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IMARISHA FINAL PROJECT REPORT

IMARISHA—TANZANIA ECONOMIC STRENGTHENING FOR
HOUSEHOLDS AFFECTED BY AIDS

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ABBREVIATIONS

ACT	accelerating child treatment
ALAT	Association of Local Authorities in Tanzania
CADA	Community Active in Development Association
CDC	U.S. Centers for Disease Control and Prevention
CSG	community savings group
DOD	U.S. Department of Defense
DSW	Department of Social Welfare (within the MOHSW)
EID	early infant diagnosis
ES	economic strengthening
FANTA	Food and Nutrition Technical Assistance Project
FHI 360	Family Health International (now encompassing former AED)
FTF	Feed the Future
GBV	gender-based violence
HBC	home-based care
HEA	household economic assessment
HES	household economic strengthening
ICASA	International Conference on AIDS and STIs in Africa
IGA	income-generating activity
IMARISHA	Improving Multi-sectoral AIDS Response to Incorporate Economic Strengthening for Households Affected by AIDS
IMTWC	Impact Mitigation Technical Working Committee (of TACAIDS)
IP	implementing partner
KIHUMBE	Kikundi cha Huduma Majumbani Mbeya
LGA	local government authority
M&E	monitoring and evaluation
MAFS	Ministry of Agriculture and Food Security
MCDGC	Ministry of Community Development Gender and Children
MLFD	Ministry of Livestock and Fisheries Development
MOHSW	Ministry of Health and Social Welfare
MOU	memorandum of understanding
MUHAS	Muhimbili University of Health and Allied Sciences
MVC	most vulnerable children

NACS	nutrition assessment counseling and support
NCPA	National Costed Plan of Action for MVC
NGO	nongovernmental organization
NMSF	National Multisectoral Framework for HIV/AIDS
OFSP	orange fleshed sweet potato
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMORALG	Prime Minister's Office for Regional and Local Government
RCT	randomized control trial
TA	technical assistance
TACAIDS	Tanzanian Commission for AIDS
TAPP	Tanzania Agricultural Productivity Program
TASAF	Tanzania Social Action Fund
TIMAP	Tanzania Informal Microfinance Association of Practitioners
TIP	Tanzania Interfaith Partnership
TOT	training of trainers
TSH	Tanzanian shilling
USAID	United States Agency for International Development
WEI	World Education, Inc.

EXECUTIVE SUMMARY

Improving Multi-sectoral AIDS Response to Incorporate Economic Strengthening for Households Affected by AIDS (IMARISHA) was a four-year USAID/President's Emergency Plan for AIDS Relief (PEPFAR)-funded project that worked to improve the overall effectiveness of existing and new economic strengthening (ES) activities targeting HIV-vulnerable households. As a specialized technical assistance (TA) provider, the project specifically focused on improving the economic health and safety nets of vulnerable AIDS-affected households. IMARISHA worked 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 and Social Welfare (MOHSW)'s Department of Social Welfare (DSW) and the Tanzanian Commission for AIDS (TACAIDS). Throughout its tenure, IMARISHA provided demand-driven TA to PEPFAR partners supported by USAID, the U.S. Department of Defense (DOD), and the U.S. Centers for Disease Control and Prevention (CDC) in 14 regions of Tanzania: Dar es Salaam, Morogoro, Dodoma, Iringa, Mbeya, Mwanza, Shinyanga, Pwani, Zanzibar, Kigoma, Singida, Kilimanjaro, Arusha, and Tanga.

IMARISHA provided TA in four key areas:

- Technical Area 1: Increase the capacity of PEPFAR implementing partners (IPs)—IMARISHA focused substantial resources on building the capacity of IPs throughout Tanzania, particularly local nongovernmental organizations (NGOs), to improve the quality of and effectiveness of ES interventions in HIV-vulnerable households.
- Technical Area 2: Establish partnerships, linkages, and pilot programs—expanding ES activity-required partnerships with the private sector and development partners, strategic linkages to the right human and financial resources, and appropriate investments to support innovation. IMARISHA worked with its partners to build familiarity and understanding in order to establish their own networks and partnerships to expand ES efforts. IMARISHA also supported some innovative activities through its own grant facility.
- Technical Area 3: Improve the Government of Tanzania's ability to coordinate household economic strengthening (HES) activities—IMARISHA worked with several national government ministries, as well as local government authorities (LGAs) to improve coordination and communication of HES interventions and support to MVC and people living with HIV (PLHIV) in their communities.
- Technical Area 4: Enhance the evidence base—There is a scant evidence base to prove the linkages between livelihoods interventions and better health outcomes for HIV-vulnerable households. IMARISHA's unique commission was to build this evidence base through its partners and help partners to build the appropriate causal links to achieve those outcomes.

Over the four years of the project, IMARISHA saw key results in each of the four technical areas, including:

- The creation of the Livelihoods Pathway, a conceptual model of how ES activities can lift vulnerable families into resilience, used by PEPFAR partners and government.
- The inclusion of ES as a core pillar of the DSW's National Costed Plan of Action for MVC (NCPA) II.
- Strong relationships with key national and local government ministries such as the MOHSW, specifically the DSW, TACAIDS, the Tanzania Social Action Fund (TASAF), and less so with the Ministry of Community Development Gender and Children (MCDGC), the Ministry of Agriculture

and Food Security (MAFS), the Prime Minister's Office for Regional and Local Government (PMORALG), and the Ministry of Livestock and Fisheries Development (MLFD).

- The creation and dissemination of National Guidelines for Economic Strengthening of MVC Households, as well as a Policy Guide on HES of MVC and HIV-Affected Households in Tanzania for IPs, LGAs, and other partners.
- The development and distribution of 10 different ES training of trainers (TOT) courses and learning materials and toolkits for open source use by implementing and government partners. Core topics included informal savings and lending groups, household gardening, and nutrition.
- Baseline and endline household economic assessments (HEAs) in 2011 and 2014, respectively, to determine the characteristics of household vulnerability in the program areas of PEPFAR IPs. The initial HEA captured important beneficiary household information that enabled partners to do better planning around livelihoods interventions, while the endline HEA allowed IMARISHA and partners to determine the progress that had been made by the ES interventions.
- A joint study with Pamoja Tuwalee orphans and vulnerable children (OVC) partners to document savings group models promoted with OVC caregivers, their effectiveness, and success factors used across PEPFAR partners and to understand the emerging evidence of how groups are used to improve health and social outcomes in 2014. The results of the Savings Study, illustrate key social, health, and economic impacts as reported by respondents.
- The development and completion of four innovative pilot programs through the IMARISHA Innovation Fund, which sought to bring innovative solutions to improving the economic resilience of vulnerable households.
- Technical notes to document lessons learned and share local and global evidence of what works from implementation of ES. IMARISHA produced six technical notes and shared them with more than 600 people—community volunteers, LGAs, local and international sub-partners.

As the first PEPFAR-funded project of its kind, IMARISHA's mandate to effect change multi-sectorally and within many levels of the Government of Tanzania, many lessons were learned along with program successes. They include:

- While many of IMARISHA's partners have grown in capacity to integrate ES activities into their health programs, there is still a long way to go for many organizations, especially ones that are dependent on funding from donors or volunteer labor.
- Savings group creation and membership was highly emphasized as a primary ES intervention by many of IMARISHA's partners. Being demand-driven, IMARISHA focused on delivering TOT in this area. As the project reflects on the success and internalization of the savings group culture, it is observed that it may have been more advantageous to tailor all IMARISHA training offerings through a savings group platform.
- The Livelihoods Pathway is a good conceptual model, but has limited possibilities for upward progress within the context of PEPFAR, particularly as PEPFAR's priorities for sustainability have shifted moving into PEPFAR III.
- Although IMARISHA developed good relationships with its core partners, these partnerships faced stress due to gaps in receipt of USAID's incremental funding. The result of delayed funding, for both IMARISHA and partners, was that both parties had less control over planning and outcomes. With better coordination and more timely response to incremental funding requests, better outcomes could be achieved.
- Changing PEPFAR priorities in 2014 resulted in a decrease of emphasis on HES, especially for HBC and treatment partners. While there are opportunities to explore linkages with early infant

diagnosis (EID), accelerating child treatment (ACT), and youth programming, it is likely that HBC providers will focus less on HES overall. More coordinated programming amongst donor communities could help to ensure the momentum around HES is not lost even when priorities shift.

- Innovation is not a readily understood concept amongst audiences targeted for the IMARISHA Innovation Fund. For 'innovative' approaches to be successful, a variety of approaches should be considering, such as issuing discreet expressions of interest for specific, innovative solutions to pre-identified problems.
- Additional investments in building the capacity of local organizations to effectively and compliantly implement USAID-funded awards are essential to sustainability as USAID moves toward local ownership.
- Capacity building has started in government with the development, training, and dissemination of National Guidelines for HES for MVC Households. More support needs to be provided to maintain this momentum and to link these efforts to TASAF's productive social safety net programming.
- HES work by partners should be evaluated using both more rigorous tools, such as impact assessments, and qualitative studies that help uncover client needs, behaviors and aspirations.

PROJECT OVERVIEW

IMARISHA was a four-year USAID- and PEPFAR-funded project that worked to improve the overall effectiveness of existing and new ES activities geared toward HIV-affected households in Tanzania. IMARISHA's mandate was to work closely with PEPFAR IPs, specifically those focused on providing support services to MVC and those supporting HBC patients and households to expand and enhance their economic position and potential to be able to care for themselves, their children, and families on a more sustainable basis. At the heart of it, IMARISHA's objective was to influence poverty reduction among the poorest and most health-compromised households.

Started in January 2011, IMARISHA had four intermediate results:

1. Increase the capacity of PEPFAR IPs to implement core ES interventions (including forming informal community savings groups (CSGs), helping households adopt improved agricultural practices for home plots and effective livestock-rearing practices, learn basic business skills, and understand how to access market opportunities).
2. Establish strategic partnerships and linkages with key development and health partners, and fund pilot programs of local NGOs that built innovative approaches to improve vulnerable household health, social, and poverty outcomes.
3. Enhance the ability of various Government of Tanzania ministries to coordinate and manage ES efforts cross-sectorally and at the local government level.
4. Contribute to the evidence base that shows how ES can improve health and social outcomes of vulnerable groups.

Led by a small technical team with skills and experience in different and complementary ES technical areas, the original project was intended for five years, with a ceiling of \$4.9 million and coverage in seven regions: Dar es Salaam, Morogoro, Dodoma, Iringa, Mwanza, Mbeya, and Shinyanga. In early 2012, USAID added an additional \$1 million to the project to enable it to expand geographically and reach more partners. With these funds, IMARISHA was able to expand its coverage to work with partners in Kilimanjaro, Tanga, Arusha, Kigoma, Pwani, Zanzibar, and Singida.

From the start of the project, IMARISHA and its partners were expected to provide services to target households very differently than had been done under PEPFAR I. PEPFAR II's goals required both improvements in the health and social status of the target groups (MVC and PLHIV) and a demonstration of sustainability of interventions and enhanced ownership by the health and social welfare system and the communities in which target groups lived. Under PEPFAR II, Tanzania IPs were explicitly told to adopt interventions that would ensure greater sustainability of programming. This meant adopting livelihoods-driven approaches in lieu of direct material support to meet basic needs, including food, school uniforms, shoes and scholastic materials, payment of school fees, and reconstruction of shelters. For many local IPs this mandate presented a daunting new challenge. In the past, IPs defined their relationship with the community based on the material goods that were supplied. This new era required IPs to help communities to help themselves, with the direct expectation that dependency on PEPFAR would be diminished over time.

Moving from direct material support to a livelihoods-focused approach required an incredible shift in attitudes and behaviors, as well as the adoption of new approaches and new skills. A core part of IMARISHA's early commission was to forge a common language among traditional health and social service IPs, engage them in dialogue with economic development programmers, and bring

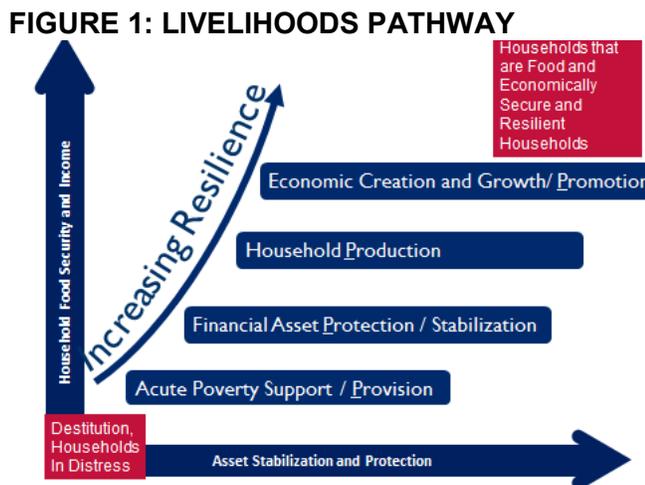
different livelihoods-based poverty reduction approaches into the PEPFAR world. Through its work, IMARISHA has worked to combat the belief that the poor could not help themselves and dispel the notion that ES interventions are unrelated to improved health outcomes for HIV-vulnerable households.

A core part of IMARISHA’s early work was taking PEPFAR Tanzania’s ES framework, which was released in late 2009, and, reviewing other emerging evidence on effective strategies to reach the vulnerable and ultra-poor, adapt it for use among IPs. In April 2011, IMARISHA rolled out the Livelihoods Pathway approach. The pathway approach is not a new model; it has been articulated and modified in a variety of contexts, and is built based on the assumptions that:

- It is possible for households/people to progress out of poverty and away from vulnerability.
- The ES needs of households and individuals are not uniform.
- As households and communities move away from destitution toward economic growth their ES needs evolve.
- If service providers are better able to assess and appreciate differences in vulnerability, they can better target and tailor interventions to needs and circumstances.

The Livelihoods Pathway conceptual model became a strategy that IMARISHA used to help organizations (and later the government) 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 (for example, improved nutrition, attendance at the clinic and school, and reduction of stigma among others).

Figure 1 illustrates the Livelihoods Pathway and the understanding that progress out of poverty is possible, but that it is not dependent solely on increased income and food security or increased assets, but a combination of both factors. The bottom left corner of the graphic is destitution, when households are in distress, and in the top right corner illustrating progress along both the vertical and horizontal axes is the desired outcome—resilient households. The model articulates four activity areas along the pathway that help households progress out of poverty toward resilience:



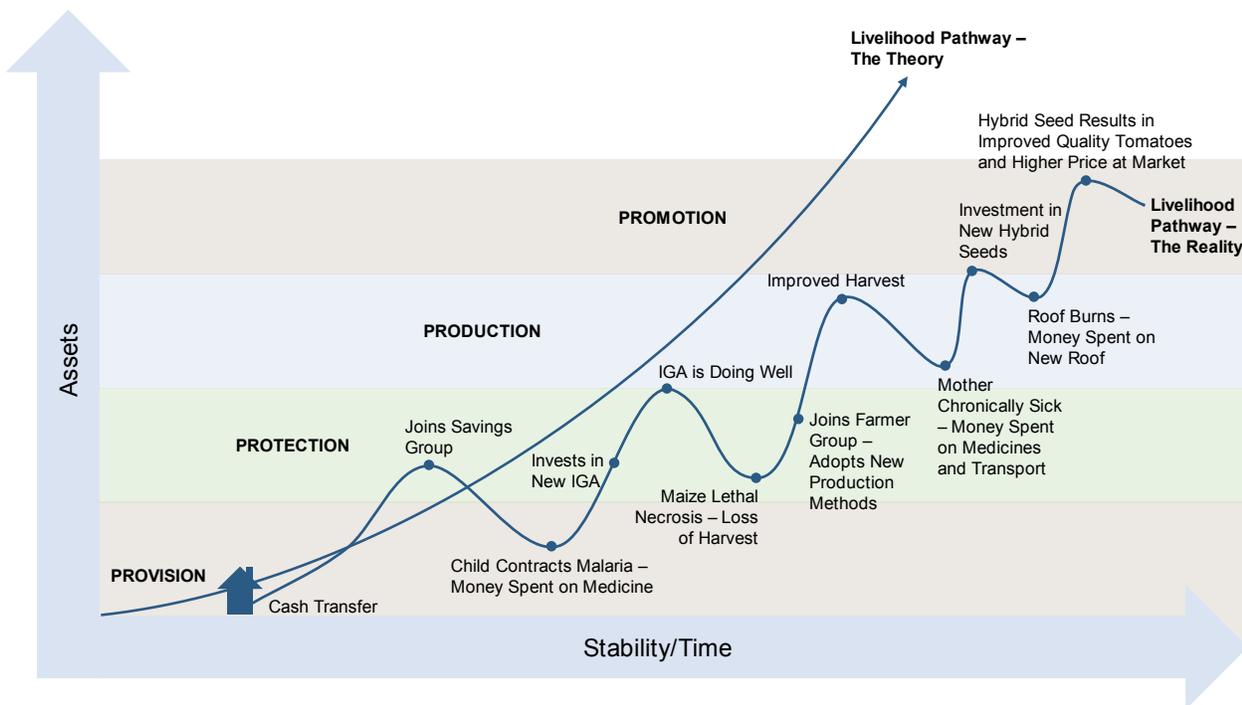
1. Provision—these are highly subsidized activities that include direct assistance in the form of food support, cash for work, conditional and unconditional cash transfers, and material and medical support (the focus on PEPFAR I).
2. Protection—these activities include savings mobilization, insurance, financial literacy, and legal support; activities that directly help households and communities stabilize and secure assets.
3. Production—these include activities that help households increase and stabilize income through a focus on improvements in low-risk, subsistence, or household-level income-earning strategies (for example, improved homestead agricultural practices, improved small business/income-generation activities).
4. Promotion—activities focused on growing enterprises and income that include entrepreneurial specialization, skills, access to financial services, and market engagement and require a higher-risk investment made by the household.

Together these activity areas, when aligned to levels of vulnerability, can provide for basic needs, protect and increase assets, smooth consumption, increase income, and improve overall resilience. These changes can align with improved social and health outcomes, such as reduced stunting and malnutrition, improved school attendance, and improved attendance at the health clinic for vaccinations and other medical services.

The Livelihoods Pathway is an illustrative model, and like many models is not perfect. While together the activity areas contribute to resilience, the path is not always sequential or smooth, especially for vulnerable households. As households move along the pathway, there are greater opportunities for growth and increased levels of risk. Similarly, there are no quick time-bound fixes along the pathway to say how long it will take to move from being dependent on external support (for example, food aid) to greater independence.

Progression along the pathway is not likely to be linear, but may instead be a journey along a winding path with peaks and troughs that represent unexpected risks outside of the household's control. External shocks and factors outside control of a household's environment may include the robustness (or lack thereof) of local markets, infrastructure, government policy, seasonal shocks, and climatic events and health emergencies. These threats and opportunities influence a household's progression along the pathway.

FIGURE 2: WINDING REALITY OF THE LIVELIHOODS PATHWAY



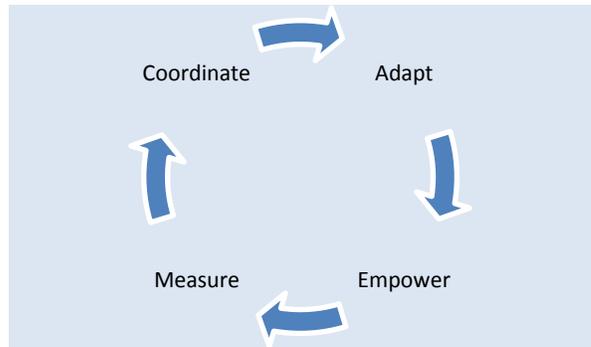
THE IMARISHA THEORY OF CHANGE

With the Livelihoods Pathway at the center of IMARISHA's strategy to effect change, IMARISHA had to work at various levels to educate, persuade, advise, and coach public and civil society to adopt the model so that changes could be translated into improvements at the household level. IMARISHA's theory of change relied on four interrelated strategies that engaged a wide range of actors in the public, private, and civil society sectors that support PLHIV and MVC in Tanzania. Specifically, IMARISHA's mandate was to effect change within PEPFAR IPs; Tanzanian

Government counterparts in the MOHSW, TACAIDS, and LGAs; local NGO IPs; Feed the Future (FTF) partners; MVC committees; and other development partners engaged in ES or livelihoods for vulnerable households. IMARISHA’s strategies included:

- **Coordinating** different actors to use appropriate new, evidence-based livelihoods interventions and tools to support vulnerable households.
- **Adapting** frameworks, strategies, and methodologies employed in other countries and contexts (including USAID Tanzania’s Economic Strengthening Framework) and customizing it to the local context for rural and urban, social welfare, and multisectoral partners.
- **Empowering** IPs, LGA staff, and volunteers to deploy the tools and training and promote innovations, which then are shared with other implementers and ideally copied and modified some more.
- **Measuring** the results through planning and research tools like household surveys, qualitative research, and other studies to document outputs, outcomes, lessons learned, and emerging evidence.

FIGURE 3: IMARISHA FEEDBACK LOOP



Coordination of these strategies needed to happen at all levels, from the national level to the district level on down to the village and household levels, allowing actors at each level to perform the functions required. These strategies also needed to take into account both risk-sensitive and growth-oriented approaches that supported the most vulnerable to reduce their vulnerability and become more resilient, while aiding households with less vulnerability to take advantage of economic opportunities. IMARISHA’s theory of change built upon and enhanced the PEPFAR Tanzania’s conceptual framework of a dynamic pathway, promoting the Livelihoods Pathway.

RESULTS AND LESSONS LEARNED BY TECHNICAL AREA

TECHNICAL AREA I: INCREASING CAPACITY OF PEPFAR IMPLEMENTING PARTNERS

In the first three years, IMARISHA focused substantial resources on building the capacity of PEPFAR IPs, particularly local NGOs, to improve the quality and effectiveness of ES interventions for HIV-vulnerable households. This process began with numerous consultations that focused on sharing information and educating IPs on ES approaches; sharing state-of-the-art practices from other countries; assessing the services currently offered; assessing staff, training, and capacity building needs; and monitoring and evaluation (M&E) capabilities. IMARISHA's first major activity was to visit and assess national and local IPs and their staff, organizational capabilities, and knowledge of/experience with ES. IMARISHA staff visited 76 local IPs in its original seven regions. Results were shared with partners and local and national government. The results were also published in the October 2011 report, *The State of Economic Strengthening Interventions of HIV Care and Support Organizations in Tanzania*. Based on some of the key findings and gaps identified, IMARISHA built a set of guiding values (see Figure 4) and a service model to address gaps and expand ES practices among PEPFAR IPs (see Technical Area 4).

IMARISHA built capacity, in large part through mutually agreed upon memoranda of understanding (MOUs) with international IPs, and more ad hoc IP TA requests. IMARISHA's primary tools for capacity building were:

- TOT for mainly community volunteers, district-level and international IP partner staff, and national and local government staff.
- Customized TA to meet specific partner needs/demands.
- Presentations to PEPFAR partner, donor, technical working group, or other government audiences to share studies, mechanisms, data, or other ES or livelihoods-related information.
- A study tour in 2012 to Ethiopia to visit other world-class ES and social protection programs;
- Monitoring visits in which trainers and other IMARISHA staff visited staff/volunteers trained to oversee implementation of activities and provide support and mentoring. Mentoring was also provided virtually by email and phone.

As per the MOUs, all training and capacity-building activities were jointly planned and cost-shared. Partners were

FIGURE 4: ES VALUES

Economic Strengthening (ES) Values
working with HIV-vulnerable households across Tanzania



expected to cover the costs for participants, while IMARISHA covered the cost of trainers, course materials, and other necessary course content. Training and service delivery numbers (outputs) flowed to the IPs. IMARISHA was asked to provide only a narrative to PEPFAR's semi-annually reporting on its contribution to ES targets under care and support. In the last year of training/TOT (mid-2013 to mid-2014), when IMARISHA's funding was largely devoted to other endline activities, partners cost-shared a higher proportion of the cost, demonstrating the value of these services. The MOUs also outlined certain agreed upon principles of practice—sustainability first and foremost—in the rollout of ES activities. MOUs also required reporting on results to IMARISHA on a quarterly basis.

SUMMARY RESULTS BY NUMBERS (OUTPUTS)

- Developed 10 different ES TOT courses and learning materials and toolkits for open source use by implementing and government partners. Core topics included informal savings and lending groups, household gardening and nutrition strengthening, local chicken production, basic business skills, market analysis, and financial literacy. Materials developed by Helen Keller International for its orange fleshed sweet potato (OFSP)-focused Reaching Agents of Change program were also modified for use with some PEPFAR IPs to extend knowledge of OFSP cultivation, harvest, processing, and nutritional information.
- Developed a policy guide that highlights all the laws, policies, frameworks and regulations that address HES/livelihoods and economic empowerment. The policy guide is available in English and Swahili.
- Developed supportive supervision tools for household gardening, poultry production, and basic business skills. These were shared with partners as part of training and were also incorporated into training manuals.
- Developed six picture-based posters describing in Swahili and showing pictures of the steps of common HES activities. Aimed at low-literacy volunteers and community members, posters were developed for forming savings groups, sharing out in savings groups, sack gardens, double digging home gardens, composting, and keeping chickens.
- Built the capacity of staff and community volunteers of local IPs in 14 regions: Dar es Salaam, Morogoro, Dodoma, Iringa, Mbeya, Mwanza, Shinyanga, Pwani, Kigoma, Singida, Kilimanjaro, Arusha, and Tanga; and two districts of Zanzibar: Unguja and Pemba.
- Delivered 114 ES training and TOT courses for 3,607 (44 percent men, 56 percent women) local NGO staff, community volunteers, and government extension staff in 15 regions; 95 percent of the TOT courses were cost-shared by IPs. The vast majority of trainees were reached as a result of agreements/MOUs with six IPs: Africare Pamoja Tuwalee, Deloitte Tunajali, FHI360 Pamoja Tuwalee, Pathfinder Tutunzane II, Tanzania Interfaith Partnership (TIP), and World Education, Inc. (WEI) Pamoja Tuwalee.
- Implemented 13 TA requests, which supported PEPFAR prevention partners, local faith-based organizations, and other IPs; TA requests were discontinued in Year 3 when incremental funding did not allow IMARISHA to meet TA demands.
- Conducted 32 monitoring visits to follow up on the implementation of training. In 2014, monitoring visits took the form of on-the-job advisory services to local staff as they began implementation of new activities.

SUMMARY RESULTS OF PROGRAM OUTCOMES OF PARTNERS

Over the life of the project, IMARISHA worked closely with six PEPFAR IPs to learn and implement a variety of ES interventions. Within those six programs, CSGs and income-generating activities (IGAs) (which included agricultural activities, livestock rearing, and small business/trade activities)

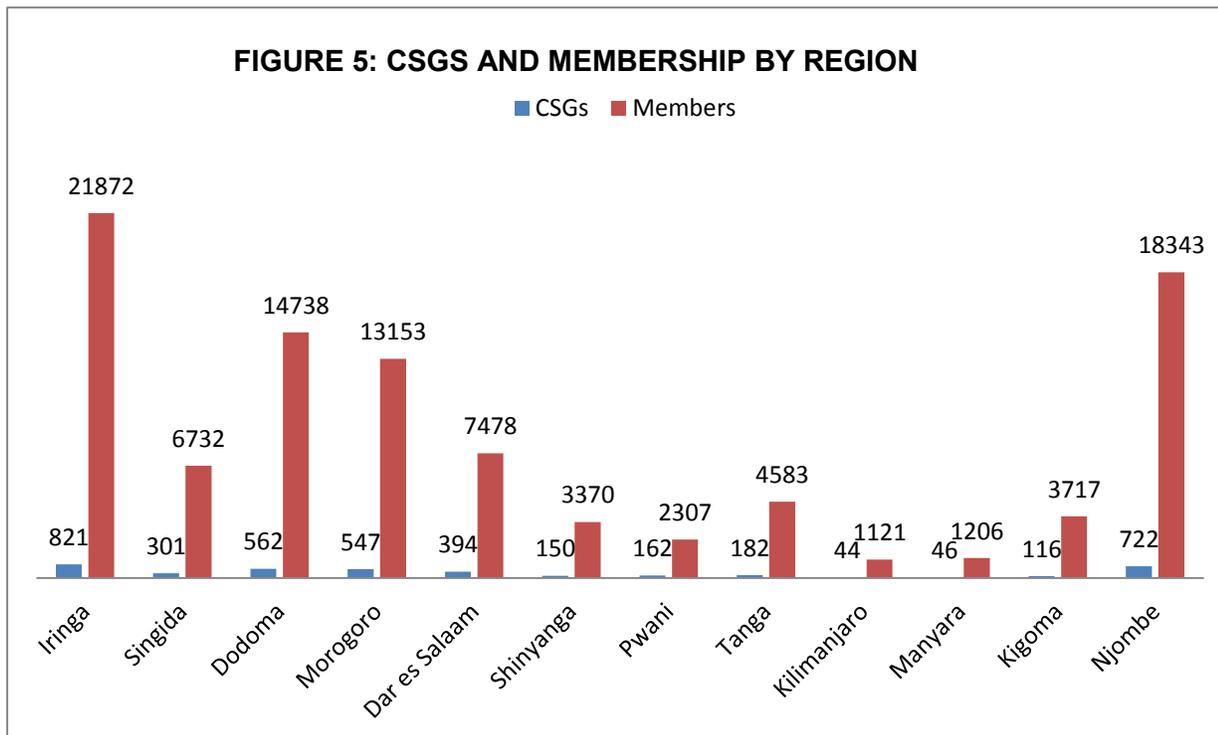
dominated the activities that partners implemented. But, given partner choice and the myriad of data they reported in their quarterly and annual reports to USAID, CDC, and PEPFAR, IMARISHA found that CSG activities were the one common ES activity implemented by all, and for which decent data was collected quarterly. Starting at the end of 2012, IMARISHA began tracking and reporting partner performance related to savings. IMARISHA's six MOU partners were asked to share any and all ES data, especially that related to savings groups. Table 1 shows the cumulative results over the past two years related to PEPFAR IP savings group activities. Note: one partner, TIP, encountered funding challenges and was unable to co-fund training or other HES activities; it only reported data once. Also, Pathfinder's Tutunzane II program ended in September 2014 and thus, data from that program is aggregated in the last two reporting periods, but no new savings group data was reported after September 2014.

TABLE 1: CSG DATA FROM PEPFAR IPS SUPPORTED BY IMARISHA

	Dec 2012	Jun 2013	Sep 2013	Dec 2013	Mar 2014	Jun 2014	Sep 2014	Dec 2014
Number of PEPFAR IPs reporting	1	2	6	4	5	4	4	5
Number of CSGs	565	1,306	2,758	3,083	3,389	3,559	3,891	4,117
Number of members	13,571	30,963	68,398	77,874	85,276	87,595	97,947	100,154
Average CSG size	24	24	25	25	25	25	25	24
Cumulative savings	517.8 million	2.75 billion	7.26 billion	8.25 billion	11.1 billion	13.57 billion	15.57 billion	17.14 billion
Cumulative MVC funds	46.2 million	148.9 million	248.8 million	323.4 million	464.3 million	529.4 million	672.57 million	811.1 million
Average savings per member	38,157	89,074	118,515	124,668	137,768	161,790	166,905	179,460
MVC funds as percentage of cumulative savings	9%	6%	6%	6%	6%	6%	6%	7%

Figure 5 provides data on the number of CSGs per region and total membership as per the close of the IMARISHA project.¹

¹ In this graph, CSGs and members for Pathfinder in Dar es Salaam are included. However, no data was reported to IMARISHA on savings volumes for Dar. TIP data was only collected during one period and is reflected here. It is likely out of date.



Some other useful statistics:

- Regions with the highest individual savings rates are: Iringa (for Africare Pamoja Tuwalee it is 2.5 times larger than any other region), followed by Njombe, Dodoma, and Morogoro. Iringa also reports the highest average individual savings rate of TSH 339,318 per member (calculation does not reflect share-outs of savings). Table 2 provides data on cumulative savings and MVC funds by region.
- Among HBC and OVC IPs, almost all formed CSGs with mixed membership. For HBC members, CSGs included both PLHIV and non-PLHIV members; OVC CSGs included both caregivers and non-caregivers. Among HBC IPs, Morogoro region had the lowest percentage of PLHIV involved in CSGs (8.3 percent) and this dropped over time. By contrast, Singida had the highest percentage of PLHIV participating in CSGs, with 58.3 percent of members; Iringa was also high with 56.7 percent. Of OVC providers, Pwani region had the highest percentage of caregivers participating in CSGs (91.5 percent), while Morogoro had the lowest (33.5 percent).
- Two partners tracked member use of social funds for Community Health Fund premium payments. These were Deloitte Tunajali and Africare.

TABLE 2: CUMULATIVE SAVINGS AND MVC FUNDS BY REGION

Region	Cumulative Savings	MVC Funds**
Iringa	TSh7,421,552,641	TSh246,681,062
Singida	TSh700,406,280	TSh45,215,505
Dodoma	TSh2,097,455,323	TSh114,380,068
Morogoro	TSh2,421,206,399	TSh33,548,750
Dar es Salaam*	TSh505,527,150	TSh41,886,350
Shinyanga	TSh221,625,860	TSh4,473,850
Pwani	TSh316,465,300	TSh30,974,830
Tanga	TSh520,764,270	TSh25,798,635
Kilimanjaro	TSh133,158,090	TSh5,814,400
Manyara	TSh119,191,500	TSh7,010,800
Kigoma	TSh63,499,300	TSh3,294,700
Njombe	TSh2,466,066,713	TSh248,039,683
Total	TSh17,138,460,554	TSh811,100,733

* Reflects only FHI360 savings groups. Pathfinder did not report savings volumes.

**Five IPs have included MVC funds as part of their savings model: FHI 360, Africare, WEI, Pathfinder, and TIP.

For more information on results across all IMARISHA activities, please see IMARISHA's full final project M&E results in Table 4.

TECHNICAL AREA 2: PARTNERSHIPS, LINKAGES, AND PILOT PROGRAMS

Although IMARISHA invested significant staff resources in capacity building for local partners (Technical Area 1) and the government (Technical Area 3), the efforts to expand ES also required good partnerships with the private sector and development partners, strategic linkages to the right human and financial resources, and appropriate investments to support innovations. IMARISHA worked with its partners to build their familiarity and understanding to ultimately establish their own linkages to expand ES efforts and supported some innovative activities through the grant facility.

IMARISHA INNOVATION FUND

The IMARISHA Innovation Fund (IIF) was created with the vision to provide grants to a diverse range of institutions, including PEPFAR implementing partners, and other ES NGOs /CBOs, and private sector organizations that are stakeholders in Tanzania's efforts to mitigate the economic impact of HIV/AIDS. The IIF was specifically designed on the precept that in order to create an effective and sustainable national response to mitigate the economic effects of HIV/AIDS on households and families, stakeholders must introduce integrated, community-driven strategies which are locally appropriate, but can be taken to national scale grounded in sound economic practices. From the outset, IMARISHA envisioned that the distinguishing characteristic of all IMARISHA investments would be that they directly encourage, foster or scale up new innovative products, services, technologies, information and evidence that will make it easier for vulnerable populations to access, understand, utilize and benefit from economic strengthening support. Realizing that innovation comes with a high level of risk, IMARISHA designed the IIF specifically to support institutions in reducing risks that may have thwarted innovation in the first place. Finally, the IIF

encouraged focusing specifically on investing in realistic “change actions,” or initiatives, technologies or services that have the highest probability of positively effecting household economic production and resilience.

The most promising innovation proposals, with the greatest potential impact on HIV affected households were selected for award. The IIF had four innovation grantees that made it through implementation: Africa Bridge which proposed building dairy cooperatives to improve the livelihood and health/nutrition well-being of MVC households; Cheetah Development which proposed linking groups of women MVC caregivers to financing for solar dryers to use to process fruits and vegetables; Community Active in Development Association (CADA) which proposed building solar phone charging businesses for PLHIV groups; and Kikundi cha Huduma Majumbani Mbeya (KIHUMBE) which proposed building a job incubation center for graduates of vocation training to give them on-the-job experience and mentoring before they must go out on their own. An additional grant was issued to BRAC Tanzania; however this grant was cancelled due to noncompliance of grant terms and conditions.

In the innovative process, we find both failures and successes. Where ideas failed, we learned from those failures quickly and at relatively low expense. Where innovative pilots succeeded, we learn from these successes and establish replicable models for future growth. Of the four programs that completed implementation, all grantees were able to show demonstrable gains in building the foundation for sustainable economic strengthening initiatives. The IMARISHA Innovation Fund realized many achievements through the pilots that were funded. The most notable of these was the ability of grantees to take their concepts from pilot to program. For all four organizations that completed implementation, there is evidence that these pilots are, if not already, are on their way becoming established, stable programs that will carry on beyond the original period of performance for the pilot.



In addition to creating direct employment opportunities for the 100 beneficiaries of the award and two coaches, the CADA pilot also realized additional hiring gains as new income generating activities were undertaken by groups seeking to diversify one example is the start-up of a solar shaving enterprise!

Under the pilot program, five solar phone charging centers were established and group records show that on average 500 customers are being served per group per month. In such rural settings, it is estimated that one phone is used by at least 3 members of the family, which means through the centers this pilot is bringing services an estimated 30,000 people!





Grantee KIHUMBE provided on-the-job training for 60 tailoring and mechanic students through the Job Incubation Center in Mbeya City – 70% of students had found employment the end of the pilot implementation period!



Grantee Africa Bridge made significant inroads in strengthening vulnerable households, while also building local capacity in agriculture and livestock knowledge and skills. Having successfully established five dairy cow cooperatives in Rungwe District, these cooperatives are realizing tangible economic benefits for beneficiaries and the communities themselves in the form of cows and milk!



In addition to introducing and providing practical training on solar drying, Grantee Cheetah worked throughout the pilot to establish viable access to microfinance opportunities as well as creating a market for dried products for beneficiaries that engage in solar drying. With these foundations in place, there is more potential for beneficiaries to realize sustained economic benefits!



PARTNERSHIPS WITH OTHER DEVELOPMENT PRACTITIONERS

IMARISHA developed a number of good partnerships with implementers of food security programming in particular, especially those funded by USAID through the FTF initiative. Key development and food security partners included:

- Tanzania Agricultural Productivity Program (TAPP), a U.S. Government-funded horticulture development program aimed at smallholder farmers led by Fintrac.
- Mwanza Bora, a U.S. Government-funded flagship nutrition program aimed at reducing childhood stunting and anemia led by Africare.
- Reaching Agents of Change Programme focused on the promotion of OFSP led by Helen Keller International.
- Food and Nutrition Technical Assistance Project (FANTA) 3 focused on the rollout of the nutrition assessment counseling and support (NACS) framework led by FHI360.

And to a lesser extent:

- NAFKA focused on the commercialization of staple grains (rice and maize) led by ACDI/VOCA.
- Tanzania Informal Microfinance Association of Practitioners (TIMAP), an umbrella body aimed at coordinating practitioners of informal microfinance (for example, savings group practitioners).
- Association of Local Authorities of Tanzania (ALAT).
- Catholic Relief Services.
- MicroEnsure, a provider of micro health insurance, among other health insurance products.
- Restless Development, a promoter of youth programming.
- Femina HIP, a promoter of behavior change among youth in a variety of topic areas from reproductive health to entrepreneurship.

Among the achievements that IMARISHA made working closely with these organizations:

- Several OFSP training sessions and events that promoted the production, harvest, multiplication, and processing of OFSP, a vitamin A-rich food. These events were held in Morogoro, Dar es Salaam, Mkuranga, and Tanga.
- Nutritious agriculture by design information-sharing meetings to share content among practitioners; some materials have been consolidated by Mwanza Bora for rollout to local extension officers.
- Joint training to link nutrition work explicitly into HES work.
- Farmer field days with TAPP for mature savings groups facilitated by PEPFAR partners for inclusion in training on improved horticulture techniques. These events were held in Morogoro, Tanga, Iringa, and Zanzibar.
- Joint coordination and participation of IMARISHA with USAID FTF partners for three years at national Nane Nane events.
- Inclusion of informal microfinance through savings group formation in meetings led by ALAT for District Executive Directors. IMARISHA participated in meetings in Morogoro, Arusha, and Mwanza.
- Information-sharing partner meetings led by DAI on different topics, including OFSP, farming as a business for youth, and micro insurance.

- Participation with other savings group stakeholders in TIMAP to develop a sector-wide strategic plan and adopt common principles of practice. This work is ongoing.

In addition to its partnerships with development partners, IMARISHA also partnered with a variety of health partners to move joint initiatives forward. These included:

- Supporting AIHA and the Institute for Social Work in training parasocial workers on HES.
- Working with Africare and Pathfinder HBC partners to develop a patient risk assessment tool that aligns with HBC follow-up visits.
- Working with MEASURE Evaluation on a concept note to conduct an impact assessment of the CSG work.
- Chairing the health-specialized TA providers' forum to allow for better communication and coordination of activities.

TECHNICAL AREA 3: IMPROVE GOVERNMENT OF TANZANIA CAPACITY

One of IMARISHA's core mandates was to work with different government ministries and LGAs to improve their coordination and communication to support service provision to MVC and PLHIV in the area HES. IMARISHA's engagement with key ministries—the MOHSW, specifically the DSW, TACAIDS, TASAF, and less so with MCDGC, MAFS, PMORALG, and MLFD—started in Year 1, but continued to grow in years 2-4 as the relationship and engagement became clearer and stronger. At the local government level, IMARISHA engaged two districts in a pilot program to build the capacity of ward extension officers in HES.

NATIONAL GOVERNMENT

DSW

IMARISHA's primary engagement with DSW started in late 2011, right as the NCPA I was wrapping up. In 2012, DSW expressed interest in ensuring that the new costed plan, NCPA II, include explicit services for MVC households to enable them to improve their economic positions—HES services. IMARISHA engaged with DSW first on the evaluation conducted by Muhimbili University of Health and Allied Sciences (MUHAS), and then on the design of the new NCPA II, done through extension consultation with Tanzania stakeholders. Not only did the new NCPA II make mention of HES, it became a core pillar (Section 5.1.1) of the new plan and elaborated the Livelihoods Pathway as the model for these services. At the launch of the plan in February 2013, several other ministries pledged their support to creation of other HES guidelines and tools. In its last year, IMARISHA was able to help DSW develop and roll out guidelines for LGAs and IPs to design and adopt these services. A final capacity-building training workshop held in November 2014 trained 42 national trainers on the content. All four Pamoja Tuwalee IPs (whose staff were among the national trainers) committed to cascading the guidelines to LGAs in their 22 regions, including Zanzibar, as part of their 2015 workplans; DSW also remained committed to cascading the training to other non-PT covered districts. However, given budget constraints its ability to do this will likely be limited.

TACAIDS

In November 2011, IMARISHA joined the TACAIDS-led Impact Mitigation Technical Working Committee (IMTWC). The aim of the IMTWC is to “support overall implementation coordination of impact mitigation key milestones of the National Multisectoral Framework for HIV/AIDS (NMSF).

Specifically, the role of IMTWC is to ensure quality interventions and timely reporting of mitigation issues related to the impact of HIV and AIDS as well as to oversee access to services in places such the rural areas, which are difficult to reach and hardest hit districts.”

In 2011, the leadership from the TACAIDS side was strong, but short-lived when the Director of National Response, Rustica Tembele, retired. Following her retirement, the IMTWC took a long hiatus and did not convene again until late 2012. At this time, IMTWC members were tasked with reviewing and contributing to the new NMSF III and finalizing milestones to report against the framework to the Joint Committee for HIV/AIDS. IMTWC members came together, made suggestions, and then took another hiatus until late 2013, at which time the NMSF III had been finalized and disseminated; the sections on impact mitigation (which include prescribed interventions for stigma reduction and economic support) were almost completely devoid of mention of ES. In short, none of the IMTWC suggested revisions had been taken up, except the milestones that specifically cited HES.

Subsequent meetings were spent discussing how to report against milestones that were not reflective of the NMSF. In early 2014, IMARISHA developed a reporting format to capture this data. By third quarter of 2014, this had been successfully transitioned over to other members of the committee to track. However, the IMTWC remains weak. Most members come from civil society; there is little government representation. Given the shift in PEPFAR and Global Fund’s mandate toward a treatment/disease eradication approach, it is unlikely this group will gain much traction or influence on other ministries.

TASAF

Despite seemingly complementary goals, IMARISHA’s work with TASAF began slowly and reached its peak with multiple partner workshops in 2014 to discuss common goals, overlapping program emphases and the need for better coordination at the district level—all of this as IMARISHA was closing. This peak of improved coordination and dialogue coincided with TASAF’s rollout to the vast majority of districts around Tanzania (particularly in regions where PEPFAR’s OVC partners operate) to provide conditional and unconditional cash transfers and cash for work through its public works program. The first meeting in May 2014 brought together partners to discuss synergies and challenges. A second meeting in September 2014 shared a newly released study on the innovations and impact of CSGs. Finally, TASAF attended a December 2014 final partner meeting. Following this meeting, IMARISHA partners were invited to strategize with TASAF on the design of its Savings and Livelihoods Enhancement program, a design envisaged in its 2012 Initial Operational Plan.

However, given the size of TASAF’s program (US\$270 million in seed funding from the World Bank, \$45 million from the Government of Tanzania budget plus the commitment to spend \$100/year therefore, and pending pledges from the U.K. Department for International Development of \$60 million for four years, an additional \$100 million from the World Bank, \$2 million from the United Nations Development Programme, and \$2–4 million from USAID) IMARISHA’s influence on activities was limited at best. We do believe the Pamoja Tuwalee Savings Study is being considered in light of the planned Phase 2 activities. See Technical Area 4 for more on this study.

LOCAL GOVERNMENT

Pilot Local Government Program in Iringa

With its work underway with PEPFAR partners, but cognizant of local ownership challenges by LGAs, IMARISHA designed and piloted an activity aimed at increasing the capacity of ward-level extension officers in supporting ES at the lowest village level. The aim of the program was to capacitate extension officers, largely community development officers who are tasked with organizing and supporting economic activities and groups at the ward and village levels. With

better technical capacity, IMARISHA believed Community Development Officers would be better placed to collaborate more effectively and creatively with PEPFAR partners, and link vulnerable households into other government services. IMARISHA also hoped to build in some citizen advocacy aspects to the program using score cards and to work with LGAs to more effectively budget ES support, but these activities were not undertaken due to time and resource constraints.

IMARISHA selected two districts in Iringa, Mufindi and Kilolo, to pilot the work. Based on a capacity assessment conducted in Year 3, IMARISHA delivered a tailored capacity-building program for 63 extension officers in the two districts that represented roughly a third of all wards in those districts. The program included capacity building on the basics of ES; understanding household vulnerability, policies, frameworks, and laws that support HES; informal savings groups; market analysis; and household gardening and nutrition strengthening. The later course was introduced in conjunction with a three-day training led by FHI360 FANTA and FHI360 LIFT in Mufindi District (a PEPFAR Partnership for an AIDS Free Generation District) on using NACS tools in a community setting to improve nutrition outcomes for vulnerable children and PLHIV.

Subsequent monitoring visits and a survey conducted by two hired evaluators showed that with technical know-how, extension officers can support ES, though funding is a big deterrent. Based on a phone survey conducted in July 2014, 95 percent of ward extension officers had started engaging community groups in ES activities. The vast majority of extension officer-led ES work was in the area of formation of informal savings groups, with household gardening training a close second. However, extension officers highlighted a number of big challenges to implementation, including funding (57 percent), no time to implement (40 percent), lack of support from the council (13 percent), and lack of belief that it works (5 percent). A final monitoring visit by the team supported these findings.

TECHNICAL AREA 4: ENHANCING THE EVIDENCE BASE

Links between livelihood development activities and household asset stabilization are clear, but practitioners working to integrate livelihoods in health and HIV/AIDS programming have limited evidence on which to rely. Linkages between how improving health status and economic resilience are connected is beginning to emerge. IMARISHA was tasked with building this evidence through its partners and helping them build the appropriate casual links to achieve those outcomes.

EVIDENCE BUILDING THROUGH STUDIES

Household Economic Assessment

As part of its baseline activities in late 2011, IMARISHA rolled out an HEA of 1,300 households in eight regions to help PEPFAR partners plan more effectively and implement ES services. The HEA captured important beneficiary household information that previously had not been captured and enabled partners to do better planning around livelihood interventions. Six international IPs participated in the initial HEA (and a seventh in 2012 when IMARISHA's geographic presence expanded to include the Northern Zone), and based on participation received detailed data on their beneficiary households. While not all partners took the information and used it in planning, those that did found the data helpful to internal planning and to advocate at the LGA level for additional services or support. One partner, Pathfinder, used it to lobby for additional food support to cover severely hungry households in Shinyanga.

The information also enabled IMARISHA to build a profile of different types of vulnerable households, which became useful in the development of the Livelihoods Pathway, the development of the National Guidelines with DSW, and the strategy behind the operationalization of the pathway model. Figure 6 and Table 3 provide data on household stratification by vulnerability/poverty.

FIGURE 6: 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 3: 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"> • Four or more children in the household; average household larger than 5.5 persons; greater number of dependents • One 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 (for example, 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><i>Take care to understand whether this household situation is chronic, transient, or acute</i></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 FIRST—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 government 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 that 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 	<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)

<ul style="list-style-type: none"> • 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>Evidence-Based Strategies</p> <ul style="list-style-type: none"> • Money management/savings groups • Introduce financial/agricultural 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 • Have access to transport, for example, 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

For IMARISHA, the HEA served as a baseline to show the project’s starting point. The endline completed in 2014 enabled IMARISHA to learn how households within PEPFAR IP catchment areas benefited. Although there were some methodological issues with the survey, and some overstatement due to seasonality (in large part because IMARISHA’s incremental funding was delayed and thus, time periods for the studies were not comparable), the HEA did show economic and social improvements of households who participated in ES activities. These improvements included:

- A reduction in moderate or severe hunger across target households from 44 percent to 17 percent. The greatest improvements in hunger were made in Shinyanga, Dodoma, and Dar es Salaam.
- More diversified income streams; households increased the number of sources of income. Similarly, households had a greater ability to invest in business and “expended” more on savings.
- Greater ability to save and more savings. The number of households with the ability to save \$6 or more per month increased from 27 to 53 percent.
- More productive and household assets, improved crop diversity and improved uptake of productive behavior such as planning, savings, etc.
- On the health and social impact side, 80.7 percent of households reported an increase in the number of children in school, 83 percent of children are receiving health services, and 86 percent of households report that children in their care have two sets of clothing and a pair of shoes.

See also the infographic (Figure 7) on the next page for other relevant results from the HEA.

As with the baseline, individual results were shared with each of the participating partners, both in a presentation and a report. The aggregated results were shared with USAID and then with the government and other industry stakeholders at IMARISHA’s end-of-project event. The results were well received from IPs.

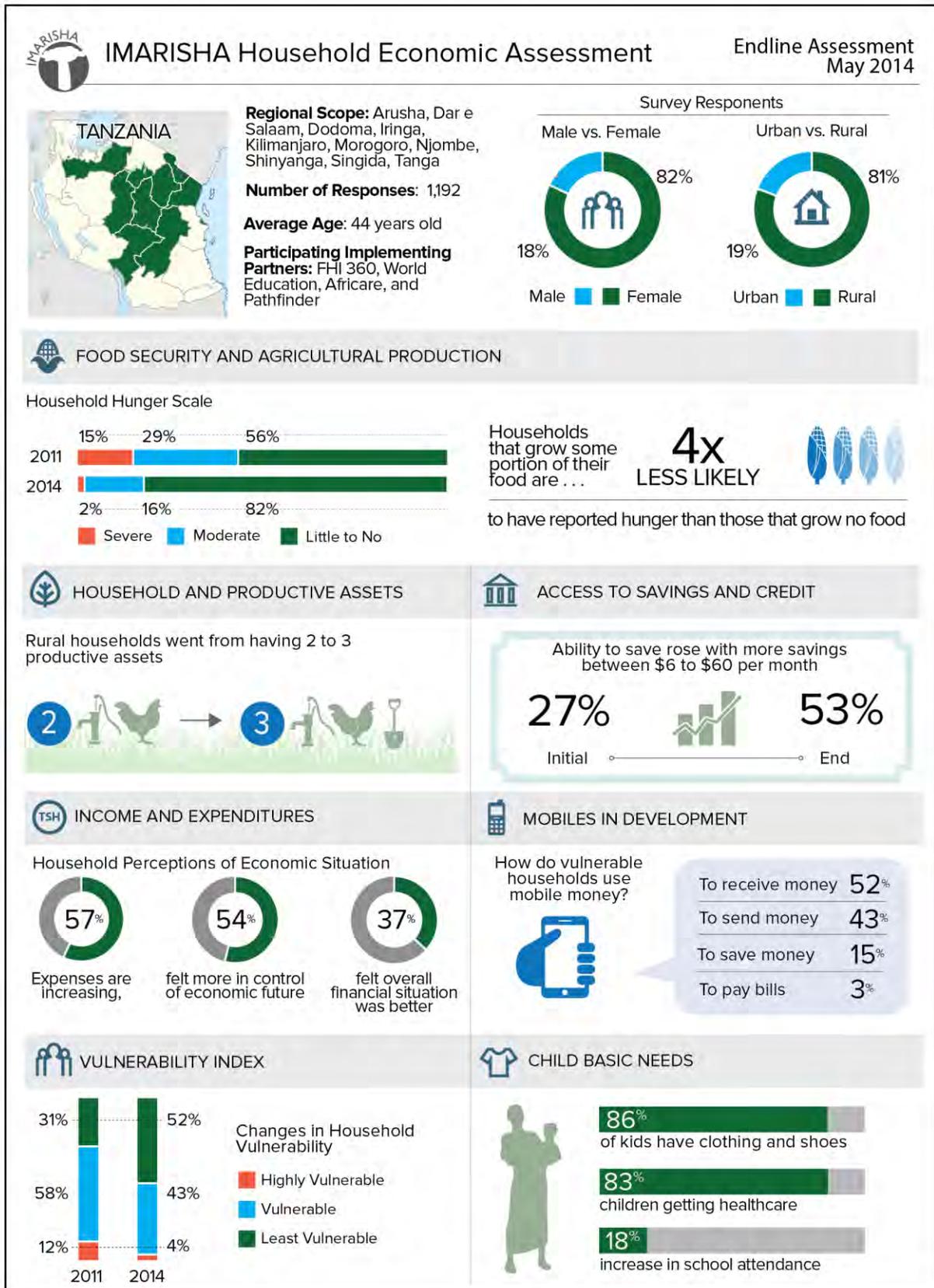
“Thank you for all the leadership and technical assistance. I look forward to another opportunity of working with DAI on another project. You were such an amazing team to partner with. I enjoyed all moments of our partnership and am proud to have been part of this process.”

—Herbert Mugumya, Technical Adviser and former Chief of Party, Africare Pamoja Tuwalee

“[The HEA] is not an impact evaluation and a number of methodological issues do limit how much we should read into this. But, the results do strongly suggest that economic strengthening interventions are working to strengthen families caring for vulnerable children and people living with HIV (in combination with the other interventions offered by these partners). ...I understand from the IPs that this was an invaluable experience for them to better understand the socioeconomic situations of their beneficiaries and the effects that their economic strengthening interventions may be having. IPs were directly involved in data collection and analysis, so they now really understand the HEA methodology. The baseline assessment helped them to understand the correlation between assets/savings and better outcomes, which helped push them to ramp up their support for savings groups and reduce investments in other kinds of interventions.”

—Jason Wolfe, Household Economic Strengthening Adviser, OGAC

FIGURE 7: IMARISHA INFOGRAPHIC



Pamoja Tuwalee Savings Study

In Year 3, IMARISHA began working with Pamoja Tuwalee OVC partners to better document the models of CSGs, their effectiveness, and success factors used across PEPFAR partners, as well as to understand the emerging evidence of how groups are used to improve health and social outcomes. The study was finalized in July 2014 and shared with stakeholders in September 2014. While not an impact evaluation, the results from the Savings Study illustrate key social, health, and economic impacts as reported by respondents, specifically:

- Increased group solidarity and cohesion to help support school costs.
- Improved business skills and savings habits among participants across groups.
- Increased financial support for MVC in communities, particularly around school attendance.
- Increased financial inclusion for vulnerable households.

While there were identified benefits, there were also identified challenges for CSGs, particularly around:

- Ensuring the participation and benefit of caregivers, particularly when groups were mixed and included wealthier, non-caregivers.
- Repayment and sustained participation was a challenge in some groups.
- MVC Fund or special funds from the CSGs set aside for vulnerable children had mixed results.
- Group structure did not always ensure continued engagement, with some groups going dormant because members did not see the benefit.

Since its publication in 2012, the study has also been shared with participants at the SEEP Conference in 2014 and with members of government and civil society who attended the Arusha Social Protection Conference in December 2014.

CAUSAL MODEL TRAINING

One of the key tasks highlighted in IMARISHA's original statement of work was to 1) introduce basic concepts of the need and process of developing causal models with respect to the ES; 2) provide intensive assistance to partners to adopt; 3) build capacity of local institutions to refine; and 4) document common outputs, outcomes, and impacts. In order to build a greater understanding among members of government, IP staff, and volunteers, IMARISHA developed and rolled out a causal model or logic model training course that specifically looks at the cause and effect links for health and development programs. Participants spent one day understanding the theory of logic models and a second day applying those skills to ES programming. The course was offered to national partners and the DSW, and offered again to local partners and LGAs in seven regions and as part of the pilot ward extension officer capacity-building program. Through our core MOU partnerships, much of the emphasis was on capturing ES outputs and outcomes; the HEA and the Savings Study helped also to capture some information on impact, though independent, rigorous studies are needed to complement IMARISHA's work.

CONFERENCES

While building the evidence for what works with vulnerable households was critical in Tanzania, there was also the desire to share this knowledge globally. As part of its work, IMARISHA was able to share the results of this one-of-a-kind project in several international forums, including:

- International Conference on AIDS and STIs in Africa (ICASA) 2011 in Addis Ababa, Ethiopia (poster presentation).

- The International AIDS Conference AIDS2012 in Washington, DC (multiple poster presentations).
- Savings Group Conference SG2013 in Arlington, Virginia; (IMARISHA Livelihoods Manager presented on IMARISHA's savings group work; his travel was enabled by a scholarship from the MasterCard Foundation).
- ICASA South Africa 2013 (poster presentation).
- SEEP Conference 2013 (panel on using HEA tools; IMARISHA Deputy Technical Director presented).
- LCIRAH 2014 (poster presentation on working with LGAs).
- SEEP Conference 2014 (panel on savings groups).
- Arusha Social Protection Conference 2014 (panel on savings groups and social protection).

WEBINAR

In mid-2012, IMARISHA and two of its partners, Africare Pamoja Tuwalee and Pathfinder Tutunzane II, presented the HEA results and process of how to undertake an HEA to a webinar organized by OVC Support Net. More than 60 people were in virtual attendance at the webinar from around the world.

TECHNICAL NOTES

In the last year of the project, IMARISHA launched a technical notes series. The aim of the series was to document lessons learned and share local and global evidence of what works from implementation of ES. The first note documented the Livelihoods Pathway, one of the key components of the NCPA II. Other notes were designed to elaborate different interventions along the pathway. In the end, IMARISHA produced six technical notes and shared them with more than 600 people—community volunteers, LGAs, and local and international sub-partners. The final technical notes were as follows:

- TN#1—The Livelihoods Pathway: A Model for Designing and Understanding Economic Strengthening.
- TN#2—Improving ART Adherence Through Integrated Food Support, Savings, and HIV Services: The Allamano Centre.
- TN#3—Cash Transfers: A Tool for Poverty Reduction.
- TN#4—Using an Integrated Model to Support MVC Households.
- TN#5—HEAs: An Overview.
- TN#6—Food Security and Nutrition: Understanding Indicators and IMARISHA Results.

GENERAL OBSERVATIONS AND LESSONS LEARNED

Until IMARISHA, PEPFAR had funded no other bilateral, specialized TA provider for HES that focused exclusively on health sector or HIV stakeholders with the aim of achieving medium-term results at the country level. As a unique project, IMARISHA was tasked with ambitious plans to influence change at different levels: At the household level (through affecting service delivery of IPs and the government), at the district/sub-partner level, at the international partner level, and with national and local government. Being the first and working with diverse IPs, as well as with FTF, there are numerous important lessons to take away from the IMARISHA project. In this section, we address key lessons learned over the course of IMARISHA's four years.

Partner capacity development: Foundation built, more investment needed to continue the momentum. At the beginning, IMARISHA undertook an assessment of local partners to understand their structure, personnel, and capabilities in HES. The findings of this assessment were articulated in IMARISHA's first report, *The State of Economic Strengthening Interventions in HIV Care and Support Programs in Tanzania* (October 2011). A few notable findings included:

- Few IPs had full-time staff dedicated to HES, especially at the local IP level. Often staff had multiple functions; oversight and management of HES may have been added to their job descriptions at a later point. Under PEPFAR I, partner staff were used to providing direct material support/handouts and less knowledgeable about promoting sustainable livelihood practices.
- IPs were dependent on volunteers to implement many activities. In lieu of salary, volunteers were compensated with in-kind commodities like bicycles or monthly stipends to cover transport and costs associated with their volunteer work.
- Local partners were 100 percent dependent on donor funding. This meant staffing and programming was built to match the parameters dictated by key donors rather than being mission driven. When funding from donors stopped, so did HES activities. In other words, local partners were often as vulnerable as the households they supported. The exception was faith-based institutions that had funding from diverse sources.

At the national level, IMARISHA partners have acknowledged their appreciation for the shifts that have been realized in their internal programming, strategies, and staffing as a result of IMARISHA's work. Many of the previously health-only/HIV-only or humanitarian-focused NGOs who worked with PEPFAR over the past 10 years have staffed up with experts in livelihoods and social protection, and are building their brands around integrated programming that includes HES. We these programmatic changes are harbingers for better outcomes as these organizations will be better able to address longer-term multisectoral challenges.

At the local partner level, changes are also being observed. Stronger local partners, like their national counterparts, have increased staff with necessary livelihoods specialists. At IMARISHA's end-of-project event they were the first to articulate their internal evolutions from hand-out driven to self-empowerment approaches. Stronger organizations, like the Allamano Center and UMWEMA, have internalized these changes at the highest leadership levels within their organizations, creating environments that will continue to embrace and promote these approaches as a result of this level of ownership. Local partners have also successfully built relationships with local government, which has enabled groups to gain access to other services and trust funding (for example,

TACAIDS multisectoral grants). Even with these progressive strides, the majority of local partners remain vulnerable and dependent on donor funding and, subsequently, on donor trends.

At the volunteer level, capacity building remains a critical gap. While volunteers may receive training and may continue to support their communities in coaching peer support groups or CSGs, volunteers are not linked into other structures that might help them continue to learn skills or refine them. This challenge exists globally and is one that has been regularly articulated in a number of studies and forums, particularly in relation to CSGs. (Both the *Informal Financial Group Assessment Study* for Financial Sector Deepening Tanzania, and the SEEP Network's *Do No Harm Guidelines for Promoting Safe Savings Group*, to name two sources, articulate long-term capacity gaps with respect to CSG promoters). There is growing recognition of the need to build brand neutral training and capacity programs and target training at community-level providers (volunteers or paid service providers) in a more targeted way. There is also the need to link these volunteers together to learn from each other and to participate in and become a part of the dialogue. This approach, however, is not currently financed by many donors, although it is increasingly within the scope of programming focused on financial inclusion.

HES interventions: potential for CSGs plus? Although the project ended with its partners posting very strong results from (and ongoing work with) CSGs, IMARISHA's initial programming was not focused exclusively on the promotion of informal savings and loan groups. In fact, the results from the baseline HEA led IMARISHA to develop different capacity-building programs at various levels of the Livelihoods Pathway. DAI's experience in Ethiopia with the Urban Gardens Program for OVC Households and as the Livelihoods TA provider under the ROADS II Project demonstrated that there are a variety of HES entry points for households, especially in agriculture. In fact, IMARISHA managers assumed that some interventions in agriculture might pave the way for engagement of some households into value chain activities. As a result, IMARISHA developed or modified capacity-building tools and training around business skills, market development, homestead agriculture, and poultry keeping with the aim of letting partners decide different entry points to the community.

Being demand-driven, however, training on CSG promotion quickly became IMARISHA's most demanded offering. Partners (and communities) valued the access to small loans, consumption-smoothing benefits of regular savings, discipline that the group imposed to enable savings, self-insurance/insurance funding mechanism of the social fund, local community social responsibility/charity of the MVC fund, and platform of the CSG, which allowed local partners to embed other training and messaging (on child protection, gender-based violence [GBV], and HIV among other topics) on top of the group structure. With 20/20 hindsight, it might have been more effective to tailor all IMARISHA offerings through a CSG platform. In fact, only the Financial Literacy curriculum (developed in Year 3 and rolled out in Year 4) was specifically tailored to the CSG platform.

Additionally, IMARISHA partnered with TAPP to offer targeted commercial horticulture training through farmer field days and other demonstrations to more mature CSG members (for example, those who had participated in savings for more than one year). Future programming should consider how to link experienced CSG members to other livelihood-focused platforms to enhance skills and experience.

In practice, we learned a lot about participating vulnerable households and their participation in HES and in CSGs in particular, including:

1. Even the poorest PLHIV and MVC households can make incremental positive changes in behaviors. For example, by making changes in their expenditure priorities to put kids in school, setting aside funds each week for savings (adopting the money management principle "pay yourself first"), and investing a bit more in productive activities.

2. Charity is local; communities can and have made their own contributions to MVC welfare through the MVC Fund.
3. Village institutions can be and have been created where institutions did not exist and the socially excluded can participate in them if properly identified and mobilized.
4. Social welfare organizations can do more than provide direct material support.
5. ES is not one size fits all. As ES evolves future programs are developed, emphasis should be placed on modifying approaches for urban-rural differences, different demographics, and different literacy levels. Programming should also be conscious of geography and potential impacts geography may have on programming.
6. ES outcomes were seen in those areas where IPs made ES investments (financial and human resources); most IPs invested heavily in savings.

The Livelihoods Pathway: A good conceptual model, but limited possibilities for upward progress within the context of PEPFAR given funding, partner expertise and HIV/health focused mandate. As previously noted, IMARISHA's early work sought to help partners conceptualize the approach to ES by introducing the Livelihoods Pathway model, which was essentially an enhanced version of the Economic Strengthening Pathway developed by PEPFAR. The pathway articulated a variety of interventions that could be introduced to vulnerable households depending on vulnerability level. IMARISHA's own engagement focused on two levels: *Protection* (savings, money management, self-insurance, and financial literacy) and *production* (small-scale, household-led improvements in agricultural and livestock production, improvements in basic household IGAs). *Provision* interventions were left to TASAF and other government agencies (or private donors) to provide. IMARISHA considered the inclusion of *promotion* activities from the outset of the project, however after working with partners, found that partners had limited in-house expertise to move these types of interventions forward. It was also noted that partners had limited or no budget set aside to take on these often expensive activities. While a natural linkage would have been to connect organizations with other development partners, these types of linkages were often difficult, if not impossible, to arrange given a variety of factors, such as: competing demands and different and conflicting project objectives (for example, working with commercially oriented lead farmers, as opposed to poorer, older, more vulnerable farming families with few assets to invest). This was especially true of FTF partners whose work was limited by geography (select districts of Morogoro, Dodoma, and Manyara, and in late 2014 the Southern Highlands).

With value chain-focused (*promotion* activities) activities in particular, IPs had expectations that IMARISHA would lead the way. However, the reality of value chain initiatives is that implementers and facilitators need to be engaged in different constraint areas—not just the demand side (for example, poor farmers). Value chain programs typically focus on removing structural barriers (policy constraints, addressing transportation, storage, grades and standards, and a host of other intermediation areas), not on the farming household alone. For value chain programs to succeed under PEPFAR there needs to be appropriate resources and programming space provided that goes beyond reporting to a set of targets. Given PEPFAR III's more medical focus, this is entirely unrealistic.

Partnership strategy, influence, and engagement. From the start of the project, the mechanisms and manner by which IMARISHA engaged with PEPFAR IPs and delivered TA services was undefined, leaving IMARISHA and the individual partners to decide and work out a strategy for engagement.

It is worth noting that there was little to no engagement from PEPFAR, USAID, CDC, or DOD in defining or facilitating these relationships. , which left MOUs, training/TOT planning, monitoring and

mentoring visits, M&E and reporting frameworks, and even collaborative studies to be decided jointly between DAI and partners seeking TA support.

Without a more directed approach, IMARISHA advertised TA services by engaging partners at different IP group meetings as well as by organizing one-on-one meetings with potential partners to explain IMARISHA's strategy and approach. On the OVC side, IMARISHA pursued partnerships with all Pamoja Tuwalee partners and ultimately ended working closely with three of the four. On the HBC side, IMARISHA developed strategic partnerships with Deloitte Tunajali II, Pathfinder Tutunzane II (CDC funded) and TIP. Attempts were made to reach out to the DOD-funded treatment program led by Walter Reed, but the partnership relationship proved to be too cumbersome given Walter Reed's inability to enter into an MOU.

As part of its engagement strategy, at the start of each partnership IMARISHA set out to understand the needs of each partner by developing a strategy jointly with partners, crafting an MOU that detailed the responsibilities of each side, and planning activities. Commitment on the part of the partner was a critical component for engagement and those partners that were able to cost-share and support planning for training and other activities reaped the lion's share of IMARISHA's TA.

A significant constraint that had an immense impact on the project's ability to effectively provide TA and follow up on existing activities was delayed receipt of incremental funding, for IMARISHA as well as partners. During 2013, there was a span of almost five months where there was little external support that IMARISHA could provide to partners for ES programming while awaiting incremental funding. Unfortunately, immediately following receipt of funds, core partners experienced similar challenges and were likewise unable to engage and program in coordination with IMARISHA. These delays had an immense impact on programming in the third year, and as a result we lost momentum, and with some partners a lot of time, in the capacity-building process.

Although IMARISHA developed good relationships with its core partners, there were sometimes documents that partners were unwilling to share that could have improved our understanding of their programs. These included annual workplans, PEPFAR targets, and later expenditures. In the absence of a direct funding relationship with the IPs, IMARISHA often found it difficult to follow up and mentor programming more closely. The result was that the project had less control over its own planning and partner outcomes. IMARISHA had only its knowledge and skills, experience, and professionalism with which to work to encourage change. In fact, much can be attributed to the face time and personal relationships that were built between IMARISHA and partner staff. This played an important role in making change happen. With better donor engagement, outcomes and knowledge could have been enhanced in some key areas: Costing of HES, prioritization of HES intervention, and M&E. Even newer activities, like the site improvement monitoring system visits mandated by PEPFAR III, could have been tapped by IMARISHA to help partners articulate or finalize their newly required "standard operating procedures" for HES.

Changing PEPFAR priorities. PEPFAR III began in earnest in 2014 and revealed shifts in priorities that took the emphasis away from sustainability and system/community ownership and placed it on accelerating treatment and eliminating HIV for future generations. The unfortunate result is that adjacency services, like HES, are a lesser priority. There is a notable exception in the case of OVC, which retains a 10 percent earmark for HES activities. service providers are required to focus on the regions, districts, and health centers with the highest prevalence to scale-up and out-treatment. For OVC providers, there is now also greater emphasis on improving linkages to pediatric testing/EID, ACT, and preventing youth and young girls from breaking cyclical issues of abuse/GBV, lack of educational attainment, and early pregnancy/marriage. While this emphasis on new priority activities does not preclude IPs from offering ES services, given funding constraints

and reporting targets, it is likely to mean that less funding will be directed to ES unless it is combined with these focal areas as part of service provision.

National government and changing responsibility for vulnerable households. At the start of IMARISHA, getting traction to work with a national government partner was challenging given the myriad of different agencies with responsibilities for vulnerable households and for implementation of MKUKUTA. In 2011, MOHSW was completing its first national costed plan; TACAIDS was undergoing a leadership change in its national response team, and the NMSF II was coming to a close; TASAF II was ending and under evaluation while preparations were underway for the creation of a large productive social safety net program. Given different priorities, more specifically IMARISHA's non-medical focus, IMARISHA's engagement with the National AIDS Control Programme did not move forward.

Even with these challenges at the start, IMARISHA was able to build awareness of and interest in HES, as evidenced by its inclusion in the NCPA II at the request of the MOHSW, as well as commitments to support the plan with guidelines for local government and implementers. There are also multiple MVC programs beginning to have robust ES programming that government and PEPFAR are visiting as part of regular supervision visits. IMARISHA was fortunate to have the flexibility to support the MOHSW Taskforce to develop National Guidelines with other key ministries (TASAF, MAFS, MLFD, MCGDC, and PMORALG) and development partners. MOHSW praised IMARISHA for the leadership in this area to get it done quickly. The National Guidelines for Economic Strengthening of MVC Households were shared with national facilitators one month before IMARISHA's close. Work still remains to bring these guidelines to the local government level, including identifying a champion to take this on as well as the development of budgeting guidelines so that activities can begin to be funded in local communities. A champion will be needed not only to move this work forward, but to ensure that momentum and progress is not lost.

What is clear from IMARISHA's work with government and PEPFAR partners is that there is much more acceptance of livelihood approaches in a field that had previously been largely social welfare and subsidy driven and greater acceptance that interventions need to blend both livelihood and cash-based approaches.

Building an evidence base. One of IMARISHA's four areas was to work with partners to develop appropriate causal models, use evidence to shape programming, and build the evidence base for how ES can positively impact health outcomes. Given limited resources, IMARISHA undertook a few less costly studies to contribute to this evidence base. Adopting a baseline and endline HEA enabled IMARISHA to help partners better understand household economic dynamics and also allowed the project to track and learn from changes over time (two years). Had time and funding permitted, IMARISHA would have liked to have rolled out an "HEA Lite," a scaled-down version of the HEA at the midpoint of the project. Additionally, the qualitative Savings Study enabled partners and the government to learn more about the engagement of vulnerable households in CSGs.

Encouraging 'innovation' takes time. At the start of the project, a road show was conducted to introduce and explain the purpose of the IMARISHA Innovation Fund. During the first round of reviews it became evident that applicants either did not have the understanding or the ability to apply the concept of innovation to their concept notes. After the release of the first APS in January 2012, a review of 132 concept note submissions yielded only 19 that could reasonably be referred for full application. In an effort to demystify the concept of innovation further, the IMARISHA team went back to each of the seven regions as part of a comprehensive 4-week Information Sharing and Capacity Building roadshow. While participants at the Information and Capacity Building roadshow confirmed that the additional information and guidance was useful, the second round of concept note submissions showed

similar struggles with organizations truly grasping the concept, submitting instead concepts for common, known interventions (e.g. local chicken production).

Capacity of target grantees to implement USAID-funded awards: The capacity of smaller, local organizations was also a challenge during the implementation of the grants facility. While there were several other grantees that were recommended for award, pre-award due diligence found that some organizations lacked the internal processes to be able to effectively implement an award. Even amongst those organization that received grants, there was a need identified to provide additional capacity building in order to build and strengthen awardees' understanding of project management in general and USAID grant management more specifically. The IMARISHA team, in order to strengthen organizations, conducted an extensive pre-award capacity building training for grantees. During these capacity building events, which took place over 3-5 days depending on the grantee, the IMARISHA team did a thorough review of the award itself and also covered a wide variety of topics, including: Finance & Accounting; Procurement; Personnel; Reporting; and Marking and Branding. The implementation of the IIF required significantly more resources than originally envisioned. Therefore, in the first year of implementation, IMARISHA recruited a Grants Manager. Even with this full time position, the grants facility required substantial support from the entire IMARISHA team to build the capacity of grantees to achieve results.

Implementation Timeline: While originally the IMARISHA project was intended to be a 5-year project, during implementation this was reduced to 4 years. This certainly had an impact on the IIF as implementation of the fund did not begin until Y2. It had been anticipated that awards would be issued by mid-Y2, but due to delays outside of IMARISHA's control, approvals for grants were not received until Y3 for most awards, leaving limited time for implementation. While grantees did their best to design programs that would fit within this timeframe, it was ultimately found that, in order to realize better outcomes and more sustained impact, a longer period of performance is essential.

RECOMMENDATIONS FOR PEPFAR AND USAID

As USAID and PEPAFR embark on the rollout of PEPFAR III and prepare for the release of a new program focused on OVC, IMARISHA puts forth the following recommendations for future programming:

1. **PEPFAR and USAID/CDC should continue to invest in ES** within the context of community-based programs, especially OVC programs. Additionally, PEPFAR should support investment in other external TA mechanisms to support community programs with specialized expertise (such as agriculture, market development/market readiness, business growth). This specialized expertise could be used to support both partners and the Government of Tanzania.
2. PEPFAR community care implementers should **continue to use vulnerability assessment tools** (such as the HEA, although a variety of other tools may be considered²) 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. USAID and PEPFAR should ensure that partners **regularly monitor households** and their engagement in partner-promoted ES interventions at the household and community levels. This also requires more investment to ensure that local IPs have sufficient human and financial

² 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.

resources to monitor outcomes of households, but will support higher-quality programming and better outcomes.

4. USAID and PEPFAR should **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. Impact assessment timing should be linked to program start and completion dates so that learning can be maximized from the start to the end of an intervention period.
5. USAID and PEPFAR should promote the use of qualitative studies as an important source of behavioral knowledge in understanding the impact of interventions such as those implemented by IMARISHA. For example, undertaking a financial diaries exercise in combination with a more quantitative study may help elaborate how the poor think about, spend, save, and use money in a changing and dynamic country with a growing variety of economic opportunities, changing technologies and channels for funds, and migrating populations. Randomized control trials (RCTs), while the gold standard in medical research, are expensive and less rigorous when multiple human behaviors are being analyzed at once. Additionally, RCTs may not properly align to an appropriate timescale between implementation and maturity of an activity and are not necessarily able to establish causality or avoid bias.
6. USAID and PEPFAR should 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-work schemes in the lean season. Similarly, TASAF can learn from the experimentation and programming of PEPFAR partners around savings and livelihoods.
7. To **meet the complex and changing needs of households that are still “vulnerable, but able to grow,”** PEPFAR and USAID need to proactively link through alignment with economic growth programs, especially FTF. FTF programs can, in some instances, serve as a “pull” mechanism to bring some growing households into more commercially focused activities, but currently with very strict geographic and programmatic limitations. Linking these evolving families to market systems in a meaningful or sustainable way will require **substantial investment and niche expertise**.
8. Given the new emphasis of PEPFAR III on eradication of HIV, its focus on an HIV-free generation, and increased focus on HIV positive children within OVC programming, PEPFAR should promote linkages to pediatric testing/EID and treatment/ACT using ES volunteers to identify children. Some training will be required to address confidentiality/stigma issues. Also, with USAID/Tanzania’s renewed emphasis on youth, especially girls and young women, there are opportunities to **link HES programming with interventions aimed at breaking cyclical issues of abuse/GBV, lack of educational attainment, and early pregnancy/marriage**. Youth savings groups can be promoted as both a mechanism for doing this and for enhancing life skills development around money management. It is never too early to start saving.
9. In addition to impact assessments, **there is a need for additional qualitative studies to better understand the dynamics of poor households** around money management, intra-household decision making, and investments in consumption versus income growth.

FINAL PROJECT M&E RESULTS

The IMARISHA M&E plan described the details of the M&E system—including what data was to be collected, when, and by whom; how data would be analyzed and reported out; and how management would use findings and lessons learned to feed back into their own programming and share with USAID and PEPFAR IPs.

The project performance management plan served four primary functions:

- It enabled the IMARISHA technical staff to **monitor progress in meeting anticipated results**. It provided staff with the ability to capture services provided to IPs and analyze IP performance and the characteristics of the beneficiary households engaged in the project on an ongoing basis.
- It tracked implementation progress, and **identified potential implementation challenges** as they arose to enable management to respond quickly and make any mid-stream corrections.
- It **captured baseline and endpoint data** related to our HEA, which will demonstrate gains related to IMARISHA and partner programming.
- It allowed an **evaluation of the overall impact of the project** on HIV-affected households, OVC, and PLHIV. The final assessment examined the impact of program interventions on the household's economic position and status, changes in consumption patterns, sustainable IGAs, altered perceptions of self-reliance, resiliency, and lingering vulnerability. It also assessed the organizational capacity of all participating IPs at project end.

This final section includes the IMARISHA final M&E results.

TABLE 4: FINAL PROJECT M&E RESULTS

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
OBJECTIVE 1—INCREASED CAPACITY OF PEPFAR AND USAID IPS											
Completed IMARISHA assessment tool		Task accomplished (Yes/No)	Assessment tool	Year (Y) 1	0	Completed tool Y1	Complete				Completed Y1
Completed IMARISHA national assessment of ES partners and activities		Task accomplished (Yes/No)	Assessment report	Y1 and 4	0	Completed report Y1	Complete				Completed Y1
Completed IMARISHA HEA in geographic regions		Task accomplished (Yes/No)	Assessment report	Y1 and 4	0	Completed HEA	Complete, but not analyzed	Analysis and reports complete	WEI HEA+ completed	Endline to be completed with 4+1 partners	Completed in Y1 and 4; at endline only 4 partners completed
Number of households participating in HEA		Number	Assessment report and questionnaires	Y1 and 4	0	1,200 baseline and endline	1,327	302	0	1191	Completed Y1 and 4
Percentage of households with a vulnerability score as highly vulnerable		Percentage	HEA	Y1 and 4	As determined in HEA	Reduced % of households from baseline to endline	11.49%			4%	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
Percentage of households with a vulnerability score as vulnerable		Percentage	HEA	Y1 and 4	As determined in HEA	Reduced % of households from baseline to endline	66.31%			43%	
Percentage of households with vulnerability score as least vulnerable		Percentage	HEA	Y1 and 4	As determined in HEA	Improved % of households from baseline to endline	22.19%			52%	
Percentage of households with a resilience score as least resilient		Percentage	HEA	Y1 and 4	As determined by HEA	Reduced % of households from baseline to endline	57.16%			27%	
Percentage of households with a resilience score as resilient		Percentage	HEA	Y1 and 4	As determined by HEA	Improved % of households from baseline to endline	36.87%			48%	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
Percentage of households with a resilience score as most resilient		Percentage	HEA	Y1 and 4	As determined in HEA	Improved % of households from baseline to endline	5.96%			26%	
Percentage of households participating in economically productive livelihood strengthening interventions		Percentage	HEA	Y1 and 4	As determined in HEA	increase	66.20%			not evaluated	
Number and percentage of IPs implementing economically productive livelihood strengthening efforts and not just stand-alone training or distribution programs		Number	National assessment of	Y1 and 4; also external mid-term review	As determined in national assessment		18			not evaluated	
		Percentage	ES activities				50%				

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
Number of PEPFAR IPs and sub-partners with an ES approach based on livelihoods and ES evidence and best practices		Number	National assessment of ES activities	Y1 and 4	0	0	3	59	>70	98	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
OBJECTIVE 2—ESTABLISHED LINKAGES, STRATEGIC ALLIANCES, AND PILOT PROGRAMS											
Number of PEPFAR IPs with which IMARISHA has established MOUs (aggregate)		Number	Signed MOU	Quarterly	0	3	2	4	6	4	6 different organizations in total
Number of training course materials developed/modified for PEPFAR IPs		Number	Training materials	Annually	0	3	4	10	10	11	Final materials were financial education materials
Number of PEPFAR IPs and sub-partners provided with TA. (TA is characterized by a range of capacity building support, including training, mentoring, materials review, program review, etc.)		Number of prime partners	Trip reports, training reports, mentoring notes, document reviews	Quarterly	0	10	7	8	10	8	
		Number of sub-partners					9	51	60	18	
Number of IMARISHA partners that are implementing new ES activities based on evidence of best practice		Number	MOU, reports, TA reports, other documents	Y2, 3, and 4	0	12	16	59	70	98	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results	
IMARISHA innovation grants manual and systems in place		Task accomplished (Yes/No)	Grants manual	Y1	0	Grants manual in place	not yet complete	yes			Completed Y2	
IMARISHA innovation grants facility launch		Task accomplished (Yes/No)	Event report	Y1	0	Facility launched	not yet complete	yes			Completed Y2	
Number of vulnerable individuals reached by IMARISHA grantees (disaggregated by gender and approach) using approaches based on sound livelihood strengthening practice and experience. (*reached is defined as a participant who has been trained, is receiving ongoing support, and is engaged in a livelihood strengthening program).	(Micro and small business development activities/hip training)	PLHIV	Grantee and partner reports	Quarterly	0	100	Final: 100				CADA pilot	
		Household			0	200	Final: 207				Cheetah pilot exceeded targets – includes 200 women trained as well as 7 franchisee owners	
		OVC			0	300	Grant terminated				BRAC – this grant was cancelled	
	Support actual economic engagement (job opportunities, job counseling, guidance, start-up resources)	PLHIV		N/A	N/A	N/A	N/A	N/A	N/A			
		Household		N/A	N/A	N/A	N/A	N/A	N/A			
		OVC		0	360	Final: 60				Results achieved for KIHUMBE; BRAC grant terminated.		

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
	Activities focused on increasing coverage of school-related expenses such as incentive-driven, conditional grants and training	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			N/A	N/A	N/A	N/A	N/A	N/A	
		OVC			N/A	N/A	N/A	N/A	N/A	N/A	
	Household production (including horticulture and animal husbandry) modified from PEPFAR	PLHIV			N/A	200	Final: 200				Cheetah pilot achieved target.
		Household			0	60	Final: 65				Africa Bridge pilot exceeded targets.
		OVC			0	300	Grant terminated				BRAC pilot terminated
	Access to microfinance —savings, credit, and insurance	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			0	160	Final: 186				Cheetah pilot – exceeded targets. Microfinance platform was in place with Mucoba bank by

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
											pilot closeout.
		OVC			0	153	Grant terminated				BRAC pilot terminated
	Community-based asset building	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			0	60	Final: 65				Africa Bridge pilot exceeded targets
		OVC				N/A	N/A	N/A	N/A	N/A	
	Establishing mechanisms to support community-based childcare	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			N/A	N/A	N/A	N/A	N/A	N/A	
		OVC				N/A	N/A	N/A	N/A	N/A	
	Other IGAs	PLHIV			0	100	Final: 100				CADA pilot achieved target.
		Household			0	200	Final: 200				Cheetah pilot achieved target.
		OVC			0	60	Final: 60				KIHUMBE pilot achieved target.
	Other financial literacy	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			0	160	Total: 186				Cheetah pilot exceeded target.
		OVC			0	150	Grant terminated				BRAC pilot terminated

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
	Other ES activities	PLHIV			N/A	N/A	N/A	N/A	N/A	N/A	
		Household			N/A	N/A	N/A				
		OVC			N/A	N/A	N/A				
Number of ES capacity building training sessions conducted by IMARISHA for ES partner organizations (Government of Tanzania institutions, NGOs, community-based organizations, private sector); PEPFAR IPs	Total	Number (cumulative)	Training, TA, Mentoring Reports	Quarterly	0	8	16	50	21	27	114 over 4 years for 3607 people
	(Micro and small business development activities/ entrepreneurship training)	Partner Staff			0	0	0	5	1	10	
		Sub-partner Staff			0	0	0	188	44	258	
		Volunteer						161	0	84	
		LGA staff			0	0	0	24	0	58	
	Support actual economic engagement (job)	Partner staff			N/A	N/A	N/A	N/A	N/A	N/A	
		Sub-partner staff			N/A	N/A	N/A	N/A	N/A	N/A	
		Volunteer			N/A	N/A	N/A	N/A	N/A	N/A	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results	
	opportunities, job counseling, guidance, start-up resources)	LGA staff			N/A	N/A	N/A	N/A	N/A	N/A		
	Household production (including horticulture and animal husbandry) modified from PEPFAR	Partner staff			0	0	0	7	1	8		
		Sub-partner staff			0	0	0	21	6	31		
		Volunteer						489	18	525		
		LGA staff				0	0	0	44	34	145	
	Access to microfinance —savings, credit, and insurance	Partner staff			0	0	0	17	17	36		
		Sub-partner staff						123	30	163		
		Volunteer				0	0	0	405	224	659	
		LGA staff				0	0	0	39	217	256	
	Community-based asset building	Partner staff			N/A	N/A	N/A	N/A	N/A	N/A		
		Sub-partner staff			N/A	N/A	N/A	N/A	N/A	N/A		
		Volunteer			N/A	N/A	N/A	N/A	N/A	N/A		
		LGA staff			N/A	N/A	N/A	N/A	N/A	N/A		
	Establishing mechanisms to support community-	Partner staff			N/A	N/A	N/A	N/A	N/A	N/A		
		Sub-partner staff			N/A	N/A	N/A	N/A	N/A	N/A		
		Volunteer			N/A	N/A	N/A	N/A	N/A	N/A		

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results		
	based childcare	LGA staff			N/A	N/A	N/A	N/A	N/A	N/A			
	Other IGAs	Partner staff			N/A	N/A	N/A	N/A	N/A	N/A			
		Sub-partner staff			N/A	N/A	N/A	N/A	N/A	N/A			
		Volunteer			N/A	N/A	N/A	N/A	N/A	N/A			
		LGA staff			N/A	N/A	N/A	N/A	N/A	N/A			
	Other financial literacy	Partner staff			N/A	N/A	N/A	N/A	N/A	N/A			
		Sub-partner staff			N/A	N/A	N/A	N/A	N/A	N/A			
		Volunteer			N/A	N/A	N/A	N/A	N/A	N/A			
		LGA staff			N/A	N/A	N/A	N/A	N/A	N/A			
	Catalog/directory completed of potential ES partners	Task accomplished (Yes/No)			Catalog/directory	Y1	0	1				1	Completed in Y4
	Number of partnerships, alliances, and linkages established with economic development partners (private, civil society organizations, international, local)	Number			MOUs	Y2, 3, and 4	0	0	0	5	6	9	

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
Number of joint or linked activities with FTF partners		Number	MOUs	Y2, 3, and 4	0	0	0	3	4	4	
Number of public-private partnerships formed (through grant support or linkage)		Number	MOUs	Y2, 3, and 4	0	0	0	0	3	3	
OBJECTIVE 3—IMPROVED GOVERNMENT OF TANZANIA CAPACITY											
Reviewed evaluation of economic strengthening and livelihood section of the NCPA		Task accomplished (Yes/No)	Report of review	Y1 and as plan is updated	0	Completed in Y1					Completed in Y1
Contributed to the development of the next NCPA		Task accomplished (Yes/No)	Report of review	Y2	0	N/A	N/A	Task completed in Y2			Completed in Y2
Contributed to other national-level guidelines, training aids, indicators, reporting systems		Task accomplished (Yes/No)		Y1–4	0	Targets were set during annual work-plans in line with Government of Tanzania priorities	0	Contributions in Y2 to NMSF	Led secretariat for ES taskforce for DSW to develop national MVC HES guidelines; almost	Finalized, translated, and disseminated guidelines in English and Swahili	Guidelines completed, printed, and handed over to MOHSW DSW for dissemination. Policy pointer also completed and ready to share both Swahili and English copies;

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
									complete at close of 12/2013		policy guidelines in English and Swahili
Number of Government of Tanzania ministries, departments, institutions, committees, etc. receiving ES training from IMARISHA		Number and narrative	Trip reports, training reports, mentoring notes, document reviews	Annually	0	2	4 district councils	46	11 district councils	63 district councils	
Number of Government of Tanzania personnel receiving ES training from IMARISHA		Number of adult males	Participant sign-in sheets, Training Reports	Annually	0	10	10	99	148	120	428 over 4 years
		Number of adult females			0	10	8	86	113	120	340 over 4 years

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
Number of Government of Tanzania-supported activities linked and coordinated ES activities started between health/nutrition, economic, and/or natural resource management organizations targeting HIV-affected households		Number	Government TA reports, meeting minutes, activity reports	Quarterly	0	0	0	0	6	4	8
OBJECTIVE 4—ENHANCED EVIDENCE BASE THROUGH INCREASED M&E CAPACITY											
Common set of ES indicators developed for use by IMARISHA partners		Task accomplished (Yes/No)	ES indicator definitions	Annually	0	0	0	0	ES indicators are developed and included in MVC M&E plan by MVC M&E technical working group to be	ES indicators are developed and included in MVC M&E plan by MVC M&E TWG to be launched in 2014	ES indicators developed and included in MVC M&E plan to be launched in 2015

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
									launched in 2014		
ES indicators integrated in the Data Management System (DMS) or other national database		Task accomplished (Yes/No)	DMS	Annually	0	0	0	Pending work of MVC M&E working group, which is behind	ES indicator will be in the national guidelines and MVC M&E plan to be launched in 2014	ES indicator will be in the national guidelines and MVC M&E plan to be launched in 2014	ES indicators are in the national guidelines and MVC M&E plan to be launched in 2015
Number of ES stakeholder organizations actively participating in ongoing ES knowledge management process of sharing ES information, knowledge, ideas, experience, needs		Number	Workshop reports, training reports, other sign-in sheets (cumulative)	Quarterly	0	100	120	189	200	205	Total 205
Number of case studies published about ES and health programming by		Number	Case study reports	Quarterly	0	2; increase to 5 in Y4 workplan	0	0	0	6	A total of 6 were completed

Performance Indicator	Sub-Activity	Unit of Measure	Data Source	Data Frequency	Baseline	Target	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Comments on Final Results
IMARISHA and other IPs											