)	Haijawahi tokea
		Mara chache
		Wakati mwingine
		Mara kwa mara
B. 6	Wapi mnapata chakula kinachotumiwa na kaya yako? (Zungushia yote yaliyo sahihi)	Tunanunua chakula
		Tunalima chakula chetu wenyewe (kupitia shamba na bustani)
		Tunapata chakula kupitia mifugo
		Tunategemea misaada ya chakula
B.7	Ningependa kukuuliza kuhusu vinywaji na vyakula ulivyotumia jana wakati wa mchana na usiku. Ningependa kujua hata kama ulitumia katika mchanganyiko wa chakula. (Zunguushia yote Yanayohusika)	Maziwa ya kopo, maziwa ya unga, maziwa ya wanyama, mtindi, jibini
		Chai au Kahawa
		Vyakula vya aina ya mizizi mfano magimbi, viazi mviringo na viazi vitamu vya kawaida
		Vyakula vitokanavyo na nafaka kama ugali, uji, wali n.k.
		Mkate, maandazi, chapati na vyakula vingine vitokanavyo na unga wa ngano
		Matunda na mboga za rangi ya manjano kama maboga, karoti, viazi vitamu vya njano, maembe yaliyoiva, mapapai na mapesheni
		Mboga za majani ya kijani kama mchicha, kisamvu, majani ya maboga, matembele na spinachi
		Nyama ya ng'ombe, mbuzi, kuku, samaki, maini
		Mayai
		Vyakula jamii ya kunde kama maharage, njegere, dengu na karanga
		Sukari nyeupe au ya brauni, pipi

Msaada wa chakula		
B.8	Kaya yako inapata msaada wa mara kwa mara wa chakula? (Chagua jibu Moja)	Ndio
		**Nenda B.11
B.9	Kama Ndio, ni nani anayetoa msaada huo? (Chagua majibu yote Yanayohusu)	Serikali
		Asasi za kijamii/ASASI za kidini/AZISE
		Ndugu na Marafiki
	Mengineyo	
B.10	Hali ya chakula na lishe imebadilika katika kaya yako kwa kipindi cha miezi sita iliyopita? (Chagua jibu Moja)	Hali ya chakula ni mbaya zaidi kwa sasa
		Hali ya chakula haijabadilika
		Hali ya chakula ni nzuri kwa sasa
C. RASILIMALI NA VISTAWISHI VYA KAYA		
Ujenzi wa Nyumba		
C.1	Nani anayemiliki nyumba? (Zungushia Jibu Moja)	Mkuu wa kaya mwanamke
		Mkuu wa kaya mwanaume
		Mume na mke kwa pamoja
		Ndugu
		Mwenye nyumba, tumepanga
	Mengineyo	
C.2	Umeboresha kitu chochote kwenye nyumba yako kwa kipindi cha mwaka mmoja uliopita?	Ndio
		** Nenda C.4
C.3	Aina gani ya maboresho uliyofanya? (Zungushia yote yaliyo sahihi)	Umeboresha paa/umeweka paa jipya
		Umejenga ukuta mpya/umeboresha ukuta
		Umeboresha sehemu ya kupikia/umejenga sehemu ya kupikia mpya
		Vifaa vya kulalia vipya/vilivyoboreshwa
		Sakafu mpya/ umeboresha sakafu
		Madirisha mapya/umeboresha madirisha
		Umeboresha choo/umejenga choo kipya
		Kisima kipya/umeboresha upatikanaji wa maji ya kunywa
		Mengineyo
Rasilimali za kaya		
C.4	Je wewe au yeyote katika kaya yako anayemiliki? (Zunguushia yote Yanayostahili)	Saa
		Gari
		Pikipiki/Bajaji
		Baiskeli
		Simu ya mkononi
		Redio
		Televisheni
		Sistim Ya mziki
		Deki ya DVD/VCD/CD

		Jiko la gesi
		Jiko la mkaa
		Jiko la kuni
		Jiko la umeme
		Taa ya mafuta
		Friji
		Kitanda
		Godoro
		Toroli
		Shoka
		Panga
		Jembe la kukokota na ng'ombe (Plau)
		Pampu ya maji
		Umeme wa jua
		Charahani
		Umeme
		Jenereta
C.5	Kuna mabadiliko yeyote ya rasilimali za kaya yako kwa kipindi cha miezi sita iliyopita? (Chagua jibu moja.)	Nimepata rasilimali zaidi
		Hakuna mabadiliko ya rasilimali/zimebaki vilevile
		Rasilimali zimepungua
	Sababu ya kupungua	
D. PATO LA KAYA, MATUMIZI NA MISAADA YA KIMAISHA KWA UJUMLA		
Pato la kaya		
D.1	Tafadhali onyesha chanzo cha pato la kaya (Zungushia yote Yanayostahili)	Muajiliwa/mshahara
		Biashara ndogondogo - duka/kioski n.k
		Shughuli ndogondogo za kuongeza kipato za kaya
		Mahari
		Kuuza mazao/wanyama
		Kuuza rasilimali
		Michango ya fedha toka kwa ndugu na marafiki
		Misaada toka serikalini/Mashirika yasiyo ya kiserikali, ruzuku na misaada mingine ya kifedha
		Kazi za vibarua
	Vyanzo vingine	
D.2	Tafadhali onyesha makadirio ya jumla ya pato la kaya yako kwa mwezi mmoja uliopita?	TZS 0 - 10,000
		TZS 10,001 - 50,000
		TZS 50,001 - 100,000
		TZS 100,001 - 250,000
		Zaidi ya TZS 250,000

Household Costs				
D.3	Tafadhali onyesha maeneo makuu matatu ambayo kipato cha kaya kinatumika. (Zungushia matatu)	Chakula		
		Huduma za afya/madawa		
		Elimu		
		Simu ya mkononi/vocha za simu		
		Usafiri (nauli pamoja na gharama za mafuta na matengenezo)		
		Mavazi		
		Mapambo ya vito		
		Kuweka Akiba		
		Malighafi na vifaa vya biashara ndogondogo		
		Zana za kilimo na pembejeo		
		Pombe		
		Burudani		
			Mengineyo	
D.4	Gharama hizo zimebadilikaje kwa miezi sita iliyopita? (Chagua jibu Moja)	Matumizi yangu ya mwezi yanaongezeka		
		** Nenda D.6 Matumizi yangu ya mwezi yanapungua		
		** Nenda D.6 Matumizi yangu ya mwezi hayajabadilika/yapo vilevile		
D.5	Gharama zipi zinazoongezeka kwa haraka zaidi? (Chagua jibu Moja)	Chakula		
		Huduma za Afya/Madawa		
		Elimu		
		Simu ya mkononi/vocha za simu		
		Usafiri (nauli pamoja na gharama za mafuta na matengenezo)		
		Mavazi		
		Mapambo ya vito		
		Malighafi na vifaa vya biashara ndogondogo		
		Zana za kilimo na pembejeo		
		Pombe		
		Burudani na starehe		
			Nyingine	
		D.6	Kwa kipindi cha mwaka mmoja uliopita kuna mtu yeyote katika kaya yako alishindwa kupata huduma za matibabu kwasababu ya ukosefu wa pesa za kulipia gharama? (Chagua jibu moja)	Ndio
Hapana				
D7	Uwezo wa kaya yako kupata na kulipia huduma za matibabu umebadilika kwa mwaka mmoja uliopita?	Tuwaweza kumudu kupata huduma za matibabu zaidi?		
		Hakuna mabadiliko		
		Hatuwezi kumudu kupata huduma za matibabu		

Upatikanaji wa misaada ya huduma za kujikimu		
D.8	Je wewe au kaya yako mnapata masaada wa kujikimu kiuchumi kwa kupewa pesa taslimu? (Chagua jibu moja)	Ndio, pesa taslimu
		Ndio, pesa taslimu na misaada mingine (mifugo, mbegu, pembejeo)
		Msaada usio wa pesa taslimu tu (mifugo, mbegu, pembejeo n.k.)
		** Nenda E.1
D.9	Kama ndio ni nani anayetoa msaada (Chagua yote Yanayohusika)	Mashirika yasiyo ya kiserikali/Asasi za kijamii/ASASI za kidini
		Familia/Marafiki
		Serikali
	Mengineyo	
D.10	Kama ndio unautumiaje msaada unao upata? (Chagua yote yanayostahili)	Kununua chakula
		Kulipia karo na gharama za elimu
		Kulipia gharama za matibabu (pamoja na usafiri)
		Kununua pembejeo za kilimo (mbegu, mbolea n.k.)
		Kununua mifugo na malisho
		Kuanzisha biashara ndogondogo/shughuli za biashara
		Kutumia kwenye mahitaji ya kaya(sio IGA)
		Kutumia kwenye elimu (sio IGA)
		Weka akiba
Upatikanaji wa Elimu na Mafunzo ya Ufundi		
D.11	Kuna mtu yeyote katika kaya yako alishiriki kwenye mafunzo ya ufundi kwa mwaka mmoja uliopita? (Chagua jibu moja)	Ndio
		** Nenda D.15
		Hapana
D.12	Kama ndio nani aliyetoa mafunzo hayo? (Chagua majibu yote Yanayostahili)	Sifahamu
		Serikali (serikali kuu, mkoa, wilaya)
		Mashirika yasiyo ya kiserikali/ASASI za kijamii
		Watoa mafunzo ya kulipia
		Vyama vya kibiashara/ushirika
	Mengineyo	
D.13	Kama mafunzo ya ufundi ya ziada yakiwepo kwa kulipia, utakuwa radhi kulipia gharama za mafunzo?	Ndio
		Hapana

E. AKIBA ZA KAYA NA UPATIKANAJI WA MIKOPO NA BIMA		
Akiba ya Kaya		
E.1	Kwa mwezi mmoja uliopita, ulitumia pesa zako kufanyia nini? (Zungushia yote Yanayohusu)	Niliweka pesa zangu kwenye akiba
		Nilitumia pesa zangu zote kwa matumizi ya nyumbani (Chakula, pango, usafiri n.k.)
		Nimetumia pesa kulipia gharama za matibabu na elimu
		Nimetumia pesa kulipia madeni na mikopo
		Nimetumia pesa zangu kuwekeza/ kuboresha nyumba yangu au shughuli zangu za kilimo
		Nimewakopesha ndugu na marafiki
		Nilituma pesa kusaidia ndugu/rafiki
		Mengineyo
E.2	Wewe au kaya yako inashiriki kujiweka akiba?	Ndio
		** Nenda E.8
E.3	Vipi ni vyanzo vyako vikubwa viwili vya kuweka akiba? (Chagua majibu Mawili tu)	Biashara ya kilimo (Mazao/ Mifugo)
		Biashara ndogondogo/ Shughuli za kuongeza kipato
		Pato litokanalo na ajira
		Kutumiwa na ndugu/marafiki
		Msaada toka serikalini/mashirika yasiyo ya kiserikali/ASASI za kijamii/ASASI za kidini
		Mengineyo
E.4	Kama unaweka akiba ni wapi unahifadhi pesa zako?	Nilihifadhi benki
		AZAKI (MFI)
		Niliweka kwenye ushirika
		Nilihifadhi kwenye kikundi (mf. SILC, HISA, WORTH, VIKOBA)
		Nilihifadhi kwa muuza duka
		Nilihifadhi mwenyewe nyumbani kwangu (Mf. Mchagoni, kwenye kopo n.k.)
		Nilihifadhi kwa ndugu/rafiki
		Mengineyo
** Nenda E.8	Siweki akiba yeyote	
E.5	Kiasi gani cha fedha ulihifadhi mwezi uliopita?	TZS 0 - 3,000
		TZS 3,001 - 5,000
		TZS 5,001 - 10,000
		TZS 10,001 - 25,000
		TZS 25,001 - 100,000
		Zaidi ya TZS 100,000 / kwa mwezi

E.6	Kwanini unaweka akiba? (Chagua yote yaliyo sahihi)		Elimu
			Ugonjwa/Matibabu/Afya
			Uzazi
			Biashara/Kuwekeza
			Ndoa
			Kifo na Mazishi
			Kuchangia fedha kwa ndugu na marafiki
		Mengineyo	
E.7	Akiba yako unafanyia nini? (Chagua matatu Yaliyo Muhimu zaidi)		Natumia akiba kuwekeza kwenye kikundi changu cha akiba (mf. SILC, HISA, WORTH, VIKOBA)
			Natumia akiba kununua chakula kwa ajili ya kaya yangu
			Natumia akiba kulipia gharama za matibabu
			Natumia akiba kulipa karo ya shule ya watoto wangu
			Natumia akiba kulipia madeni na mikopo
			Natumia akiba kuboresha nyumba yangu
			Natumia akiba kuboresha uwezo wa kulima (Kununua vifaa na zana)
			Natumia akiba kununua wanyama/mifugo
			Natumia akiba kununulia mbegu/miche
			Natumia akiba kununua rasilimali (simu ya mkononi, pikipiki n.k.)
			Natumia akiba kuanzisha au kupanua biashara yangu/shughuli za kuingiza kipato
			Nimetumia akiba kulipia mahari kwa ajili ya ndoa yangu
			Nimetumia akiba kulipia gharama za uzazi
			Nimetumia akiba kulipia gharama za sherehe au sikukuu
			Nimetumia akiba kuchangia pesa kwa ndugu/marafiki
			Sijui kitu kwa sasa
Upatikanaji na Utumiaji wa vikundi vya Akiba			
E.8	Kwa sasa upo kwenye kikundi chechote kisicho rasmi cha akiba na mikopo kama vile GSLA, VSL, HISA, VICOBA, SILC, WORTH n.k.? (Chagua jibu moja)		Ndio
		**Nenda E.11	Hapana
		**Nenda E.11	Sifahamu
E.9	Kwa muda gani umekuwa mwanachama wa kikundi cha akiba? (HISA/SILC/WORTH) (chagua moja)		1-6 miezi
			7-12 miezi
			Zaidi ya mwaka mmoja

E.10	Unafikiri kushiriki kwako katika vikundi vya akiba na mikopo ni muhimu kwa kukua na kutengemaa kwa pato lako kwa siku za usoni? (Chagua jibu moja)	Ndio, muhimu sana	
		Ndio, muhimu kwa kiasi fulani	
		Hapana, sio muhimu sana	
		Sijafahamu bado	
E.11	Mawazo haya yamebadilika kwa kipindi cha mwaka mmoja uliopita? (Chagua Jibu Moja)	Ndio, kikundi ni muhimu sana kwangu kwa sasa	
		Hapana kikundi sio muhimu sana kwangu kwa sasa	
		Ni kama sawa tu	
		Sijafahamu bado	
Upatikanaji wa Huduma za Kifedha na Mikopo			
E.12	Una mkopo kutoka kwa moja ya vyanzo vifuatavyo? (Chagua yote Yanayohusu)	Benki	
		Benki ndogondogo/SACCOS	
		MFI - FINCA, PRIDE, BRAC etc.	
		Wakopeshaji pesa	
		Vikundi visivyo rasmi vya akiba na mikopo (mf. SILC, VIKOBA, WORTH)	
		AZAKI, Serikali au Wafadhili	
		Ndugu/Marafiki	
	**Nenda F.1	Hapana sina mkopo	
	Mengineyo		
E.13	Nini lengo/dhumuni la mkopo? (Chagua yote Yanayostahili)	Kununua chakula	
		Kulipia gharama za matibabu	
		Kulipia karo ya shule	
		Kununua pembejeo za kilimo	
		Kununua bidhaa	
		Kununua zana	
		Kuanzisha biashara mpya/ biashara ndogondogo	
		Kujenga au kuboresha nyumba	
		Kulipia madeni mengine	
	Mengineyo		
E.14	Kwa mwezi uliopita ulilipa deni lako lolote?	** Nenda E.15	
		Ndio, nililipa madeni yangu yote	
		Ndio, nililipa baadhi ya madeni yangu	
		Hapana sijalipa deni langu lolote	
E.15	Kwanini ulishindwa kulipia baadhi au madeni yako yote?	Sipati pesa za kutosha kuweza kulipia madeni	
		Dharura kwenye biashara/gharama zisizotarajiwa	
		Daharura ya kiafya	
		Sikutaka tu kulipia	
			Mengineyo
Upatikanaji na Utumiaji wa Bima			
E.16	Je wewe au mtu yeyote kwenye kaya yako mwenye bima kwa sasa? (Chagua jibu Moja)	Ndio	
		** Nenda F.1	Hapana
		** Nenda F.1	Sifahamu

E.17	Kama ndio ni aina gani ya bima uliyonayo? (Chagua yote Yanayostahili)	Afya (pamoja na bima ya afya ya jamii)
		Maisha
		Hali ya hewa/mazao
		Ajali kuumia na kifo
		Mali
	Mengineyo	
F. UZALISHAJI WA KILIMO		
Maskani/ Umiliki wa Ardhi		
F.1	Kaya yako inamiliki ardhi yeyote?	Ndio, kaya yangu inamiliki kiasi cha ardhi
		Hapana, kaya yangu inalipia kodi ardhi tunayoishi
		Hapana, Natumia ardhi lakini inamilikiwa na mtu mwingine
		Hapana, similiki ardhi yeyote
F.2	Ukubwa wa eneo lako la ardhi umebadilika (kuongezeka au kupungua) kwa kipindi cha miezi 12 iliyopita? (Chagua jibu Moja)	Eneo langu la ardhi limeongezeka
		Eneo langu la ardhi limepungua
		Eneo langu la ardhi limebaki vilevile
		Nimepoteza ardhi yangu yote
Horticulture and Farming		
F.3	Matumizi ya ardhi yako yameongezeka au kupungua zaidi kwa kipindi cha miezi sita iliyopita? (Chagua jibu Moja)	Nalima mazao zaidi sasa
		Nafuga wanyama zaidi sasa
		Nalima mazao na kufuga wanyama zaidi sasa
		Hakuna kilichobadilika
		Nalima mazao machache sasa
		Nafuga wanyama wachache sasa
		Nalima mazao machache na kufuga wanyama wachache kwa sasa
F.4	Wewe au familia yako mnalima chakula kwa ajili ya matumizi au biashara? (Chagua jibu moja)	Ndio, kwa ajili ya biashara peke yake
		Ndio, kwa ajili ya matumizi peke yake
		Ndio kwa ajili ya matumizi na biashara
F.5	Kwa muda gani kaya yako imekuwa ikilima kwenye shamba hilo? (Chagua jibu moja)	Chini ya mwaka mmoja
		Mwaka 1 hadi 5
		Zaidi ya miaka 5

F.6	Ni mazao gani ya msingi mnayolima? (Chagua yote Yanayohusu)		Mahindi
			Maharage
			Mazao ya jamii ya Mikunde
			Ndizi
			Mihogo
			Mpunga
			Viazi vitamu
			Viazi mviringo
			Nafaka (mtama, uwele n.k)
			Matunda
			Mbogamboga
			Pamba
			Miwa
			Kahawa/chai
			Alizeti
	Mibono		
	Tumbaku		
	Mengineyo		
F.7	Tatizo gani la msingi unalokutana nalo wakati wa kuzalisha mazao? (Chagua jibu Moja)		Upatikanaji wa pembejeo (mbegu, mbolea n.k.)
			Magonjwa na wadudu kuua mazao
			Upatikanaji wa soko/hakuna soko
			Maji/umwagiliaji/ukame
			Kukosekana kwa utaalum wa kilimo/mafunzo
			Upatikanaji wa mitaji
	Mengineyo		
Mifugo			
F.8	Rasilimali za kilimo za kaya (Ingiza idadi ya kila Rasilimali)	(#) Kuku	
		(#) Bata	
		(#) Mbuzi	
		(#) Ng'ombe	
		(#) Kondoo	
		(#) Nguruwe	
		(#) Punda	
		(#) Nyuki/mizinga	
	Mengineyo		
F.9	Rasilimali zako za kilimo zimebadilika kwa kipindi cha miezi kumi na mbili iliyopita? (Chagua jibu Moja)		Kaya yangu imepata rasilimali za kilimo nyingi zaidi
			Rasilimali za kilimo za kaya yangu zimepungua - kupotea, kuibiwa au kugawa
			Rasilimali za kilimo za kaya yangu zimepungua - kuuzwa
			Rasilimali za kilimo za kaya yangu hazijabadilika/zipo vilevile
		Rasilimali zimepungua kwa sababu zinginezo	

Tija na Ufanisi katika Kilimo		
F.10	Mbinu gani mpya za kilimo ulizozitumi/chukua katika uzalishaji wa mazo na mifugo kwa kipindi cha miezi sita iliyopita? (Chagua yote Yanayostahili)	Sijaboresha chochote
		Nimeboresha uhifadhi na utumiaji wa maji
		Nimeboresha kwenye uchaguzi wa mazao
		Nimeboresha rutuba ya udongo
		Nimeanzisha bustani
		Nimeboresha katika uchaguzi wa wanyama
		Nimeboresha mabanda ya mifugo yangu
		Nimeboresha kwenye ubora wa chakula cha mifugo na maji
		Visimamishio vya vya mboga vipya/vilivyoboreshwa
		Kuboresha/kuweka ua mpya
		Zana za kilimo mpya/zilizoboreshwa (kama vile za usindikaji, ufungashaji n.k.)
		Mafunzo mapya/yaliyooboreshwa (yakulipia)
		Mengineyo
F.11	Kiasi cha uzalishaji wako wa kilimo (mavuno ya shambani yote kwenye mifugo na kilimo) yameongezeka kwa kipindi cha mwaka mmoja uliopita? (Chagua jibu moja)	Ndio, uzalishaji wangu wa kilimo (mavuno ya shambani) yameongezeka
		** Nenda F.18
		** Nenda F.18
F.12	Kama ndio, ziada hiyo ya kilimo au mifugo unaifanyia nini? (Chagua Yanayohusu)	Familia yangu inauza zaidi
		Familia yangu inakula zaidi
		Familia yangu inauza na kula zaidi
		Ziada tunaitupilia mbali
		Ziada tunagawa
F.13	Thamani ya mauzo ya bidhaa zako za kilimo (mazao na/au wanyama) imebadilikaje kwa kipindi cha mwaka uliopita? (Chagua jibu moja)	Imeboreka
		Imekuwa duni
		Imekuwa vilevile kama kawaida
Upatikanaji wa Mafunzo ya Kilimo/Huduma za Ughani		
F.14	Umepata mafunzo ya kilimo/ugani kwa kipindi cha mwaka uliopita? (Chagua jibu moja)	Ndio
		**Nenda F.21
		**Nenda F.21

F.15	Kama ndio, ni nani anayetoa mafunzo haya ya kilimo? (Chagua yote Yanayohusu)		Mradi wa serikali au afisa ugani wa serikali
			Shilika lisilo la kiserikali la eneo lako/ASASI za kijamii
			Chama cha wakulima/ushirika katika eneo lako
			Msambazaji wa pembejeo za kilimo (mbegu, mbolea, miche)
			Mtoa mafunzo kibiashara (mafunzo yakulipia)
		Mengineyo	
Upatikanaji wa Masoko			
F.16	Wapi kaya yako inapouza sehemu kubwa ya mazao na mifugo? (Chagua jibu moja)		**Nenda G.1
			Hatuuzi
			Tunauzia shambani
			Madalali
			Tunauzia sokoni
		Mengineyo	
G. SHUGHULI ZA BIASHARA NDOGONDOGO			
Biashara Ndogondogo/Shughuli za kuingiza kipato kwa ujumla			
G.1	Ni biashara gani/shughuli ya kuingiza kipato uliojishughulisha nayo zaidi kwa kipindi cha miezi 6 iliyopita? (Chagua majibu 2 muhimu zaidi)		Uuzaji wa mazao
			Uuzaji wa mifugo
			Biashara duka la rejareja, mgahawa, kilabu cha pombe n.k
			Uuzaji wa kuni, mkaa au mafuta ya taa
			Ufundi: Maezeke/Ufumaji/Uchongaji/Uhunzi
		Mengineyo	
		** Nenda G.7	Sina biashara ndogondogo wala shughuli ya kuingiza kipato
G.2	Ni biashara/shughuli za kuingiza kipato ngapi ambazo kaya yako inazimiliki au kuziendesha? (Zungushia jibu moja wapo)		1
			2
			3
			4 au zaidi
G.3	Ni kwa muda gani kaya yako imekuwa ikifanya biashara/shughuli ya kuingiza kipato?	(#) Miezi	
G.4	Pato lako la biashara ndogondogo limebadilika kwa kipindi cha mwaka mmoja uliopita? (Chagua jibu Moja)		Biashara yangu imeboreka, natengeneza pesa zaidi
			Biashara yangu imekuwa mbaya, napata pesa kidogo
			Biashara yangu haijabadilika
			Sina biashara ndogondogo

Urasimishaji wa biashara/shughuli za kuingiza kipato			
G.5	Je, biashara yako inatumia mbinu za kurasimisha biashara? (Chagua yote yanayohusu)	Ndio, nimesajili biashara yangu ndogondogo kwenye mamlaka na serikali za kijiji/mtaa	
		Ndio, Nimefungua akaunti ya benki ya biashara yangu	
		Ndio, Nalipa kodi ya biashara yangu	
		Ndio, biashara yangu inatumia mikataba ya kimaandishi kwenye biashara	
		Ndiyo, biashara yangu huwasilishamichanganuo na zabuni za ushindani fursa zinapotokea	
		Hapana, biashara yangu haitumii mbinu zozote za kurasimisha biashara	
Vikwazo vya kufanya Biashara			
G.6	Ni vikwazo gani vikubwa zaidi vinavyoikabili biashara yako? (Chagua vyote Vinavyohusika)	Hitaji dogo la bidhaa	
		Upatikanaji wa masoko	
		Ushindani mkali wa biashara	
		Unyanyapaa	
		Kukosekana kwa ujuzi na mbinu	
		Kukosekana kwa fedha au mitaji	
		Kuingiliwa na serikali	
		Kodi	
		Rushwa	
	Mengineyo		
Upatikanaji wa Mafunzo ya Biashara			
G.7	Umepata mafunzo ya biashara kwa mwaka uliopita? (Chagua jibu moja)	Ndio	
		** Nenda G.9	Hapana
		** Nenda G.9	Sifahamu
G.8	Kama ndio, nani anayetoa mafunzo haya ya biashara? (Chagua yote yanayostahili)	Watoa Mafunzo kibiashara (kwa malipo)	
		Vyama vya kibiashara/ushirika	
		Serikali/ Chuo cha Ufundi Stadi	
		AZAKI za ndani	
		Serikali kupitia Idara za Halmashauri	
	Mengineyo		

G.9	Katika Biashara yako, umeweza kuboresha chochote kati ya vifuatavyo kwa mwaka uliopita? (Chagua yote yanayostahili)		Nimeanzisha/Nimeboresha Mpango wangu wa Biashara
			Nimeanzisha/Nimeboresha uwekaji wa kumbukumbu, kama za bidhaa, malighafi, manunuzi nk.
			Siweki fedha zangu pamoja na za biashara ninatenganisha
			Nimeanzisha/Nimeboresha mbinu za masoko na uvumishaji
			Nina njia mpya ya uhakika zaidi kwa upangaji bei ya huduma na bidhaa zangu
			nimepata wabia wapya wa kufanya nao biashara
			Kuanzisha/kuboresha mbinu/mafunzo (kwa kujilipia mwenyewe)
			sijafanya maboresho yoyote kwenye biashara yangu
			Mengineyo
Matumizi ya Teknolojia katika Biashara			
G.10	Unatumia simu ya mkononi kukusaidia katika shughuli zako za kila siku za kibiashara au za kuingiza kipato? (Chagua jibu Moja)		Ndio
			Hapana
			Sifahamu
G.11	Unatumia kompyuta kukusaidia katika shughuli zako za kila siku za kibiashara au za kuingiza kipato? (Chagua jibu Moja)		Ndio
			Hapana
			Sifahamu
Uelewa/Ufahamu wa mambo ya fedha			
G.12	Unafahamu au umeshawahi kusikia maneno au misemo ifuatayo? Wasomee na waseme wanachoelewa , (Chagua yote Wanayoelewa).		Kikundi au Vikundi visivyo rasmi vya vya Kuweka na Kukopa (Vikundi vya SILC au WORTH)
			Akaunti ya akiba
			Bima
			Riba
			Dhamana
			Benki
			M-pesa
			ASASI za Mikopo midogo - MFI
Huduma za pesa kwa Mitandao ya Simu			
G.13	Unatumia huduma za pesa za Mitandao ya Simu? (Chagua moja)	Nenda H1	Ndio
		Nenda H1	Hapana
G.14	Kama ndio lini ulianza kutumia? (Chagua moja)		Sifahamu
			Miezi 1-6
			Miezi 7-12
G.15	Kama ndio, Ni muamala gani kati ya hii uliwahi kufanya (Chagua yote yanayostahili)		Zaidi ya mwaka mmoja
			Kutuma Pesa
			Kupokea Pesa
			Kuweka akiba/Kuhifadhi Pesa
		Kulipia bili, ada na kufanua malipo ya kibiashara	
		Kutumia huduma za bima kupitia mtandao wa simu	

H. ELIMU NA AFYA YA KAYA			
Elimu ya Kaya			
H.1	Watoto wangapi wanaoishi kwenye nyumba yako wenye umri wa kwenda shule wanakwenda shule kwa sasa? (Ingiza namba ya kila Kundi)	(#) Watoto wakiume wanaokwenda shule	
		(#) Watoto wakike wanaokwenda shule	
		(#)(#) Watoto wakiume wasiokwenda shule	
		(#) Watoto wa kike wasiokwenda shule	
H.2	Idadi ya watoto wenye umri wa kwenda shule (miaka 5-17) unaoishi nao imepungua ukilinganisha na mwaka uliopita? (Chagua jibu moja)	Hatuna watoto wenye umri kati ya miaka 5-17	
		Ndio, watoto zaidi wanahudhuria shule sasa	
		Ndio, watoto wachache wanahudhuria shule sasa	
		Hakuna mabadiliko	
H.3	Kwa watoto wenye umri wa kwenda shule (miaka 5-17) wasiokwenda shule, onyesha sababu ya msingi ya wao kutokwenda shule (Chagua yote Yanayostahili)	Majukumu ya nyumbani/kaya (ikiwemo kulea watoto)	
		Kazi za nyumbani au kilimo/shughuli za kuingiza kipato	
		Karo, sare n.k. gharama zake ni kubwa mno	
		Hakuna fursa kwa elimu rasmi/shule	
		Maradhi/Mgonjwa asiyejiweza	
	Mengineyo		
H.4	Kaya yako imepata aina yeyote ya msaada wa kusaidia elimu? (Chagua yote Yanayohusika)	Vitabu	
		Vifaa vya elimu (karatasi, penseli, peni n.k.)	
		Msaada wa kifedha/karo ya shule	
		Msaada wa chakula	
		Ufundishaji	
		Sare ya shule	
		Hapana, hatupati msaada wowote wa kielimu	
	Mengineyo		
H.5	Kama ndio, nani anayetoa misaada hiyo? (Chagua yote Yanayohusu)	Serikali	
		Ndugu/Marafiki	
		AZAKI/AZISE	
		Taasisi ya kidini	
	Mengineyo		
H.6	Je wewe mwenyewe uliwahi kwenda kliniki/dispensari kwa mwaka uliopita?	Ndio	
		Hapana	
		Sifahamu	

H.7	Kuna motto wako yeyote alishindwa kupelekwa Zahanati/Hospitali kwa kipindi cha mwaka uliopita kutokana na ukosefu fedha?	Hakuna mtoto aliyeshindwa kupelekwa
		Baadhi ya watoto
		Watoto wote
		Sifahamu
I. MTAZAMO		
Mtazamo wa jumla kuhusu hali za kiuchumi		
I.1	Pato lako limebadilika kwa kipindi cha miezi sita iliyopita? (Chagua jibu Moja)	Pato langu limeboreka, napata pesa zaidi
		Pato langu limekuwa baya, napata pesa kidogo
		Pato langu lipo vilevile (hajabadilika)
I.2	Unawezaje kulinganisha hali yako ya kifedha kwa ujumla ukilinganisha na miezi sita iliyopita? (Chagua jibu moja)	Hali yangu ya kifedha ni mbaya sana kwa sasa
		Hali yangu ya kifedha ni mbaya kidogo kwa sasa
		Hali yangu ya kifedha ipo vilevile (hajabadilika)
		Hali yangu ya kifedha kwasasa ni nzuri kidogo
		Hali yangu ya kifedha kwasasa ni nzuri sana kwa sasa
I.3	Ukilinganisha na mwaka jana unajiona umeweza kuwa na udhibiti wa hali yako ya usoni ya kiuchumi? (Chagua jibu Moja)	Ndio, kwasasa nina udhibiti mkubwa wa hali yangu ya usoni ya kiuchumi
		Ndio, kwasasa nina udhibiti kidogo wa hali yangu ya usoni ya kiuchumi
		Najiona nipo sawa na mwaka jana
		Hapana, kwasasa kidogo sina udhibiti wa hali yangu ya usoni ya kiuchumi
		Hapana kwasasa sina udhibiti wa hali yangu ya usoni ya kiuchumi kabisa
I.4	Unalinganishaje kwa ujumla hali yako ya chakula/lishe na miezi sita iliyopita? (Chagua jibu Moja)	Kwasasa hali yangu ya chakula/lishe ni mbaya sana
		Kwasasa hali yangu ya chakula/lishe ni mbaya kidogo
		Hali yangu ya chakula/lishe ni ileile (hajabadilika)
		Kwasasa hali yangu ya chakula/lishe ni bora kidogo
		Kwasasa hali yangu ya chakula/lishe ni bora sana
I.5	Unalinganishaje hali ya kiuchumi kwa ujumla ya jamii unayoishi katika kipindi cha mwaka 1 uliopita? (Chagua jibu Moja)	Kwasasa ni mbaya sana
		Kwasasa ni mbaya kidogo
		Ipo vilevile (hajabadilika)
		Kwasasa ni nzuri kidogo
		Kwasasa ni nzuri sana

I.6	Unalinganishaje hali ya chakula/lishe kwa ujumla ya jamii unayoishi katika kipindi cha mwaka 1 uliopita? (Chagua jibu Moja)	Kwasasa ni mbaya sana	
		Kwasasa ni mbaya kidogo	
		Ipo vilevile (haijabadilika)	
		Kwasasa ni nzuri kidogo	
		Kwasasa ni nzuri sana	
J. MAHITAJI YA MSINGI /MUHIMU			
J1.	Watoto wote katika kaya yako wana vitu vifuatavyo?	Angalau jozi 2 za nguo:	Ndiyo
			Hapana
		Angalau jozi moja ya viatu:	Ndiyo
			Hapana
		Blanketi au shuka ya kujifunika wakati wa kulala:	Ndiyo
			Hapana
K. UWEZESHAJI WANAWAKE			
Uelewa/Ufahamu wa mambo ya Fedha			
K1.	Tamo K1. Je, umeolewa?		Ndiyo
		** Nenda L.1	Hapana
		** Nenda L.1	Mjane
		** Nenda L.1	Ameachwa
		** Nenda L.1	Ametelekezwa
K2.	Unaweza kusema kiasi cha pesa unachoingiza kinalingana vipi na kile cha mume wako/mwenzi wako unayeishi naye?		Napata zaidi ya chakwake
			Napata kidogo kuliko yeye
			Vipo karibu sawawa tu
			Mume wangu/mwenzi wangu haleti pesa yeyote nyumbani
K3	Ni nani kwa kawaida anayeamua juu ya matumizi ya pesa uliyoingiza?		Wewe mwenyewe
			Mumeo/mwenzi wako
			Wote kwa pamoja
			Mengineyo
K4.	Ni nani kwa kawaida anayefanya maamuzi juu ya uangalizi wa afya yako?		Wewe mwenyewe
			Mumeo/mwenzi wako
			Wote kwa pamoja
			Mengineyo
K5	Ni nani kwa kawaida anayefanya maamuzi juu ya uangalizi wa afya ya watoto wako?		Wewe mwenyewe
			Mumeo/mwenzi wako
			Wote kwa pamoja
			Mengineyo
K6	Ni nani kwa kawaida anayefanya maamuzi juu ya elimu ya watoto?		Wewe mwenyewe
			Mumeo/mwenzi wako
			Wote kwa pamoja
			Mengineyo
K7	Ni nani kwa kawaida anayefanya maamuzi juu ya manunuzi makubwa ya kaya?		Wewe mwenyewe
			Mumeo/mwenzi wako
			Wote kwa pamoja
			Mengineyo

ANNEX 3: PARTNER REPORTS

HOUSEHOLD ECONOMIC ASSESSMENT (HEA): KEY FINDINGS FOR AFRICARE PAMOJA TUWALEE

The President's Emergency Plan for AIDS Relief (PEPFAR) is investing in Most Vulnerable Children (MVC) programming for Tanzania through the Pamoja Tuwalee (PT) program. Four international partners, Africare, FHI 360, Pact, and World Education, Inc. (WEI) are implementing these efforts across Tanzania. In this new program, a key aspect of PEPFAR programming for vulnerable children is household economic strengthening (HES). Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS (IMARISHA), a separate PEPFAR technical assistance project, supports PEPFAR partners including the Tanzanian Government to improve and to strengthen HES. Among IMARISHA's technical assistance support to partners and the government are training, capacity building, and mentoring support in the following thematic areas: formation of informal savings and lending groups, basic business skills, market analysis, household gardening and nutrition strengthening, and local chicken production.

During November and December 2011, the USAID-funded IMARISHA project, in coordination with PEPFAR home-based care and MVC implementing partner staff and volunteers, conducted a baseline household-level economic assessment (HEA) across all program implementing partners program regions. Using a mixed methodology, enumerators collected quantitative and qualitative data from program beneficiaries using a survey instrument and semi-structured focus group discussions. The survey instrument included a variety of validated constructs, the FANTA-2 Household Hunger Scale and 124 questions covering 10 technical domains.

The results of the baseline HEA were completed in April 2012 and shared with partners who participated in the survey. Based on the results partners including Africare received tailored recommendations, which interpreted the data from the HEA and proposed household economic strengthening (HES) interventions aimed at decreasing household vulnerability and making upward adjustments in households' ability to cope. These HES interventions aim to manage money and assets, build assets, consume food, products and services, and acquire new skills needed to adopt healthy and productive behaviors. IMARISHA worked closely with partners to roll out a strategy supporting the observed economic strengthening needs. IMARISHA then trained and built the capacity of staff and volunteers to lead and manage new economic strengthening interventions in the areas of savings and lending (financial management/financial services), smallscale agriculture and animal husbandry, and business management.

In May and June 2014, IMARISHA and its project partners conducted a follow-up HEA largely similar in design but with a reduction of questions (103) across 11 technical domains and the addition of new indicators related to women's empowerment. Respondents were selected from households who received household economic strengthening services from the Pamoja Tuwalee program. Focus groups discussions were also done in Dodoma, Iringa, Singida and Njombe¹ to provide qualitative insights. This snapshot highlights the key findings from the endline assessment and compares them to results from the initial survey where appropriate. See also note on the methodology and limitations at

¹ Focus group discussions were conducted between May 10-13, 2014 in Hamvu, West Chinangali (Dodoma), Mloda, Chamwino (Dodoma), Mlevelwa, Mdabulo, Mufindi (Iringa), Iponda, Ilebula, Wang'ing'ombe (Njombe), Mitunduruni (Singida), and Nkungi-Ilanda, Mkarama District (Singida).

the end of this report. For questions or comments, please contact Colleen Green (colleen_green@dai.com), and Khalid Mgaramo (Khalid_Mgaramo@dai.com).

DEMOGRAPHICS

Among the 1,192 respondents in the IMARISHA endline HEA sample population, Africare’s respondents represent 39.3% (or n=468) of the total sample. More women participated in the survey than men (78.5% female, 21.5% male) and the mean age of sample respondents was 45 years old (range: 18-95). Regional distribution of the sample was split across Iringa (34.2%), Dodoma (28.2%), Singida (19.9%) and Njombe (17.7%). Njombe was newly represented in the endline HEA as administratively it was part of Iringa region at the time of the baseline survey. 92.8% of Africare respondents live in rural areas (initial HEA 83.5%), with the balance of 7.2% living in urban areas (baseline 16.5%). Among the Africare sample, the average household size was 5.2 persons (range 1 - 17). 35.4% (n=164) households reported at least 1 adopted or orphaned child under 18 years within the household.

LIVELIHOODS

Income and Expenses

All respondent households reported having at least one household member contributing to income with a mean of less than 2 earners per household across the population, which is similar to the baseline. Most households reported informal income-generating activities and casual daily work as their primary income sources. Compared against the initial HEA respondents reported an increase in income derived from income-generating activities and crop sales.

Respondent households reported a jump in monthly income compared with the baseline assessment. More than 21% of households reporting earning more than TZS 50,000 (\$USD30 month) compared to just 7.6% of households at the baseline. It is worth noting that inflation may be eroding the value of income increases, but even adjusting for inflation, reported incomes appear to have increased since the baseline HEA.² Please see the full IMARISHA End HEA Report for a larger discussion on household income in the context of trends in the overall Tanzanian economy.

FIGURE 1: HOUSEHOLD INCOME SOURCES

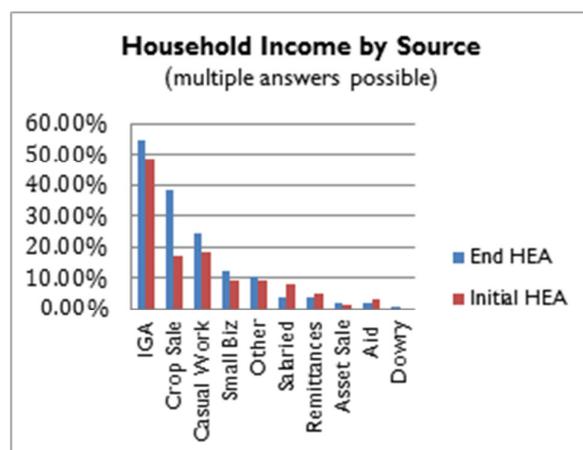


TABLE 1: MONTHLY INCOME

Self-Reported Monthly Income	Initial HEA Percent	End HEA Percent
TZS 0 - 10,000	54.50%	29.54%
TZS 10,000 - 50,000	38.00%	49.23%
TZS 50,000 - 100,000	5.60%	12.9%
TZS 100,000 - 250,000	1.50%	5.25%
More than TZS 250,000	0.50%	3.06%

² See the full IMARISHA 2014 Household Economic Assessment for a more detailed discussion on household income in the overall context of shifts in the Tanzanian economy over the 2011-2014 period.

In terms of household costs, households continued to rank food (74.1%), medical care (69%) and education (69%) as their top three expenses, the same as under the baseline HEA. The number of respondents that felt that expenses were rising stayed the same at 56% of households.

Focus group discussions (FGDs) in all regions noted November to March as the period of high expenditures coinciding with the need to prepare for the annual cultivation (November- December) and school fees (due in January). These months were also periods of higher food prices. By contrast, May to October was noted as months when food was widely available and prices were low. In terms of income earning patterns, one FGD in Singida noted that it was able to begin earning more income in May from gardening that was then supplemented by the harvest of maize, sunflower and groundnuts starting in July.

Productive Assets and Behaviors

IMARISHA defines productive assets as household assets that can be used to expand income, reduce vulnerability and increase resiliency. Based on results of the initial HEA, IMARISHA worked with partners to develop interventions that increased productive assets and behaviors and encouraged partners to promote these activities. Within the HEA, productive assets are defined as a bike, motorcycle/bajaj, car, mobile phone, shovel, pickaxe, plow, sewing machine, wheelbarrow, or water pump. On average, IMARISHA HEA households reported having 2.4 productive assets per household. Comparatively, Africare households reported a slight increase in productive assets over the initial HEA with a mean of 2.5 per household (baseline reported 1.64 assets).

Productive behaviors are behaviors and practices at the household level that can contribute to increases in income, yields, assets, and reduce overall vulnerabilities. Critical behaviors include savings, using insurance, accessing to the formal financial sector, adopting business practices (especially planning, money management, and record keeping), as well as key agricultural practices to improve yields, post-harvest handling, bulking, storage and other value addition. Both business and agricultural productive behaviors improved, albeit not significantly. Overall, Africare households saw a 20% increase in savings behaviors, particularly through participation in savings groups. One FGD in Mufindi district in Iringa noted the increase in the number of savings groups in their village and the increase in members in existing savings groups. Interestingly there appears to be a drop in savings with formal financial institutions. Access to insurance also increased by 3.5%.

TABLE 2: CHANGES IN SAVINGS, ASSET OWNERSHIP AND ADOPTION OF BEHAVIORS

	Saves %	Has insurance %	Productive Assets (Mean/ household)	Business Productive Behaviors (Mean/ household)	Agricultural Productive Behaviors (Mean/ household)
IMARISHA Initial HEA	53.9%	16.7%	1.9	0.16	0.19
IMARISHA endline HEA	74.9%	20.2%	2.4	0.39	0.47
Africare Initial HEA	56.0%	19.6%	1.6	0.13	0.24
Africare End HEA	60.6%	23.1%	2.5	0.25	0.42

IMARISHA also sought to measure access to finance (financial inclusion) in comparison to an industry survey of financial access called the FinScope Survey. Inclusion is measured formally and informally. Formal inclusion means that an individual 16 years or older (18 years for IMARISHA) has or uses financial products from a regulated financial institution; informal inclusion means individuals use financial mechanisms provided by an unregulated financial mechanism like a savings

group. Changes in access to financial services between the initial HEA and endline HEA are presented in Table 9. A significant increase in the number of households participating in savings is evident in both urban and rural settings.

TABLE 3: ACCESS TO FINANCIAL SERVICES

2007 Financial Inclusion Strands	FinScope Survey 2007	IMARISHA Initial HEA	IMARISHA End HEA	Africare Initial HEA	Africare End HEA
Formal financial institutions	9%	7.2%	3.19%	5.9%	1.7%
Semi-formal financial institutions	2%	1.1%	0.25%	1.3%	0.2%
Informal	35%	16.2%	73.07%	11%	61.3%
Financially Excluded	54%	75.5%	23.49%	81.8%	36.7%

In 2011, IMARISHA's beneficiary households were substantially excluded in comparison to the overall adult population in Tanzania represented in the 2007 FinScope Survey. In the 2014 endline HEA, IMARISHA households are substantially more included, having made enormous shifts from the excluded category to participation in savings groups.

A SPECIAL NOTE ON THE ROLE OF SAVINGS AND MOBILE MONEY

Participation in community savings groups has been an important program intervention across all HEA partner organizations. Adoption of savings as an intervention to reach vulnerable households was driven by increased global evidence that vulnerable households can effectively participate and that their participation allows them to manage seasonality issues as well as exogenous and covariant shocks, thereby improving the household's resilience. Overall, the number of people who reported participating in savings groups increased by over 20% over the life of the project. FGDs also highlighted the importance of savings groups, which helped people borrow money to meet school fees and finance agricultural inputs (fertilizer, improved seeds), which they were unable to do two years ago.

As part of the initial HEA, IMARISHA analyzed the relationship between savings and other economic indicators and repeated this analysis for the endline HEA. Overall, the number of people who reported participating in savings groups increased by over 20% over the life of the IMARISHA project. For Africare, 62.3% of households report participation in a savings groups. Households that participated in savings groups were 3 times more likely to have reported saving some amount in the previous month than those who did not. Additionally, this impact carried over to even the poorest households in that there was a marked difference in savings rate directly correlated to savings group participation among the very poor (those with self-reported income of less than TZS 50,000 per month). Households who reported saving any amount in the previous month were half as likely to have reported hunger than those that did not and this relationship proved even stronger among rural households, suggesting perhaps that savings acts as a strong buffer for households who grow food as their primary livelihood and sustenance activity.

TABLE 4: USE OF MOBILE MONEY

How do you use mobile money? (Multiple answers possible)	Africare	IMARISHA
I own a mobile phone	61.1%	67.8%
I use mobile money	51.6%	62.7%
I use it to receive money.	42.3%	55.2%
I use it to send money.	31.2%	43.4%
I use it to pay bills.	0.9%	2.8%
I use it to save money.	5.8%	15.1%
I have purchased mobile insurance.	0%	0.34%

Another notable shift for the HEA sample (less so the Africare sample) is the uptake of mobile phones and mobile money among PEPFAR supported households. 61.1% of Africare respondents (67.8% across IMARISHA HEA respondents) reported owning at least one mobile phone in the home, up from 58.8% at the baseline. Across all households, 51.6% reported using some form of mobile money. Overall use of mobile money is categorized in Table 4.

AGRICULTURE

Among Africare's sample, 80.1% of households grow some food (baseline 89.6%) for household consumption; 83.6% own land (75.7% at initial HEA) while others rent, lease, and squat on available resources.³ Maize and sunflower are the most commonly produced crops among Africare respondent households suggesting that households are growing both food and cash crops. Africare supported households had limited crop diversity, the mean number of crops grown per household is 2.9 (baseline 2.4). The number of households that reported receiving any agricultural extension training in the last year increased slightly from 11.4% to 18.3%. Among Africare households surveyed, 44.5% cite no change in their agricultural production, with 35.0% citing increasing yields. It is worth noting that all major indices in Tanzania are reporting moderate to above-average maize harvests this season, which has led to low but stable prices. Stable prices are expected to continue as harvesting is completed and marketing continues. Kenya's government has arranged a large maize purchase from Tanzania which will help keep prices stable.⁴

Significantly more households reported raising some form of livestock 70.5% (baseline 49.2%). Among households engaged in livestock, the mean number of livestock assets per household (across chickens, cows, donkeys, pigs, and sheep) was 8.2. The majority of households engaged in livestock raise chickens (with an average of 4.8 chickens per flock), followed by goats (1.5 goats per household), and pigs.

A note on seasonality: IMARISHA's initial household economic assessment was conducted during November and December of 2011, which represents the planting season and associated lean times for many farmers. The end HEA was conducted in May 2014, which coincides with the harvest season for some crops. IMARISHA recognizes that this shift in season may influence a variety of factors in the assessments, most notably the household's perceptions related to economic issues (notably food availability, income, control of financial situation, perception of the community etc.). The end HEA however, also noted positive trends across a number indicators that do not hinge on seasonal variability (i.e. participation in savings groups, transportation, agricultural and business productive behaviors) and against indicators where respondents were asked to denote changes over the past year (number of assets, number of types of crops and livestock). Since the overall positive trends held across many data points, IMARISHA believes that proxy indicators for household economic activity tell a story of positive change even when differences in seasonality are taken into account.

HOUSEHOLD FOOD SECURITY AND NUTRITION

As noted previously, respondents access food from a variety of sources. A large proportion of households (86.2% compared with 81% at the baseline) grow some portion of their food for consumption; fewer households (44.2% compared to 58% of baseline) reported buying some portion of their food, and only 0.85% of households (baseline 5.9%) are dependent on food aid.

³ As previously noted, Africare's sample shifted from 83.5% rural at the time of the initial HEA to 92.7% at the endline. This is statistically significant at the 95% CI level (p-value .00)

⁴ Information related to maize harvests has been taken from the Famine Early Warning Systems Network (FEWNET). Similar information can be obtained from the Regional Agricultural Trade Intelligence Network - RATIN <http://www.ratin.net/index.php/tanzania>.

To gain a more accurate measure of food insecurity, the IMARISHA HEA uses the household hunger scale,⁵ which includes questions related to: food availability, adequate access to food, and appropriate food utilization/consumption. Africare households reported lower rates of severe hunger than the broader IMARISHA sample. The Africare sample reported a more than halving of moderate to severe hunger over the baseline (13.2 % of households now versus 34.4% at the baseline) with 86.7% of households now reporting little to no hunger. Figure 2 illustrates the number of households by hunger category comparing the Africare to the initial sample.

Perceptions of one’s food security and economic situation varied amongst FGDs. In Dodoma region, FGDs were split on their perception of change. One FGD noted that changes in technology had made some of their activities obsolete and expressed that they were not able to keep up with the changing pace of the environment. A second FGD noted how participation in savings groups had allowed members to cope with food price changes in the hungry season and allowed them in other seasons to start new income earning activities.

DIETARY DIVERSITY

Dietary diversity is measured against a multiple response, self-reported checklist that queries different food groups. Africare households tend to eat fewer Vitamin A rich fruits and vegetables as well as less protein than the IMARISHA or DHS samples.

TABLE 5: FOOD CONSUMPTION BY FOOD GROUPS

	Tea/ Coffee	Foods made from Roots/ Tubers	Foods made from legumes	Meat/ Fish/ Shellfish /poultry/ Eggs	Cheese/ Yogurt	Vitamin A rich fruits and veg	Other Solid or semi-solid foods (e.g. porridge, cereals)	Sugary foods	Number of Respond ents
IMARISHA Initial HEA	30.1	18.7	19.8	11.2	5.2	54.5	81.8	11.7	1291
IMARISHA End HEA	34.9	29.8	39.7	22.3	8.3	70.9	88.9	15.4	1192
Africare Initial	20.3	9.1	14.7	7.4	6.1	40.7	83.1	6.1	231
Africare End	30.3	24.4	42.7	17.5	7.4	67.9	86.7	14.9	468
2010 DHS*	30.7	32.3	37.2	35	18.5	61.6	79.3	4.1	4113
2010 DHS* Poorest Wealth Quintile	14.7	29.2	30.2	23.3	19.3	64.4	81.5	1.5	847

*DHS only includes mothers

MEETING BASIC NEEDS OF CHILDREN

Among the Africare households, 20.4% of respondents reported not receiving healthcare during the past year due to economic barriers as compared to 35% at the baseline. However, only 15.5% of households reported that that some children did not receive healthcare; the resounding majority (82%) reported that their children received healthcare services when required. With respect to education, 80.5% of Africare households reported either no change or an increased number of children enrolled

⁵ The Household Hunger Scale was developed as part of the FANTA project. The HHS provides a simple indicator to measure household hunger in food-insecure areas via a series of questions included as part of the IMARISHA HEA. For more information see: <http://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs>.

in school; there was no statistical difference in girls versus boys' attendance. 11.1% reported more children were attending school than the previous year. Among Africare households reporting lower school attendance, school fees and "other" were cited as the most common reason for lower or no enrollment.⁶ Africare households also reported that 85% of children within the households had both two sets of clothing and a pair of shoes in line with the IMARISHA HEA sample in aggregate.

WOMEN'S EMPOWERMENT

In the endline HEA, IMARISHA included a subset of questions for married women only on decision-making related to household expenditures on education, health and household food security; married women made up 42.6% of Africare respondents. The aim of these questions is to understand a woman's roll in household decision-making and the impact this has on her children. Because these questions were not asked at the baseline (except for a special baseline survey done with WEI in 2012), no comparable data exists from the 2011 HEA.

Overwhelmingly, married women reported making joint decisions (rather than female or male controlled decision-making) on many important decisions. 53.6% and 48.2% reported that joint decisions were made on how money is used and on household healthcare decisions. 60% noted that joint decisions were made with respect to children's healthcare and education. Households who reported joint decision-making about money also were more likely to report saving.

VULNERABILITY AND RESILIENCE

A key interest of IMARISHA's in the HEA exercise was to analyze household vulnerability and resilience. Although Africare Pamoja Tuwalee and other HEA participants had targeted households based on pre-defined vulnerability criteria (e.g., the URT mandated MVC targeting criteria or by their HIV status), IMARISHA believes that not all households shared the same economic vulnerability profile. As such IMARISHA combined different characteristics that make up economic vulnerability including household hunger, household size, presence of an orphan or vulnerable child (OVC), number of earners in the household, ability to pay for medical treatment, access to transport and savings. Based on these characteristics, IMARISHA developed a vulnerability index to measure highly vulnerable, vulnerable and least vulnerable households. Partners adopted many of the interventions for vulnerable and least vulnerable households.⁷ Compared to the initial HEA, Africare households were half as likely to have received a "Highly Vulnerable" score than during the first assessment (4% end, 10% initial). Changes in vulnerability were most impacted by increased savings, reported ability to pay for medical expenditures and changes in household hunger as measured by the household hunger scale.

Similarly, IMARISHA looked at resilience including those characteristics that make households more resilient. These characteristics include: use of productive behaviors, participation in savings, engagement with the formal sector (especially financial sector), perceptions of control of economic future, perceptions of household food situation and perception of community economic situation. For this index, Africare households showed a marked improvement in resiliency. Over 68% of households scored in the "Resilient" and "Highly Resilient" categories compared against 51% at the baseline.

Both the vulnerability and resilience index should be used by service providers to more closely match economic strengthening interventions to vulnerability characteristics as well as to measure their outcomes. For example, the more vulnerable, the more need to consider provision activities; the least

⁶ The IMARISHA HEA only addressed education access to a limited extent. Further qualitative research and investigation will be needed to better understand education access and challenges among the beneficiary population.

⁷ Interventions for highly vulnerable households such as cash transfers were largely left to be implemented by government under the leadership of the Tanzania Social Action Fund (TASAF) III.

vulnerable, the greater the ability of the household to participate in higher risk, more productive and promotive enterprise growth activities. The resilience index in particular should be viewed as a tool to analyze improved resilience from ES interventions.

RECOMMENDATIONS AND CONCLUSIONS FOR AFRICARE AND USAID

These recommendations reflect IMARISHA's review of Africare's baseline HEA results, its subsequent investment in economic strengthening and endline HEA results. IMARISHA has also provided comment on the HEA feedback in relation to an endline study conducted by Africare of its grant program with Cheetah Development in Iringa. The aim of these recommendations is to inform Africare's Pamoja Tuwalee programming until its close in 2015 and to also inform USAID's planned program design for future OVC programming.

COMMENT ON TECHNICAL ASSISTANCE

Africare has been an enthusiastic implementer of household economic strengthening interventions since late 2011. Africare has partnered with IMARISHA and used IMARISHA's technical assistance to gain economic strengthening knowledge and skills for local sub-partners, volunteers and LGAs working in Africare regions in 4 key areas: informal savings groups, local chicken production, market analysis and most recently, financial literacy. Africare has skillfully built other partnerships to support activities outside its core competency areas, partnering other economic strengthening organizations for activities related to agriculture, food and nutrition activities aimed at MVC households, namely TAHEA (for food and nutrition support), Mwanzo Bora (for nutrition for children under two and women of childbearing age/pregnant mothers), and Cheetah Development (for the financing and skills development in agronomy related to the commercial production of potatoes). Africare partner, Iringa Mercy Organization (IMO), has also partnered with TAPP to gain some skills and knowledge in gardening, horticulture and nutrition.

AGRICULTURE, FOOD SECURITY AND NUTRITION

- Africare has partnered with TAHEA, Mwanzo Bora, and Cheetah Development to improve nutrition education and improve uptake of agronomy practices and food security. A recent review of the Cheetah program found that farmers in Kilolo Upper and Lower acquired strong skills across a variety of good agricultural practices (GAP) and had applied them to potato farming and other crops. The IMARISHA HEA highlights some, but very nominal increase in these productive skills. Embedding agronomists in sub-partners to serve as ongoing trainers and mentors may be an effective strategy going forward.
- Although IMARISHA is unfamiliar with the direct work that TAHEA has done for the project, it appears that there may be some relationship between improved food insecurity as measured by the Household Hunger Scale and project interventions. Africare's aggregate HHS has gone down from 44% in the severe and moderate hunger category to 13%.
- Although some substantial challenges were found with the Cheetah program related to drop outs, seasonality, management and transparency, farmers noted that they would recommend the program to others because of the skills learned and their access to finance for inputs which they could pay after the harvest.

FINANCIAL ACCESS AND SERVICES

- Africare has done substantial work promoting savings groups and the inclusion of MVC caregivers in these groups. Africare has taken an integrated approach to savings mobilization including both community members and caregivers as a means to mainstream MVC care into the

community, reduce stigma and build social networks for caregivers. The percentage of caregivers participating in savings groups has increased over time. At the endline 62.3% of respondent households reported participation in a savings group. Those that saved reported an improved ability to meet child basic needs, specifically improvements in health access (82% of respondents say their children have access to healthcare), and increased school attendance by 11.1% over the baseline. Africare should continue to support savings groups, including innovative add-ons to the model like the MVC Fund. It should continue to monitor the make-up of non-caregiver to caregivers to ensure that “upmarket drift” noted in the Pamoja Tuwalee savings study does not push out poorer, more vulnerable families. Africare should also consider adopting a private service provider model that can address incentives of how to support more savings groups including more mature groups. For more recommendations on savings, see Savings Study.

- Africare has also worked to promote participation in CHF. At the start of the project, Africare supported households to obtain CHF membership, but later convinced savings and IGA groups to pay for their own cards. The baseline to endline shows an increase in access to insurance from 19.6% to 23.1% (although this also includes other types of insurance).
- In 2013 in Iringa region it was noted that community banks are beginning to target savings groups for new loan products. From discussions with savings group members and local NGOs it was clear that the terms, conditions and true costs of the loans on offer were not fully understood. While bank loans can be an effective mechanism to fuel business growth, they must also be managed with care and with close understanding of the commitments and risks that accompany them. Based on the concern of potential overindebtedness which would increase financial pressure on already economically vulnerable households, IMARISHA and Africare piloted a financial literacy program for savings group members in Dodoma and Njombe in mid-2014. IMARISHA recommends that Africare continue to monitor the roll out of content to new savings groups and expand its use to other regions.
- One of the above noted community banks, Mufindi Community Bank (MUCOBA) worked closely with some Africare households in Upper and Lower Kilolo for the Cheetah Program. Through MUCOBA approximately 106 MVC households were able to secure loans for inputs for the potato program. The Cheetah endline study notes repayment of these loans has been uneven, with only 34% of households noting that harvests were sufficient to repay the loans.
- Mobile phone uptake by Africare households has been growing, despite the vulnerability level of households. Price points for mobile phones have dropped significantly making it an affordable asset for many households. Given increases in both mobile phone ownership/access and mobile money usage, there are opportunities for interesting innovation to use these technologies expand financial access further – such as to purchase crop insurance to manage agricultural risks, to save for investment in productive assets (savings lay-away and term deposits), and to borrow for other productive purposes. There is also some experimentation already happening in Tanzania in linking savings groups with banks using mobile money platforms. Formal financial institutions can further expand financial options, including provision of education loans, etc.

PRODUCTIVE BEHAVIORS

- While Africare has focused substantially on increasing productive behaviors around savings, going forward Africare should continue to invest in activities that focus on changing other productive behaviors in both agriculture and business. Given the experience with Cheetah it may be worthwhile to consider future investments in embedded agronomists or business specialists within the sub-partners to enhance skills that can foster business (or agricultural) growth.

METHODOLOGY AND LIMITATIONS

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities and potential resilience of HIV affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions.

The IMARISHA HEA is not a perfect tool or a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR implementing partner staff to collect data rather than enumerators who specialize in ongoing data collection. The survey instrument was not designed to measure gender disparities or inter-household resource allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children’s education access and household economic status. After data collection there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

While challenges often arise when attempting to draw conclusions from pre and post implementation comparisons, the IMARISHA project and its relationship and method of engagement with PEPFAR partners posed specific challenges that should be noted and taken into context of the analysis. These challenges are outlined in Table 6.

TABLE 6: LIMITATIONS

Challenge	Risk	Efforts to Mitigate Risk in the Analysis
The initial and endline assessments conducted at different times of year (one during planting season, the other during harvest)	Seasonality may have skewed some results related to household hunger and overall economic perceptions by introducing an element of temporal bias	Where appropriate efforts were made to compare shifts in seasonally-affected outcomes alongside those that would not be highly variable with seasons ⁸
PEPFAR partners changed their geographic implementation emphasis from the initial assessment, focusing on more rural populations	Urban and rural populations face different livelihoods challenges, have different demographic make-ups and are impacted by seasonality in different ways	Urban and rural populations were broken out where possible to analyze shifts among those subsets

Despite these limitations, the HEA has helped to identify critical themes and provide a baseline for IMARISHA’s support to PEPFAR implementing partners. In addition and as a result of review of both the results and limitations of the instrument further opportunities for new studies and analyses emerged including:

1. Understanding linkages between household food security and nutrition outcomes for PLHIV and MVC;
2. Understanding linkages between livelihoods and treatment adherence;
3. Understanding of inter-household allocation of resources particularly for MVC and PLHIV within the household.

⁸ For example, while perceptions of household hunger may shift during the year, established relationships between hunger and agriculturally productive assets or between hunger and savings allow for transitive analysis of the related metrics. Positive shifts in the number of productive assets or participation in savings (which are less likely to be impacted by seasonality) could then serve as proxy indicators to confirm overall positive trends in household hunger.

HOUSEHOLD ECONOMIC ASSESSMENT (HEA): KEY FINDINGS FOR FHI360 PAMOJA TUWALEE

The President's Emergency Plan for AIDS Relief (PEPFAR) is investing in Most Vulnerable Children (MVC) programming for Tanzania through the Pamoja Tuwalee (PT) program. Four international partners, Africare, FHI 360, Pact, and World Education, Inc. (WEI) are implementing these efforts across Tanzania. In this new program, a key aspect of PEPFAR programming for vulnerable children is household economic strengthening (HES). Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS (IMARISHA), a separate PEPFAR technical assistance project, supports PEPFAR partners, including the Tanzanian Government to improve and strengthen HES. Among IMARISHA's technical assistance support to partners and the government are training, capacity building and mentoring support in the following thematic areas: formation of informal savings and lending groups, basic business skills, market analysis, household gardening and nutrition strengthening, and local chicken production.

During November and December 2011, the USAID-funded IMARISHA project, in coordination with PEPFAR home-based care and MVC implementing partner staff and volunteers, conducted a baseline household-level economic assessment (HEA) across all program implementing partners program regions. Using a mixed methodology, enumerators collected quantitative and qualitative data from program beneficiaries using a survey instrument and semi-structured focus group discussions. The survey instrument included a variety of validated constructs, the FANTA-2 Household Hunger Scale and 124 questions covering 10 technical domains.

The results of the baseline HEA were complete in April 2012 and shared with partners who participated in the survey. Based on the results, partners including FHI 360 received tailored recommendations, which interpreted the data from the HEA and proposed economic strengthening interventions. These HES aimed at decreasing household vulnerability and making upward adjustments in households' ability to cope, managing money and assets, build assets, consume food, products and services, acquire new skills and adopt healthy and productive behaviors. IMARISHA worked closely with partners to roll out a strategy supporting the observed economic strengthening needs. IMARISHA then trained and built the capacity of staff and volunteers to lead and manage new economic strengthening interventions in the areas of savings and lending (financial management/financial services), small scale agriculture and animal husbandry, and business management.

In May and June 2014, IMARISHA and its project partners conducted a follow-up HEA largely similar in design, but with a reduction of questions (103) across 11 domains and the addition of new indicators related to women's empowerment. This snapshot highlights the key findings from the endline assessment and compares them to results from the initial survey where appropriate. Note: for FHI360, only Morogoro was surveyed at the endline at the request of the partner. Respondents were selected from households who received household economic strengthening services from the Pamoja Tuwalee program. Focus group discussions were completed in Kilosa and Morogoro Muncipal. Thus, this snapshot compares endline data with baseline data only from Morogoro region. All references to FHI360 endline reflect only Morogoro region. Where appropriate, IMARISHA has also compared FHI360 endline data against all rural households from the IMARISHA-wide baseline in order to compare data across regions. See also note on the methodology and limitations at the end of this snapshot. For questions or comments, please contact Colleen Green (colleen_green@dai.com), and Khalid Mgaramo (Khalid_Mgaramo@dai.com).



IMARISHA Household Economic Assessment

Endline Assessment May 2014



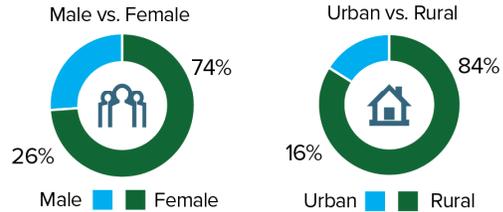
Regional Scope: Morogoro

Number of Responses: 149

Average Age: 45 years old

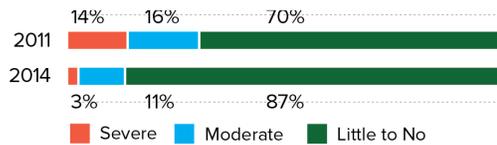
Participating Implementing Partners: Faraja Trust, HACOCA, RC Mahenge

Survey Respondents



FOOD SECURITY AND AGRICULTURAL PRODUCTION

Household Hunger Scale



Households that grow some portion of their food are ...

4x
LESS LIKELY



to have reported hunger than those that grow no food



HOUSEHOLD AND PRODUCTIVE ASSETS

Rural households went from having 2 to 3 productive assets



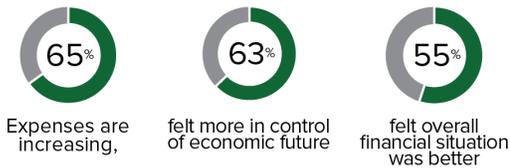
ACCESS TO SAVINGS AND CREDIT

Ability to save rose with more savings between \$6 to \$60 per month



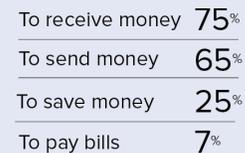
INCOME AND EXPENDITURES

Household Perceptions of Economic Situation

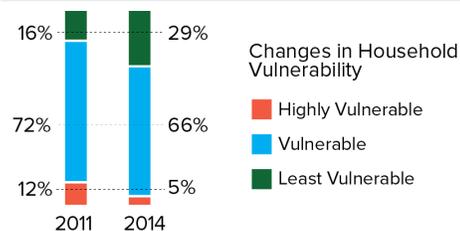


MOBILES IN DEVELOPMENT

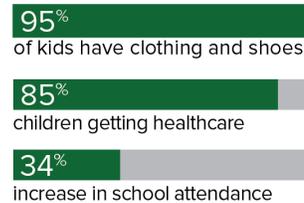
How do vulnerable households use mobile money?



VULNERABILITY INDEX



CHILD BASIC NEEDS



DEMOGRAPHICS

Among the 1,192 respondents in the IMARISHA HEA sample population, FHI360 Pamoja Tuwalee’s respondents represent 12.5% (n=149) of the total sample. Similar to the baseline, more women participated in the survey than men (74.3% female, 25.7% male), and the mean age of the sample was 44.5 years old (range: 21-76). Among the FHI360 Pamoja Tuwalee sample, the average household size was 4.99 persons (range 2 - 11), with no change from the initial survey. 60.4% of households reported at least 1 adopted or orphaned child under 18 years within the household, up from 37.9% in the baseline. Regional distribution of the sample was concentrated in Morogoro (100%), specifically in Morogoro Municipal, Morogoro Rural, Kilosa, Mvomero, Kilombero and Ulanga districts. Only 16.2% of the FHI360 Pamoja Tuwalee sample lived in urban areas, with 83.7% of the respondent households living in rural areas. This marks a significant shift in the sample of household respondents from urban to rural. This shift is notable given key differences among the sample populations (e.g., rural households are more likely than urban households to participate in agricultural activities or own land).

LIVELIHOODS

INCOME AND EXPENSES

All respondent households reported having at least one household member contributing to income, with a mean of less than 2 earners per household across the population, which is similar to the baseline. Of note, the endline assessment shows a shift in sources of household income with a significant number of households now reporting income generating activities and small businesses as their main sources of cash. Sales of crops and livestock also increased while the number of households reporting their engagement in casual work has decreased.

Over the baseline assessment households reported a jump in monthly income compared with the previous assessment. More than 50% of households reporting earning more than TZS 50,000 (\$USD30 month) compared to just 8.34% of households at the baseline. There is no statistical difference between rural and urban incomes. It is worth noting that inflation may be eroding the value of income increases, but even adjusting for inflation, reported incomes appear to have increased since the baseline HEA.¹ Please see the full IMARISHA End HEA Report for a larger discussion on household income in the context of trends in the overall Tanzanian economy.

FIGURE 1: SOURCES OF INCOME

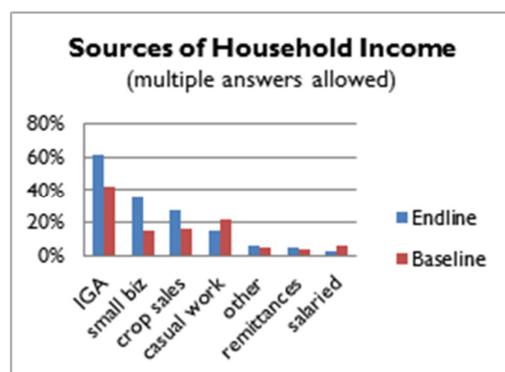


TABLE 1: REPORTED MONTHLY INCOME

Reported Monthly Income per Household	Initial HEA Percent	End HEA Percent
TZS 0 – 10,000	22.22%	14.29%
TZS 10,001 – 50,000	69.44%	32.65%
TZS 50,001 – 100,000	4.17%	25.17%
TZS 100,001 – 250,000	2.78%	19.05%
More than TZS 250,000	1.39%	8.84%

¹ See the full IMARISHA 2014 Household Economic Assessment for a more detailed discussion on household income in the overall context of shifts in the Tanzanian economy over the 2011-2014 period.

In terms of household costs, households ranked their top expenditures with similar levels of importance as in the baseline. Top three expenditures included food (78.5%), medical costs (63%) and education costs (61%). Notably, 21% of households reported “spending” (allocating) funds to savings; no households reported this allocation in the baseline survey. Also, 65% of households reported that costs were rising with food, medical costs and education also accounting for those expenses thought to be increasing the fastest. FGDs highlighted that December and January were months with high expenditures (primarily for school fees and December holidays). June and July were noted as months of high income. It was also observed that FGD members in Kilosa were diversifying their income streams to benefit from farming as well as other petty business; in this region households were able to conserve some of their harvest to sell when prices were higher.

PRODUCTIVE ASSETS AND BEHAVIORS

IMARISHA defines productive assets as household assets that can be used to expand income, reduce vulnerability and increase resiliency. Based on results of the initial HEA, IMARISHA worked with partners to develop interventions that increased productive assets and behaviors and encouraged partners to promote these activities. Within the HEA productive assets are defined as a bike, motorcycle/bajaj, car, mobile phone, shovel, pickaxe, plow, sewing machine, wheelbarrow, or water pump. On average, FHI 260 households reported an increase in the number of productive assets per household (mean = 2.75) over the baseline (mean =1.89). Male respondents reported more productive assets than female respondents (3.6 vs 2.4). Overall, the number of productive assets still remains relatively low.

Productive behaviors are behaviors and practices at the household level that can contribute to increases in income, yields, assets, and reduce overall vulnerabilities. Critical behaviors include savings, using insurance, accessing to the formal financial sector, adopting business practices (especially planning, money management, and record keeping), as well as key agricultural practices to improve yields, post-harvest handling, bulking, storage and other value addition. Both business and agricultural productive behaviors improved, albeit not significantly. For FHI360 households, one of the most significant changes is the adoption of savings behaviors.

FHI 360 households reported a 42% increase in savings behavior, largely driven by participation in community savings groups. Interestingly there appears to be a drop in savings with formal financial institutions. Access to insurance also increased by 5.5%.

TABLE 2: CHANGES IN SAVINGS, ASSET OWNERSHIP AND ADOPTION OF BEHAVIORS

	Saves %	Saves in a Bank or Non-bank Formal Financial Sector %	Has insurance %	Productive Assets (Mean/ household)	Business Productive Behaviors (Mean/ household)	Agricultural Productive Behaviors (Mean/ household)
IMARISHA Initial HEA	53.9%	8.2%	16.7%	1.89	0.16	0.19
IMARISHA End HEA	74.9%	3.4%	20.2%	2.40	0.39	0.47
FHI360 Initial HEA	42.7%	9.9%	11.1%	1.72	0.17	0.18
FHI360 Morogoro Initial HEA	48.10%	10.13%	16.95%	1.89	0.15	0.29
FHI360 End HEA	84.97%	0.67%	22.52%	2.752 ³	0.794 ⁵	0.686 ⁷

2 Changes in the mean were small but statistically significant.

A Special Note on the Role of Savings and Mobile Money

Participation in community savings groups has been an important program intervention across all HEA partner organizations. Adoption of savings as an intervention to reach vulnerable households was driven by increased global evidence that vulnerable households can effectively participate and that their participation allows households to manage seasonality issues, exogenous and covariant shocks, thereby improving the household's resilience. FGD discussions highlighted that participation in savings groups had provided benefits to households, improving their ability to make investment in income earning activities in particular.

As part of the initial HEA, IMARISHA analyzed the relationship between savings and other economic indicators and repeated this analysis for the endline HEA. Overall, the number of people who reported participating in savings groups increased by over 20% over the life of the IMARISHA project. For FHI360, 86.6% reported participation in a savings group. Households that participated in savings groups were 3 times as likely to have reported saving some amount in the previous month than those who did not. Additionally, this impact carried over to even the poorest households where there was a marked difference in savings rate directly correlated to savings group participation among the very poor (those with self-reported income of less than TZS 50,000 per month). Households who reported saving were half as likely to have reported hunger than those that did not. This positive relationship between household savings and lack of hunger proved even stronger among rural households, suggesting perhaps that savings acts as a strong buffer for households who grow food as their primary livelihood and sustenance activity.

Another notable shift for the HEA sample and FHI360 sample as a whole was the uptake of mobile phones and mobile money in PEPFAR-supported households. Over 71.8% of FHI 360 respondents (67.8% across IMARISHA HEA respondents) reported owning at least one mobile phone in the home up from 58.8% at the baseline. Across all households, 81.1% reported using some form of mobile money. (Note that this number exceeds cell phone ownership, suggesting that some households are accessing mobile money services without owning a cell phone themselves). Overall, FHI 360 households reported the highest rates of mobile phone ownership and mobile money usage. Overall use of mobile money is categorized in the table below.

TABLE 3: MOBILE MONEY USAGE

How do you use mobile money? (Multiple answers possible)	FHI360	IMARISHA
I own a mobile phone	71.8%	67.8%
I use mobile money.	81.1%	62.7%
I use it to receive money.	74.5%	55.2%
I use it to send money.	65.1%	43.4%
I use it to pay bills.	7.4%	2.8%
I use it to save money.	24.8%	15.1%
I have purchased mobile insurance.	0%	0.34%

3 Changes in the mean were small but statistically significant.

4 See 1 above.

5 See 1 above.

6 See 1 above.

7 See 1 above.

AGRICULTURE

As previously mentioned because of differences in sampling this endline analysis is compared against households sampled from the Morogoro region only during the initial HEA. In this region, 75% of households reported owning some land, the same as in the baseline. 86% reported growing some food for household consumption in 2011 compared against 73% today; a statistically significant decrease. Interestingly, this decrease occurred alongside a modest increase in agricultural productive assets and behaviors, an increase in households reporting to have received agricultural training, and a marked decrease in food insecurity (see household hunger scale below). Among FHI360 households, a majority of households (52.4%) reported increasing agricultural yields for livestock or crops compared with 25% at the baseline. Maize remained the most popular crop, while rice became the second most popular (increasing from 17.7% among Morogoro households to 54% from the baseline)⁸ surpassing garden vegetables in popularity in the Morogoro Region. It is worth noting that all major indices in Tanzania are reporting moderate to above-average maize harvests this season, which has led to low but stable prices. Stable prices are expected to continue as harvesting is completed and marketing continues. Kenya's government has arranged a large maize purchase from Tanzania which will help keep prices stable.⁹

Households reported an increase in livestock rearing with 62.4% reporting that they raised some livestock compared to 32.8% at the baseline. The mean number of livestock per household increased from 9.8 livestock assets per household compared to 2.7 at the baseline. The most popular livestock to keep is chickens.

A note on seasonality: IMARISHA's initial household economic assessment was conducted during November and December of 2011, which represents the planting season and associated lean times for many farmers. The end HEA was conducted in May 2014, which coincides with the harvest season for some crops. IMARISHA recognizes that this shift in season may influence a variety of factors in the assessments, most notably the household's perceptions related to economic issues (notably food availability, income, control of financial situation, perception of the community etc.). The end HEA however, also noted positive trends across a number of indicators that do not hinge on seasonal variability (i.e. participation in savings groups, transportation, agricultural and business productive behaviors) and against indicators where respondents were asked to denote changes over the past year (number of assets, number of types of crops and livestock). Since the overall positive trends held across many data points, IMARISHA believes that proxy indicators for household economic activity tell a story of positive change even when differences in seasonality are taken into account.

HOUSEHOLD FOOD SECURITY AND NUTRITION

Respondents access food from a variety of sources, as mentioned earlier. FHI360 households reported an increase in growing food for household consumption since the initial HEA. However, some of this shift may be linked to the shift in respondents to this survey (more rural households were interviewed compared with the baseline). At the baseline 55.7% of households (86% of households in Morogoro region) reported growing food for consumption compared with 72.5% at the endline.¹⁰ A much smaller percentage raises animals for consumption or depends on food aid (both under 3%).

⁸Deputy Chief of Party, David Benafel of the USAID/Feed the Future funded NAFKA project which focuses on improving commercial cultivation of staple crops including rice and maize noted that 2014 has been a bumper maize crops in the region of Morogoro where households were surveyed. This may have given some farmers the opportunity for cash crop production in rice to also meet increasing in-country demand and consistent farm gate prices from year to year. The researchers note that this is only speculation on why farmers appear to have shifted to rice as a key production crop.

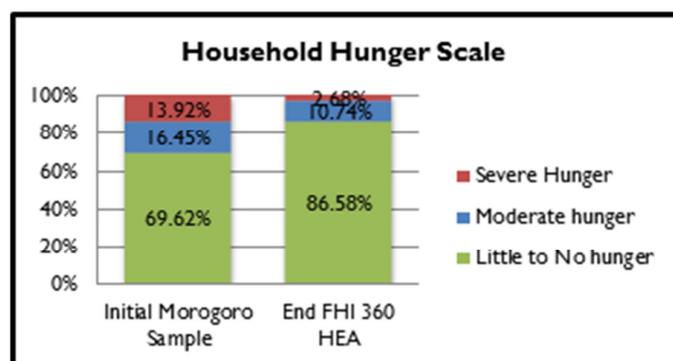
⁹Information related to maize harvests has been taken from the Famine Early Warning Systems Network (FEWNET). Similar information can be obtained from the Regional Agricultural Trade Intelligence Network - RATIN <http://www.ratin.net/index.php/tanzania>.

¹⁰ See note on seasonality.

To gain a more accurate measure of food insecurity, the IMARISHA HEA uses the household hunger scale¹¹, which includes questions related to: food availability, adequate access to food, and appropriate food utilization/consumption. The FHI360 Pamoja Tuwalee sample reported a halving of moderate to severe hunger over the baseline (13% of households now versus 30% at the baseline) with 86% of households now reporting little to no hunger. Figure 2 illustrates the number of households by hunger category comparing the FHI360 Pamoja Tuwalee to the initial sample.

FGDs highlighted some differences between households in Kilosa and Morogoro Municipal in terms of their experience with food scarcity. Kilosa FGD members were better able to conserve some food for other times of the year and also diversify income streams from selling vegetables and fruits to supplement family needs. By contrast Morogoro Municipal FGD members felt the burden of high food prices from October to March. (Note: 99% of all FHI360 FGD members are farmers).

FIGURE 2: HOUSEHOLD HUNGER SCALE



Dietary Diversity

Dietary diversity is measured against a multiple response, self-reported checklist that queries different food groups. FHI360 Pamoja Tuwalee households reported shifts towards more diversified diets compared against the baseline. Consumption of proteins, Vitamin A rich foods and legumes all increased over the baseline. Highlighted rows represent newly reported data. Multiple answers were possible

TABLE 4: PERCENTAGE OF HOUSEHOLDS REPORTING FOOD CONSUMPTION BY FOOD TYPE

	Tea/ Coffee	Foods made from Roots/ Tubers	Foods made from legumes	Meat/ Fish/ Shellfish /poultry/ Eggs	Cheese/ Yogurt	Vitamin A rich fruits and veg	Other Solid or semi- solid foods (e.g. porridge, cereals)	Sugary foods	Number of Respond ents
IMARISHA Initial HEA	30.1	18.7	19.8	11.2	5.2	54.5	81.8	11.7	1291
IMARISHA End HEA	34.9	29.8	39.7	22.3	8.3	70.9	88.9	15.4	1192
FHI360 PT Initial	45.8	28.2	27.5	3.8	1.5	51.9	84.7	9.2	131

¹¹ The Household Hunger Scale was developed as part of the FANTA project. The HHS provides a simple indicator to measure household hunger in food-insecure areas via a series of questions included as part of the IMARISHA HEA. For more information see: <http://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs>.

	Tea/ Coffee	Foods made from Roots/ Tubers	Foods made from legumes	Meat/ Fish/ Shellfish /poultry/ Eggs	Cheese/ Yogurt	Vitamin A rich fruits and veg	Other Solid or semi- solid foods (e.g. porridge, cereals)	Sugary foods	Number of Respond ents
2010 DHS*	30.7	32.3	37.2	35	18.5	61.6	79.3	4.1	4113
2010 DHS* Poorest Wealth Quintile	14.7	29.2	30.2	23.3	19.3	64.4	81.5	1.5	847
FHI 360 PT Initial (Morogoro only)	45.8	29.1	21.52	1.27	2.53	56.9	87.34	0	79
FHI 360 PT End HEA	40.27	30.47	40.27	24.16	4.03	70.47	86.58	6	149

*DHS only includes mothers

MEETING BASIC NEEDS OF CHILDREN

Among the FHI360 households, 23.9% of respondents reported not receiving healthcare during the past year due to economic barriers as compared to 37.3% at the baseline. However, only 14.4% of households reported that that some children did not receive healthcare; the resounding majority (85%) reported that their children received healthcare services. It should be noted that there was a definite relationship between those that reported receiving care and household income; those households with lower incomes were more likely to say they did not receive care in the previous year due to lack of money. There was no statistical difference between on health seeking behaviors for rural or urban households.

With respect to education, 80% of FHI 360 households reported either no change or an increased number of children enrolled in school; there was no statistical difference in attendance of male or female children. 34.2% reported more children were attending school than the previous year (baseline, 14.3%). Among FHI 360 households reporting lower school attendance, school fees was cited as the most common reason for lower or no enrollment.¹² FHI 360 households also reported that 95% of children within the households had both two sets of clothing and a pair of shoes;¹³ this was 10% higher than the IMARISHA sample in aggregate.

WOMEN'S EMPOWERMENT

In the endline HEA, IMARISHA included a subset of questions for married women only on decision-making related to household expenditures on education, health and household food security; 54.7% of the FHI360 sample was made up of married women. The aim of these questions is to understand a woman's roll in household decision-making and the impact this has on her children. Because these questions were not asked at the baseline (except for a special baseline survey done with WEI in 2012), no comparable data exists from the 2011 HEA.

¹² The IMARISHA HEA only addressed education access to a limited extent. Further qualitative research and investigation will be needed to better understand education access and challenges among the beneficiary population.

¹³ FHI360 through a partnership with Toms™, a US based shoe company, provided shoes to MVC in their regions. Toms™ donates one pair of shoes for each pair sold to impoverished children in developing countries.

Overwhelmingly, married women reported making joint decisions with their partners (rather than female or male controlled decision-making) on many important household issues. 45.6% reported joint decisions were made on how money is used. 40.3% reported that joint decisions were made on household healthcare decisions (with male controlled decisions was a close second with 31.3%). 53.7% and 68% noted that joint decisions were made with respect to children’s healthcare and education. Households who reported joint decision-making about money also were more likely to report saving.

VULNERABILITY AND RESILIENCE

A key interest of IMARISHA’s in the HEA exercise was to analyze household vulnerability and resilience. Although FHI360 Pamoja Tuwalee and other HEA participants had targeted households based on pre-defined vulnerability criteria (e.g., the URT mandated MVC targeting criteria or by their HIV status), IMARISHA believes that not all households shared the same economic vulnerability profile. As such IMARISHA combined different characteristics that make up economic vulnerability including household hunger, household size, presence of an OVC, number of earners in the household, ability of pay for medical treatment, access to transport and savings. Based on these characteristics, IMARISHA developed a vulnerability index to measure highly vulnerable, vulnerable and least vulnerable households.¹⁴ Partners adopted many of the interventions for vulnerable and least vulnerable households. Overall, the percentage of households scoring “Least Vulnerable” on the scale increased to 30% from the baseline of 16.3%. Key factors affecting changes in the vulnerability index included an increase in savings, a reduction in household hunger and access to transport.

Similarly, IMARISHA looked at resilience including those characteristics that make households more resilient. These characteristics include: use of productive behaviors, participation in savings, engagement with the formal sector (especially financial sector), perceptions of control of economic future, perceptions of household food situation and perception of community economic situation. For this index, FHI360 PT households in the Morogoro Region showed a marked improvement in resiliency. Over 75% of households scored in the “Resilient” and “Highly Resilient” categories compared against 45% at the baseline.

FIGURE 3: VULNERABILITY INDEX

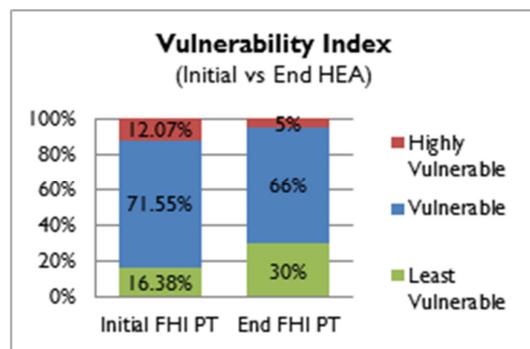
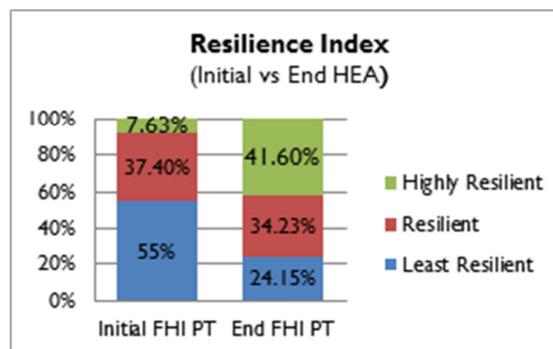


FIGURE 4: RESILIENCE INDEX



Service providers should use both the vulnerability and resilience index to more closely match economic strengthening interventions to vulnerability characteristics as well as to measure their outcomes. For example, the more vulnerable, the more need to consider provision activities; the least vulnerable, the greater the likelihood that the household will be able to participate in productive and

¹⁴ Interventions for highly vulnerable households such as cash transfers were largely left to be implemented by government under the leadership of the Tanzania Social Action Fund (TASAF) III.

promotion oriented enterprise growth activities. The resilience index in particular should be viewed as a tool to analyze improved resilience from ES interventions.

CONCLUSIONS AND RECOMMENDATIONS FOR FHI 360 AND USAID

These recommendations reflect IMARISHA’s review of FHI360’s baseline HEA results, its subsequent investment in economic strengthening and its endline HEA results. The aim of these recommendations is to inform FHI360’s programming until its close in 2015 and to also inform USAID’s planned program design for future OVC programming.

Comment on Technical Assistance

- FHI360 has been a core implementer of household economic strengthening interventions since late 2011. It has partnered with IMARISHA to gain knowledge and expertise for sub-partners, volunteers and LGAs working in its regions (initially only Morogoro and Dar es Salaam, but later Pwani and Zanzibar – Unguju and Pemba) in 6 key areas: informal savings groups, business skills, household gardening and nutrition strengthening, and local chicken production. It has also participated in DAI and TAPP organized Farmer Field days and two events focused on the production, processing and use of orange-fleshed sweet potato in Dar es Salaam and Pwani regions.

Access to Finance, Savings, and Money Management

- FHI360 has successfully fostered the development of community savings groups to support MVC households. Almost 75% of households report saving with the majority of them in an informal savings groups. FHI360 should continue to expand and strengthen these savings groups, ensuring meaningful participation of caregivers in these groups, monitoring closely the make of non-caregivers to caregivers to ensure that “upmarket drift” noted in the Pamoja Tuwalee savings study does not push out poorer, more vulnerable families. FHI360 should also continue to support innovative add-ons to the model like the MVC Fund, which provides a community driven mechanism for supporting vulnerable children, building local ownership of the support for these communities back into the community, as well as using social funds to make CHF contributions on behalf of MVC households. Going forward, FHI360 may consider adopting a private service provider model that can address incentives of how to support more savings groups including more mature groups. For more recommendations on savings, see Savings Study.
- FHI360 has made strides to support the poorest households for CHF coverage. This has been done in three ways: advocacy to and negotiation with district councils to subsidize premiums for MVC households, direct payment for some households and advocating to savings groups to cover premiums from their MVC Funds. This work may be a contributing factor to improved insurance coverage from baseline to endline.
- Where feasible, FHI360 should continue to use savings groups or other ES groups to promote other productive behaviors and improved business skills.
- Mobile phone uptake by FHI360 households has been growing, despite the vulnerability level of households. In fact, FHI360 households had the highest reported mobile phone ownership of all HEA endline participants. Price points for mobile phones have dropped significantly, making it an affordable asset for many households. Given increases in both mobile phone ownership/access and mobile money usage, there are opportunities for interesting innovation to use these technologies expand financial access further – such as to purchase crop insurance to manage agricultural risks, to save for investment in productive assets (savings lay-away and term deposits), and to borrow for other productive purposes. There is also some experimentation

already happening in Tanzania in linking savings groups with banks using mobile money platforms. Formal financial institutions can further expand financial options, including provision of education loans, etc.

Productive Behaviors

- Working with the IMARISHA project, FHI360 sub-partners and volunteers were the recipients of substantial training and capacity building in topics aimed at improving business and productive behaviors. Monitoring the uptake of these skills has been challenging by both IMARISHA and Pamoja Tuwalee. In both instances, only nominal increases were observed.
- IMARISHA is recommending that the next iteration of programming include some greater investment (by PEPFAR or Feed the Future or other depending on funding) in expanding commercialization opportunities for more upwardly mobile MVC households, ideally those that are active participants of savings groups and households who have shown to be saving more money. Additionally, embedding an agronomist that can provide regular training, coaching and mentoring from a regional or sub-partner office has shown in some instances to ensure better uptake of agronomic skills.

Food Security and Nutrition

- Since the baseline sample, FHI360 households appear to have strong increases in agricultural production with 52.4% of households reporting increasing yields. There has been an increase in per household productive assets, which is a positive trend. The sample households also appear to be more engaged in small scale, commercially oriented agriculture activities, which IMARISHA believes will yield positive income growth trends over time (although climate change/changes in weather patterns may put increasing pressure on increases in yields). IMARISHA has supported the training of CRPs in household gardening and nutrition strengthening in all regions of FHI360's program. In Kilombero district FHI360 has partnered with Feed the Future staple grains implementer, NAFKA which has trained caregiver households in household gardening, including providing follow up support.
- Since Morogoro is an important Feed the Future region for the US Government, going forward there should be more opportunities to link households into more commercially oriented activities and advanced agronomic training particularly as it relates to the rice and maize value chains in Morogoro. These opportunities are most suited to "less vulnerable" households who are able to save, invest funds in improved seeds and inputs and take on and better manage financial losses (risk).
- With respect to food security there has been an increase in households reporting that they consume what they produce; this has been shown to have a positive relationship with decreased household hunger. Severe household hunger for FHI360's sample has dropped from 13.9% at the baseline to 2.7% at the endline. However, this radical drop may be due to seasonal issues noted above or the endline sampling decisions.
- FHI360 has also collaborated with FANTA on Community Nutrition Assessment Counseling and Support (NACS). NACS trained resource persons have worked in all FHI360 Pamoja Tuwalee regions to cascade nutrition education and MUAC training in communities in all four FHI360 regions (including Zanzibar). Going forward, FHI360 should seek further collaboration with the USG Feed the Future nutrition implementer, Mwanzo Bora, whose objectives are to reduce stunting in children under 2 and maternal anemia, both targets which cross the OVC target segment.

- FHI360 households have seen an increase in livestock assets, particularly chickens, at the same time as large increases in the consumption of protein. FHI360 can continue to emphasize the importance of chicken keeping as both an income and a household nutrition activity.

METHODOLOGY AND LIMITATIONS

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities, and potential resilience of HIV affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions (FGD).

The IMARISHA HEA is not a perfect tool or a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR implementing partner staff to collect data rather than enumerators who specialize in ongoing data collection. The survey instrument was not designed to measure gender disparities or inter-household resource allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children’s education access and household economic status. After data collection, there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

While challenges often arise when attempting to draw conclusions from pre and post implementation comparisons, the IMARISHA project and its relationship and method of engagement with PEPFAR partners posed specific challenges that should be noted and taken into context of the analysis. These challenges are outlined in the Table 5 below:

TABLE 5: LIMITATIONS

Challenge	Risk	Efforts to Mitigate Risk in the Analysis
The initial and endline assessments conducted at different times of year (one during planting season, the other during harvest)	Seasonality may have skewed some results related to household hunger and overall economic perceptions by introducing an element of temporal bias	Where appropriate efforts were made to compare shifts in seasonally-affected outcomes alongside those that would not be highly variable with seasons ¹⁵
PEPFAR partners changed their geographic implementation emphasis from the initial assessment, focusing on more rural populations	Urban and rural populations face different livelihoods challenges, have different demographic make-ups and are impacted by seasonality in different ways	Urban and rural populations were broken out where possible to analyze shifts among those subsets

Despite these limitations, the HEA has helped to identify critical themes and provide a baseline for IMARISHA’s support to PEPFAR implementing partners. In addition and as a result of review of both the results and limitations of the instrument further opportunities for new studies and analyses emerged including:

¹⁵ For example, while perceptions of household hunger may shift during the year, established relationships between hunger and agriculturally productive assets or between hunger and savings allow for transitive analysis of the related metrics. Positive shifts in the number of productive assets or participation in savings (which are less likely to be impacted by seasonality) could then serve as proxy indicators to confirm overall positive trends in household hunger.

1. Understanding linkages between household food security and nutrition outcomes for PLHIV and MVC;
2. Understanding linkages between livelihoods and treatment adherence;
3. Understanding of inter-household allocation of resources particularly for MVC and PLHIV within the household.

HOUSEHOLD ECONOMIC ASSESSMENT (HEA): KEY FINDINGS FOR PATHFINDER TUTUNZANE II

The President's Emergency Plan for AIDS Relief (PEPFAR) through the Center for Disease Control is investing in Most Vulnerable Children (MVC) and home based care programming for Tanzania through Pathfinder managed Tutunzane II program. In this new program, a key aspect of PEPFAR programming for vulnerable children and people living with HIV/AIDS is household economic strengthening (HES). Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS (IMARISHA), a separate PEPFAR technical assistance project, supports PEPFAR partners, including the Tanzanian Government to improve and strengthen HES. Among IMARISHA's technical assistance support to partners and the government are training, capacity building and mentoring support in the following thematic areas: formation of informal savings and lending groups, basic business skills, market analysis, household gardening and nutrition strengthening, and local chicken production.

During November and December 2011, the USAID-funded IMARISHA project, in coordination with PEPFAR home-based care and MVC implementing partner staff and volunteers, conducted a baseline household-level economic assessment (HEA) across all program implementing partners program regions. Using a mixed methodology, enumerators collected quantitative and qualitative data from program beneficiaries using a survey instrument and semi-structured focus group discussions. The survey instrument included a variety of validated constructs, the FANTA-2 Household Hunger Scale and 124 questions covering 10 technical domains.

The results of the baseline HEA were complete in April 2012 and shared with partners who participated in the survey. Based on the results, partners including Pathfinder received tailored recommendations, interpreting the data from the HEA and proposing economic strengthening interventions aimed at decreasing household vulnerability and making upward adjustments in households' ability to cope, manage money and assets, build asset, consume food, products and services, acquire new skills and adopt healthy and productive behaviors. IMARISHA worked closely with partners to roll out a strategy supporting the observed economic strengthening needs. IMARISHA then trained and built the capacity of staff and volunteers to lead and manage new economic strengthening interventions in the areas of savings and lending (financial management/financial services), smallscale agriculture and animal husbandry, and business management.

In May and June 2014, IMARISHA and its project partners conducted a follow-up HEA largely similar in design, but with a reduction of questions (103) across 11 technical domains and the addition of new indicators related to women's empowerment. Respondents were selected from households who received household economic strengthening services from the Tutunzane II program. Focus groups discussions were also completed in both Shinyanga and Dar es Salaam to provide qualitative insights.¹ This snapshot highlights the key findings from the endline assessment and compares them to results from the initial survey where appropriate. See also note on the methodology and limitations at the end of this snapshot. For questions or comments, please contact Colleen Green (colleen_green@dai.com), and Khalid Mgaramo (Khalid_Mgaramo@dai.com).

¹ Focus group discussions were conducted between May 29 and June 6, 2014 in Mulungas and Mongolo, Kahama (Shinyanga), Buyubi-Didia (Shinyanga), Tinde (Shinyanga), Tabata (Dar es Salaam), and Temeke Dar es Salaam.



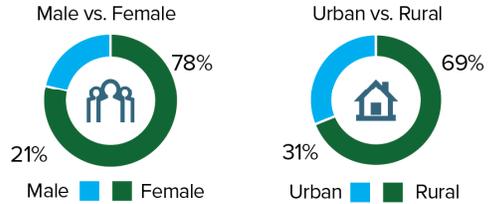
IMARISHA Household Economic Assessment

Endline Assessment May 2014



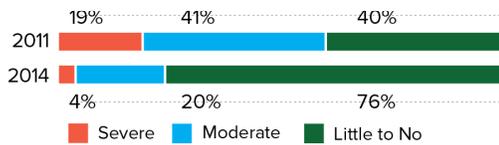
Regional Scope: Shinyanga, Dar es Salaam
Number of Responses: 273
Average Age: 44 years old
Participating Implementing Partners: Tanzanian Red Cross, Save the Children

Survey Respondents



FOOD SECURITY AND AGRICULTURAL PRODUCTION

Household Hunger Scale



Households that grow some portion of their food are ...

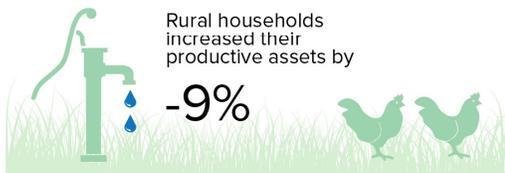
4x
LESS LIKELY



to have reported hunger than those that grow no food



HOUSEHOLD AND PRODUCTIVE ASSETS

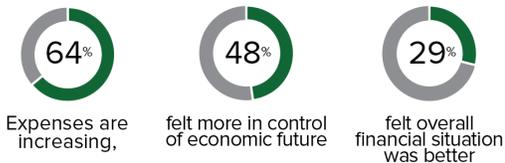


ACCESS TO SAVINGS AND CREDIT



INCOME AND EXPENDITURES

Household Perceptions of Economic Situation

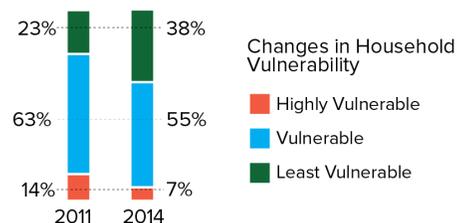


MOBILES IN DEVELOPMENT

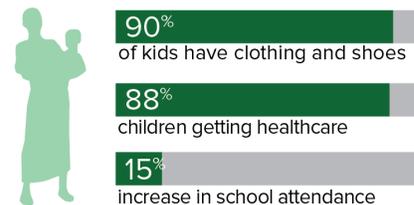
How do vulnerable households use mobile money?



VULNERABILITY INDEX



CHILD BASIC NEEDS



DEMOGRAPHICS

Among the 1,192 respondents in the IMARISHA HEA endline sample population, Pathfinder’s respondents represent 23.4% (or n=273) of the total sample. More females participated in the survey than males (78.3% female, 21.7% males) and the mean age of your sample was 44 years-old (range: 20-70). Regional distribution of the sample was split across Dar es Salaam (44%), Shinyanga (56%). 69% of the Pathfinder sample lived in urban areas, with the balance of 31% living in rural areas. Among Pathfinder households, the average household size was 5 persons (range 1 - 16) in a household. 28.6% (78) households reported at least 1 adopted or orphaned child under 18 years within the household. There was no statistically significant difference between the baseline and end line demographics.

LIVELIHOODS

INCOME AND EXPENSES

99% of respondent households reported having at least one household member contributing to income, stayed the same at 99% of households while the mean number of earners per held steady at < 2 earners per household. Of note, the distribution of sources of income shifted, with household income generating activities, small businesses, crop sales and salaried employment all seeing an increase while casual work, remittances and asset sales all decreased over the baseline suggesting a shift in household income sources towards more productive practices.

While changes in income all fell within the confidence intervals when compared to the baseline the overall trend for reported income was a 10% growth² in those earning above 50,000 Tanzanian Shillings³ per month, with about 47% of households reporting earning more than TZS 50,000 or about USD\$30 per month. It is worth noting that inflation may be eroding the value of income increases, but even adjusting for inflation, reported incomes appear to have increased since the baseline HEA.⁴ Please see the full IMARISHA End HEA Report for a larger discussion on household income in the context of trends in the overall Tanzanian economy.

FIGURE 1: HOUSEHOLD INCOME

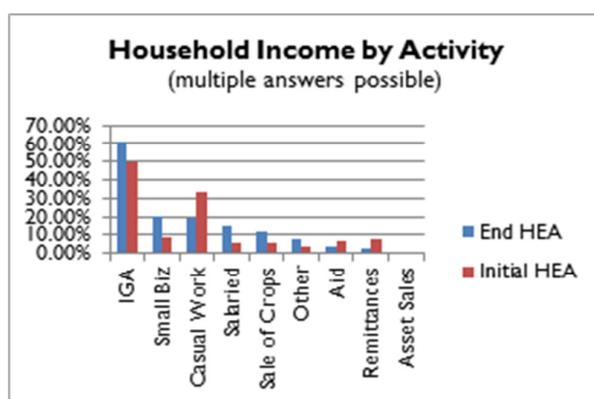


TABLE 1: MONTHLY INCOME

Self-Reported Monthly Income	Initial HEA Percent	End HEA Percent
TZS 0 - 10000	17%	14%
TZS 10001 - 50000	46%	39%
TZS 50001 - 100000	24%	27%
TZS 100001 - 250000	11%	12%
More than TZS 250000	2%	8%

² 37% of respondents reported earning more than TZS 50,000 during the initial HEA with 47% of respondents at the endline. This is statistically significant (p-value .01).

³ The IMARISHA Household Economic Assessment Endline Report, 2014 contains a full discussion of the overall economic context under which these shifts fall.

⁴ See the full IMARISHA 2014 Household Economic Assessment for a more detailed discussion on household income in the overall context of shifts in the Tanzanian economy over the 2011-2014 period.

Focus group discussions (FGDs) in Kahama, Buyubi and Tinde (Shinyanga region) noted that July to February (depending on the location) were months of high expenditures, with July – October being a time with high expenditures for planting, inputs and extra labor. October to January proved were months when less food was available and January is when school fees need to be paid. Some groups noted that petty traders had more even expenditures, but one group noted that income went down for petty traders in months when no one had food or income. By contrast, income was highest in harvest months (April to July).

By contrast, FGDs in Dar es Salaam noted high expenditures in January (coinciding with the need to pay school fees and house rentals). FGD members were largely petty traders whose businesses saw incomes fluctuate negatively between March and May and October and November due to seasonal rains; during these months businesses found it harder to make money and food prices to be higher.

Overall there was no shift in household rankings of the highest household expenses with food purchases (89.6%), medical costs (69.3%) and education costs (57.8%) still ranking as the top 3 household expenditures, although self-reported spending on education increased by 10% since 2011. Overall perceptions about the relative direction of expenses became somewhat more optimistic with 64% of households feeling that their monthly expenses are increasing compared to 72.5% in the initial HEA. This quantitative finding mirrored discussions in FGDs: two of the three FGDs in Shinyanga noted that food prices had gone up, but that households – in general – were in a better position to pay school fees and manage their cash flows, particularly due to their participation in savings groups. Similarly in Dar es Salaam, FGDs noted that participation in savings groups had pushed members to begin new businesses, which in turn provided added income to the household and lessened financial pressure when food prices were higher.

PRODUCTIVE ASSETS AND BEHAVIORS

IMARISHA defines productive assets as household assets that can be used to expand income, reduce vulnerability and increase resiliency. Based on results of the initial HEA, IMARISHA worked with partners to develop interventions that increased productive assets and behaviors and encouraged partners to promote these activities. Within the HEA, productive assets are defined as a bike, motorcycle/bajaj, car, mobile phone, shovel, pickaxe, plow, sewing machine, wheelbarrow, or water pump. On average, HEA households reported having roughly 2 productive assets per household (2.02 = means) at the end line, aggregate Pathfinder households showed no change in productive assets with a mean of 2.0 assets per household (baseline 2.2). The bigger distinction came between Shinyanga and Dar es Salaam households with Shinyanga based households owning slightly more assets on average (2.5).⁵ The overall distribution of productive assets remained largely unchanged with relatively few households who report growing food having access to basic farm implements such as ploughs, shovels and water pumps.

Productive behaviors are behaviors and practices at the household level that can contribute to increases in income, yields, assets, and reduce overall vulnerabilities. Critical behaviors include savings, insurance, access to the formal financial sector, business practices (especially planning, money management and record keeping), as well as key agricultural practices to improve yields, post-harvest handling, bulking, and other value addition. Over the baseline, Pathfinder showed a positive trend in all of these behaviors, with only the average number of productive behaviors remaining unchanged over the previous assessment. Of particular note, the number of people who reported having been able to save any money at all increased by 20%, with 68% of households now reporting some savings (baseline 47%); again Shinyanga based households reported a slightly better ability to

⁵ There was no statistical difference between these means.

save with 72.7% of households reporting savings.⁶ Access to insurance increased slightly from 19.2% to 21.8% (25.7% in Shinyanga).

TABLE 2: CHANGES IN SAVINGS, ASSET OWNERSHIP AND ADOPTION OF BEHAVIORS

	Saves %	Has insurance %	Saves in a Bank or Non-bank Formal Financial Sector %	Productive Assets (Mean/ household)	Business Productive Behaviors (Mean/ household)	Agricultural Productive Behaviors (Mean/ household)
IMARISHA Initial HEA	53.9%	16.7%	8.2%	1.9	0.16	0.19
IMARISHA Endline HEA	74.9%	20.2%	3.4%	2.4	0.39	0.47
Pathfinder Initial HEA	47.9%	19.2%	6.9%	2.2	0.22	0.17
Pathfinder End HEA	68.3%	21.8%	10.9%	2.0	0.44	0.36

A Special Note on the Role of Savings and Mobile Money

Participation in community savings groups has been an important program intervention across all HEA partner organizations. Adoption of savings as an intervention to reach vulnerable households was driven by increased global evidence that vulnerable households can effectively participate and that their participation allows households to manage seasonality issues, exogenous and covariant shocks, thereby improving the household’s resilience. For Pathfinder households, one of the most significant changes is the adoption of savings behaviors. Pathfinder households reported a 49% increase in savings behavior, largely driven by participation in community savings groups (savings group participation increased from 7.2% at the baseline to 56.2% at the endline). Shinyanga and Dar es Salaam FGDs also highlighted the importance of savings to meet school fees, which many noted they were unable to pay two years ago. Members also noted motivation to always find money each week to save, and in Dar es Salaam noted the increased feeling of empowerment and voice by contributing income to the family in lieu of relying on husbands/male partners to earn income

As part of the initial HEA, IMARISHA analyzed the relationship between savings and other economic indicators and repeated this analysis for the endline HEA. Overall, the number of people who reported participating in savings groups increased by over 20% over the life of the IMARISHA project. For Pathfinder, 56.3% of respondents report participation in a savings group. Households that participated in savings groups were 3 times as likely to have reported saving some amount in the previous month than those who did not. Additionally, this impact carried over to even the poorest households in that there was a marked difference in savings rate directly correlated to savings group participation among the very poor (those with self-reported income of less than TZS 50,000 per month). Households who reported saving any amount in the previous month were half as likely to have reported hunger that those that did not and this relationship proved even stronger among rural households, suggesting perhaps that savings acts as a strong buffer for households who grow food as their primary livelihood and sustenance activity. Again, these findings were mirrored in comments made by FGD members who cited their improved ability to save in high seasons and their ability to borrow in lean seasons for food (among other things).

⁶ Statistically significant (p-value .00 Chi-squared 24.8).

Another notable shift for the HEA sample and Pathfinder sample as a whole was the uptake of mobile phones and mobile money among PEPFAR supported households. Over 73.3% of Pathfinder respondents (68% IMARISHA-wide) reported having at least one mobile phone in the home, up from just 36% at the baseline. Across all households, 68.1% reported using some form of mobile money (compared with 62.7% of aggregated HEA respondents). Of those that use mobile money, their usage is categorized in the table below.

TABLE 3: MOBILE MONEY USAGE

How do you use mobile money? (Multiple answers possible)	Pathfinder	IMARISHA HEA
I own a mobile phone	73.3%	68%
I use mobile money	68.1%	62.7%
I use it to receive money.	61.9%	55.2%
I use it to send money.	55.6%	43.4%
I use it to pay bills.	3.6%	2.8%
I use it to save money.	30.4%	15.1%
I have purchased mobile insurance.	0.73%	0.34%

AGRICULTURE

Among Pathfinder's sample, there were no major shifts in indicators related to aggregate land ownership or the percentage of households growing some food for household consumption.⁷ However, large regional differences should be noted between rural Shinyanga and urban Dar es Salaam. For example, 56.6% of Pathfinder households own their land, but in Shinyanga this number increases to 75.5% and in Dar es Salaam decreases to 29.1%. Note also the regional differences in sources of food.

TABLE 4: SOURCES OF FOOD

	Pathfinder HEA Aggregate	Shinyanga	Dar es Salaam
Buys Food	80.2%	66.7%	97.5%
Grows Food	45.4%	77.1	5%
Raises Food (Livestock)	0.7%	2%	0%
Food Aid	3.7%	5.2%	1.7%

The majority of the agricultural data on Pathfinder households comes from Shinyanga. Maize, sweet potato and rice remained the most commonly produced crops among the Pathfinder respondent households in Shinyanga; in Dar a small number of households grow vegetables and fruit and raise livestock. While Pathfinder supported households continued to have little crop diversity, the mean number of crops grown per household did increase to 2.2 from a baseline of 1.5.⁸ Households did report a significant uptick in having received agricultural extension training within the past year; 16.9% of households reported receiving some training over 1.8% in 2012. Crop yield changes were up among surveyed households, with over 70% of households reporting either an increase in yields or no change as opposed to 47.4% who cited decreasing yields three years ago. It is worth noting two things: 1) in 2011 Shinyanga region was experiencing a drought which impacted most subsistence farmers, leading to both Government and private donors to provide food aid to hardest hit communities. 2) In 2014 all major indices in Tanzania are reporting moderate to above-average maize

⁷ Neither indicator was statistically significantly different from the baseline.

⁸ Statistically significant increase.

harvests this seasons which has led to low but stable prices. Stable prices are expected to continue as harvesting is completed and marketing continues. Kenya's government has arranged a large maize purchase from Tanzania which will help keep prices stable.⁹ It should also be noted that rice farmers in Shinyanga prefer maize as their own staple food. As rice prices have been below their five year averages, households feel a constraint on incomes as they buy maize.

There was no change in the number of households that reported raising livestock; 53.5% reported raising livestock with an average of 12.2 livestock assets per household (chickens, cows, donkeys, pigs and sheep). Chickens, goats and cows remained the most popular choice of livestock among households.

FGDs cited some serious challenges with both agriculture and livestock rearing in Shinyanga. FGD member noted the challenges of droughts over the past years, and the increased severity of them; this has led to serious reductions in production. Unrelated, one FGD also noted challenges in raising chickens due to high mortality of flocks from New Castle disease and fowl pox.

A note on seasonality: IMARISHA's initial household economic assessment was conducted during November and December of 2011, which represents the planting season and associated lean times for many farmers. The end HEA was conducted in May 2014, which coincides with the harvest season for some crops. IMARISHA recognizes that this shift in season may influence a variety of factors in the assessments, most notably the household's perceptions related to economic issues (notably food availability, income, control of financial situation, perception of the community etc.). The end HEA however, also noted positive trends across a number indicators that do not hinge on seasonal variability (i.e. participation in savings groups, transportation, agricultural and business productive behaviors) and against indicators where respondents were asked to denote changes over the past year (number of assets, number of types of crops and livestock). Since the overall positive trends held across many data points, IMARISHA believes that proxy indicators for household economic activity tell a story of positive change even when differences in seasonality are taken into account.

HOUSEHOLD FOOD SECURITY AND NUTRITION

Respondents access food from a variety of sources. Pathfinder households seemed to have shifted towards growing more of their own food for consumption since 2011. During the first assessment, 95.1% of households reporting buying their food for consumption, whereas 80.4% reported doing so in the endline, while the number of households who reported growing some food for household consumption shifted from 15.7% to 45.2% (Shinyanga only). The number of households dependent on food aid remained unchanged at 3.7% of households.

To gain a more accurate measure of food insecurity, the IMARISHA HEA uses the household hunger scale,¹⁰ which includes questions related to: food availability, adequate access to food, and appropriate food utilization/consumption. Against this scale, the Pathfinder sample showed a dramatic shift. In 2011, almost 60% of households fell into the moderate to severe hunger categories; by 2014 this number fell to 25% of households. Because there were regional differences Figures3 presents data related to household hunger for Shinyanga and Dar es Salaam as well.

⁹ Information related to maize harvests has been taken from the Famine Early Warning Systems Network (FEWNET). Similar information can be obtained from the Regional Agricultural Trade Intelligence Network - RATIN <http://www.ratin.net/index.php/tanzania>.

¹⁰ Developed by FANTA 2, the Household Hunger Scale is a globally used metric to measure household hunger. For more information on the Household Hunger Scale, please see Deitchler, Mega, Terri Ballard, Anne Swindale and Jennifer Coates. "Introducing a Simple Measure for Household Hunger for Cross Cultural Use." FANTA 2 Project. Technical Note No. 12, February 2011.

FIGURE 2: HOUSEHOLD HUNGER SCALE

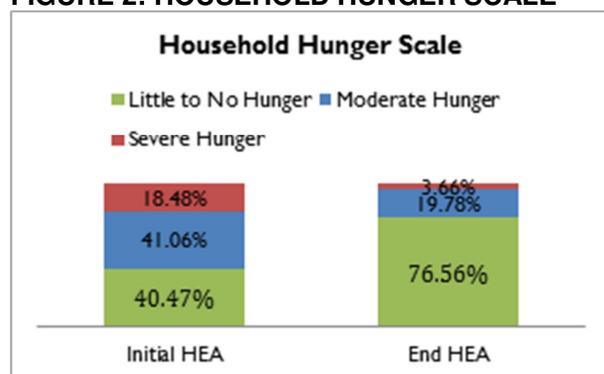
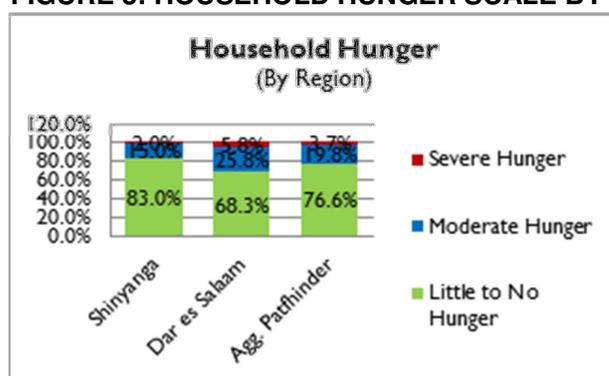


FIGURE 3: HOUSEHOLD HUNGER SCALE BY REGION (ENDLINE)



Dietary Diversity

Dietary diversity is measured against a multiple response, self-reported check list that queries different food groups. Pathfinder households tend to eat more Vitamin A rich fruits and vegetables than the IMARISHA and DHS samples, slightly more protein than the IMARISHA but a lot less than the poorest wealth quintile of the DHS. Pathfinder's sample also ate more porridges and sugary foods that provide few nutrients than both the IMARISHA or DHS samples.

TABLE 5: PERCENTAGE OF HOUSEHOLDS REPORTING CONSUMPTION OF SPECIFIC FOODS

	Tea/ Coffee	Foods made from Roots/ Tubers	Foods made from legumes	Meat/ Fish/ Shellfish /poultry/ Eggs	Cheese/ Yogurt	Vitamin A rich fruits and veg	Other Solid or semi- solid foods (e.g. porridge, cereals)	Sugary foods	Number of Respond ents
IMARISHA Initial HEA	30.1	18.7	19.8	11.2	5.2	54.5	81.8	11.7	1291
Pathfinder Initial HEA	30.4	14.3	18.1	12.9	5.2	72.8	86.5	16.6	349
Pathfinder End HEA 2014	40.0	38.9	43.3	28.9	13.7	82.2	89.7	26.3	225
2010 DHS*	30.7	32.3	37.2	35	18.5	61.6	79.3	4.1	4113

2010 DHS* Poorest Wealth Quintile	14.7	29.2	30.2	23.3	19.3	64.4	81.5	1.5	847
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*DHS only includes mothers

MEETING BASIC NEEDS OF CHILDREN

Among the Pathfinder sample, only 21% of respondents reported not receiving care due to economic barriers as compared to the initial sample (45.6%). However, only 12.5% of households reported that some children did not receive healthcare; the resounding majority (87.5%) reported that their children received healthcare services when required. With respect to education, 81.3% of Pathfinder households reported either no change or an increased number of children enrolled in school; there was no statistical difference in girls' versus boys' attendance. 15% reported more children were attending school than the previous year (baseline 9.7%). Among Pathfinder households reporting lower school attendance, school fees was the most cited reason for no enrollment.¹¹ Pathfinder households also reported that 90% of children within the households had both two sets of clothing and a pair of shoes, 5 percentage points higher than the IMARISHA HEA sample in aggregate.

WOMEN'S EMPOWERMENT

In the endline HEA, IMARISHA included a subset of questions for married women only on decision-making related to household expenditures on education, health and household food security; 47% of Pathfinder respondents were married women. The aim of these questions is to understand a woman's role in household decision-making and the impact this has on her children. Because these questions were not asked at the baseline (except for a special baseline survey done with WEI in 2012), no comparable data exists from the 2011 HEA.

The results of the questions were interesting. Overwhelmingly, married women reported that on many important decisions, that joint decisions (rather than female or male controlled decision-making) were made by them and their partners. 64% reported that joint decisions were made on how money is used and 63% on household healthcare decisions. 73% respectively noted that joint decisions were made with respect to children's healthcare and education. Of the IMARISHA sample, Pathfinder's households were more likely to report joint decision-making than other implementing partners participating in the HEA. Households who reported joint decision-making about money also were more likely to report saving.

HIV CARE IN THE COMMUNITY

IMARISHA also conducted some FGDs to gain a better understanding of how the community views home based care services. Specifically, FGD members were asked their perceptions of community HIV services, the volunteers that support them and their views on advantages and challenges of these services. In general FGDs in Dar es Salaam seemed slightly more positive about the services, noting that people appreciated the services, that they enabled people to get critical medicines and knowledge of HIV including solidifying their understanding that HIV is life long illness requiring continued treatment. Dar es Salaam FGD members noted improvements in the services and lines. Challenges cited included a limited number of CD4 count machines (noted in Kahama where there is only one, insufficient medicines especially septrin, in some instances high prices for services or the requirement to buy septrin in the pharmacy. Some FGD member cited ongoing issues with stigma in the

¹¹ The IMARISHA HEA only addressed education access to a limited extent. Further qualitative research and investigation will be needed to better understand education access and challenges among the beneficiary population.

community which forces people to seek treatment outside their municipalities. Some Shinyanga FGD members noted challenges with services and commodities recently transitioned from Pathfinder to the government; these commodities (first aid kits) are no longer being provided.

In both Dar es Salaam and Shinyanga, FGDs praised volunteers for their closer relationship with the community and for their work to help people receive services. These volunteers are effective in linking households with other services from savings groups, to nutrition services (Temeke Municipal Council was cited) to support services for children (payment of school fees, provision of uniforms, and health services).

VULNERABILITY AND RESILIENCE

A key interest of IMARISHA’s in the HEA exercise was to analyze household vulnerability and resilience. Although Pathfinder and other HEA participants had targeted households based on pre-defined vulnerability criteria (e.g., the URT mandated MVC targeting criteria or by their HIV status), IMARISHA believes that not all households shared the same economic vulnerability profile. As such IMARISHA combined different characteristics that make up economic vulnerability including household hunger, household size, presence of an OVC, number of earners in the household, ability of pay for medical treatment, access to transport and savings. Based on these characteristics, IMARISHA developed a vulnerability index to measure highly vulnerable, vulnerable and least vulnerable households. Partners adopted many of the interventions for vulnerable and least vulnerable households. Compared to the initial HEA, Pathfinder’s sample shifted away from the Highly Vulnerable category, with the sample scoring lower on the vulnerability index when compared to those households from 2011 (7% compared with 14% in 2011). The results are detailed in Figure 4. Changes in vulnerability seem more closely linked to three factors: the household’s ability to save, their ability to pay for medical services and their improvement in food security as measured by the household hunger scale.

These characteristics include: use of productive behaviors, participation in savings, engagement with the formal sector (especially financial sector), perceptions of control of economic future, perceptions of household food situation and perception of community economic situation. Similar to the vulnerability index, household scores shifted towards being more resilient as shown in the table below. In IMARISHA’s endline sample 26% of households were considered highly resilient, 48% (moderately) resilient and 27% least resilient. Again, Pathfinder’s sample noted an overall shift towards more resilient behaviors. Pathfinder’s changes mirrored those of IMARISHA’s aggregate with 23% now rated as “highly resilient”, 40% as resilient and 37 and least resilient. These results are shown in Figure 5.

FIGURE 4: VULNERABILITY INDEX

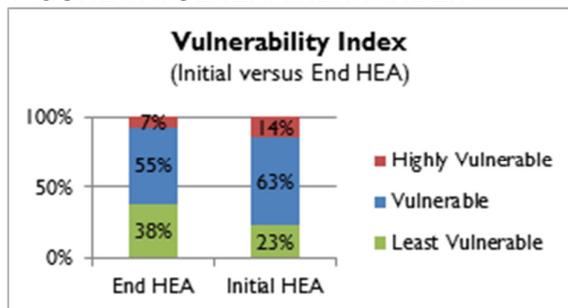
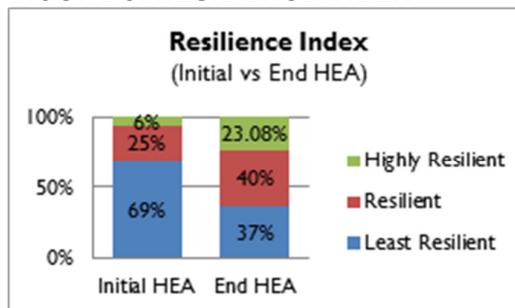


FIGURE 5: RESILIENCE INDEX



Both the vulnerability and resilience index should be used by service providers to more closely match economic strengthening interventions to vulnerability characteristics as well as used to measure their

outcomes. For example, the more vulnerable, the more need to consider provision activities; the least vulnerable, the greater the ability of the household to participate in higher risk, more productive and promotive enterprise growth activities. The resilience index in particular should be viewed as a tool to analyze improved resilience from ES interventions. However, one will need to take seasonality into account.

RECOMMENDATIONS FOR PATHFINDER AND PEPFAR/CDC

These recommendations reflect IMARISHA's review of Pathfinder's baseline HEA results, its subsequent investment in economic strengthening and its endline HEA results. The aim of these recommendations is to inform Pathfinder's programming until its close in 2015 and to also inform USAID's planned program design for future OVC programming.

FOOD SECURITY, NUTRITION AND AGRICULTURE

- At the baseline the Pathfinder sample had very high severe household hunger at 18% was higher than the IMARISHA sample. Given the high level, IMARISHA recommended that this information be shared with Care and Treatment Centers (CTCs) with whom Pathfinder works so that joint clinical and economic strengthening strategies can be developed to address food insecurity issue FIRST before moving on to other critical economic strengthening interventions. The findings complemented a separate mid upper arm circumference (MUAC) study conducted of children in the Shinyanga region. Together both studies were presented to representatives of district councils from Shinyanga Municipal, Shinyanga Rural and Kahama. The aim was to provide clear information to the districts about the continued need for food support/food baskets and RTUFs for the most vulnerable and chronically malnourished, the need for investment in food security and economic strengthening strategies such as household gardening, food storage and processing techniques, and the provision of nutrition education. Combined with private efforts to source food for households, Pathfinder was successful in helping households obtain both food support for MVC and PLHIV households and RTUFs for chronically malnourished children in 2012.
- Separately, Pathfinder also held trainings for district staff in Dar es Salaam (and elsewhere in 2012) on how to make more effective dietary decisions given a limited budget. The aim of this was to improve dietary diversity through improved food buying decisions.
- Subsequently, Pathfinder has worked closely with districts to provide ongoing nutrition support and support the provision of food in community based child care centers. In both Dar es Salaam and Shinyanga, IMARISHA worked with Pathfinder, its partners and LGAs to support homestead gardening and nutrition strengthening. For 2014 Pathfinder had reached or exceeded its targets in Shinyanga and Dar es Salaam.
- Reviewing household hunger results for the Pathfinder sample, there has been a substantial decrease in moderate and severe household hunger (though more so in Shinyanga than in Dar es Salaam where moderate hunger still remains prominent). The gains are impressive, although indicate ongoing need for support to households and the community with nutrition services, food provided through community based child care and other food support.
- A key theme expressed in Shinyanga in FGDs was increased challenge managing drought and climate related changes in that region. While Tutunzane II has worked closely with extension officers, there may be a need for more specialized services to help households learn more about water management, water harvesting and conservation, changes to adopting drought resistant varieties, etc. It is unclear to what extent ag extension can provide these services.

- With respect to livestock, again some focus can be placed on getting households trained on proper animal husbandry practices. Save the Children has done some training on local chicken keeping, but going forward more emphasis may be needed on regular vaccinations against Fowl Pox and New Castle including potentially adopting a community vaccinator approach to planning, sourcing and sharing vaccinations across the community to more effectively manage cold chain issues with vaccines.

FINANCIAL ACCESS AND SERVICES

- Prior to working with IMARISHA, Pathfinder had worked with VICOBA savings groups in northern zone. With support from IMARISHA, Pathfinder formed savings groups in both Shinyanga region and Dar es Salaam. These groups have begun to flourish and have been both a source of consumption smoothing and a good link into other services such as nutrition services in Temeke (Dar es Salaam). The savings rate has increased from by 20% across the Pathfinder sample, and FGDs report the importance of this consumption smoothing feature as critical to managing the hungry months.
- Pathfinder should continue to support savings groups, continue supporting innovative add-ons to the model like the MVC Fund, and monitor the make-up of non-caregiver to caregivers for MVC savings groups to ensure that “upmarket drift” noted in the recent Pamoja Tuwalee savings study does not push out poorer, more vulnerable families. Similarly for PLHIV savings group, it will be important (to the extent possible given confidentiality issues) to monitor groups that include both PLHIV in care and non-PLHIV to ensure individuals are equally able to participate. Finally, Pathfinder should also consider adopting a private service provider model that can address incentives of how to support more savings groups including more mature groups. For more recommendations on savings, see Pamoja Tuwalee Savings Study.
- At the baseline 20% of the Pathfinder sample was provided access to CHF by having their fees covered. Without addressing quality issues of CHF, insurance is generally a protective activity for households and should be encouraged – either through CHF, through a private micro insurance provider or through advocacy to local government to ensure that Health Fee Exemption Cards (HFECs) are budgeted for and provided to most vulnerable children households. It was also suggested that Pathfinder could also encourage its savings groups to begin savings for CHF premium payments. This type of savings is being encouraged by other PEPFAR service providers.
- Mobile phone ownership by Pathfinder households has doubled since the baseline HEA, despite the vulnerability level of households. Price points for mobile phones have dropped significantly, making it an affordable asset for many households. Given increases in both mobile phone ownership/access and mobile money usage, there are opportunities for interesting innovation to use these technologies expand financial access further – such as to purchase crop insurance to manage agricultural risks, to save for investment in productive assets (savings lay-away and term deposits), and to borrow for other productive purposes. There is also some experimentation already happening in Tanzania in linking savings groups with banks using mobile money platforms. Formal financial institutions can further expand financial options, including provision of education loans, etc.

PRODUCTIVE BEHAVIORS

- At the baseline IMARISHA recommended a focus on expanding the adoption and utilization of productive behaviors to improve business practices for urban based beneficiaries that are engaged in trade based income generating activities. Given funding limitations, Pathfinder only tapped IMARISHA on an ad hoc basis for training around core business skills and market analysis. Its partners, however, were engaged in supporting groups of households in other IGA activities and

in occasional productive asset transfers. Productive assets did not increase for Pathfinder households and productive behaviors (aside from savings) did not increase substantially. More work can be done to promote the uptake of productive behaviors. For example, in Shinyanga which is prone to drought and other climate issues, more focus should be placed training/capacity building that helps households to adopt better water management practices, post-harvest handling and improved storage to reduce food or commodity losses.

- One mechanism that is showing some effectiveness in other regions is embedding an agronomist in a regional or sub-partner office to ensure regular training and mentoring of households on key agronomic issues. However, it is unclear to what extent this is feasible given funding streams.

METHODOLOGY AND LIMITATIONS

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities and potential resilience of HIV affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions (FGD).

The IMARISHA HEA is not a perfect tool or a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR implementing partner staff to collect data rather than enumerators who specialize in ongoing data collection. The survey instrument was not designed to measure gender disparities or inter-household resource allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children’s education access and household economic status. After data collection, there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

While challenges often arise when attempting to draw conclusions from pre and post implementation comparisons, the IMARISHA project and its relationship and method of engagement with PEPFAR partners posed specific challenges that should be noted and taken into context of the analysis. These challenges are outlined in the Table 5 below:

TABLE 5: LIMITATIONS

Challenge	Risk	Efforts to Mitigate Risk in the Analysis
The initial and endline assessments conducted at different times of year (one during planting season, the other during harvest)	Seasonality may have skewed some results related to household hunger and overall economic perceptions by introducing an element of temporal bias	Where appropriate efforts were made to compare shifts in seasonally-affected outcomes alongside those that would not be highly variable with seasons ¹²
PEPFAR partners changed their geographic implementation emphasis from the initial assessment, focusing on more rural populations	Urban and rural populations face different livelihoods challenges, have different demographic make-ups and are impacted by seasonality in different ways	Urban and rural populations were broken out where possible to analyze shifts among those subsets

¹² For example, while perceptions of household hunger may shift during the year, established relationships between hunger and agriculturally productive assets or between hunger and savings allow for transitive analysis of the related metrics. Positive shifts in the number of productive assets or participation in savings (which are less likely to be impacted by seasonality) could then serve as proxy indicators to confirm overall positive trends in household hunger.

Despite these limitations, the HEA has helped to identify critical themes and provide a baseline for IMARISHA's support to PEPFAR implementing partners. In addition and as a result of review of both the results and limitations of the instrument further opportunities for new studies and analyses emerged including:

1. Understanding linkages between household food security and nutrition outcomes for PLHIV and MVC;
2. Understanding linkages between livelihoods and treatment adherence;
3. Understanding of inter-household allocation of resources particularly for MVC and PLHIV within the household.

HOUSEHOLD ECONOMIC ASSESSMENT: KEY FINDINGS FOR WEI/BANTWANA'S PAMOJA TUWALEE

The President's Emergency Plan for AIDS Relief (PEPFAR) is investing in Most Vulnerable Children (MVC) programming for Tanzania through the Pamoja Tuwalee (PT) program. Four international partners, Africare, FHI 360, Pact, and World Education, Inc. (WEI) are implementing these efforts across Tanzania. In this new program, a key aspect of PEPFAR programming for vulnerable children is household economic strengthening (HES). Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS (IMARISHA), a separate PEPFAR technical assistance project, supports PEPFAR partners including the Tanzanian Government to improve and strengthen HES. Among IMARISHA's technical assistance support to partners and the government are training, capacity building and mentoring support in the following thematic areas: formation of informal savings and lending groups, basic business skills, market analysis, household gardening and nutrition strengthening, and local chicken production.

During November and December 2011, the USAID-funded IMARISHA project, in coordination with PEPFAR home-based care and MVC implementing partner staff and volunteers, conducted a baseline household-level economic assessment (HEA) across all program implementing partners program regions. Using a mixed methodology, enumerators collected quantitative and qualitative data from program beneficiaries using a survey instrument and semi-structured focus group discussions. The survey instrument included a variety of validated constructs, the FANTA-2 Household Hunger Scale and 124 questions covering 10 technical domains. A separate and similar survey was conducted in November 2012 with WEI/Bantwana alone who had not been part of the baseline. This survey included 148 questions in 14 technical domains including new questions not included in the original IMARISHA HEA on child needs, women's empowerment, attitudes on gender based violence (GBV) and attitudes, practices, and key concerns of caregivers related to child protection. Unlike the 2011 HEA, selected household respondents were new members of WEI/Bantwana savings groups.

The results of the baseline HEA were complete in 2013 and shared with WEI. Based on the results, WEI/Bantwana received tailored recommendations, interpreting the data from the HEA and proposing economic strengthening interventions. These HES aimed at decreasing household vulnerability and making upward adjustments in households' ability to cope, manage money and assets, build assets, appropriately consume food, products and services, acquire new skills and adopt healthy and productive behaviors. As with other partners, IMARISHA worked closely with WEI to roll out a strategy supporting the observed economic strengthening needs. IMARISHA then trained and built the capacity of staff and volunteers to lead and manage new economic strengthening interventions in the areas of savings and lending (financial management/financial services), small scale agriculture and animal husbandry, and business management.

In May and June 2014, IMARISHA and its project partners conducted a follow-up HEA largely similar in design, but with a reduction of questions (103) across 11 technical domains and the addition of new indicators related to women's empowerment. Focus group discussions were also conducted in Karatu (Arusha), Korogwe (Tanga), and Same (Kilimanjaro). Respondents were selected from households who received household economic strengthening services from the Pamoja Tuwalee program. This snapshot highlights the key findings from the endline assessment and compares them to results from the initial survey where appropriate and also to the original IMARISHA HEA which did not include WEI. See also note on the methodology and limitations at the end of this snapshot. For questions or comments, please contact Colleen Green (colleen_green@dai.com), and Khalid Mgaramo (Khalid_Mgaramo@dai.com).



IMARISHA Household Economic Assessment

Endline Assessment May 2014



Regional Scope: Arusha, Tanga and Kilimanjaro

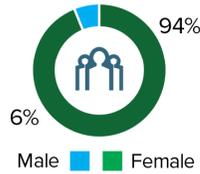
Number of Responses: 302

Average Age: 45 years old

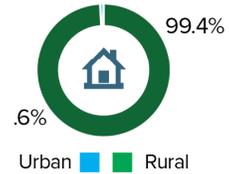
Participating Implementing Partners: Iyambi Hospital, CWCD, TEWOREC, ELCT Pare Diocese

Survey Respondents

Male vs. Female

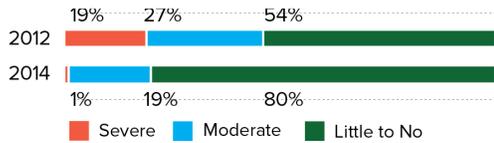


Urban vs. Rural



FOOD SECURITY AND AGRICULTURAL PRODUCTION

Household Hunger Scale



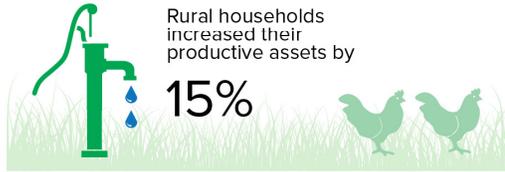
Households that grow some portion of their food are ...

4x
LESS LIKELY



to have reported hunger than those that grow no food

HOUSEHOLD AND PRODUCTIVE ASSETS

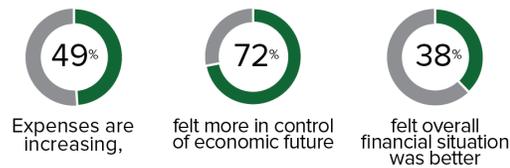


ACCESS TO SAVINGS AND CREDIT



TSH INCOME AND EXPENDITURES

Household Perceptions of Economic Situation



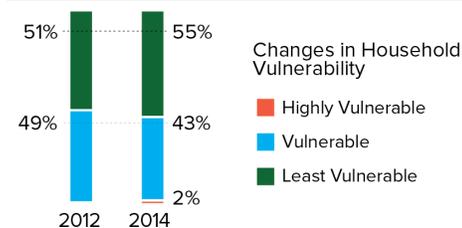
MOBILES IN DEVELOPMENT

How do vulnerable households use mobile money?

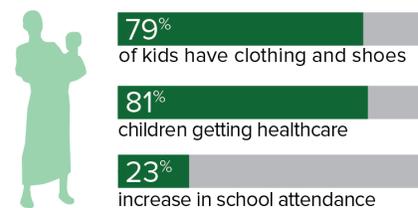


- To receive money: 60%
- To send money: 40%
- To save money: 11%
- To pay bills: 3%

VULNERABILITY INDEX



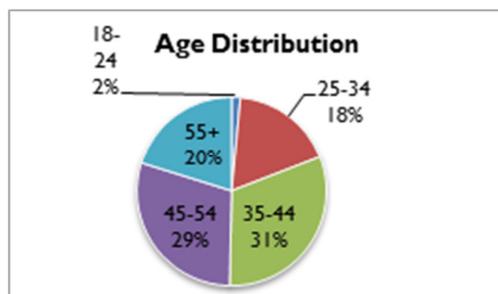
CHILD BASIC NEEDS



DEMOGRAPHICS

Among the 1,192 respondents in the IMARISHA HEA sample population, WEI/Bantwana's respondents represent 25% (n=302) of households interviewed. All respondents were members of the WEI/Bantwana Pamoja Tuwalee savings and lending groups from the following locations. Regional distribution of the respondents was split equally across Arusha, Kilimanjaro and Tanga regions (~33.3% each). This sample denotes a slight shift from the baseline where 34% of respondents were from Arusha, 47% from Kilimanjaro and 18.5% were from Tanga. Members of the savings and lending groups are recruited through the community mobilization efforts of Economic Empowerment Volunteers.

FIGURE 1: AGE DISTRIBUTION



Among the WEI/Bantwana sample, the average household size stayed the same from the initial HEA at 5.6 people per household. Group membership is composed of primarily but not exclusively women; significantly more women than men participated in the survey (94% female, 6% male).¹ The age distribution of the respondents is shown in the Graph 1 below and remains unchanged from the baseline. Average age was 45.

INCOME AND EXPENSES

All respondent households reported having at least one household member contributing to income, with a mean of less than 2 earners per household across the WEI/Bantwana sample, which is similar to the baseline. Most households reported informal income-generating activities, casual labor,² crop sales and small businesses (such as a shop or kiosk) as their primary income sources. Overall, each possible answer showed an incremental increase in the percentage of respondents listing it as a source of income, suggesting an overall increase in income-generating activities for households.

WEI/Bantwana households demonstrated a significant shift in reported monthly income over the time period since the initial assessment was conducted. During the initial assessment, only 5.5% of households reported earning more than TZS 50,000 per month; the figure for the 2014 survey jumped to 30% while the number of people in the TZS 0–10,000 range dropped to 18% from almost 50%. Across surveys, cash income is frequently an unreliable source of information as there is potential for recall bias, potential for participants to underestimate income out of a perceived advantage to qualify for assistance services, and income for many households is not in the form of direct cash. However, this typically results in under-reporting income. Seasonality of the surveys may have had some effect on the responses.

¹ No change over the baseline.

² Casual labor was not listed as a source of income on the baseline household economic activity.

FIGURE 2: HOUSEHOLD INCOME

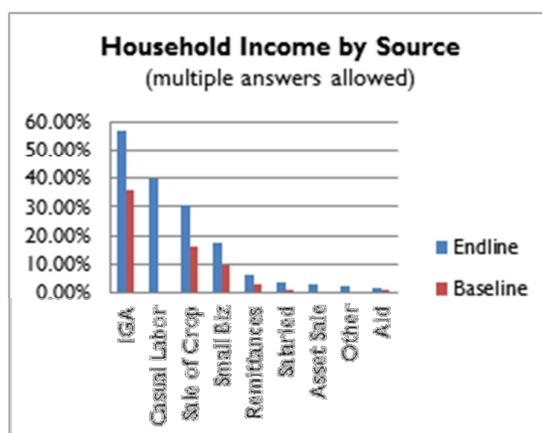


TABLE 1: MONTHLY INCOME

Table 1: Self-Reported Monthly Income	Percent at Initial HEA	Percent at End HEA
TZS 0 - 10,000	49.8%	18.79%
TZS 10,000 - 50,000	44.7%	51.34%
TZS 50,000 - 100,000	5.5%	15.10%
TZS 100,000 - 250,000	0.0%	12.42%
More than TZS 250,000	0.0%	2.35%

During the baseline WEI/Bantwana households ranked medical costs, schools costs and food costs as the top three expenditures. In particular, households ranked medical costs and school costs markedly higher than in the baseline (74.5% vs 65% and 70% vs. 48% respectively). The number of households ranking food as their top expense decreased slightly from 91% to 75%. Similar to the baseline, 49% of households reported that expenses were increasing but households were more divided over which expenses were increasing the fastest with most households saying that medical expenses were increasing most rapidly (38%).³

FGDs noted that December through March were tougher times when expenditures were high; in January school fees need to be paid and in December agricultural inputs are purchased to prepare plots for cultivation of crops. From February to April food prices are at their highest. (In Korogwe food prices continue to be high through May and June). Correspondingly, primary harvest periods are June and July (until September in Same, Kilimanjaro). Only one FGD participant noted that they were able to earn income throughout the year by producing vegetables on a household plot through multiple seasons.

PRODUCTIVE ASSETS AND BEHAVIORS

IMARISHA defines productive assets as household assets that can be used to expand income, reduce vulnerability and increase resiliency. Based on results of the initial HEA, IMARISHA worked with partners to develop interventions that increased productive assets and behaviors and encouraged partners to promote these activities. Within the HEA, productive assets are defined as a bicycle, motorcycle/bajaj, car, mobile phone, shovel, pickaxe, plow, sewing machine, wheelbarrow, or water pump. On average, WEI/Bantwana households reported a slight increase in the number of productive assets per household to 2.4 from 2.0.⁴

Productive behaviors are behaviors and practices at the household level that can contribute to increases in income, yields, assets, and reduce overall vulnerabilities. Critical behaviors include savings, using insurance, accessing the formal financial sector, adopting business practices (especially planning, money management, and record keeping), as well as key agricultural practices to improve yields, post harvest handling, bulking, storage and other value addition. Both business and agricultural productive behaviors improved from the baseline to the endline from a mean of 0.09 to 0.35 at the endline and 0.28 to 0.53 at the endline, respectively. There was little variation in uptake of business

³ Food prices ranked as the fastest rising price category at the baseline with 64% of respondents reporting rapid increases.

⁴ Statistically significant at 95% confidence level.

productive behaviors by region or district; with respect to agricultural productive behaviors both Same and Korogwe Urban showed higher means (0.82 and 1 ag productive behavior, respectively).

Note: the WEI/Bantwana initial HEA was conducted amongst savings group members at both the initial and endline HEA; at the baseline, however, 87.7% of these members had been in a savings group for less than 6 months and thus, potential benefits of savings had not realized as most groups had “cashed-out”. As a result of the specific targeting at the start, savings rates do not numerically appear to have changed.

TABLE 2: CHANGES IN SAVINGS, ASSET OWERSHIP AND ADOPTION OF BEHAVIORS

	Saves %	Has been in a savings group >6 months (n=283)	Saves in a Bank or Non-bank Formal Financial Sector %	Has insurance %	Productive Assets (Mean/ household)	Business Productive Behaviors (Mean/ household)	Agricultural Productive Behaviors (Mean/ household)
IMARISHA Initial HEA	53.9%	N/A	8.2%	16.7%	1.89	0.16	0.19
IMARISHA endline HEA	74.9%	N/A	3.4%	20.2%	2.4	0.39	0.47
WEI/Bantwana Initial HEA	99.7%	12.3%	9.9%	5.7%	2.01	0.09	0.28
WEI/Bantwana HEA End line	97%	90%	0.33%	14.76%	2.40	0.35	0.53

A Special Note on the Role of Savings and Mobile Money

Participation in community savings groups has been an important program intervention across all HEA partner organizations. Adoption of savings as an intervention to reach vulnerable households was driven by increased global evidence that vulnerable households can effectively participate and that their participation allows households to manage seasonality issues, exogenous and covariant shocks, thereby improving the household’s resilience. Overall, the number of people who reported participating in savings groups increased by over 20% over the life of the IMARISHA project. Households that participated in savings groups were 3 times as likely to have reported saving some amount in the previous month than those who did not. Additionally, this impact carried over to even the poorest households in that there was a marked difference in savings rate directly correlated to savings group participation among the very poor (those with self-reported income of less than TZS 50,000 per month). Households who reported saving any amount in the previous month were half as likely to have reported hunger that those that did not and this relationship proved even stronger among rural households, suggesting perhaps that saving acts as a strong buffer for households who grow food as their primary livelihood and sustenance activity.

FGD discussions noted the importance of introducing savings groups to the various communities. Savings group participation has allowed households to smooth consumption by providing access to loans for school fees, inputs, renting of tractors to plow land and even buy food in lean seasons. FGD participants noted that this was difficult two years ago. At that time very few were able to start new income earning businesses or cover school fees.

Another notable shift for the HEA sample and the WEI/Bantwana sample as a whole was the uptake of mobile phones and mobile money in PEPFAR supported households. 71.2% of WEI/Bantwana respondents (67.8% across IMARISHA HEA respondents) reported owning at least one mobile phone in the home, up from 47% at the baseline. This differed slightly by region with Arusha reported the highest mobile phone ownership at 73.3%, Kilimanjaro at 71% and Tanga at 69.3%. Across all

WEI/Bantwana households, 66% reported using some form of mobile money (highest mobile money usage was in Arusha with 71.6% using it compared with Tanga where usage was reported among 61.6% of households). Overall use of mobile money is categorized in Table 3 below.

TABLE 3: USE OF MOBILE MONEY

How do you use mobile money? (Multiple answers possible)	WEI	IMARISHA
I own a mobile phone	71.2%	67.8%
I use mobile money	66%	62.7%
I use it to receive money.	59.6%	55.2%
I use it to send money.	40.4%	43.3%
I use it to pay bills.	2.6%	2.8%
I use it to save money.	10.9%	15.1%
I have purchased mobile insurance.	0.6%	0.34%

AGRICULTURE

Among the WEI/Bantwana sample, 73.2% of households grow some food for household consumption as compared with 44.7% at the baseline. 80.3% reported owning some land versus 67.1% at the baseline while others rent, lease, and squat on available resources.

Maize, beans and cassava remained the most commonly produced crops among the WEI/Bantwana Pamoja Tuwalee's sampled households. WEI/Bantwana households showed an improvement in overall crop diversity with the average number of crops per household increasing to 2.9 from 1.3. Only 8.4% (6% at baseline) of respondents reported receiving any agricultural extension training in the last year. Among WEI/Bantwana households surveyed, 33% cite increasing yields (baseline 8.2%) in their agricultural production, with 49.2% citing no change yields. It is worth noting that all major indices in Tanzania are reporting moderate to above-average maize harvests this season that has led to low but stable prices. Stable prices are expected to continue as harvesting is completed and marketing continues. Kenya's government has arranged a large maize purchase from Tanzania which will help keep prices stable.⁵

Statistically more households reported keeping livestock (82.45%) than the previous HEA (64%). Of the type they keep, the largest percentage keep chickens (76.2%) with an average flock size of 7.5 (an increase of 3 at the baseline). In households who keep livestock, the mean number animals by type is: chickens 4.55, goats 5, donkeys 2.77, cows 2.7, sheep 2.52, pigs 2.37 and beehives 3.25. See Table 4 below to review WEI/Bantwana data from the baseline to endline compared with the IMARISHA samples at baseline and endline.

TABLE 4: AGRICULTURAL DATA: A COMPARISON OF WEI AND IMARISHA DATA

	WEI/Bantwana 2012 data	IMARISHA 2011	WEI/Bantwana Endline	IMARISHA Endline
% of households that grow food for household consumption	44.7%	67.6%	73.1%	69.8%
% of households that own land	67.1%	65.9%	80.3%	75.8%
Most commonly produced crops	Maize, beans, cassava	Maize, beans, vegetables	Maize, beans, cassava	Maize, beans, sunflower

⁵ Information related to maize harvests has been taken from the Famine Early Warning Systems Network (FEWNET). Similar information can be obtained from the Regional Agricultural Trade Intelligence Network - RATIN <http://www.ratin.net/index.php/tanzania>.

	WEI/Bantwana 2012 data	IMARISHA 2011	WEI/Bantwana Endline	IMARISHA Endline
Crop diversity measured by mean number of crops grown per household	Mean = 1.3	Mean= 2.0	Mean = 2.9	Mean = 2.6
% of households citing no change in agriculture production	54.3%	52%	49.2%	43.6%
% of households citing decreasing yields in agricultural production	37.5%	33%	17.31%	21.5%
% of households that keep livestock	64.9%	46.7%	82.5%	68.2%

A note on seasonality: IMARISHA's initial household economic assessment with WEI/Bantwana was conducted during November 2012, which represents the planting season and associated lean times for many farmers. The end HEA was conducted in May 2014, which coincides with the harvest season for some crops. IMARISHA recognizes that this shift in season may influence a variety of factors in the assessments, most notably the household's perceptions related to economic issues (examples include food availability, income, control of financial situation, perception of the community etc.). The end HEA however, also noted positive trends across a number of indicators that do not hinge on seasonal variability (i.e. participation in savings groups, transportation, agricultural and business productive behaviors) and against indicators where respondents were asked to denote changes over the past year (number of assets, number of types of crops and livestock). Since the overall positive trends held across many data points, IMARISHA believes that proxy indicators for household economic activity tell a story of positive change even when differences in seasonality are taken into account.

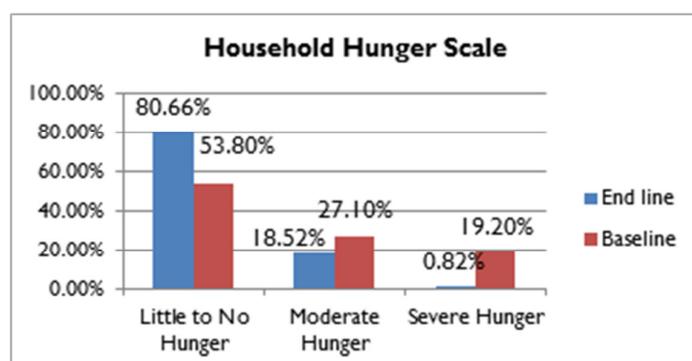
HOUSEHOLD FOOD SECURITY AND NUTRITION

Respondents access food from a variety of sources. WEI/Bantwana households reported a negative shift in the proportion that buy some portion of their food for household consumption down to 56.3% (baseline = 85.1%), with 73.2% (up from 47.4%) growing some portion of their food through agriculture or horticulture.

To gain a more accurate measure of food insecurity the IMARISHA HEA uses the household hunger scale,⁶ which includes questions related to: food availability, adequate access to food, and appropriate food utilization/consumption. Figure 3 illustrates the percentage household hunger category comparing the endline WEI/Bantwana to the initial WEI/Bantwana HEA.

⁶ Developed by FANTA 2, the Household Hunger Scale is a globally used metric to measure household hunger. For more information on the Household Hunger Scale, please see Deitchler, Mega, Terri Ballard, Anne Swindale and Jennifer Coates. "Introducing a Simple Measure for Household Hunger for Cross Cultural Use." FANTA 2 Project. Technical Note No. 12, February 2011.

FIGURE 3: HOUSEHOLD HUNGER



Dietary Diversity

Dietary diversity is measured against a multiple response, self-reported checklist that queries different food groups. Among respondents, Table 4 shows the percentage that consumed specific types of foods in the day or night preceding the interview. WEI/Bantwana households tend to eat slightly more proteins and more solid and semi-solid foods than both the IMARISHA or DHS samples.

TABLE 4: FOOD CONSUMPTION BY FOOD GROUPS

	Tea/ Coffee	Foods made from Roots/ Tubers	Foods made from legumes	Meat/ Fish/ Shellfish /poultry/ Eggs	Cheese/ Yogurt	Vitamin A rich fruits and veg	Other Solid or semi-solid foods (e.g. porridge, cereals)	Sugary foods	Number of Respondents
IMARISHA Initial HEA	30.1	18.7	19.8	11.2	5.2	54.5	81.8	11.7	1291
IMARISHA End HEA	34.9	29.8	39.7	22.3	8.3	70.9	88.9	15.4	1192
WEI/ Bantwana 2012 HEA	19.9	7.6	10.6	6.6	0.3	55.7	88.1	4.0	302
2010 DHS*	30.7	32.3	37.2	35	18.5	61.6	79.3	4.1	4113
2010 DHS* Poorest Wealth Quintile	14.7	29.2	30.2	23.3	19.3	64.4	81.5	1.5	847
WEI/Bantwana 2014 HEA	34.1	30.1	32.1	23.2	6.9	65.6	92.4	11.2	302

*DHS only includes mothers

MEETING BASIC NEEDS OF CHILDREN

Among the WEI/Bantwana households, 20.1% of respondents reported not receiving healthcare during the past year due to economic barriers as compared to 37.9% at the baseline. 17.9% of households reported that that some children did not receive healthcare, however, the majority (81%) reported that their children received healthcare services when required. Respondents in Same reported the highest level of financial pressure with respect to medical expenses with 26% of households reporting increases, compared with 16.2% in Korogwe Rural, 0% in Korogwe Urban and 16.8% in Karatu.

With respect to education, 81.2% of WEI/Bantwana households reported either no change or an increased number of children enrolled in school; there was no statistical difference in girls versus boys' attendance. 23.3% reported more children were attending school than the previous year. Among WEI/Bantwana households reporting lower school attendance, school fees and "other" were cited as the most common reason for lower or no enrollment.⁷ WEI/Bantwana households also reported that 78.5% of children within the households had both two sets of clothing and a pair of shoes; lower than the IMARISHA HEA sample (86%) in aggregate.

WOMEN'S EMPOWERMENT

In the WEI/Bantwana baseline, the HEA included a section on women's empowerment, looking specifically to understand the role of married women or those who live with men in the household in relation to their livelihoods, access to resources, decision-making for household expenditures such as education and health, as well as household food security. Questions were asked only of married women respondents; married women made up 66.2% of the endline sample. In the endline HEA, IMARISHA included a subset of these questions related to decision-making on household expenditures for all partners; only for WEI are comparative responses available from baseline to endline.

The results of the questions were interesting. Overwhelmingly, married women reported making joint decisions (rather than female or male controlled decision-making) with their partners on important issues. 65.4% reported that joint decisions were made on how money is used and on household healthcare decisions. 76.6% and 79% respectively noted that joint decisions were made with respect to children's healthcare and education. Households who reported joint decision-making about money also were more likely to report saving.

VULNERABILITY AND RESILIENCE

IMARISHA believes that not all households caring for MVC share the same economic vulnerability profile and that economic strengthening interventions should be tailored to levels of vulnerability and resilience. As such IMARISHA has developed a vulnerability index by reviewing different characteristics that make up economic vulnerability including household hunger, household size, presence of an OVC/MVC, number of income earners in the household, ability of the household to pay for medical treatment, access to transport and savings. By contrast, the resilience index includes indicators that measure behavior change (the use of productive behaviors, participation in savings, engagement with the formal sector), and household perceptions of economic control, financial wellbeing, food security situation and perceptions of the community economic situation. Table 5 shows the results for the vulnerability index and Table 6 the resilience index for WEI/Bantwana.

A Note of Clarification on these Indices and WEI/Bantwana data. Both indices were created at the baseline as a means to define a relative measure of economic vulnerability among households, and also as a gauge of change in the ability of households to cope with/thrive above vulnerability (resilience). However, the elasticity of these indices was not well matched to the sampling methodology used with WEI/Bantwana. Both the vulnerability index and the resilience index include household savings as a component of the measurement (e.g., "no savings" increases vulnerability and "reported ability to save" increases resilience) and in both instances, household respondents were selected from participants in savings/economic strengthening. For the vulnerability index in particular, savings is an important component because it is one of the few that households (with the help of outside donor facilitators like WEI) can change.

⁷ The IMARISHA HEA only addressed education access to a limited extent. Further qualitative research and investigation will be needed to better understand education access and challenges among the beneficiary population.

In the 2012 WEI/Bantwana assessment, respondents were counted as “savers” because of their participation in savings groups which meant that the vulnerability index skewed household rankings to lower levels of vulnerability, even though actual financial savings may have been limited given less than 6 months of participation in a savings group. In the 2014 endline the vulnerability index captures a comparable sample of household savers, but reflects no statistically significant change in savings. In other words, the benefits of savings were quantified in the 2011 index before real gains were likely to have been experienced at the household level.

TABLE 5: VULNERABILITY INDEX

	WEI 2012	WEI 2014	IMARISHA 2011	IMARISHA 2014
Least vulnerable	51.7%	55%	31%	52%
Moderately vulnerable	48.3%	43%	58%	43%
Highly vulnerable		2%	12%	4%

TABLE 6: RESILIENCE INDEX

	WEI 2012	WEI 2014	IMARISHA 2011	IMARISHA 2014
Least resilient		.7%	57%	27%
Moderately resilient	87%	41.4%	37%	48%
Most resilient	13%	57.9%	6%	26%

By contrast, the resilience index -- combined with qualitative FGDs done as part of the endline HEA-- captures more information on a household’s perceived ability to cope or thrive in its environment. This index relies heavily on household perceptions of their economic situation, which allowed a significant change to be seen in a year and a half since the WEI/Bantwana baseline was done. There was a substantial shift in households reporting improved resilience. FGDs highlight and corroborate the experience of savings as being critical to that feeling of control, because household members/caregivers experience the flexibility of money management/cash flow management, the ability to plan investments (largely in agriculture) and to pay for important services such as schooling for their children.

RECOMMENDATIONS AND CONCLUSIONS FOR WEI/BANTWANA AND USAID

These recommendations reflect IMARISHA’s review of WEI/Bantwana’s baseline HEA results, its subsequent investment in economic strengthening and its endline HEA results. The aim of these recommendations is to inform WEI/Bantwana’s programming until its close in 2015 and to also inform USAID’s planned program design for future OVC programming.

General Comment on Technical Assistance

- WEI has been an engaged implementer of household economic strengthening interventions since 2011. In early 2013 it has partnered with IMARISHA to gain knowledge and expertise for sub-partners, volunteers and LGAs working in 2 key areas: informal savings groups and household gardening and nutrition strengthening. In these two areas WEI has made substantial investments, first with the creation of LIMCA and second with the investment in nutritious agriculture through school gardens and in NACS using schools and communities as a central mechanism to influence food security changes at the households. WEI’s focus on advocacy with district council staff as a tool to influence change is also notable in its approach, because it is focused on long term, more permanent changes in government budgeting and services.

Food Security and Nutrition

- At the baseline WEI/Bantwana showed high severe and moderate household hunger (46.3%) as measured by the Household Hunger Scale. This has dropped substantially to 20% at the endline. There are also some gains in dietary diversity, particularly in protein rich foods (legumes, fish, meat and dairy). At the baseline recommendations were made to WEI to invest in homestead gardening, especially crop diversification for improved nutrition, which WEI has been able to do over the past 2 years. WEI has been the top Pamoja Tuwalee adopter of NACS,⁸ using the approach to track moderate and acute malnutrition through school assessments, educate communities, support children with moderate/acute malnutrition to get to health facilities for treatment, and to advocate heavily for local budgeting of nutrition resources to this end. Similarly, WEI has been a serious implementer of informal savings groups, having adapted SILC and WORTH into a new model, LIMCA that contains effective elements of both (share out of lump sum savings of SILC and a platform approach to allow messaging related to parenting, GBV and HIV for savings group members from WORTH). Through LIMCA groups savings levels have increased; FGDs highlighted how participation in savings groups has allowed households access to finance (accumulated savings) for use in the lean season for both food consumption and investment in agriculture and other informal income generation.
- The HEA also highlights a substantial increase in households that grow food for household consumption (44.7% at the baseline to 73.1% at the endline), a factor that has been shown to have a relationship with reduced household hunger.

Financial Access and Services

- As noted above, WEI has been able to expand and deepen its impact on communities through LIMCA groups. Combined with reported increases in access to healthcare (81% of children are accessing health care) and increases in access to education (up 23.3% from the baseline), increased savings appears to have increased access to critical services. WEI should continue to support these groups through at least one cycle to ensure groups are able to “share out” lump sum savings to enable continued consumption of key services such as healthcare and schooling as well as investment into business growth ventures.
- WEI/ Bantwana should continue to support savings groups, continue supporting innovative additions to the model like the MVC Fund, and monitor the make-up of non-caregiver to caregivers to ensure that “upmarket drift” noted in the Pamoja Tuwalee savings study does not push out poorer, more vulnerable families. WEI/Bantwana should also consider adopting a private service provider model that can address incentives of how to support more savings groups including more mature groups. For more recommendations on savings, see Savings Study.
- Given increases in both mobile phone ownership/access and mobile money usage, there are opportunities for interesting innovation to use these technologies expand financial access further – such as to purchase crop insurance to manage agricultural risks, to save for investment in productive assets (savings lay-away and term deposits), and to borrow for other productive purposes. There is also some experimentation already happening in Tanzania in linking savings groups with banks using mobile money platforms. Formal financial institutions can further expand financial options, including provision of education loans, etc.
- WEI/Bantwana Pamoja Tuwalee’s has worked hard to advocate for Health Fee Exemption Cards (HFECs) for MVC and has been successful in getting district councils in the Northern Zone to

⁸ Comment provided by Deborah Ash, Chief of Party of the FHI360 FANTA Program.

budget for, print and distribute the cards, effectively expanding insurance coverage for vulnerable children and their families. IMARISHA also notes that four households have purchased insurance using mobile phones, an area of expected expansion in the future. Note: although insurance coverage commendably increased from baseline to endline (from 5.7% to 14.8%), IMARISHA is unable to verify if this is due to WEI's promotion of HFEC, which may not be viewed by households as "insurance." Nonetheless, it is a positive trend.

Productive Behaviors

- WEI/Bantwana Pamoja Tuwalee tapped IMARISHA to train staff and volunteers in household gardening and nutrition strengthening, and in the provision of tools to support expansion of this in communities. Further engagement with IMARISHA in other business training or livestock management was not done. There has been a slight increase in agricultural productive behaviors from the baseline (0.28) to 0.53 in the endline. Similarly, business productive behaviors (business management, planning, record keeping, market analysis, etc.) increased slightly from 0.09 to 0.35. Going forward investment in business and agricultural productive skills will be important, particularly in the production of key crops – maize, beans and cassava, but also potentially in other crops to diversify household revenue streams. WEI should also consider investment in capacity building activities that support small animal husbandry. The endline HEA notes that there has been an increase in livestock assets (most notably chickens) since the baseline, reflecting further income diversification. Capacity building should focus on animal husbandry as a business; ensuring proper investments are made in their veterinary care to maximize yield potential.
- IMARISHA is recommending that the next iteration of programming include some greater investment (by PEPFAR or Feed the Future or other depending on funding) in expanding commercialization opportunities for more upwardly mobile MVC households, ideally those that are active participants of savings groups and households who have shown to be saving more money. With these sub-groups there may be more opportunities to link them to agricultural cooperatives and other farmer groups from which they can learn and adopt new skills and gain access to improved market opportunities. Additionally, embedding an agronomist that can provide regular training, coaching and mentoring from a regional or sub-partner office has shown in some instances to ensure better uptake of agronomic skills.

METHODOLOGY AND LIMITATIONS

The IMARISHA HEA uses a household-based livelihoods framework to understand the economic context, vulnerabilities and potential resilience of HIV affected households. The IMARISHA HEA is a cross-sectional mixed methods household assessment administered by trained enumerators using a structured questionnaire as well as focus group discussions (FGD).

The IMARISHA HEA is not a perfect tool or a perfect process. IMARISHA used purposive rather than randomized sampling with each of the PEPFAR partners, which could have potentially skewed the results. As a way to further engage PEPFAR partners in ownership of the data and the results and reduce costs, IMARISHA trained PEPFAR implementing partner staff to collect data rather than enumerators who specialize in ongoing data collection. The survey instrument was not designed to measure gender disparities or inter-household resource allocation within the household. Despite the use of previously validated questions and the careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children's education access and household economic status. After data collection, there was potential for possible transcription error. Data entry was spot-checked in comparison to the paper-based questionnaires, but this was not done for each survey.

While challenges often arise when attempting to draw conclusions from pre- and post-implementation comparisons, the IMARISHA project and its relationship and method of engagement with PEPFAR partners posed specific challenges that should be noted and taken into context of the analysis. These challenges are outlined in the Table 7 below:

TABLE 7: LIMITATIONS

Challenge	Risk	Efforts to Mitigate Risk in the Analysis
The initial and endline assessments conducted at different times of year (one during planting season, the other during harvest)	Seasonality may have skewed some results related to household hunger and overall economic perceptions by introducing an element of temporal bias	Where appropriate efforts were made to compare shifts in seasonally-affected outcomes alongside those that would not be highly variable with seasons ⁹
PEPFAR partners changed their geographic implementation emphasis from the initial assessment, focusing on more rural populations	Urban and rural populations face different livelihoods challenges, have different demographic make-ups and are impacted by seasonality in different ways	Urban and rural populations were broken out where possible to analyze shifts among those subsets

Despite these limitations, the HEA has helped to identify critical themes and provide a baseline for IMARISHA’s support to PEPFAR implementing partners. In addition and as a result of review of both the results and limitations of the instrument further opportunities for new studies and analyses emerged including:

1. Understanding linkages between household food security and nutrition outcomes for PLHIV and MVC;
2. Understanding linkages between livelihoods and treatment adherence;
3. Understanding of inter-household allocation of resources particularly for MVC and PLHIV within the household.

⁹ For example, while perceptions of household hunger may shift during the year, established relationships between hunger and agriculturally productive assets or between hunger and savings allow for transitive analysis of the related metrics. Positive shifts in the number of productive assets or participation in savings (which are less likely to be impacted by seasonality) could then serve as proxy indicators to confirm overall positive trends in household hunger.