Household Economic Strengthening for Orphans and Vulnerable Children Workshop Report

March 16, 2010

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AIDSTAR-Two
Management Sciences for Health
4301 N. Fairfax Drive
Arlington, VA 22203
Telephone: (703) 524-6575
www.msh.org

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HOUSEHOLD ECONOMIC STRENGTHENING FOR ORPHANS AND VULNERABLE CHILDREN

Workshop Report

16 March 2010

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HOUSEHOLD ECONOMIC STRENGTHENING FOR ORPHANS AND VULNERABLE CHILDREN

WORKSHOP REPORT

Prepared by:

Michael Reeves (Michael.Reeves@CardnoEM.com)
Casey Santiago (Casey.Santiago@CardnoEM.com)
Katie Qutub (Katie.Qutub@CardnoEM.com)

Submitted by:
Management Sciences for Health for the AIDSTAR-Two project

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Submitted to:
Christian G. Fung, Contract Officer's Technical Representative, USAID/Washington

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INTRODUCTION

From February 1-3, 2010, AIDSTAR Two led a workshop in Nairobi, Kenya for 6 USAID Missions – Namibia, Kenya, Tanzania, Mozambique, South Africa and Nigeria. The workshop focused on orienting attendees on the basics of Household Economic Strengthening (HES) for households with Orphans and Vulnerable Children (OVC). Facilitators from USAID, AIDSTAR Two subcontractor Cardno Emerging Markets USA, Ltd. (Cardno), Eco-Ventures International and Care International left the attendees better equipped to articulate HES objectives, apply HES approaches reflecting accepted good practices, identify high-potential HES interventions, and troubleshoot underperforming HES activities. Participants were also introduced to a HES portfolio assessment that will be conducted in 4 of the missions after the workshop. The final workshop agenda can be located in **Annex 1**.

Each mission was invited to send 2 representatives – one focused on OVC programs and one focused on economic growth and microenterprise development programs. Unfortunately, due to various scheduling changes and the particular set up of some missions, the majority of participants were from health offices. In total, 11 USAID mission staff attended. In addition, CDC/Nigeria sent 1 participant, the Walter Reed Project in Kenya sent 2 participants and a representative from USAID/East Africa was in attendance. The final participant and presenter list can be located in **Annex 2**.

The workshop was funded by USAID's OVC Technical Working Group through a buy-in to the AIDSTAR Two project under the AIDSTAR II Indefinite Quantity Contract (IQC), led by Management Sciences for Health (MSH). It is one step in a process in which AIDSTAR Two will assess OVC HES portfolios at the country level, facilitate linkages between regional and local HES experts and OVC programmers, and assist in the design of interventions based on sound HES practice.

Workshop Objectives

The workshop had the following stated objectives:

- **Design HES Programs for OVC Households:**
  - Articulate desired outcomes and impact
  - Decide how to best structure program with resources
  - Link HES to USG and mission objectives
- **Manage HES Programs for OVC Households:**
  - Track and monitor outcomes and impacts
  - Support implementation partners to improve programs
  - Improve coordination between OVC and economic growth focal points

OVERVIEW OF WORKSHOP – ACTIVITIES AND OUTCOMES

Over the course of 3 days, participants from 6 USAID missions learned basic principles of HES and how to more effectively design, manage and evaluate HES programs for OVCs. Additionally, participants were introduced to the draft HES portfolio assessment toolkit that will be used to assess HES portfolios at select missions following the workshop. The workshop's activities and outcomes summarized below, by day and workshop session.

Day One – Key Concepts, Terms and Strategies for Implementing HES Activities for OVC Households

Day 1 focused on introducing participants to key concepts, terms and strategies used for implementing HES activities. Pre-workshop surveys designed to gauge participants' knowledge of HES found a wide variance in understanding of HES.

UNDERSTANDING KEY CONCEPTS

Facilitators not only educated participants on basic terms and concepts but showed them how terms can have different meanings to different people within the same mission. For example, the term "OVC" for many immediately evoked HIV/AIDS while for others it did not. Also, depending on one's focus – health, economic growth – the outcomes for HES programs can be viewed differently. For example, economic growth officers may see asset growth among a beneficiary group as a good outcome whereas health officers would view the beneficiary group using extra income towards healthcare as a positive outcome. Participants began to understand experiences and roles influenced how they viewed HES programming and how it can make discussion and agreement on HES programs and outcomes a challenge for counterparts in the health or economic growth office.

Participants take part in a role-playing game to familiarize themselves with HES concepts

A full list of terms and definitions discussed throughout the workshop can be found in **Annex 3**.

HES CHALLENGES

Participants were asked to define the challenges faced when designing, implementing and evaluating HES programs for OVCs. After meeting in small groups, participants reported back on the challenges identified. "Big picture" challenges named include:

- HES requires Health and Economic Growth programming, but missions do not have expertise sitting in one area. Some missions do not even have an economic growth office. It is therefore difficult to identify technical experts and staff to design and manage HES programs.
- Health and Economic Growth offices will usually have different priorities, making collaboration on HES programs difficult.

- Mission staff have limited availability. With cross-sectoral programs, the challenge is not just finding the right people but also communicating with Health and Economic Growth counterparts who use different terms for similar things. It takes time to find common ground and common language.
- The timeframe for PEPFAR programs is short and immediate results are needed. HES programs need to be implemented with a longer time horizon in order to get tangible results.
- A funding source can dictate the focus of an activity. For example, the funding could be focused on poverty alleviation or supporting people living with HIV/AIDS, and either one could pull the scope into a different direction.
- A disconnect exists between the level of urgency for the beneficiaries and the ability to response quickly on the part of program managers. There is a tremendous level of urgency from the caregivers while workshop participants work within a slower bureaucratic system.

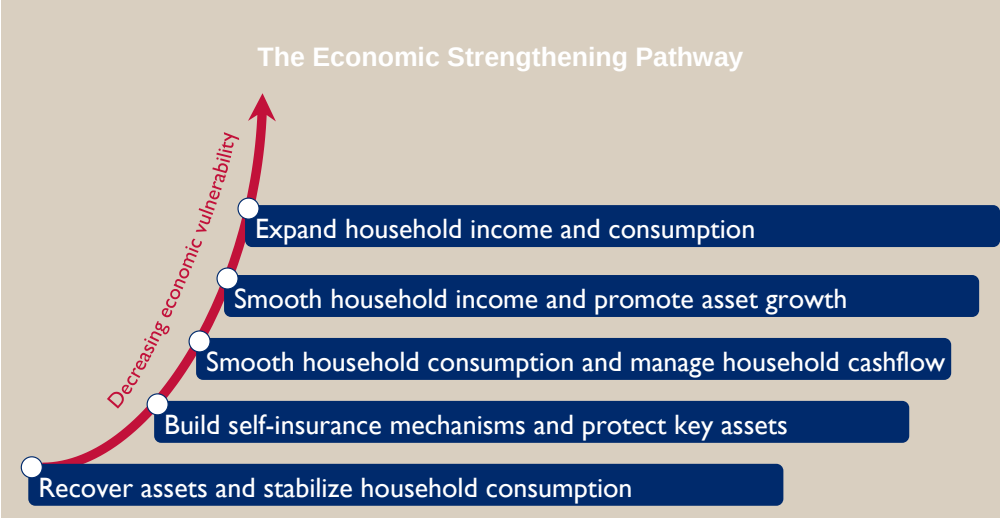
Groups then reported back on the specific design, implementation and evaluation challenges they face with HES programs:

Design	Implementation	Evaluation
■ Needs assessments are not always done. Must be done first to identify program issues. ■ The community is not always involved. Greater involvement and input can lead to more sustainable outcomes. ■ Impact and outcomes are not defined at the beginning. M&E must be part of the design. ■ There is too much focus at the household level. Program impact will also be at the community and market level. ■ Should program be vertical or integrated? While funding can dictate this, this should be considered in design phase. ■ Exit strategies not always considered. For example, if a program puts a child in school at the beginning what happens to that child when the program ends? ■ Sufficient flexibility is not always built into the design. Implementing partners need the opportunity to adapt program to evolving circumstances such as market changes. ■ Missions do not always have a sense of sense of urgency. Many times, program beneficiaries live hand to mouth and need help immediately.	■ Difficult to find implementing partners with the right skills and experience for HES programs. Many local organizations lack the capacity to implement income generation type HES programs. ■ Difficult to strike the balance between provision of free services and facilitation of HES activities by local partners. ■ USAID staff does not have the time and expertise to properly manage and guide implementing partners. ■ Lack of innovation during implementation. Current operating environment does not allow for innovation as that can lead to failure. ■ Difficult to pinpoint target population ■ More site visits needed to get a clearer understanding of project implementation	■ Not enough evaluation is done in the first place. Focus is disproportionately on Monitoring and not enough on Evaluation ■ We work in an output-focused environment where we focus on results that are easy to count (# of children receiving a service) rather than impact (is a child's quality of life improving). ■ Proper indicators for HES still do not exist as it is an emerging technical area. ■ Health professionals can learn from economic growth counterparts about measuring impact as EG programs focus more on impact and outcomes. ■ There is not always the will to conduct baseline studies at the beginning. Without, it is impossible to evaluate a program and determine impact.

PROGRAM STRATEGIES

Jason Wolfe, Enterprise Development Advisor, USAID, gave a presentation on economic strengthening, the Economic Strengthening Pathway framework and different types of HES program strategies. Economic strengthening was described as a way to mitigate economic vulnerability and enable

households to better cope with economic shocks. This description of economic strengthening and its intended goal sparked a great deal of discussion amongst participants, particularly on whether this was the only way to view economic strengthening.



Before going into his presentation, Mr. Wolfe and Margie Brand (Eco-Ventures, International), led participants through a role-play game designed to show the realities of living in a household with few resources. Participants were divided into "households" with a certain set of socio-economic circumstances. "Households" were then presented with various economic and social "shocks" that forced them to make difficult decisions about how to spend their money and use their assets. Households were free to establish small business, sell assets to other households, and spend money on goods. For example, another way to view the objective of economic strengthening is as a way to support wealth creation and build assets.

The Economic Strengthening Pathway is a framework for viewing economic strengthening not as a single event – a household was vulnerable and now is not – but as a pathway towards growth and decreasing vulnerability. Households progress sequentially through several key outcomes such as recovering assets and stabilizing household consumption, building self-insurance mechanism and protecting key assets, smoothing household consumption and managing household cashflow, smoothing household consumption and promoting asset growth, expanding household income and consumption. Participants appreciated how the Pathway allowed them to view HES programs within a continuum of programs that need to happen over time to reduce household vulnerability.

Program strategies were discussed and included:

- Social Protection- cash transfers
- Asset Protection – community saving groups, micro insurance
- Income Growth – microenterprise/value chain development, vocational training.

Participants were left with a number of principles to bear in mind when designing HES programs for OVCs:

- Be clear about objectives and target populations.
- Take a cross-sectoral approach and engage with experts outside your field, before and during implementation.
- Base any program on sound market research and analysis. This helps to ensure that program outcomes are meaningful and sustainable to beneficiaries.

Jason Wolfe, Enterprise Development Advisor, USAID/EGAT, makes a presentation on economic strengthening and program strategies

- Seek household change in small, riskable steps. By trying to implement many, large interventions at once, you face a greater chance of failure.
- Avoid mixing the provision of free health services and facilitation of economic strengthening activities. This can send mix signals to beneficiaries.
- Identify robust indicators to track performance, outcomes and impact. Conduct a baseline assessment at the beginning for meaningful impact evaluation.

Beatrice Kinyanjui and Gad Sam Tukamushaba (back left) of Cardno facilitate a discussion on income generation activities for USAID staff

- Do no harm to the private sector. Sometimes, economic strengthening activities can crowd out and distort the private sector. All activities should be implemented in ways that take into consideration local supply and demand.

INTERVENTION STRATEGIES

In the afternoon, participants were given the opportunity to learn more about some broad HES intervention strategies. Participants were divided between four groups that cycled through four facilitated discussions, each focused on a different intervention – Asset Transfers, Financial Services, Income-Generation through Self-Employment, and Employment. Each group learned about each intervention strategy through a brief presentation from a practitioner in the respective field about best practices and types of activities included in the intervention, followed by the opportunity for discussion.

The discussions focused on:

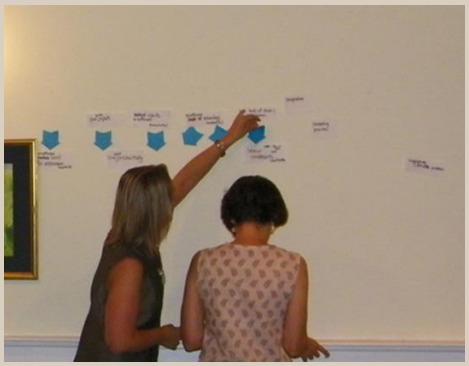
- Defining the intervention and what it does and does not include
- When the intervention is relevant and appropriate
- Where it links to the HES Pathway
- Success factors, potential pitfalls and critical challenges
- Sustainability issues for both the activity and the outcomes
- Places to go for additional information

SOCIAL HOUR

A Social Hour was organized at the end of Day One to give participants the chance to meet and talk more informally with each other about their programs and experiences. With help from USAID/Kenya and USAID/East Africa, organizations implementing HES activities in Kenya were invited to share their experiences with participants. In some cases, implementers brought with them actual products from their income generation activities such as beads and cloth materials. Implementing partners in attendance

A representative from Christian Aid explains its HES programs to a workshop participant

included Christian Aid, Family Health International and Kenya Community Development Foundation.



Participants build their causal models

Day Two – Introduce Tools and Skills for Designing, Managing and Evaluating HES Programs for OVC Households

Day 2 was focused on building participants' skills in designing, managing and evaluating HES programs. Through a series of exercises, participants began to think critically of how they go about these tasks.

CAUSAL MODELS

The day started with a presentation and exercise on using causal models. After a presentation defining casual models and how they can be applied to designing HES programs, participants divided into small groups and developed a casual model around a particular problem – lack of access to financial, poverty, poor health, etc. By working together as a team – health and economic growth professionals – the groups were able to develop a more robust, comprehensive casual model that took into account more possible cause and effect relationships then they might have individually or with people in their own discipline.

INTRODUCING THE PORTFOLIO ASSESSMENT TOOLKIT

The draft Portfolio Assessment Toolkit was introduced to participants.[1] The finalized Toolkit will be used in the subsequent mission assessments. Cardno team members presented the draft Toolkit, its purpose and how it will be implemented. It is an attempt to apply a rigorous planning and design process to HES programs for OVC households. By going through each step, the toolkit will allow missions to analyze a broader range of data, consider more and different types of partners for support and technical advice and fit programs better within mission and USG objectives. By designing the toolkit to be user friendly and modular, missions will be able to use it on their own, if they wish.

After a brief presentation, participants divided into small groups to apply the Toolkit to a case study featuring a mock country with a number of USAID programs. Participants were asked to use the Toolkit to analyze a country, its existing USAID and other donor programs and design a HES program to fill in programming gaps. A number of interesting results came out of the exercise. Each group, though given the same information, picked a different type of HES program in a different region

Toolkit Purpose

- Collect and Analyze Key Economic and OVC Data
- Assess the OVC HES Environment in your country
- Place OVC HES programs within mission, USG and host country objectives
- Design more comprehensive & effective strategies for HES for OVC households

Victoria Francis of Cardno presents the draft portfolio assessment toolkit

[1] Due to the size of the draft toolkit, it will be provided under separate cover.

of the mock country. Participants also found that they did not know where to look for information outside of their technical area. For example, health professionals did not know where to start looking for market assessment data. Many participants also reported that even before they had gone through all of the toolkit steps and considered all sources of data, they had already designed a program. This exercise drove home the need for data-based program design and an analytical process, like the one laid out in the toolkit.

PROCUREMENT MECHANISMS FOR HES PROGRAMS

The goal of this session was to introduce participants to USAID procurement mechanisms they may not be familiar with. Procurement mechanisms refer to indefinite quantity contracts (IQCs), Leader with Associates (LWAs), full and open requests for proposals (RFPs), and cooperative agreements. Participants were asked to come up with various mechanisms they have used in the past, including FIELD LWA, EQUIP 3, FANTA 2 and cooperative agreements. Workshop facilitators also provided information on other mechanisms that could be used including TASC3, AIDSTAR, SHOPS, and RAISE+. Facilitators discussed the differences between cooperative agreements and contracts and how the different methods can sometimes include or exclude certain implementing partners.

PROCURING, MANAGING AND EVALUATING HES PROGRAMS

Participants next completed two exercises to help them when procuring and managing HES programs (due to time constraints, an exercise to help with evaluation was canceled). To help with procuring, participants were asked to analyze a mock RFP. The RFP was based on an actual USAID RFP but edited into a much weaker solicitation. Participants analyzed the RFP, identified its weaknesses and based on what they had learned since the start of the workshop, made recommendations on how they would improve it. Among the weaknesses, participants found that the RFP lacked a casual model, M&E plan and indicators that were appropriate for the type of the activity. When developing an RFP, many participants cited talking to other missions and learning about their successful programs as a first step. Where appropriate, participants try to replicate those programs.

For the managing exercise, participants were asked to come up with a "check list" when making site visits to a HES program. Participants and facilitators divided into two groups – one representing USAID and one implementing partners – to come up with what they felt was most important to look at when making a site visit. This exercise exposed the differing objectives and concerns of the two groups and enabled the participants to develop a more comprehensive check list for site visits. The site visit "check list" that was developed can be found in **Annex 4**.

	Objectives	Fears
Donors	■ Branding and Marking ■ Source data, flow and PMP ■ Training materials approved by USG and in line with host Government ■ Opportunity to engage with beneficiaries and other relevant stakeholders ■ Learn their challenges and successes ■ Financial review (Process, vouchers, etc + inventories ■ Learn from partners, TA and best practices	■ DQA ◦ Illegible data ◦ Poor data ◦ Made up data ◦ Incorrect data ■ No branding and marking ■ What the Ambassador will promise the community ■ The program is creating gender stigma ■ What is written is not what is happening on the ground ■ Misuse of resources ■ Unrealistic expectations set up by the project (timeframe, follow-on, etc)

		■ Poor quality program activities ■ Fraud (IG Report) and abuse ■ Fear of vehicle breakdown, food poison and the runs ■ Infringe on traditions, culture
Clients	■ Impress our client ■ Educate/inform the visitor ■ Affirm your strategy ■ Show some realities on the ground, including constraints ■ Show innovation and success ■ Demonstrate partnerships and relationships	■ Client will speak to the wrong beneficiary, staffer, etc ■ Too much attention/visits create a distraction (time/focus/goals) or false expectations ■ Donor questions raise false expectations ■ Donor will think we are not meeting objectives (that take time or are not immediately apparent) ■ Donor doesn't technically understand where you are in the project ■ Logistics burden ■ Something out of your control will reflect badly on the project

Day Three – Work planning for Portfolio Assessments

The initial goal of Day Three was to complete work planning with the 4 missions selected for post-workshop portfolio assessments. The missions not immediately receiving an in-country assessment would complete a similar exercise, using the Portfolio Assessment Toolkit to plan a self-assessments. Due to the strong desire of participants to further explore HES programming, it became clear that the third day would be better spent focusing on technical and managerial aspects of HES programs. Day Three therefore consisted of 1) short meetings with each mission regarding post-workshop assessment and TA needs (rather than the full work planning design) and 2) technical sessions where participants delved deeper into HES program design, implementation and evaluation.

HES "Talk Show"

During Day Two, participants asked for more information on HES interventions. Seeing the need for more technical information on HES, facilitators responded by holding a HES "talk show" the morning of Day Three. Facilitators sat in the front of the room and took questions from participants on a range of topics including where to go to for information on HES, good practices and good outcome/impact indicators.

Monitoring and Evaluation for HES Programs

A session on monitoring and evaluation was provided. It included a presentation and a small group exercise that followed-up on the casual model exercise from Day Two. The session provided participants with a complete picture of how to elucidate clear objectives for HES programs and connect those objectives to meaningful outcome and impact indicators. Participants remarked that this was the first time they had worked backwards by first defining the impact and then determining what outcomes, outputs, inputs and resources would feed into that impact.

Working Planning for the Portfolio Assessments

Cardno team members met individually with each mission to discuss its HES planning and design needs and gauge interest in an assessment. Where appropriate with interested missions, the various steps that would need to take place for an assessment to happen including types of documents to be reviewed, sites that could be visited and gaining the necessary approval within the mission were discussed. A number of

missions expressed interest in having an assessment completed with some requesting more in-depth technical assistance in developing an HES strategy. Based on these discussions, AIDSTAR Two will make recommendations to the USAID COTR to aid the OVC TWG in deciding which missions should receive assessments and technical assistance through the mechanism.

EVALUATION AND OUTCOMES

Workshop Evaluations

Workshop Evaluation forms were circulated to participants after the workshop by email. The intended benefit was to allow participants the opportunity to reflect on what they had learned and not be rushed in putting down responses. Unfortunately, once participants returned home, their attention turned to the many other tasks awaiting them, and few evaluations were received. At the time of writing this report, Cardno received insufficient responses to collate for meaningful insight. The Cardno team is following up with the participants and will compile and share evaluations outside of this report.

Workshop Outcomes

In addition to the 4 in-country portfolio assessments that are scheduled to take place after the workshop, facilitators identified a number of other potential outcomes including:

- **Need for additional technical assistance to the missions**. During the workshop, it was clear that some missions were looking for in-depth technical assistance in developing HES strategies and facilitating dialogue with economic growth counterparts. Through the on-site visits and assessments, the team will look for and compile elements of successful design, implementation and evaluation that can address and overcome the challenges noted in this report.
- **Best practice case studies on processes for HES design.** A number of missions have been able to develop the necessary processes to allow them to plan, design, and manage HES programs more effectively. These best practices should be captured and disseminated to other missions in a web-based training format.
- **Further development of the Economic Strengthening Pathway framework.** The Pathway framework is a useful approach to understanding household economic strengthening. Based on feedback from the workshop, additional work can be done to further strengthen the framework.
- **Package the workshop material and provide as a training workshop.** There is a clear need for training on HES design, management and evaluation as well as on HES interventions. A more formal training workshop could be developed out of this workshop and offered to other missions.
- **Improving collaboration.** There are many donors and implementers working in HES for OVCs, but there is no consensus on definitions for key terms. Working towards this would be a valuable addition for this emerging technical area. Sharing experiences on M&E and reaching consensus on meaningful indicators would also help push the field forward.

The work outlined above would contribute to the current and future activities of select missions. More broadly, it would enable the team to highlight best practices in HES programming, including working towards standard definitions of key terms and appropriate indicators. In this way, we hope to push forward the promising technical area of household economic strengthening for orphans and vulnerable children and their caretakers.

ANNEX 1: WORKSHOP AGENDA

Workshop Objectives
Design HES Programs for OVC HH
Articulate desired outcomes and impact
Decide how to best structure program with given resources
Link HES to USG and mission objectives
Manage HES Programs for OVC HH
Track and monitor outcomes and impacts
Support implementing partners to improve programs
Improve coordination between OVC and MED focal points

OVC Household Economic Strengthening Workshop Agenda
Feb. 1st - 3rd, 2010
Nairobi, Kenya

Day 1 - Monday		Day 2 - Tuesday		Day 3 - Wednesday	
Schedule	**Topic**	**Schedule**	**Topic**	**Schedule**	**Topic**
0815-0830	Sign-In	0830 - 0845	Welcome/Overview	0830 - 0845	Welcome/Overview
0830 - 0900	Welcome and Introductions	0845 - 0945	Causal Models	0845 - 1000	Strengthening OVC and MED Collaboration
0900-0945	Definitions and Terms	0945 - 1300	Group Activity - Designing an HES Program for OVCs	1000 - 1015	Coffee Break
0945 - 1030	HES Challenges			1015 - 1115	Measuring Results, Outcomes and Impacts
1030 - 1045	Coffee Break	1300 - 1400	Lunch	1115 - 1130	Overview of Program Analysis
1045 - 1130	Introduction to HES	1400 - 1430	USAID Procurement Mechanisms	1130 - 1300	Prep for Program Analysis
1130 - 1215	HES Program Strategies	1430 - 1700	Procuring, Managing and Evaluating HES Programs (break included)		
1215 - 1300	Portfolio Analysis Exercise			1300 - 1400	Lunch
1300 - 1400	Lunch			1400 - 1430	Report back on Assessment Prep
1400 - 1700	Intervention Strategies (break included)			1430 - 1500	Wrap Up Game
1700 - 1730	Wrap Up	1700 - 1730	Wrap - Up	1500 - 1530	Conclusions

1800 - 1900	Happy Hour

ANNEX 2: PARTICIPANT LIST AND CONTACT INFORMATION

Name	Mission/Organization	Email
Anita Sampson	USAID/South Africa	asampson@usaid.gov
Bea Kinyanjui	Cardno Emerging Markets USA, Ltd.	Bkinyanjui@emergingmarketsgroup.com
Benjamin Isquith	CDC/Nigeria	Isquithb@ng.cdc.gov
Bruce Larson	Boston University – SEARCH Project	blarson@bu.edu
Dionisio Matos	USAID/Mozambique	dmatos@usaid.gov
Gad Sam Tukamushaba	Cardno Emerging Markets USA, Ltd.	gadsamt@emergingmarketsgroup.com
Gene Peuse	USAID/Tanzania	gpeuse@usaid.gov
Grey Saga	USAID/Tanzania	gsaga@usaid.gov
Jason Wolfe	USAID/EGAT	jwolfe@usaid.gov
Kate Vorley	USAID/Kenya	kvorley@usaid.gov
Katie Qutub	Cardno Emerging Markets USA, Ltd.	kqutub@emergingmarketsgroup.com
Leah Berkowitz	Care International	lberkowitz@caresa.co.za
Leslie Flinn	Cardno Emerging Markets USA, Ltd.	lflinn@emergingmarketsgroup.com
Margie Brand	EcoVentures	mbrand@aed.org; margie@eco-ventures.org
Michael Reeves	Cardno Emerging Markets USA, Ltd.	mreeves@emergingmarketsgroup.com
Naletsana Masango	USAID/South Africa	nmasango@usaid.gov
Ochi Ibe	USAID/Namibia	oibe@usaid.gov
Peron Olwenge	Walter Reed Project – US Army Medical Research Unit, Kenya	polwenge@wrp-nbo.org
Pharesh Ratego	USAID/Kenya	pratego@usaid.gov
Philomena Irene	USAID/Nigeria	pirene@usaid.gov
Sarah Goreti	Walter Reed Project – US Army Medical Research Unit, Kenya	sgoretty@wrp-nbo.org
Shelagh O'Rourke	USAID/East Africa	So'rourke@usaid.gov
Silke Felton	USAID/Namibia	sfelton@usaid.gov
Victoria Francis	Cardno Emerging Markets USA, Ltd.	vfrancis@emergingmarketsgroup.com

ANNEX 3: OVC HES DEFINITIONS

Asset: Any physical, financial, human, or social item of economic value owned by an individual or group, especially those that could be converted to cash

Asset transfer: One of the many tools that government or donors can use to create a social safety net by providing assets or cash directly to the poor to lessen the severity of poverty, prevent households from falling into poverty, or helping them emerge from poverty.

Business Development Services: Services which comprise a wide range of non-financial services (marketing, financial/strategic planning, access to finance, links to input suppliers) provided by donors, governments, or private suppliers to entrepreneurs who use them to efficiently operate their businesses and make them grow

Caregiver: One who provides assistance in day-to-day tasks for others in need

Entrepreneurial skills: A set of abilities necessary to manage the income, resources, and capital of a business enterprise

Food Security: The existence of physical and economic access to enough safe and nutritious food to meet the dietary needs and food preferences for an active and healthy lifestyle for all people at all times

Grants: The transfer of money, services, property, or anything of value from a federal agency to a grantee

Health Status: A measure of the extent to which an individual is able to function physically, emotionally and socially

HIV-affected: The state of societies and economies having impact from the morbidity and mortality of people infected with HIV/AIDS

Household: The basic residential unit in which economic production, consumption, inheritance, child rearing and shelter are organized and carried out

Household economic strengthening: The portfolio of strategies and interventions that reduce the economic vulnerability of target households

Household income: The combined gross income of all members living in a household

Income generation activities: Any legal economic activity that produces income for the household and that exhibits low risk and equally low returns from engaging in the activity.

Job creation: Programs or projects undertaken by the public or private sectors of a nation, in order to assist unemployed members of the population in seeking employment.

Life skills: A broad group of psychosocial and interpersonal skills that can help children make informed decisions, communicate effectively, and navigate their surroundings

Microcredit: A sub segment of microfinance that focuses on giving small loans to low-income people for the purpose of allowing them to earn additional income by investing in the establishment or expansion of microenterprises

Microenterprise: A market-oriented economic activity with 10 or fewer employees, including the owner

Orphan

> *Orphan (General Definition):* A child between 0-17 years of age, who has lost one or both parents
>
> *Orphan (PEPFAR Definition)*: A child between 0-17 years of age, who has lost one or both parents to HIV/AIDS

Poverty alleviation: The multi-dimensional intervention involving the improvement of living conditions for people, and the analysis of causes and symptoms of current and future poverty

Social capital: The institutions, relationships, and resources that shape the quality and quantity of a society's social interactions

Strengthening vs. Security:

> Strengthening involves helping vulnerable populations build wealth and assets through financial and social interventions making them less susceptible to shocks such as food insecurity, natural disasters and conflict.
>
> Security involves helping vulnerable populations cope more effectively with the affects of shocks such as food insecurity, natural disasters and conflict.

Value chain: A sequence or "chain" of activities carried out by multiple enterprises to produce and sell goods and services. As a raw material travels along this chain, each company adds to the value of the good or service until the final product is delivered to the consumer.

Vulnerability

> *(Economic terms):* The possibility that a household or individual will experience a reduction in well-being and exposure to risk that might lead to an acute loss of assets
>
> *(OVC terms):* Children who live without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child); children who live outside of family care (e.g., in residential care or on the streets); or children who are marginalized, stigmatized, or discriminated against

Well-being: The good state of physical, mental, and social health, and not solely the absence of disease

Wrap around services: identifying and coordinating comprehensive responses to the needs of OVCs from multiple sectors

ANNEX 4: SITE VISIT CHECKLIST

- **Contractual**
  - Ensure branding and marking is correct
  - Review training material to ensure it is USG approved and in line with host government policies
  - Check that implementing partner is carrying out activities per the agreed upon workplan.
- **Financial**
  - Conduct financial review to ensure spending is in line with cooperative agreement/contract guidelines and budget.
  - Review processes used to pay vendors and staff.
- **Programmatic/Technical**
  - Affirm program strategy with implementing partner
  - Engage with beneficiaries and other relevant stakeholders to learn about their experiences, challenges and successes.
  - Check to make sure program interventions are not inadvertently stigmatizing certain groups.
  - Check to make sure program is not infringing or violating cultural norms and traditions.
  - Learn about constraints that may be hindering performance of implementing partner. Work with partner to solve constraints.
  - Identify best practices that can be disseminated to other implementing partners
  - Build stronger relationships and partnerships with implementing partner, local sub-grantees and beneficiary groups.
  - Review monitoring and evaluation systems to ensure data is reliable and feeding into necessary reports, per the Performance Monitoring Plan (PMP). Check data to ensure it is not illegible, made up or incorrect