IMARISHA and the Expansion of Capacities in Economic Strengthening for OVC Households in Tanzania: An End-of-Project Assessment

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ABBREVIATIONS AND ACRONYMS

CBO	Community-based Organization
CHF	Community Health Fund
CRP	Community Resource Person
CSG	Community Savings Group (either formal or informal)
CV	Community Volunteer
DAI	Development Alternatives, Inc.
DSW	Department of Social Welfare, Ministry of Health
EEW	Economic Empowerment Worker
ES	Economic Strengthening
EW	Empowerment Worker
FGD	Focus Group Discussion
FSDT	Financial Sector Deepening Trust
GBV	Gender-based Violence
HBC	Home Based Care
HEA	Household Economic Assessment
HES	Household Economic Strengthening
HH	Household
IDI	In-depth Interview
IGAs	Income-generating Activities
IMARISHA	Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS
INGO	International Non-governmental Organization
IOP	Ilulu Orphans Project
LIMCA	Livelihood Improvement for Most Vulnerable Children
M&E	Monitoring and Evaluation
MFI	Microfinance Institution
MIS	Management Information System
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PSP	Private Service Provider
PT	Pamoja Tuwalee
RCT	Randomized Controlled Trial
SACCO	Savings and Credit Cooperative Society
SAVIX	Savings Group Information Exchange
SILC	Savings and Internal Lending Community
TACAIDS	Tanzania Commission for AIDS

TASAF	Tanzania Social Action Fund
TOR	Terms of Reference
TSh	Tanzanian Shilling
VSLA	Village Savings and Loan Association
WEI	World Education, Inc.

EXECUTIVE SUMMARY

In Tanzania, at least 1.14 million children under 18 years-old can be considered to be highly vulnerable to HIV, and approximately 250,000 children ages 0 to 14 are living with the disease. Households must build up their economic resilience by expanding their income-generating activities (IGAs) and increasing their financial assets—especially savings—in order to have the tools and resources they need to help the youth in their care avoid risky behaviors that lead to HIV infection. Economic strengthening (ES) interventions increasingly are recognized as integral components in HIV prevention, treatment, and care. Expanding ES support for the vulnerable poor will increase their self-sufficiency and abilities to cope with the ravages of HIV/AIDS over the long run. However, without affected and at risk Tanzanians financing at least part of needed treatment and prevention actions through their own income generating strategies, it is likely that the country's broader economic and social progress will be held back because the government will need to divert scarce fiscal and human resources to battling HIV/AIDS, rather than to supporting essential inputs to sustainable growth such as quality education and the expansion of the infrastructure needed to grow manufacturing. Hence, ES is central to establishing an AIDS-free generation and to ensuring the well-being of HIV-affected households, especially the children in their care.

This report assesses key technical assistance (TA) activities by IMARISHA (Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS)—a now-concluded, ambitious four-year (2011-2014) TA program implemented in Tanzania by DAI with USAID/PEPFAR support—to improve the economic status, health, and safety nets of vulnerable households affected by HIV/AIDS, particularly those caring for most vulnerable children (MVC). The project's theory of change, anchored in applied research conducted under IMARISHA's auspices, argued that through ES, HIV-vulnerable households can improve their incomes and build economic assets that will make them more resilient to exogenous shocks—both economic and non-economic.

IMARISHA's TA targeted six PEPFAR implementing partners—Africare, Deloitte Tunajali, FHI 360, Pact, Pathfinder, and World Education, Inc. (WEI)—and the many community-based organizations they partner with to improve the health and economic conditions of MVC households. It also provided substantial TA to Government of Tanzania agencies working on expanding and improving government support for MVC. This assessment collected the perspectives of key stakeholders in the TA process (including prime partners, sub-partners, government, and community development organizations), as well as those of 272 final beneficiaries (i.e., SG members and recipients of IGA trainings) obtained through focus group discussions (FGDs) conducted in seven regions. IMARISHA's primary TA intervention focused on building sustainable savings groups (SGs) for vulnerable people. Other important interventions targeted improving the integration of individual and collective IGAs into active and remunerative markets, funding innovative market-based approaches to driving ES interventions for vulnerable populations to scale, and engaging with government officials, particularly in an effort that resulted in the adoption of National Economic Strengthening Guidelines for MVC households.

IMARISHA made significant efforts to build the evidence base to inform its TA efforts. Its Household Economic Assessment (HEA) assessed the economic vulnerability of PEPFAR beneficiaries, providing lessons for future implementers and TA providers and questions for researchers to explore. The HEA yielded interesting findings on the link between savings and food security, and—when combined with partner assessment tools—provided an empirical basis for technical assistance to IPs. It helped IMARISHA reach its objectives of enhancing partner capacity to utilize appropriate data collection tools and to enhance program design. However, it did not adequately account for shocks and coping behaviors to be considered a true vulnerability assessment that can be used to make programs more future-oriented, but its method does produce immediately useful data on the present economic status of households. Furthermore, the HEA would have been greatly enhanced by greater emphasis on health and education indicators, as well as indicators with a greater focus on children. Despite its limitations, future vulnerability research will benefit from the example of the HEA, which raises important questions about how to develop a truly valid and future-oriented vulnerability scale that captures variation between different levels of vulnerability.

The second major evidence-building contribution of IMARISHA was a “Savings Study” which reported the results of a six-month collaborative assessment designed to provide a comprehensive landscape of SG practice among Pamoja Tuwalee (PT) partners with wider implications for practitioners in Tanzania and elsewhere. The study gathered and presented useful data, but it was not an impact evaluation, so many of its conclusions must be interpreted as exploratory and not conclusive. Although not explicitly addressed, a major theme implied by the study’s recommendations is the importance for SG implementers and participants to fully understand SG policies and how they relate to the purpose of the SGs in reducing vulnerability, particularly in an environment where savings groups are rapidly and spontaneously evolving. Without this understanding, there is risk that SGs might raise member share levels as savings levels grow for most members, inadvertently reducing their accessibility to the most vulnerable members who may not be well placed to increase their financial assets as rapidly.

The assessment expands on several key takeaways for and recommendations about future programming:

- Savings Groups are member-led community financial institutions that promote resilience for MVC households.
- Savings Groups provide good value for public and private funders.
- Government has an important role in expanding SGs.
- There is a need to build capacities to engage markets.
- Targeting of MVC households should be upgraded.
- There are short-term opportunities to leverage savings groups for other MVC objectives.

The assessment concludes that IMARISHA has set the foundation and identified pathways for the effective deployment of future ES TA efforts in Tanzania. There are many future challenges to increasing the impact in Tanzania of ES interventions on the well-being of MVC, at-risk youth, and people living with HIV/AIDS (PLHIV). Key among these challenges will be developing ways to integrate SGs with cash transfer programming under Tanzania Social Action Fund (TASAF) III. The *National Guidelines for Economic Strengthening for MVC Households* is a lasting contribution by IMARISHA that offers foundations upon which to further develop ES approaches that improve the ability of the country's most vulnerable households to drive sustainable improvements to the health and capacities of Tanzania's vulnerable children and youth.

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INTRODUCTION

Approximately three out of every 100 Tanzanians is living with HIV, among them about 250,000 children ages 0 through 14 years-old (UNAIDS 2014). At least 1.14 million children ages 0 through 17 are classified as highly vulnerable to HIV (United Republic of Tanzania 2014: 27-28).[1] In recent years, poor people in Tanzania have been buffeted by rising costs for food, healthcare, and schooling, leaving the vast majority of vulnerable households of people living with HIV or caring for vulnerable children struggling to cover their basic needs and forced to make difficult choices between health and education expenditures. The households responsible for the most vulnerable children (MVC) must build up their resilience to economic shocks in order to create the conditions for vulnerable children and youth to avoid risky behaviors such as transactional sex and the dangerous dimensions—such as gender-based violence—that often accompany risky activities. In such a context, building economic resilience by expanding access to income-generating opportunities, creating mechanisms to grow financial assets—especially savings, or by building employability and entrepreneurship skills through good schools and training programs, is fundamental to ensuring vulnerable households have the tools and resources they need to battle HIV/AIDS over multiple generations.

Economic strengthening central to confronting HIV/AIDS over the long run

Economic strengthening (ES) encompasses an array of interventions designed to raise the capacities of vulnerable people and households to weather sudden economic shocks as well as cope with ongoing weaknesses in wage and commodity markets, both of which can undermine their abilities to avoid or manage HIV/AIDS. While health-oriented interventions such as ARTs and HIV prevention education have long been regarded as important contributors to halting the HIV/AIDS pandemic in Tanzania, it is only in recent years that economic interventions have begun to be seen as integral components in HIV prevention, treatment, and care. Economic strengthening must be expanded in order to increase the self-sufficiency of vulnerable people and households to cope with the ravages of HIV/AIDS over the long run. Without affected and at risk Tanzanians financing at least part of needed treatment and prevention actions, it is likely that economic and social progress will be held back because the Tanzanian state will divert scarce fiscal and human resources to battling HIV/AIDS rather than to supporting essential inputs to sustainable growth such as quality education and the expansion of the infrastructure needed to grow manufacturing and reduce the drag on bringing commodities to market.

HIV/AIDS in Tanzania

Tanzania has a population of about 45 million (2012 census figures), of whom three-quarters live in rural zones. It is a youthful and rapidly growing population—young people ages 10 to 19

[1] The estimates of OVC (MVC) in Tanzania vary widely, with 2 million being the figure reported in several government-authored documents. However, this figure is not substantiated, so we report this more conservative number. The 1.14 million figure reported here represents the number of MVC children and youth reported to be enrolled (i.e., “in school”), or age-eligible to enroll (i.e., “out of school”) as documented in the source cited here.

comprise about 23 percent of the total population and fertility rates hover around 5.3 percent. While the economy over the past five years has grown at a robust 7 percent per annum (World Bank n.d.), fully one-third of the population is below the poverty line and about two-thirds of children are deprived on at least two dimensions—e.g., food, access to health, education (UNDP 2014). HIV prevalence and incidence is significant—in 2013 an estimated 1.4 million people were infected and prevalence among ages 15 to 49 was 4.9 percent, while approximately 72,000 new infections were being registered annually, with mother to child transmission of HIV accounting for 16,000 children infected annually (UNAIDS 2014). An estimated 78,000 people die from HIV/AIDS annually (UNAIDS 2014). UNAIDS (2014) reports that in 2013, 2.2 percent of adolescent girls and young women ages 15-24 were living with HIV—57 percent more than males of the same ages (1.4 percent). Unemployment is high, with approximately 2.5 million people unemployed, most of whom are young adults under age 25 and youth (World Bank n.d.), resulting in significant risk that some may engage in transactional sex due to the lack of other income-generating opportunities.

Description of IMARISHA

IMARISHA (Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by HIV/AIDS) was an ambitious four-year long (2011-2014) technical assistance (TA) program to improve the overall effectiveness of existing and new ES activities. IMARISHA was financed with PEPFAR funds through USAID/Tanzania and managed by Development Alternatives, Inc. (DAI). As a specialized provider of TA, IMARISHA specifically worked to improve the economic status, health, and safety nets of vulnerable households (HHs) affected by HIV/AIDS. IMARISHA worked directly with PEPFAR partners delivering direct support and services related to home based care (HBC) or for MVC, as well as with key government stakeholders, including the Ministry of Health's Department of Social Welfare (DSW) and the Tanzania AIDS Commission (TACAIDS). IMARISHA's original mandate was limited to seven regions (Dar es Salaam, Dodoma, Iringa, Mbeya, Morogoro, Mwanza, and Shinyanga) across Tanzania but was subsequently relaxed to accommodate requests for technical assistance from other regions.

IMARISHA's overall objectives comprise the following:

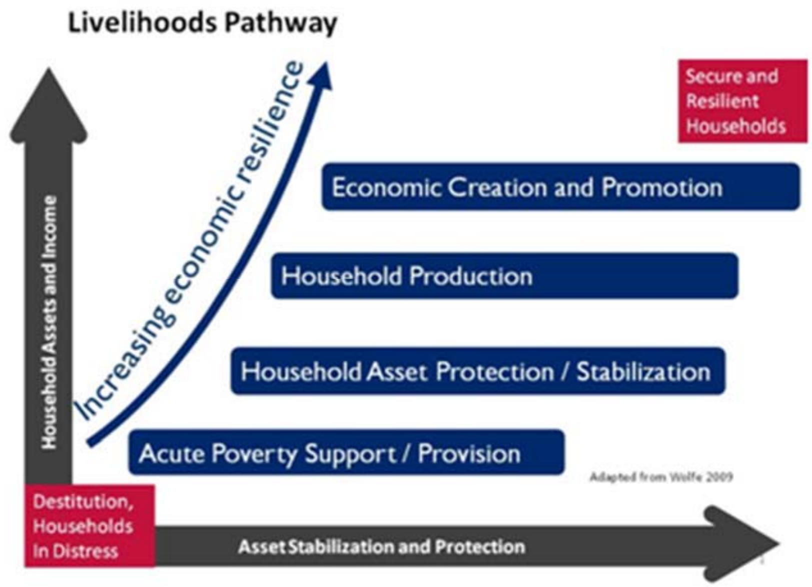
1. Increase the capacity of partners and sub-partners to implement economic strengthening interventions.
2. Build stronger linkages and alliances while piloting new innovations.
3. Improve coordination and implementation of the Government of Tanzania's multi-sectoral response.
4. Enhance the evidence base of how economic strengthening and sustainable livelihoods programs can improve both economic resiliency of vulnerable households along with improving their health status

IMARISHA was tasked with providing TA to the partners of Pamoja Tuwalee (PT), which is Kiswahili for “let’s bring up children together”), which is USAID/Tanzania’s current five-year program (2010-2015) of support for MVC. The multiple prime partners are:

- Africare in the Central zone
- FHI 360 in the Coast zone: Dar es Salaam, Coast (Pwani), and Zanzibar
- Pact in the Lake and Southern zones
- World Education in the Northern zone

IMARISHA also provided significant TA to PEPFAR partners Pathfinder International and Deloitte Tunajali.

IMARISHA’s TA was anchored in an understanding of the vulnerability of poor households, especially those with children who have been orphaned through the loss of one or both parents, have been made vulnerable because one or more adults in the household are living with HIV/AIDS, or are living with HIV/AIDS themselves. These MVC require a wide array of integrated health, nutrition, psycho-social, educational and economic supports if they are to fulfill their potential. Through ES, HIV-vulnerable households can improve their incomes and build economic assets that will make them more resilient to exogenous shocks—both economic and non-economic. This understanding is expressed in the graphic below, which portrays an ideal four-step movement from destitution to security (in reality, households may move up and down the pathway, including jumping stages, or remain stuck). In the lowest altitude on the pathway, households generally are provided food, material assets (e.g., tools, livestock, seeds), and—sometimes—cash to lift them out of distress. At the next stage, HHs usually receive training and guidance to save and self-insure as they gradually build up their asset base. By the third stage, HHs are channeling their savings or small borrowed sums to underwrite low- to moderate-risk activities that will grow their economic assets. At the highest altitude on the curve, households combine savings, credit, insurance, skill-building and other economic tools to engage in higher-risk, higher-yield livelihoods strategies that they can manage because they have sufficient and diverse assets. They are resilient and able to provide for the well-being of the MVC and others in their households.



Source: Replicated from IMARISHA/DAI et al. 2014, p. 2.

Assessment Objectives

IMARISHA ended on December 31, 2014. USAID/Tanzania asked ASPIRES to conduct an end-of-project operational assessment of IMARISHA to evaluate the extent to which the project achieved its objectives, to assess the extent and quality of ES activities integrated into service-delivery programs and government policies, and discern current gaps, successes, and opportunities that should be considered by USAID/Tanzania and PEPFAR in future ES programming. In this assessment report, ASPIRES will:

- Assess TA provided by IMARISHA
- Describe and explore the effects of ES interventions promoted by IMARISHA
- Assess evidence-building efforts by IMARISHA
- Identify effective ES interventions to scale up and drive future improvements for the wellbeing of MVC and their caregivers

After discussion between the Mission and ASPIRES, including during a May 2014 planning trip and at the launch of the assessment in early September, it was decided that the assessment would emphasize IMARISHA's ES TA centering on the formation, operation, and sustainability of Savings Groups (SGs), with other TA interventions, such as income-generating activities (IGAs), receiving less attention. A decision also was made to focus on the experiences of Pamoja Tuwalee partners Africare, FHI 360, and WEI (World Education, Inc.), along with the CDC/PEPFAR partner, Pathfinder. Pact was given less attention because IMARISHA has had limited engagement with it and its sub-partners. The assessment, in response to the requirements of an end-of-project evaluation for USAID, focuses on the scope and quality of the ES TA offered by IMARISHA, but it does so in a forward-looking manner in order to identify sound practices for future ES TA to PEPFAR partners in Tanzania.

Assessment Methodology

The assessment was designed to include the perspectives of key stakeholders in the TA process (including prime partners, sub-partners, government, and community development organizations). At USAID's request, we also harvested the perspectives of final beneficiaries (i.e., SG members and recipients of IGA trainings) on the TA received as well as their views on the impacts of SGs and IGAs on MVC, SG members and IGA participants, MVC households, and local communities.

ASPIRES provided its Technical Director to lead the assessment, complemented by two consultants based in Dar es Salaam. The first, an experienced focus group discussion (FGD) and survey leader, took responsibility for organizing and supervising an experienced field team to carry out the FGDs, while the second, an experienced interviewer, was contracted to carry out in-depth interviews (IDIs) in Kiswahili and to support the Technical Director in IDIs carried out in English.

Interview guides for both the FGDs and IDIs were developed by ASPIRES with input from the consultants, and were reviewed and approved by FHI 360's Office of International Research Ethics.

The research employed the following methods:

- Review of materials from IMARISHA, PEPFAR prime partners and their sub-partners, USAID, Government of Tanzania, and other key stakeholder or relevant sources.
- In-depth interviews (IDIs) with staff from the PEPFAR prime partners and sub-partners who received TA from IMARISHA, local government staff, IMARISHA staff, and community volunteers and resource persons.
- Focus group discussions (FGDs) with 272 Savings Group members and/or IGA participants.
- A socioeconomic and demographic profile survey of all FGD participants.

Field research[2]

The primary field research took place in September 2014, with several IDIs conducted in the following quarter when interviewees who previously were unavailable could be reached. The first task under field logistics was identifying which regions to visit. IMARISHA's original scope of work had initially targeted the seven regions of Dodoma, Iringa, Mwanza, Shinyanga, Mbeya, Morogoro, and Dar es Salaam. However, additional regions, especially in the north, were added to IMARISHA's TA programming. In the end, the study covered six regions which were purposively selected to ensure coverage of the experiences of each of IMARISHA's six major TA partners. The preponderance of sub-partner SGs and IGAs are in small towns and rural villages, so districts were purposively selected to reflect this rural bias. The following table

[2] Greater detail about the field research can be found in the Implementation Report that comprises Appendix 2.

shows the geographic distribution and timing of the FGDs (and IDIs with local staff and community volunteers).

Within each of the selected regions we further selected two districts as the sites for research, with each district represented by a distinct sub-partner of the prime partner covering that region. Africare, due to its large numbers of beneficiaries, was doubly sampled.

Researchers carried out a total of 18 FGDs with SG members. Because a significant number of SG members also were known to be IGA participants, and because mechanisms for identifying and selecting IGA participants were weaker due to their dispersion and the fact that IGA participants often operate individually rather than in groups, a separate selection of IGA members was not made. The FGDs reached 272 individuals, who also shared socioeconomic and demographic information through short surveys administered at the venue immediately before each FGD.

Sample

FGDs were made up of 5-15 SG members representing 2-4 SGs operating in the district under the aegis of a single sub-partner. The FGD participants were randomly selected from SG member lists. Due to the limited number of male participants and advice by local staff that women in the districts were highly participatory in their SGs even when men were present, we did not segregate by gender.

Table 1: FGD Distribution

ORGANIZATION	REGION	DISTRICT	SUB PARTNER	# of FGDs	DATES (2014)
WEI	Tanga	Korogwe Rural	TEWOREC	1	Sept 11
		Lushoto	AFRIWAG	2	Sept 12
FHI 360	Morogoro	Morogoro urban	Faraja	2	Sept 13
		Mvomero	HACOCA	1	Sept 14
Africare	Iringa	Iringa Rural	TAHEA	1	Sept 16
		Kilolo	IMO	1	Sept 17
Tunajali	Njombe	Njombe	COCODA	2	Sept 19
		Makete	ELCT Makete	1	Sept 20
PACT	Ruvuma	Mbinga	WAMATA	1	Sept 22
		Nyasa	ROA	1	Sept 23
Africare	Dodoma	Mpwapwa	Umwema	1	Sept 25
		Dodoma	Sharing World	1	Sept 26
Pathfinder	Shinyanga	Shinyanga	Save the Children	2	Sept 28
		Kahama	Red Cross (T)	1	Sept 29

Overview of FGD Participants

The socioeconomic and demographic survey illuminates the key characteristics of the of 272 FGD participants (79 percent women)[3] who directly or indirectly benefited from IMARISHA's TA. The findings, however, cannot be extrapolated to the overall population served by IMARISHA, nor are they directly comparable to the random sample drawn for IMARISHA's Household Economic Assessments in 2011 and 2014 (see discussion below). Rather, their utility is in contextualizing the perspectives harvested in the FGDs. Key descriptive statistics are summarized in the table and graphics below.

Fifty-three percent of the participants are between 25 and 44 years-old (22 percent 25-34; 31 percent 35-44). Youth ages 18 to 24 represented only six percent of the FGD participants (n=15, of whom 13 were female).[4] Eighty-two percent had a primary education or less. Only 17 percent had a savings account at a formal financial institution. Half are caring for children other than their own, which is suggestive of vulnerability and also reflects the outreach efforts to MVC caregivers by the organizations promoting SGs.

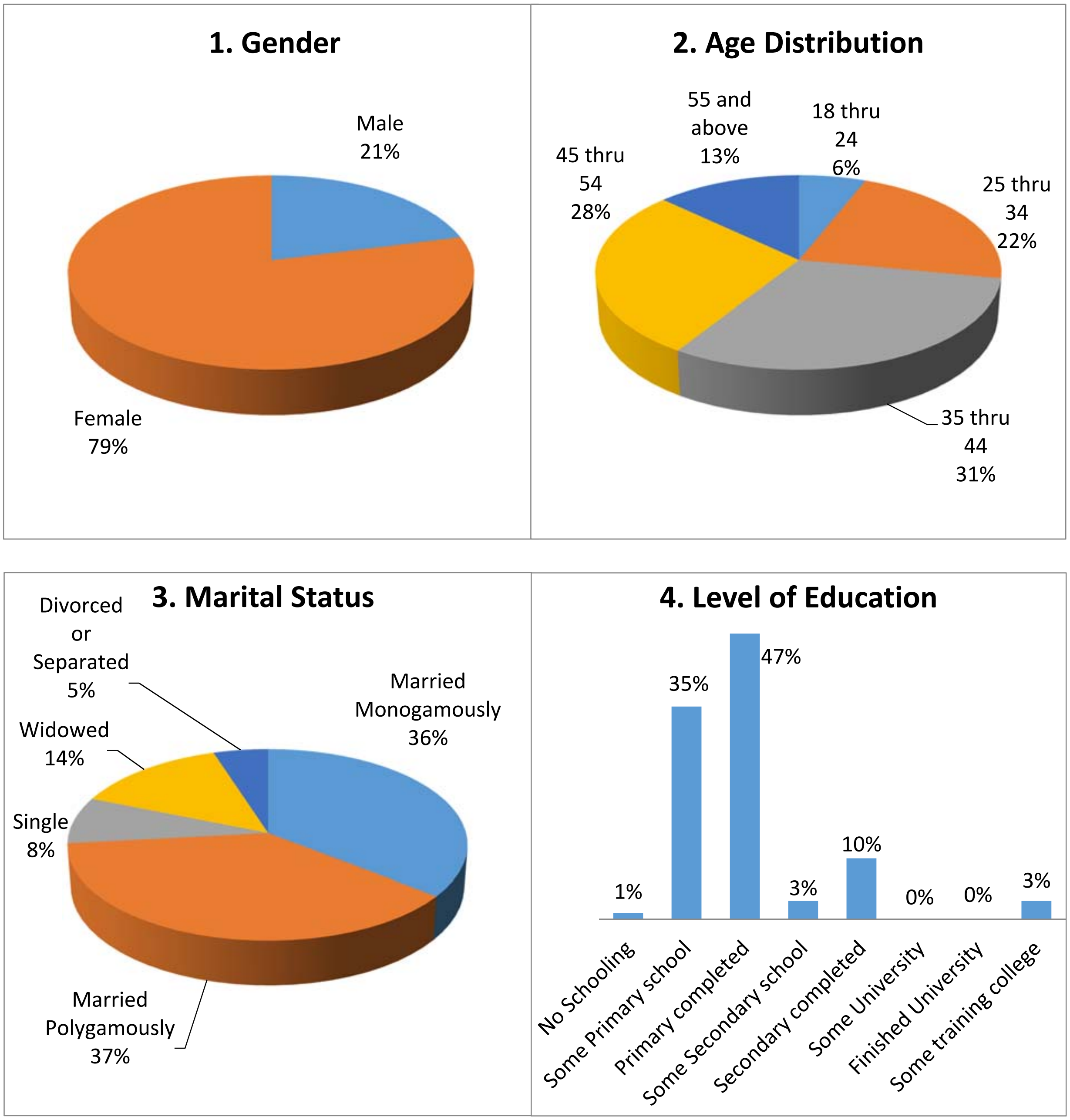
Table 2. A Subset of Responses to a Survey of Individual Participants in FGDs

	YES	**NO**
Ever gone to bed hungry twice in past year	21%	79%
Grow food for own consumption	80%	20%
Engaged in small scale business	78%	22%
Own a bicycle	53%	47%
Own motorcycle	14%	86%
Own a television set	39%	61%
Own farm animals	76%	24%
Own farmland	68%	32%
Have access to a cellphone	87%	13%
Have any kind of insurance	19%	81%
Have any outstanding loans	79%	21%
Care for children who are not your own	50%	50%
Belong to more than one savings group?	30%	70%

[3] Women comprise the overwhelming majority of participants in the ES programs for MVC households offered by the IPs supported by IMARISHA, including SGs – the composition of the FGDs is a natural reflection of this weighting. A similar skewing to women's participation (82%) was found in the random sample drawn for the IMARISHA Household Economic Assessment (see IMARISHA 2014e). SG programs in other countries generally report majority participation by women, even without targeting.

[4] The low numbers of youth are consistent with reported low participation rates by youth in SGs globally, in turn often attributed to perceptions by older SG members that youth are both mobile and lacking experience in IGAs and therefore potentially risky to incorporate as members. Plan International, has demonstrated that the SG approach can be adapted to youth (see Plan 2014).

Figures 1 – 4. Key Characteristics of FGD Participants



THE EFFECTIVENESS OF IMARISHA'S TECHNICAL ASSISTANCE

IMARISHA aimed to build up the technical capacities of PEPFAR implementing partners in Tanzania to carry out economic strengthening activities that can improve the welfare of MVC. Anchored in its Livelihoods Pathway approach described above, IMARISHA promoted an array of interventions to assist MVC households to improve their food security, access protective mechanisms that help them to manage risk, reduce their exposure to exogenous shocks, build resiliency, and increase their productive assets. These interventions included SGs where members can save, borrow, insure, and access knowledge to build up their financial capabilities, entrepreneurial skills, and understanding of markets and marketing. Additionally, they involved the promotion of productive activities such as household gardens, improved farming techniques, small and large animal husbandry, and microenterprise support. Drawing on 25 IDIs and 18 FGDs involving 272 participants across seven regions (see Appendices 1-2), as well as secondary materials, this section examines how well IMARISHA was able to deliver TA that fosters lasting improvements to the welfare of MVC.

IMARISHA developed and delivered 13 courses and several "one off" trainings on ES topics, including: Household Income and Savings Associations (HISA)—an approach centered on savings groups—including separate sensitization, intensive implementation and supervision stand-alone training modules, Household Gardening and Nutrition Strengthening, Local Chicken Production, Basic Business Skills, Basic Market Analysis, Causal and Logic Models for Economic Strengthening, Adult Learning, Production of Orange Flesh Sweet Potato for Improved Nutrition and Income, Using Household Economic Assessments, Public Private Partnership and HEA Endline Training for Data Collection. Between September 2011 and August 2014, IMARISHA delivered 113 separate trainings on the 13 courses. They were attended by slightly more than 3,100 participants.[5] Forty-three (38 percent) were related to savings topics, including a newly-designed financial literacy for SGs course that was launched in two offerings in June 2014 to 81 technical staff and Community Resource Persons (CRPs) from Africare and its partners in Njombe and Dodoma. Overall, 91 trainings (81 percent) were delivered to IMARISHA's four prime partners.

Savings Groups

The promotion of SGs specifically for households caring for MVC and/or comprised by adults living with HIV/AIDS anchored IMARISHA's ES intervention strategies across all partners. There is growing global evidence (Meaux 2015, Parr & Bachay 2015) that poor—but not destitute—households can save small amounts of money which, in turn, they may draw on to ensure access to food when prices climb due to seasonal supply fluctuations (i.e., the "lean times") or when they are affected by exogenous shocks such as drought or rapidly rising prices for globally traded (and thus, globally priced) foods. Vulnerable households with access to savings can smooth their consumption (not only of food, but also such necessities as healthcare and education) and avoid selling off productive assets, thus availing themselves of a form of "self-insurance" that improves their resilience with respect to falling deeper into poverty and perhaps into destitution.

SGs also are central to self-supported and self-directed asset-building. Participation in an SG offers poor households access to financial instruments that otherwise would be out of their reach, as evidenced by the limited penetration of banking in Tanzania, where in 2013 only 13.9

[5] The number of participants in eight trainings was not reported, so it is likely that an additional 100-200 participants were reached (see IMARISHA 2014g). Some participants undoubtedly took advantage of more than one training, so the mentioned numbers reflect distinct participations, rather than distinct individuals.

percent of Tanzanians reported bank accounts, with participation falling to 6.8 percent in rural areas (FSDT Tanzania 2014). Financial access is a key driver of movement by vulnerable households along the livelihoods pathway, as it allows them to leverage their savings into productive IGAs. In the following table, IMARISHA and its PT partners summarize how SGs contribute to this leveraging at distinct points along the livelihoods pathway.

They explain:

> Savings groups are a practical and potentially effective intervention at all of the three higher rungs where households are economically active. However, the types of financial services savings groups must provide, and the degree to which different services are demanded, varies by level. In Tanzania, the financial services delivered by many non-PT savings groups tend to be targeted toward the micro-enterprise/lending component of that segment: the third rung, excluding the more vulnerable populations. PT's aim has been explicitly with a vulnerable population focus and has even reached those households and their children on the first rung through the use of MVC Funds.[6] (DAI et al. 2014: 3)

Table 3: Community Savings Group (CSG) Relevance to Different Groups along the Livelihoods Pathway

Rung	Livelihoods Pathway	Financial Services Focus	CSG Member Engagement	PT CSG Engagement
4 (Top)	Economic creation and promotion	Widening product scope	Multiple groups plus bank and mobile linkage	Very few PT CSGs are linked to banks/ bank services such as agricultural loans
3	Household production	Quality savings and loans	Member in multiple groups, microentrepreneur	PT CSGs offer loans to members for consumption, but also for small-scale productive needs
2	Household asset protection/ stabilization	Safe, flexible savings	Member, savings account owner and small borrower	PT CSGs offer basic member-focused savings and self-insurance services
1 (Bottom)	Acute poverty support/provision	None—Cash transfers (conditional/ non-conditional) and in-kind grants	Not applicable	PT CSGs use MVC funds to support MVC, particularly for school needs

Source: Replicated from DAI et al. 2014: 3.

[6] The MVC fund is an especially important and innovative component. Of the 3,421 SGs reviewed in the study, 1,819 (53.2%) operated MVC funds which provided an average annual (i.e., SG cycle) support of $12.75 to 29,990 children (DAI et al. 2014:15).

The IPs advised by IMARISHA on ES approaches provided MVC households living with, affected by, and at risk of HIV/AIDS with an array of referral, care, and support services. They view ES activities as an essential component to expand the capacities of the extremely poor (first rung) and poor households (second rung) to sustain their participation over the long term in programs to combat or prevent the effects of HIV/AIDS on the children in their care. While the IPs' programs can provide some direct monetary and material support to stabilize the most destitute and incorporate them into care and prevention services, such handouts of course are costly, difficult to sustain long-term for both programmatic and fiscal reasons, and unlikely to be transformative by themselves. However, once such extremely poor households are stabilized and have accumulated some basic assets through the handouts—placing them just on or barely short of the second rung—many can climb further when provided opportunities to acquire new skills and mechanisms to employ to change their economic circumstances. For the PT IPs and other NGOs working with similar populations, the demonstrated sustainability of SGs as a mechanism to assist non-destitute MVC households to better manage consumption through the use of savings in lean times and to improve livelihoods through the use of modest amounts of credit to pursue further asset-building IGAs, has led to SG formation becoming their primary ES intervention for households who are not destitute.

The SGs formed by PT partners with IMARISHA TA were drawn from PT beneficiaries, who by definition are either MVC caregivers or PLHIV. In earlier projects, the IPs provided material assistance and other direct aid to both extremely poor (first rung) and less poor (second rung or higher) MVC or PLHIV households. To the extent these earlier efforts were successful, they created an ample public of households that were barely short of the second rung or actually on it and higher rungs and could benefit from an SG approach or other ES interventions that required small, but stable, amounts of financial or productive assets. Consequently, IMARISHA's initial TA challenge was to provide training to the IPs so they could transform how they supported MVC households near, on, or above the second rung, moving away from direct cash and material assistance to a more self-sustaining approach. In short, the TA challenge to IMARISHA was how to change the way the IPs worked with MVC households on the second rung or above from an approach based on handouts to offering a "hand up." As the IPs and their sub-partners began hearing from participating caregivers that their savings and income-generating capabilities were growing, they became strong consumers and advocates for integrating ES into their supports for MVC households.

An additional advantage of the SG approach promoted by IMARISHA and carried out by the IPs and their local partners is that it engaged MVC households on the second and third rungs with collective savings and insurance mechanisms that permit them to provide financial resources to those on the first rung to help them address basic needs. Consequently, although IMARISHA's TA was not focused on the most destitute MVC households (congruent with the IPs' focus), by providing training to the less vulnerable MVC households on how to contribute to and operate collective social insurance funds (MVC funds) that deliver support to the extremely poor MVC households, coupled with guidance on how to cooperate and interact with local Most Vulnerable Children Committees (MVCCs), IMARISHA and its partners demonstrated at scale that SGs can intersect with and support highly vulnerable households in their communities.

Lastly, it is important to note that the SG approach can be adapted to be either flexible or highly focused in its targeting of MVC households. As Table 4 below shows, the majority of the IPs implement SG programs that include non-MVC households (usually less vulnerable ones). According to several IMARISHA and IP staff, this serves to integrate MVC caregivers and their households into the wider local economy and to curtail their stigmatization. Some programs set minimum thresholds for MVC household inclusion (60 percent, while others employ more flexible targeting (in interviews, the IPs using this approach indicated their SGs were about 50 percent comprised by MVC households), and one organization only works with MVC caregivers. As long as SG formation can keep up with the need and demand from MVC households, then mixed groups will not lead to exclusion of PT's target population. However, it is important that IPs and their partners explain the importance of not raising savings share levels beyond the economic capacities of MVC households, otherwise "elite capture" of the SGs may occur and lead to the expulsion of the poorer MVC caregivers.

Table 4: Savings Group Targeting by Pamoja Tuwalee Partners

Partner	Africare	FHI 360	WEI	Pact
Gender distribution	Blended mix	Blended mix	Minimum 60% women	Separate groups for men and women
MVC care-givers/non-MVC caregivers in membership	Minimum 60% caregivers	Blended mix	Minimum 60% caregivers	Almost 100% caregivers

Source: Adapted from Table 2 in DAI et al. 2014 (p. 9).

TA activities

Between September 2011 and August 2014, IMARISHA carried out with its four prime SG partners (Africare, FHI 360, Pathfinder and WEI) 32 trainings of trainers focused on savings, reaching approximately 1,050 participants (e.g., ES technical advisors, ES focal points, CRPs[7] etc., but generally not final beneficiaries—i.e., SG members). An additional 11 trainings on savings topics with other organizations reached approximately another 200 participants.[8] The array of core savings trainings included a "savings intensive" course that typically lasted five days and focused on the basics of promoting, forming, operating, and guiding to share-out an SG. Another core course typically lasting five days was dubbed "savings supervision" and provided greater attention to recordkeeping, share-out, and data management. Additional

[7] As shorthand, the acronym CRP (Community Resource Person) will be used throughout this document to also indicate CVs, EWs, EEWs and other formulations related to community-level technical staff who usually work voluntarily or for a small stipend.
[8] Some participants undoubtedly took advantage of more than one training, so the mentioned numbers reflect distinct participations, rather than distinct individuals.

savings-related topics included two-day refresher courses for each of the aforementioned courses, five-day courses on financial literacy principles for SGs (delivered by CRPs to SG members through 10 hours of 45-90 minute sessions added to SG meetings during the first cycle), and a three to five day course that combined savings supervision with the use of the management information system (MIS) adapted by IMARISHA.

A review of the curricula for both the “savings intensive” and “savings supervision” courses found each to be comprehensive and reflecting sound practices consistent with successful SG operations in Tanzania and elsewhere in Africa. Consistent with adult learning best practices, both courses included opportunities for the participants to practice with each other and often to go into the field and try out their new skills with local people interested in forming an SG or already operating one. Among the weak spots in the curricula, however, was limited attention regarding the identification of financial literacy gaps among SG members and to closing them (although it should be noted that IMARISHA offered a separate financial literacy for SGs training which met with little take-up). Additional weak areas included conflict resolution, a sufficiently broad and deep examination of adult learning techniques, and skill-building related to group dynamics and communications to ensure democratic governance and transparency. These deficiencies, however, are difficult to address without lengthening the courses, which of course has implications for budgets and participants’ time.

Building a cadre of SG technical leaders

IMARISHA reported that, by the project’s conclusion in December 2014, uptake by the IPs and their associated sub-partners of its SG training programs had enabled the partners to form 4,117 SGs comprised by 100,154 members across 14 regions (IMARISHA 2015: 10). These figures not only demonstrate important expansion in financial services for vulnerable households, but also indicate significant growth in the number of SG leaders, facilitators and technical advisors formed over the project’s lifetime. At the community level, CRPs, community volunteers (CVs), and SG leaders have demonstrated that they can build, support, and maintain savings groups. The CRPs and CVs probably number around 400 persons, with the most experienced among them well positioned to continue to promote SG formation voluntarily or for a low fee-for-service basis. Similarly, technical staff of the community-based organizations (CBOs) and the PEPFAR IPs are estimated to be about 50 persons with advanced understanding of SG formation who can also contribute to further expanding the numbers of SGs. Together, these experienced SG leaders, community workers, and technical staff are valuable human resources to help expand the savings group approach for MVC and other vulnerable households. Future SG TA providers might consider contacting IMARISHA’s partners to identify the best among the SG facilitators and technical staff in order invite them to share their best practices in SG formation and supervision.

Views of the partners

In the IDIs we conducted, we asked technical staff from the IPs and their sub-partners—ranging from the local to the executive levels—for their views on the quality of trainings related to the promotion and operation of SGs. Overall, there was a high level of satisfaction with the "savings intensive" course; many remarked that the SG materials are user friendly and easy to understand. The ease-of-use and clarity of the materials for this core course was important to those CRPs and local ES technical staff who participated in the training since they are on the frontlines of cascading the training to form more CRPs or are responsible for ensuring that operational procedures are correctly followed by CRPs and the groups. The materials therefore are reference works, and are frequently copied and circulated to CRPs who have not been directly trained by IMARISHA staff. Over time, IMARISHA revised the materials to better reflect actual field situations, increasing their utility to local-level staff more geared to learning from practice than from theory (many CRPs have only completed primary education). A couple of interviewees also mentioned that the materials were useful to them when they had to explain the functioning and potential benefits of SGs to local government authorities, other community leaders, or to MVCCs.

> "I always commend them [IMARISHA] as I like quality – anything they do is of quality, like their manuals are well prepared . . . technically they have the right people."
>
> –ES Technical Advisor (IP level)

> "At first it was difficult, but they gave us books, so if I didn't understand or remember something, I read materials they gave us . . ."
>
> –Community Resource Person

Several respondents noted that the concepts in the "savings intensive" and "savings supervision" courses were complex and therefore that the length of both trainings should be extended by several days, even up to ten, in order to provide participants with more time to fully grasp and integrate the materials and to engage in more practice activities. Two respondents suggested that the training sessions needed to be followed up immediately by mentoring and monitoring visits—an activity that occurred sporadically when ES focal persons or technical advisors were able to dedicate the time, but not regularly. Several respondents indicated that IMARISHA staff infrequently played this mentoring role, which they recognized is time absorbing and costly—not only for IMARISHA, but also for the sub-partners because they generally insist on accompanying IMARISHA staff on any field visits. Respondents also mentioned that they greatly appreciated that IMARISHA staff were willing to respond to phone calls or e-mails when difficulties or questions arose regarding implementing SG practices, or to make themselves available for informal refresher sessions when passing through on their way to another region (e.g., stopping for several hours in Dodoma on the way to Shinyanga), or in evenings or off days when giving another training.

Several useful observations were harvested through the IDIs. A couple of respondents mentioned that many CRPs struggled with understanding the material, both among those who participated in trainings offered directly by IMARISHA and those who received the training when cascaded by ES staff from the sub-partner. The limited educational levels of many CRPs, especially those who are older and therefore many years out of school, is clearly a major constraint on their ability to absorb written materials. This suggests that IMARISHA's approach might be strengthened in future applications by ensuring a more rigorous selection of the participating CRPs. While selection criteria were established, such as basic literacy and numeracy (usually the requirement was that participating CRPs had at least completed primary school while CBO ES technicians were expected to have had completed at least several years of secondary education), the IPs' CBO sub-partners often did not adhere to them and trainers often did not receive the participant roster in time to vet qualifications (as mentioned by two IMARISHA trainers interviewed). While remedial instruction prior to a training course would likely be helpful, greater efforts by all parties to identify qualified CRPs to participate would be more likely to reduce this problem in a cost-effective manner. Additional solutions could include the use of training assistants to offer more individualized support, mentor pairings in the training hall, and more use of evening "catch up" or review sessions during the training period for those who need it. All of these, of course, have their drawbacks in either expense or time or both. A second critical concern to highlight was that the savings trainings generally did not employ a female co-facilitator. Given that the majority of the CRPs and a large number of the ES staff are women, combined with the fact that gender roles may be particularly difficult for participants to escape and transform, onboarding a female training co-facilitator may have opened up more space for women's participation in question periods, discussions, and leading small group activities.

Views of the beneficiaries

The FGDs with beneficiaries revealed a lot of satisfaction with SGs and a growing sense of ownership of them by their members. In each of the 18 discussions, we explored a range of topics with members including their understanding of the purpose of their SG, how their economic and social conditions had changed due to their membership, how they operated and used their social and MVC funds, women's empowerment, and training. We found that SG members who had completed at least one share-out were quite articulate about the benefits of membership, as well as about the value of creating more SGs in their communities and regions.

Purpose of an SG

Members in all but two of the FGDs clearly articulated MVC support as a primary purpose for forming and operating their SGs, while those in the two FGDs that did not nevertheless expressed that their SGs were committed to supporting MVC through their respective MVCC funds. Other frequently mentioned objectives included saving money or borrowing it at low interest rates to make investments in farming or businesses, pay school fees, build and repair homes, purchase better food, obtain access to training in how to run a

> "Caring for the children is everybody's responsibility."
>
> –FGD Participant in Nyasa

microenterprise or farm in a more businesslike manner, and having a place to gather to share ideas, problems, and solutions.

Changing socioeconomic conditions

Across all FGDs, participants reported that with few exceptions, members of their SGs had obtained increased levels of income and improved living standards since joining.[9] Additional socioeconomic changes reported in nearly all discussions included an increased capacity to pay school fees, greater access to health services—including through payment of Community Health Fund (CHF) premiums, improved housing quality, greater quality and quantity of food consumed, and heightened capacity (both financial and knowledge-based) to make investments in gardening, agricultural and livestock activities. In a couple of FGDs, participants observed that the incidence of child labor in their communities had fallen while school attendance had risen.

> "Life was very difficult but since the introduction of savings groups things have improved. I have decided to invest in my children's education."
>
> –FGD Participant in Korogwe

Using the Social and MVC Funds to strengthen social bonds

SG members clearly leverage their participation to improve the health, nutrition, and education of their own children. The steady rise in the number and value of both Social and MVC funds (as reported in IMARISHA's quarterly and annual reports) is strong evidence that they also prioritize the welfare of other children, especially MVC. The FGD participants report that their weekly contributions to the two funds to range from about TSh 200 to 500 each (compared to savings contributions of TSh 1,000 to 5,000).

> "Helping just one child in the community is helping the whole community."
>
> –FGD Participant in Morogoro

The FGD participants enthusiastically described how their social and MVC Funds function and the benefits they produce. They report that the social fund generally is used to help respond to emergencies affecting a member's immediate family such as illness, death, and loss of assets (e.g., death of a cow, a house fire). Rules about repayment vary across groups—sometimes the group votes to not require repayment (for example, in the case of a member who is a caregiver to an MVC who has suffered sudden illness), while often the funds are lent interest-free or at rates less than are charged on the group's general fund for periods generally ranging from one week to two months. However, in an interesting innovation, some groups report that they offer small "no questions asked" loans at low or no interest for very short periods (usually just one to two weeks). One group in Shinyanga has created a loan product to provide members TSh 50,000-100,000 for three weeks with no interest—they have dubbed it "VODA FASTA" in a

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[9] An FGD does not easily permit the collection and reporting of variable data such as incomes and other productive assets. The reader will find a trove of socioeconomic data in the Household Economic Assessment endline report (IMARISHA 2014e). It is useful to keep in mind that the literature on research methodology demonstrates that self-reporting typically yields answers highly associated with outcomes consistent with the hypothesis under examination.

"We human beings are like flowers, today you are here, tomorrow you are gone. What will happen to your children, who will take care of them if not such groups? Because relatives are no longer reliable."

–FGD Participant in Shinyanga

cheeky reference to the money transfer services offered by the mobile phone carrier Vodacom. The social fund is an attractive form of self-insurance for SG members—barring a rash of adverse events, members know they have a good chance of quickly obtaining cash to address an emergency need, thus helping them to avoid selling hard-earned assets at fire-sale prices (this is especially true when the amount needed is small—say the equivalent of the value of the meat in one-quarter of a cow—the loan preserves a much greater value asset that otherwise may need to be sold or slaughtered to cover the emergency).

"This fund is mostly for helping any unfortunate member in the group . . . Most times the group members decide . . . to help or bail a member out of a difficult situation."

–FGD Participant in Tanga

The uses of an SG's social fund, like its primary loan fund, are well-documented in numerous guides, studies, and reports (see, for example, Allen and Panetta 2010; Nelson 2013). Less well understood, however, is the formation, operation, and use of the additional MVC (or MVCC) fund promoted by IMARISHA through its support for Savings and Internal Lending Community (SILC), Livelihood Improvement for Most Vulnerable Children (LIMCA) and other variants on a Village Savings and Loan Association (VSLA) approach. The descriptions of MVC funds by participants in the FGDs therefore illuminate this innovative expansion of SG methodology. The FGD participants report that an MVC fund may support a single child (in the case of a brand new group) to up to a couple of dozen or more (10 SGs in Mpwapa have pooled their MVC funds and coordinated actions to support 294 children!). In most cases, the FGD participants report that they consult with the local MVC Committee about what the greatest needs are and which children are most in need of support, then make their decisions as a group about how to allocate the accumulated money. Usually they only target MVC, however sometimes elders who have no other means of support also are assisted. The assistance provided often includes help in paying for school fees, supplies, clothes, and transport, although some groups also channel support via caregivers for health and nutrition needs. And several groups have paid CHF premiums for MVC. Several participants

"We women who are in SGs have been taught and challenged such that we can be self-reliant . . . [we are] different from those not in SGs who are like goalkeepers waiting for their husbands to throw and they catch, they are dependent on their partners."

–FGD Participant in Shinyanga

commented that contributing to their group's MVC fund makes them feel good, as well as gives them a sense that they are contributing to their community.

Women's empowerment

Women constituted at least two-thirds of the membership of the SGs supported by IMARISHA. Respondents cited numerous ways women have been empowered through their participation in SGs. Foremost was that women have greater participation in family financial decisions as a result of: (1) greater understanding of how finance works and of household budgeting; and (2) increased capacity to earn income through IGAs that permit them to contribute more to family finances. Many of the women report that they have translated their new influence into placing greater emphasis on paying school fees to keep their children, including girls, in school. Others are using their growing income to make small improvements to their homes. Many also indicated that they were spending more on food and health care, including paying CHF premiums for their family and providing better clothing and shoes for their children.

> "My husband now respects me more because I don't just sit waiting for him. I can suggest what we need to do and he listens because he knows I will contribute to finance the idea."
>
> –FGD Participant in Iringa

Training

The CRPs are central to the establishment, growth and sustainability of SGs. Drawing on the training they received directly from IMARISHA or from ES technical staff of the sub-partners, they identify community members interested in savings and then assist them to form and operate SGs. FGD participants report that CRPs accompany them through the process of SG formation and provide training about what constitutes savings, how it can be used, how to manage it in SGs through the purchase of shares and the provision of loans, how to calculate interest, how to collect loans, and how to share-out. Additionally, CRPs may lead courses on complementary topics such as entrepreneurship and business planning (some even provide training on health topics such as HIV prevention and caring for MVC). Generally, the FGD participants expressed satisfaction with the quality of the training delivered by CRPs, although it is certain that they have limited experience to draw on to judge this. Perhaps the best indicator is that most participants in the FGDs asserted that they felt confident they understood how to operate their SGs and would sustain them into the future, although several expressed a need for assistance setting up the ledgers and at share-out.

Six IDIs conducted with CRPs revealed general satisfaction with the quality and content of the trainings on SG formation and operation. Several remarked that they would have welcomed even more training on financial operations such as interest rate calculation and share-out procedures. In this vein, one noted the importance of follow up visits from IMARISHA staff and sub-partners' ES technical staff when the CRP was carrying out activities for the first time. Some follow up was received, but the CRP expressed a desire for more support.

Assessment of sustainability

The effectiveness of the training provided by IMARISHA cannot be fully assessed until at least one or two more years have passed, when it will be possible to measure whether the SGs created by CRPs trained (directly or indirectly) by the TA project still are operating in significant numbers. Nevertheless, partial assessment of IMARISHA's effectiveness at promoting SGs can be obtained from the responses offered by technical staff and SG members in the IDIs and FGDs, respectively, with regard to the sustainability of the SGs. There was near unanimity among both sets of respondents that the SGs would survive because they fill an important gap in the communities and provide important alternatives to much costlier financial services that are both beyond the means of vulnerable households and often distant geographically. Several IDI participants noted that once formed, the groups do not cost much to operate, even factoring in paying for support from CRPs, which means it is reasonable to believe the groups can be financially self-sustaining even if they require ongoing assistance with the calculation of share-out and perhaps other procedures. Many FGD participants expressed confidence that they understood how to operate their groups, although several also said they would need more training. A key issue in the immediate future, therefore, is how to ensure the ongoing engagement of CRPs when sub-partners are no longer able to pay them. There is evidence from studies by CRS and CARE (Datu Research 2013) that SGs which have operated for at least two, and especially at least three, cycles have high survival rates (measured two to five years past the withdrawal of subsidies), with significant numbers finding ways to pay CRPs for ongoing support. However, a significant proportion of groups formed under IMARISHA's aegis recently completed their first cycle, and thus are at greater risk of failing than those who have completed two or more cycles with at least some support and supervision.

Income-generating Activities

TA activities

Of the courses IMARISHA offered on ES topics, five are directly tied to IGAs: Household Gardening and Nutrition Strengthening (HGNS), Local Chicken Production (LCP), Basic Business Skills (BBS), Basic Market Analysis (BMA), and Production of Orange Flesh Sweet Potato for Improved Nutrition and Income (OFSP). While all of the PT partners took advantage of IMARISHA's trainings related to savings, their uptake of the courses related to IGAs was more varied. For example, of the 26 trainings that Africare and its local partners participated in, only five were related to IGAs and included just two courses—LCP (three iterations) and BMA (twice). Similarly, Pathfinder and its local partners took up three different courses in this topic area—BBS (once), BMA (once), and HGNS (three times), or six out of 23 trainings. World Education and its local partners, perhaps because of their late integration into IMARISHA's TA program, only had one IGA-focused training—HGNS—out of 23. FHI 360 and its local partners were by far the most active consumers of IMARISHA's training program—out of 38 trainings, 24 were related to IGAs, including seven iterations of LCP, six of BBS, six of HGNS, two Farmer Field Days, one of BMA, one LCP/BBS/HGNS refresher, and the one and only delivery of the OFSP during this time period (the orange fleshed sweet potato initiative was designed by IMARISHA towards the end of 2013 and the training package was only available as the project began to wind down). The other nine organizations that availed themselves of IMARISHA's trainings overall also focused on savings trainings.

The uneven uptake can be attributed to several idiosyncratic factors, as well as to one systemic one. Among the former are differential organizational capabilities in the area of IGAs. For example, Africare has experience in HGNS, including promoting sack gardens amongst people with little or no access to land. Given this and other experience in ES, it is unsurprising that Africare did not target its funds for cost-sharing on training to an area where it already had depth. Instead, it focused on developing new capacities among its local partners to training beneficiaries in LCP and BBS. On the other hand, FHI 360, which historically had focused on HBC and therefore had less capacity in ES generally and IGAs specifically, demanded more and varied training. The systemic constraint on uptake is related to difficulties both IMARISHA and the PT partners encountered in obtaining tranches of their funding in a regular and timely fashion, resulting in delays in scheduling trainings and sometimes last-minute cancellations due to a lack of financial resources on either side of the training collaboration. (This issue will be addressed below in a reflection on the quality and strength of IMARISHA's partnerships.)

When delivering its IGA courses, IMARISHA's training curricula emphasized reinforcing theoretical (or classroom) learning with practical experience. For example, in its HGNS training, theoretical discussions of how to pull together a household garden are followed by field experiences where trainees participate in identifying and employing practical methods for cultivating small, high yield gardens using locally available resources. Similarly, in LCP trainings, participants balance theoretical discussions with experiential training in how to build low-cost coops for local chickens, make feed for the chickens, identify and control poultry diseases, harvest and store eggs, keep useful records, and plan incremental investments to grow a local chicken enterprise.

"….local chicken keeping after training helps them [SG members] to have an alternative means of income…. but also eggs from the chickens can be used by the family and hence has nutritional benefits."

–Senior ES Officer, PT Partner

Views of the partners

The 30 staff members of PT partners and their local collaborating organizations, including community volunteers, who were interviewed for this study generally focused their responses about trainings received from IMARISHA on the various courses related to savings, consistent with the weight of this topic among the trainings provided and in the day-to-day activities of staff and community volunteers. Nevertheless, several had insightful observations about the trainings related to IGAs. Five emphasized the value of the LCP training, with three noting that one of its strengths was that it built upon reservoirs of existing knowledge possessed by the community volunteers (CVs) as well as the beneficiaries who received the training when it cascaded to local organizations and SGs. The decision to promote local chickens rather than imported stock lowered the barriers to entry into this IGA because local chickens are readily available and less expensive. As noted above, the training taught the technical staff and CVs how to improve the care of the chickens and thus increase yields. Additionally, training people to prevent, identify and control common poultry diseases filled an important knowledge gap that many keepers of local chickens recognized as a brake on raising their consumption of and income from their chickens, as well as reducing the risks attendant in poultry-raising. In sum, LCP fits well the local conditions generally present in rural Tanzania and presents the kind of enterprise growth opportunity that can be financed through loans that carry a manageable level of risk for the SGs providing them.

> "Education has been the most important thing to come out of the SGs, because we can now confidently run our businesses."
>
> –FGD Participant in Njombe

In contrast to LCP, respondents were more cautious about the benefits of HGNS training. Three respondents highlighted that home gardens require the rapid acquisition of knowledge and the immediate application of several new skills in the right combination and sequencing, including in cultivation, processing and consumption, and marketing (especially when introducing new food plants). The higher complexity of the activity means that CVs must be available to support novice gardeners in order to increase chances of success. Similarly, CVs themselves may need support until they have fully mastered the required techniques.

> "….we have started gardens with some of the groups; some groups have already sold vegetables and the profit goes to the MVCC."
>
> –ES Technical Officer, local partner

Views of the beneficiaries

The beneficiary FGDs reveal widespread appreciation of the IGA training. Thirteen of the 18 FGDs mention that participants are better able to run small businesses such as buying and selling merchandise or producing and selling agricultural outputs, including chickens and vegetables. This response is evidence that business management skills have cascaded to many of the SG members (it is important to note that data is lacking on how many of the training recipients were among the most vulnerable of the SG members—i.e., the MVC caregivers or PLHIV). More entrepreneurship and business skills training was a desire expressed in 14 of the 18 FGDs. Interestingly, none of the SG members in the FGDs reported receiving specialized marketing training. This reflects the fact that IMARISHA first focused its training on addressing production and management bottlenecks and did not deliver advanced marketing training until well into its third year of training activities. Even then, it only could offer the course to limited numbers of ES specialists and CRPs, thus precluding its extensive rollout to SG members. In just

> "We no longer buy green vegetables because most households have kitchen gardens, even our income and health have improved as you can see around."
>
> –FGD Participant in Dodoma

two FGDs did SG members explicitly mention marketing training as an unmet need—this low level of expressed demand may reflect that the term “marketing” and the concepts behind it may not be part and parcel of colloquial discussions and instead is subsumed under the more commonly used terms “entrepreneurship” and “business.” Across the FGDs, participants expressed a hunger for more training, often in entrepreneurial and agricultural activities.

Assessment of effectiveness

While it is clear that specialized trainings in local chicken and household gardening are much appreciated by technical staff, CVs, and SG members alike, data on exactly how many SG participants are involved in entrepreneurial activities is unavailable. The FGDs reveal that SG members are carrying out a range of livelihood activities, some of which—such as local chicken production and household gardens—undoubtedly have benefited from training cascading down from IMARISHA. However, the expressed strong demand for more entrepreneurship training suggests that participants recognize that they are not fulfilling their potential for production and for stronger integration into markets that can assure steady and good sales, whether in traditional lines of business or in forays into more innovative lines that sound local market assessments might reveal. To move beyond such limited impact, training would have to meld a robust focus on raising the capacities of SGs to assess and manage risk in order to fulfill loan requests from entrepreneurial members with a comprehensive program to help participants work collectively and individually to access appropriate markets (including inputs markets).

Innovation grants

To build their long-term resilience, households affected by HIV/AIDS must combine various economic strengthening approaches to ensure that their economic strategies are not overly dependent on one or a mere handful of IGAs. Recognizing that its primary efforts in SGs and IGAs do not respond to the gamut of ES needs among vulnerable households, IMARISHA instituted an Innovation Fund in 2012 to provide small grants to local organizations to develop their capacity in managing USAID funds and develop or expand innovations with potential to improve economic resilience, protection of assets, and increased income for HIV affected households. The Fund aimed to harvest new ES approaches beyond IMARISHA’s core capacity-building efforts. The Fund targeted ES innovations that would foster or grow strategic partnerships with the private sector, development partners, and government, thus providing investment to create entry points to market systems for vulnerable people. The projects supported assisted PLHIV and vulnerable households to obtain tools and knowledge useful for developing both mass and niche products and services for local and regional markets. Through such efforts, the participants would diversify their income sources and be better prepared to manage swings in their incomes resulting from shifting market demand or the effects of seasonality or unpredictable variations in climate.

Proposals were requested in January and August 2012, yielding a total of five projects, four of which received ongoing support (see Table 5 below).[10]

Table 5: IMARISHA Innovation Fund

Organization & Region	Innovation Title	# of Direct Beneficiaries	Award Ceiling
Africa Bridge (Mbeya)	Dairy Cow Cooperatives for Economic Strengthening	60 MVC households	$68,271
Cheetah Development (Iringa)	Food processing using solar dryers and franchises for women MVC caregivers (in partnership with IMO and IOP)	250 women from MVC households	$48,659.37
Community Active in Development Association (Mwanza)	Income generation through solar phone charging centers for PLHIV in off grid areas	100 HIV vulnerable households	$60,305.13
KIHUMBE (Mbeya)	Enhancing vocational education skills and employment opportunities to OVCs through training in auto mechanics and tailoring, coupled with placement	60 OVCs graduates from KIHUMBE's vocational training programs. Mechanics 28 men, 2 women; tailoring 28 women and 2 men	$51,456.25 (FOG) and $72,307.50 (In-Kind Grant)

Source: IMARISHA 2014 (pp. 21-22)

TA activities

IMARISHA provided a variety of TA services to Innovation Fund grantees to build capacities at both the management and beneficiary levels. The trainings included project and financial management and monitoring and evaluation (M&E) for the staff of the grantee organizations, and training in productivity-enhancing practices (e.g., home gardening, entrepreneurship, animal disease treatment) that was provided to staff under a training of trainers (ToT) model and sometimes direct to beneficiaries. Several of the projects required IMARISHA to organize

[10] The Fund's first award was made to BRAC, however this grant was terminated early due to difficulties in the verification of project activities.

specialized trainings that were offered to limited audiences and on, at most, very few occasions. For example, IMARISHA had to facilitate training in pesticide management so that Africa Bridge could comply with USG environmental regulations. This required a significant expenditure of resources for something of limited replicability. Other TA programs were adaptations of IMARISHA's core training curricula, leveraging existing staff capacities while creating feedback channels to inform the further evolution of the core curricula. In short, the Innovation Fund program required significant human capital investments by IMARISHA, only a few of which had complementary payoffs for programming in the central areas of SG and IGA formation.

Views of the partners[11]

The grantees expressed satisfaction with the trainings received. The financial and project management trainings increased staff capacities in budgeting and planning, and staff at three grantee organizations observed that they had improved their understanding of how to conceptualize pathways to long-term project sustainability. They also reported that the ToT on entrepreneurship was highly useful, leading to widespread delivery of the content to the beneficiaries across the projects. As for the SGs and IGAs IMARISHA supported elsewhere, marketing techniques emerged as a valuable component of this entrepreneurship training for the beneficiaries of the Innovation Fund's grantees, since finding new customers locally and cracking markets further afield is the best way to ensure that the various products or services (e.g., milk, clothing, auto repair, cell phone charging) can be sold at enough scale to deliver respectable returns to the numerous additional producers or service providers who have been injected into small, local markets.

> "[The training on sustainability] worked as I have been able to pay salaries for two months now, by selling what has been designed and produced by the student in the Incubation Centre. I am optimistic that the Centre will sustain if we implement things according to IMARISHA teachings."
>
> –Senior staff member, Khiumbe

Assessment of effectiveness

The projects supported by the Innovation Fund demonstrate mixed results. The approximately one year period of performance for each of the grants arguably was too short for significant economic change to occur, much less cascade its effects in measureable ways to households. There were clear wins, however. For example, Africa Bridge employed part of its grant to assess its previous five-year dairy cow cooperative formation project in Masoko ward, then applied its learnings to a nearly copycat effort in five nearby villages in Mpombo ward (both in Mbeya). The lessons harvested in Masoko have speeded up and focused implementation in Mpombo. Another important innovation supported by the grant was incorporating eight successful Masoko dairy farmers into the Mpombo project as "para-professionals" to provide

[11] IDIs were conducted with Africa Bridge, CADA, and Kihumbe. Cheetah Development was not engaged because the management team had recently suffered the tragic death of the organization's director and were focused on recovering from that.

Before the inception of the project, CADA management received training from [IMARISHA], this training enabled CADA to develop a realistic work plan.

–CADA (2014:7)

extension assistance helpful to accelerating uptake of best practices. This was complemented by mobilizing local government agriculture and livestock officers and Africa Bridge staff to train ten Mpombo dairy farmers (two per village) to become "para-veterinarians," thus successfully responding to a lack of capacity to respond to animal disease that had constrained dairying in Masoko. The sustainability focus embedded in IMARISHA's project management and entrepreneurship trainings has led Africa Bridge to confront questions of how to sustain the extension support early in the Mpombo project cycle, thus providing them several years to experiment with sustainable approaches, including charging producers for ongoing TA, which is to be paid from profits.[12] While the project initially donated heifers to participating vulnerable households, it is on track to sustainably source additional heifers to additional households by requiring the occasional gifting of maturing female calves to newly incorporated households, effectively eliminating a significant expense. Ideally, future ES TA efforts in Tanzania will visit Africa Bridge to obtain an update on whether this promising "para" approach as proven durable and effective.

"One PLHIV woman who had no ability previously to always afford a meal . . . [now can] eat a nice diet three times a day. This can be said for all PLHIV families in the groups, they are able to feed themselves and their families . . ."

–Senior staff member, CADA

Another innovative project is the solar phone charging project implemented by Community Active in Development Association (CADA) in the Magu district of Mwanza region and the Busega district of Simiyu region. The grant underwrote the delivery of 20 solar charging kits to be used by 100 PLHIV organized in groups of five. At the end of the year, 80 percent of the groups were profitable, and the average group income was $281 monthly. While significant, income was projected to be higher, however other entrepreneurs in the communities also entered the business and drove down the price of charging a phone from TSh 300 to TSh 200. A key lesson is that groups and sites must be spread out over a wider geographic area. Business training was provided to all 100 beneficiaries, however some groups did not function effectively, suggesting the need for additional coaching in techniques for business planning, group decision making (e.g., consensus-building), and conflict resolution. Most heartening is that some groups have bought other solar-powered machines (for example, barbering tools) and have diversified their group enterprises, leading to higher returns.

[12] Daily gross revenues of $2.00 to $3.00 per day have been reported. Lactation typically lasts 9-10 months, so dairy cows can be significant income sources.

Additionally, participants were encouraged to form and join SGs, which is allowing them to leverage their nascent profits for loans to fund individual productive activities or to earn interest from them. Again, it will be worthwhile for future ES TA providers to revisit CADA to see how the group businesses are faring, since the results reported here only reflect 6-8 months of actual field activity (the startup phase included identifying PLHIV participants, obtaining the equipment, forming groups, and training groups on the equipment and business skills).

To inform the structuring of future ES efforts in Tanzania, it is worthwhile to reflect on the efficacy of the Innovation Fund. The successes reported above came at considerable expenditure of budget and staff time by IMARISHA. No more than 400 direct beneficiaries were reached.[13] To roll out the approximately $230,000 in grants required the hiring of a grants manager, significant contributions of time from the financial manager and project director, and the development and delivery by the project's technical staff of specialized trainings with limited prospects for replicability elsewhere. Due diligence activities—ranging from the initial review and categorization by staff of the approximately 80 proposals received, to the multi-day intensive evaluation of short-listed proposals by staff and external experts, to site visits to assess whether the selected grantees had the capacity to manage their grants, then ongoing M&E and reporting—soaked up much of the $500,000 allocated for the Fund. IMARISHA staff reported that USG rules are quite extensive and that it required great effort to ensure that the grantee organizations had the project and financial management skills to meet them. Grantmaking best practices identify 18 percent as the upper limit on administrative costs, whereas the Fund appears to be hovering closer to the 50 percent mark, exclusive of training efforts. If IMARISHA had had a larger grants budget, then the administrative expense ratio would have decreased, although it would be unlikely that it would shrink to the aforementioned 18 percent threshold. Compounding the low level of resources and the high cost of delivering them, was the resulting short timeline for implementation. Twelve to fifteen months is insufficient time to fully implement complicated ES efforts, much less measure and evaluate them (especially if seasonal conditions adversely affect initial activities). Innovation in ES for MVC households is clearly needed—future efforts must reflect on the Innovation Fund experience and ensure that grants are larger and lengthier to yield benefits proportionate to the administrative expenses. These expanded efforts ideally would be coupled with a rigorous M&E effort to document and evaluate the long-term economic and social returns on such investments.

Engagement with Local Government Authorities

It is commonplace wisdom that economic and social development proceed apace when government and civil society effort complement—or better yet—integrate with each other. During its initial two years, IMARISHA's TA program focused on building capacity among the PT partners and their community-level civil society counterparts to promote SGs and IGAs for PLHIV and MVC households. These efforts "often took place without co-ordination with local government or further linkages to other community resources" (IMARISHA 2014i: 2).

[13] The original plans called for 470 individuals or households to benefit, but the slow development of Cheetah's project certainly has reduced this target.

Recognizing this both as a challenge and an opportunity to enhance its ES efforts, IMARISHA entered into dialogue with the Councils of Kilolo and Mfundi Districts in the Iringa region about how the project could expand the ES technical skills of ward-level extension officers who engage MVC and PLHIV households. After lengthy discussions with the Councils, Memoranda of Understanding (MOUs) were signed with each district in August 2013 and IMARISHA immediately surveyed 47 ward extension officers regarding their activities and their understanding of ES programming principles. The extension officers working in agriculture and livestock, community development, education, youth development, and HIV/health were surveyed, yielding results that both informed decisions about training content, but also generating data for local and national authorities to draw on when assessing and planning ES activities to support MVC and PLHIV households.

The study (see IMARISHA 2014i) revealed that ward extension officers have limited knowledge and experience with respect to ES for MVC and PLHIV households. Even those extension officers most involved in economic interventions—i.e., those working in agriculture and livestock and community development—largely were uncertain about how SGs and IGAs could help the range of vulnerable households to build their resilience to economic shocks by increasing their food security, expanding and protecting their assets, and improving their productive and marketing activities. The survey also revealed that ward-level extension officers did not have a strong understanding of existing government policies and programs to support vulnerable populations—knowledge central to effectively seeking, using and integrating (or complementing) available resources to construct effective local ES interventions.

The survey findings signal that ward extension officers—arguably a group with great potential for assisting vulnerable households to strengthen their economic conditions—were underprepared to partner with IMARISHA and its civil society partners on their central intervention approaches of SGs. By providing training and other supports to the extension officers, IMARISHA not only would be expanding the officers' skillsets, but also increasing the local government's capacity to support and help sustain the SGs launched during the short lifespan of the project. While IMARISHA's civil society partners have the capacity to help vulnerable people manage operations and settle disputes in their initial couple of SG cycles, over the long run they are likely to withdraw. By providing training to familiarize extension officers and their district-level supervisors—especially those charged with supporting economic activities—with SG operations, IMARISHA would effectively position local government authorities as permanent resources to help SG members to resolve future conflicts and other operational concerns.[14]

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[14] It is important to note that not all workers directly or indirectly affiliated with local government were included in the training. For example, para-social workers – a relatively new "quasi-volunteer" workforce supported with stipends by the government – generally were not included. Several comments collected during the assessment research reflected perceptions that para-social workers had heavy workloads relative to their compensation and mainly were CRPs who had been prepared to provide psycho-social support and counseling on HIV prevention, referral, treatment and care. However, it is important to observe that some para-social workers may pursue the one-year course to become Social Welfare Assistants. Given the wider scope of work of such assistants, it may be worthwhile to explore whether they and others who pursue even more social work training may be potential consumers of ES training.

The survey also revealed that local officials possessed limited understanding of how to help households receiving extension support to increase their productivity to confront marketing obstacles or to identify new markets for their increased production. Increasing the officers' understanding of how to improve business practices and how to facilitate access to markets, including building their capacities to support nascent IGAs and to promote fair partnerships with private sector actors (e.g., input suppliers, traders, processors, store owners), is key to leveraging both government investment in extension services and civil society efforts to deliver innovative ES approaches.

TA activities

During its final five quarters, and despite funding and time constraints, IMARISHA implemented two main TA approaches to address some of the gaps identified by the survey. IMARISHA staff offered LGAs ES courses to better equip them to facilitate market connections and to better appreciate how SGs work. They also mentored LGAs in how to plan, monitor and evaluate ES interventions in a more holistic fashion, rather than piecemeal, thus increasing their capacity to align their efforts with those of the civil society partners. Despite their lateness, these investments were deemed worthwhile because on the one hand, they tested concepts about how a private TA provider could support government initiatives and, on the other hand, the relative stability of government funding offered general assurance that the training recipients would remain in positions where there is a reasonable expectation that they could apply their learning to ongoing or new programming.

Views of the partners

Training about how an SG can use a social fund helped ward health extension officers recognize that a SG could serve as a platform for helping members from MVC households or who themselves are living with HIV to access the CHF health insurance program, specifically by drawing on the social fund to pay the CHF enrollment fees. Similarly, an SG's MVC fund can be used to pay the CHF fees for non-member MVC households supported by an SG. There also is appreciation among the officers that an SG not only can facilitate investments in production and marketing, but also help MVC caregivers mobilize the funds they need to purchase scholastic materials and pay school fees, thus enhancing the likelihood that MVC will be enrolled in school in a timely manner (i.e., at the beginning of a term rather than later once a sufficient lump sum has been accumulated).

> ". . . we are encouraging most vulnerable households to join savings groups, and when they join, the social fund is used to help members to possess CHF cards – they check how much money they have and take CHF cards for members."
>
> –HIV/health extension officer, Kilolo

While appreciative of IMARISHA's mentoring and capacity-building in M&E, one LGA noted in an IDI that this set of activities was not anticipated in the Council's budget or in work plans for the ward extension staff, so it was felt to be burdensome. The interviewee emphasized that the

Council had limited funding and therefore if IMARISHA had continued to promote building M&E capacity, then it would have had to bring budgetary resources. In counterpoint, however, it could be argued that more time was needed for Councils to see the benefits of incorporating M&E into their planning and budget processes, at which point they might prove more open to self-funding such efforts. In the immediate future, however, without IMARISHA's ongoing support, the M&E effort may not consolidate. That would be a loss. However, it's important to note that the ES training, limited as it was, does seem to have resulted in sustainable changes in how extension officers engage with SGs and IGAs.

Assessment of effectiveness

The Ward Extension Officer Job Assessment Survey's most important contribution was to clearly identify that ES benefiting MVC and PLHIV would be hindered unless LGAs better understood key ES approaches. Without greater understanding, the LGAs' capacity to collaborate with and complement civil society organizations would remain low, limiting both parties' abilities to optimize financial and human resources. The survey, however, was not designed to be nationally representative, so while it offers promising evidence, it is not possible to say that the challenges and opportunities identified in Kilolo and Mufundi districts are widespread. To identify how government can more effectively spend its scarce resources for MVC households and PLHIV, it would be very useful to carry out a similar survey at the national level in order to assess whether ES trainings for LGAs are widely needed. It also would be helpful to do a follow-up survey in Kilolo and Mufundi to measure—more accurately than anecdotes permit—the effectiveness of the trainings that were delivered. In sum, capacity-building of LGAs could unlock significant human resources to leverage the considerable financial resources contributed from vulnerable households, civil society organizations, and government, thus accelerating the laying down of the foundations for greater resilience among MVC and PLHIV.

Management Information System

Over the past two years, PEPFAR has increased its emphasis on being data-driven and building the evidence base for the activities it supports. To respond to the demand for more comprehensive, well organized data on implementation actions, uptake and use of ES approaches by beneficiaries, and changes in conditions within participating vulnerable households, IMARISHA set forth in its final 18 months to roll out a management information system (MIS) for savings groups that captures and organizes data to support planning, monitoring, reporting and evaluation activities. The MIS selected was written by VSL Associates, a leader firm in the SG space. This MIS, while fairly comprehensive, is Excel-based. Many have noted that MIS programs based on Excel are complex, not easily adaptable, and often difficult to use. However, no other open access MIS for SG tools are available, so IMARISHA had little option but to adopt VSL's product given that it lacked both time and money to develop a better MIS. These circumstances highlight an opportunity for USAID/PEPFAR to support the development of an MIS that could be integrated into PEPFAR reporting as well as to SAVIX (Savings Group Information Exchange, a global SG database managed by VSL Associates).

TA activities

IMARISHA staff provided training and follow-on support on the use of the MIS, beginning in Yr3 Q3 through Yr4 Q2, to ES officers and other staff of the four implementing partners alongside of their local partner's management team and field staff. The initial training had to be offered essentially in its "beta" version because the project timeline precluded time for pilot testing and revising. Implementing an MIS always is a major undertaking because it requires participants to learn to use data collection tools, data recording techniques, and a software program to organize and report the data. Additionally, they must develop and hone their data analysis capabilities if they are to turn the data into meaningful inputs for program decision-making. Given this context, attempting to institute an MIS rollout in a brief period was a major challenge.

Views of the partners

Interviewees at both the implementing and local partner levels remarked that the utility of the MIS was clear to them, noting that it offers clear pictures of the state of things within each SG and allows aggregation and sorting that can reveal geographically-related trends or uptake and use by specific member types within the SGs. However, they all mentioned that it was a difficult course and that less formally educated staff, including the community resource persons charged with data collection, found it hard to fully grasp and understand in just five days, arguing that more time was needed for both theory and practice, as well as for multiple follow up visits. Indeed, IMARISHA staff also observed that some participants sent to the MIS training by their respective organizations simply lacked the skills to absorb the information—whether it was delivered in the classroom or through field-based practicums. Another interviewee noted that the MIS requires computer time for inputting data and analyzing it, which proved a challenge due to fluctuating electricity supplies and also the limited number of computers available for use.

"They have provided us with forms which show the health of a group, which helps us to identify weak groups and strong groups."

–HIV/health extension officer, Kilolo

Assessment of effectiveness

Through Q3 of IMARISHA's final year, the MIS was being implemented only in a limited fashion. IMARISHA had limited funds and time to support the extensive follow-on support that the organizations reported requiring. However, IMARISHA was able to respond in part because staff members during monitoring visits made themselves available for consultation on the MIS whenever possible, including evenings and weekends. How to analyze the data and use the findings apparently remains a key question in the minds of the managers of the partner organizations. A valuable lesson learned is that MIS, like M&E related activities generally, needs to be inculcated in programming very early on in order to ensure that it is fully integrated into standard operations by the time the usual three or four-year project cycle concludes. Based on the observations and comments of the interviewees from the four partner clusters that received the MIS training, it is an open question whether or not the MIS has "stuck"—it would be instructive to check with the partners in late 2015 to see to what extent they are employing the MIS.

Reflections on training programs and materials

IMARISHA developed multiple trainings to disseminate technical knowledge of ES. Using a “Training of Trainers” approach, IMARISHA multiplied knowledge by cascading training from its specialist staff to partners/sub-partners, community resource persons and other community volunteers, and to LGAs. In turn, these persons were expected to share the knowledge they have gained with colleagues in their organizations or local governments, community volunteers, and further to households.

Training gaps

The operational assessment researchers were unable to observe any ES trainings, largely because there were few opportunities to do so due to IMARISHA’s decision to de-emphasize training in its windup phase. SG members and IGA participants generally gave high marks to the training they received—generally from community resource persons or ES technical officers, rather than from IMARISHA staff members (as is consistent with the “cascade” approach detailed above). Regarding the existing training, a second general response might be best summed up as “more is better”—that is, follow up trainings to help consolidate new knowledge for both those who train beneficiaries and for the beneficiaries themselves was a constant refrain. IMARISHA often provided formal follow-on trainings, but this was not always possible due to IMARISHA’s small staff and to budget constraints for the IPs and their local partners. As a workaround, IMARISHA staff often carried out impromptu refreshers “after hours” at other trainings or when visiting partners.

In addition to concerns about adequate amounts of follow-on training opportunities, two other critical observations were broadly made by the respondents: (1) there was too little training in how to engage markets and how to do market analysis, and (2) there is a hunger for financial capabilities training to improve understanding of how to build and leverage savings, safely take on and use loans, and how to successfully engage with formal financial service providers such as microfinance institutions (MFIs) and banks. While IMARISHA did include some market-related training in several of its courses, its emphasis was mostly on accessing local markets with standard commodities, whereas the beneficiaries and local partner staff hungered to know how to assess and access regional and national markets that potentially could offer them better and steadier returns. This is logical, since rising productivity could depress local prices if some of the additional production is not sold further afield. To respond to this demand, in year four, IMARISHA updated and offered its market analysis course three times. It previously had only been provided in four trainings to just 24 persons (including twice to just one participant, and on a third occasion to just five participants). The original course was intended to build the market assessment capacities of senior managers, whereas the updated course sought a broader audience, ideally cascading to producers in vulnerable households (data on whether this cascading to this population occurred was not available).

In addition to a strong market assessment course, there was widespread demand for financial capabilities training. As SGs help people to grow their hard-earned financial assets, they seek advice on how to safely use them. In response, IMARISHA developed a financial capabilities course which it successfully piloted with Africare in June 2014. A training manual developed by Microfinance Opportunities exists and it is hoped that the partners and other ES implementers will refine and use it in the future.

Collaboration with the Government of Tanzania

The Government of Tanzania is committed to implementing ES approaches to improve the capacities of MVC households to adopt economic strategies that promote healthy behaviors to reduce HIV risk for both child and adult household members and help to improve HIV/AIDS treatment and care. IMARISHA made fundamental contributions to assisting the government to carry out its commitment, not only by providing ES training to LGAs tasked with implementing national ES programs in vulnerable communities, but especially through its efforts to assist in the development of national ES policies.

Introducing ES concepts to policy fora

IMARISHA worked with the Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare from 2012 onward. As an invited taskforce member, IMARISHA was the key source of ES inputs for the *National Costed Plan of Action for Most Vulnerable Children*, which drew on the Livelihoods Pathway described in the introduction to yield a strong, clear message that ES interventions are key tools to improve livelihoods and food security for MVC households:

> Reducing the vulnerability of families and empowering them to provide for the essential needs of children will be achieved through implementation of social protection interventions that provide for the basic needs of the most destitute and vulnerable families, but also through interventions that engage families to enhance their capacities to improve their own livelihoods and standards of living, rather than relying on external assistance from the government and non-state actors.
>
> — National Costed Plan of Action for Most Vulnerable Children (DSW 2012: 3)

Additionally, IMARISHA engaged with TACAIDS, the national coordinating body for HIV/AIDS programming, including as a member of a Technical Working Committee on Impact Mitigation, where it was able to voice ES ideas in a space historically focused on prevention, treatment and care issues, especially during the drafting of National Multi-sectoral Framework for HIV/AIDS, which was promulgated in the third quarter of 2013. Finally, IMARISHA engaged with TASAF III, the third implementation phase of the Tanzania Social Action Fund, the government's social protection program (i.e., cash transfers and other social and economic safety net interventions), in occasional discussions about building ES capacities, especially around SGs. IMARISHA's leadership clearly recognized engagement with government as a strategic pathway to disseminating the program's technical knowledge broadly, potentially multiplying the impact of the training materials it developed through its TA focused on PT and other PEPFAR Community Care implementing partners and their local counterparts.

Developing the *National Guidelines for Economic Strengthening of Most Vulnerable Children Households*

Arguably, IMARISHA's most significant collaboration with the Government of Tanzania was centered on the development of the recently approved *National Guidelines for Economic Strengthening of Most Vulnerable Children Households* (hereafter, "the Guidelines"). Beginning in 2013, IMARISHA worked with DSW and the Ministry of Community Development, Gender and Children to prepare the terms of reference to the development of the Guidelines. It took on the role of secretariat to support a task force comprised by representatives of government ministries and agencies and civil society organizations concerned with expanding ES for MVC households. The Guidelines' ES framework is explicitly anchored in IMARISHA's Livelihoods Pathway model. Suggested interventions in the Guidelines map to each of the model's levels, but framed in a manner that precludes the model from becoming a straitjacket that would hinder flexibility and innovation.

One of IMARISHA's key support roles was to provide task force members with examples of global best practices around key issues. For example, how to use targeting methodologies to effectively channel scarce resources to promote ES for MVC households was a central concern of the task force. To identify eligible participants for its broad range of health, other non-ES, and ES interventions for MVC populations, the Tanzanian government mandates an MVC identification process which relies primarily on a "community-based targeting methodology that uses a local community to vet, assess, and select MVC households" (DSW 2014: 11). This participatory approach mainly measures non-economic factors such as orphan or HIV status among the children to produce a list of MVC and their respective caregivers and households. The participatory aspect generates broad support by the community for the government's programming, but the resulting ranking does not allow for a close analysis of poverty levels and therefore is unable to discriminate between the poorest and the better off households. Without a determination of poverty levels, "the current identification process does not provide sufficient information to programme managers to design and develop appropriate interventions to meet the different needs of the very poor, moderate poor, poor, and less poor" (DSW 2014: 11). Previously, the MVC identification process included a participatory wealth ranking (PWR) exercise that reviewed an MVC household's assets using locally validated and accepted measures, generating significant detail about household asset levels. However, setting up and managing the PWR was time consuming and costly, and it recently was dropped due to cost considerations. Recognizing this cost-saving measure actually could result in mis-targeted resources, IMARISHA built a dialogue with the task force members to foster discussion about reinstating the PWR. Ultimately, the Guidelines recommend, but do not require, the application of a PWR. However, thanks to IMARISHA's knowledge-sharing efforts, the task force accepted that the MVC identification process should be reinforced by the application of recognized vulnerability assessment tools such as the Progress Out of Poverty Index (PPI), the Household Economy Approach, and IMARISHA's own Tanzania Household Economic Assessment (HEA) (DSW 2014: 13-14; 55-57). These tools are relatively time-efficient and less costly to use than the PWR. The Tanzania HEA yields data that can accurately distribute households across the levels of the Livelihoods Pathway, thus improving targeting of scarce fiscal resources. Furthermore, if applied periodically (ideally every 12 to 18 months), it can help programs to monitor the rise (and sometimes, the fall) of households along the Livelihoods Pathway, facilitating adjustments to ensure that the support they receive remains optimal for their conditions and capacities.

The Guidelines include extensive recommendations for specific ES interventions. The level of detail is designed to help government and NGO actors that are more familiar with health issues become aware of the wide range of economic activities that can complement or integrate with programming for MVC households that is focused on prevention, referral, treatment and care, or other non-economic areas of concern such as psycho-social support and gender-based violence. Although it is too soon after the adoption of the Guidelines to assess their impact on expanding the amount and quality of ES for MVC households, it is evident that they have opened up opportunities for this to occur by making clear that ES for MVC is an important component of the broad effort to stop HIV infections and to stabilize and build up HIV-affected people and households. The Guidelines should be seen as a living document—it would be useful if donors or the government could support a structured assessment of their use sometime in the next year or two, then employ the findings to shape their updating. By sharing specialized ES knowledge to build capacities among government officials and practitioners mostly oriented to healthcare outcomes, IMARISHA has made significant contributions to permanently anchoring ES as a key component in government policies and programs.

Summary

While IMARISHA demonstrated much success in building capacity to promote SGs among its partners, it met with lesser results in several of its other TA endeavors. For example, the considerable investment in IGAs touched significantly fewer MVC households than the SGs, mainly because such work is necessarily less patterned, more complex and reliant on localized knowledge, all factors which impinge on scalability. Rather than focus on just one or two key interventions, IMARISHA ambitiously pursued an agenda that encompassed multiple – and often quite disparate – activities across many geographies and political boundaries (7 regions), in addition to its research, policy formation, and innovation efforts. While IMARISHA was centered on SG formation, it also remains true that it did not have strategic mechanisms to help it delimit its activities and therefore ended up responding to numerous, competing requests from the IPs and their partners, or from government. Some of these requests were consequential, but others less so, perhaps draining attention from fundamental concerns such as more fully integrating market engagement techniques into SG promotion or deeply engaging young adults recently “graduated” from their official status as “most vulnerable children” but who surely remain highly vulnerable.

EVIDENCE BASE BUILT BY IMARISHA

This section examines two major efforts by IMARISHA to build the evidence base for ES interventions: the Household Economic Assessment endline study and partner-led savings methodology study. The emphasis is on assessing the robustness of the methodologies employed and the reliability and validity of the findings they have generated. The reader can find the data and findings in the relevant publications produced by IMARISHA (i.e., IMARISHA 2014a to f).

Household Economic Assessment (HEA)

IMARISHA's Household Economic Assessment (HEA) was used to assess the economic vulnerability of PEPFAR beneficiaries in eight regions in Tanzania served by four of the project's implementing partners, with a baseline conducted in 2011 and an endline in 2014.[15] The purpose of the assessment was to "better understand the economic constraints and opportunities of HIV vulnerable households (including MVC households) and to use this information to improve program design and interventions" (IMARISHA, 2014e: v). The HEA offers both lessons for future implementers and technical assistance providers, and presents questions to explore for researchers. This assessment explores these contributions by examining how HEA findings provide relevant information for building the evidence base for ES interventions and how the implementation of the HEA itself demonstrates sound practices that other ES providers can employ to inform their programming.

Contributions of HEA findings to the evidence base for ES impact

The HEA's topics were framed in reference to guidelines for ES in Tanzania developed by Wolfe (2009). It also draws heavily on the livelihoods framework for its conceptualization of vulnerability and the "livelihoods pathway" approach to graduated ES interventions according to level of vulnerability (IMARISHA 2014f). In doing so, the HEA addresses the five different asset capitals associated with the livelihood framework with a strong emphasis on financial assets, yielding useful data on key indicators for implementing partners.

Findings yield a strong link between savings and other productive behaviors and reduced hunger levels. Controlling for notable sampling errors, the link remains strong even among the lowest-income participants, a finding that reinforces IMARISHA's investment in building partner capacity to implement effective savings groups and adds to evidence on the link between food security and savings. Other report findings did not illuminate explicit causal links to outcomes.

The HEA report analyzes the data collected in such a way as to overcome methodological barriers to the validity of findings as much as possible. The inclusion of external, validated tools as part of the assessment, including the Household Hunger Scale and questions from the DHS and FinScope financial access survey, demonstrates a sound practice in scale development (IMARISHA 2014e). The analysis takes account of inflation's impact as a confounding variable affecting reported increases in income and finds incomes in the endline sample are higher than those in the baseline sample. Similarly, IMARISHA attempts to disaggregate rural and urban

[15] As discussed below, the baseline and endline samples were different, thus they do not comprise a true baseline-endline sequence that lends itself for full and complete comparisons. Nevertheless, because baseline/endline is the terminology employed by IMARISHA, its partners, and key stakeholders, the terms are used here with the preceding caveat.

findings when possible to account for the shift in the sample population to more rural households.

However, IMARISHA missed several important opportunities to contribute to the evidence on ES with the HEA. The purpose of the HEA was to gather evidence on the constraints faced by vulnerable PEPFAR beneficiary households, including OVC/MVC. In assessing intervention outcomes for this group, existing guidance suggests that health and education are both important aspects of human capital, and critical for the development of sustainable livelihoods (Wolfe 2009). However, these domains are not emphasized in the HEA survey, which includes only seven questions that address either topic. Only two questions address health, compared to three questions on mobile money and seven questions on women’s empowerment. No questions address chronic illness, which can have a significant effect on household vulnerability, although answers to other questions imply the presence of illness as a reason for not growing food (IMARISHA 2014e: 3) and children not attending school (IMARISHA 2014e, 20). Although survey respondents, as beneficiaries of home-based care or MVC/OVC services, are clearly all affected by HIV, it is probably that vulnerability may vary between beneficiaries based on the number of chronically ill household members that comprise their households.

The HEA endline report is clear about the methodological shortcomings of the study. Because the baseline sampled a different (more rural) population than the endline, it cannot truly be considered an endline study. Although IMARISHA disaggregated rural and urban beneficiaries in its analysis of some indicators, others could still be biased by the discrepancy. For example, productive assets were reported to have improved across study sites between baseline and endline (IMARISHA 2014e: 15). However, since many productive assets refer to tools used for agricultural purposes, it can be assumed that the more rural endline population would have more of them in possession than the more urban baseline population. Another indicator that may be biased toward rural households include quantity of livestock a household raises (IMARISHA 2014e: 14).

As addressed in the report itself, comparisons between the baseline and endline are further complicated by seasonality; the baseline was conducted during the lean season, and the endline was conducted after harvest. It is commendable that the HEA supplements a quantitative survey with qualitative investigation involving a number of focus groups, however the contribution of the qualitative data to the findings of the final report is limited. The focus groups included discussions of seasonality, ranking of ES services available in the community, and community perceptions of HIV services (IMARISHA 2014e). Though these focus groups provide insight on context, it is not clear if they were used to better understand vulnerability or for the development of the HEA instrument. Additionally, since focus groups were held only in Dar es Salaam, it is questionable that they provided insights valid across study sites.

Although conceptually useful tools, the resilience and vulnerability indices generated using HEA and focus group data are also of questionable validity. Despite the HEA’s objective to assist implementing partners with developing programming that is “predictive and forward thinking” (IMARISHA 2014e: 6), its constituent vulnerability index does not account for shocks or coping behaviors used by households. The vulnerability index is based on a series of livelihood indicators that were found to vary in correlation with food security indicators, used as a proxy for poverty measurement, in the HEA. Though this is useful for identifying poor households, it does not provide a forward-looking measure because it does not anticipate shocks or coping capacity.

It is likely that the scale overemphasizes food security, a static poverty measure, by giving it double-weight in the index. Additionally, the indicator used, the Household Hunger Scale (HHS), may not be appropriate for a vulnerability index. The HHS is most suitable for environments where starvation is common and does not capture much variation for households as they ascend the spectrum of vulnerability. It is likely that a more sensitive indicator, such as the Food Consumption Score, would be more appropriate.

The resilience index, similarly, suffers from a lack of predictive indicators, particularly those related to coping. There are no direct questions about coping with shocks in the HEA questionnaire, although Section E, "Household Savings and Access to Credit/Insurance" includes questions that can be linked to coping practices (DAI 2014: 12-15). Even though questions in this section provide information on coping mechanisms, such as insurance, it does not adequately address the range of coping responses, which vary significantly between households along different positions in the livelihoods pathway. Indicators included in the index featured participation in savings, engagement with the formal financial sector, and several indicators related to household perceptions, including perceptions about control over the economic future of the household, current food security, and perception of the community's economic situation (DAI 2014: 22). Although optimism can correlate with resilience, the strong emphasis on household perception calls into question the validity of the instrument for predictive purposes, particularly when taking the effects of seasonality on levels of optimism into account.

Applying the HEA to build capacity to generate evidence to inform ES practice
HEA data collection helped the IPs to enhance their capacity to design and implement ES programs by familiarizing them with how to access and use appropriate M&E and other tools. Because the HEA was conducted by partners themselves, rather than professional enumerators, conducting focus groups and a household survey provided partners with a chance to build their capacity in M&E. To control for bias, the partners applied the HEA survey tool and conducted the focus groups not at their own implementation sites, but at those of one of their PT counterparts.

For the purposes of project design, the HEA provided IPs with a chance to become more familiar with the multidimensional nature of poverty and relevant ES indicators. The vulnerability profiles generated can help IPs better understand varying needs among beneficiary populations and may inform the design of more diverse and tailored interventions in the future.

However, the implementation of the HEA also missed some opportunities for partner capacity-building. Although IPs were trained in some research methods, it is unclear whether these were adopted at an institutional level or if IPs were adequately equipped to replicate the research. For the purposes of project design, it is likely that the vulnerability categories generated by the HEA lack validity, so caution in their future use is recommended. The HEA endline report maps the vulnerability categories generated from HEA data onto categories as described in the PEPFAR guidance for OVC programming published in 2012 (PEPFAR 2012). However, it is unclear how these categories fit with PEPFAR recommendations for relevant ES interventions. The vulnerability categories do not have empirically validated cut-off points and are instead assigned based on a household's score out of 24 points, which is divided up evenly into three score ranges for each level of vulnerability. This creates arbitrary cut-off points, limiting the vulnerability index's value for targeting interventions.

A key output of the HEA was a series of recommendations for partner programming. These recommendations, however, are largely undifferentiated across partners. All partner recommendations include general advice regarding the promotion of dietary diversity, improving productive behaviors, and expanding access to savings (IMARISHA 2014a, 2014b, 2014c, 2014d).[16]

Opportunities for future research

IMARISHA's HEA demonstrates the challenging task of developing vulnerability and resilience measures that adequately capture variability between participants at different levels of vulnerability, and the difficulty of capturing the data most pertinent to programming. The HEA does provide critical livelihoods information useful for impact evaluation, but more research is needed to develop a validated tool for segmenting the population by vulnerability levels with direct connection to relevant ES interventions. It is notable that the overall outcomes detected by the endline, despite methodological constraints, are quite positive. This brings into question issues of causality—how did IMARISHA's technical assistance contribute to these outcomes? Which interventions had the greatest impact and how? IMARISHA draws clear conclusions about the role of savings groups in enhancing food security, but what about other interventions, such as agricultural interventions and access to extension services? Finally, what are the impacts of these interventions at the child level? This question is largely missing from the HEA questionnaire.

Summary

The HEA serves as a somewhat robust livelihoods assessment with direct application to IPs for impact evaluation and program design. It does not adequately account for shocks and coping behaviors to be considered a true vulnerability assessment that can be used to make programs more future-oriented, but it does provide immediately useful data on the present economic status of households. In accordance with the goals of IMARISHA and PT in targeting vulnerable

[16] Some recommend linkages with specific partners, such as FANTA, in order to do this. The most tailored recommendations in the report were provided to WEI, including the promotion of gender dialogues to address gender-based violence, working with local councils to encourage school attendance, and education households on good practices in chicken husbandry (IMARISHA, 2014d). Another standout recommendation was given to Africare, encouraging the promotion of inheritance rights and addressing land access issues. However, many of these general recommendations could also be applicable to other partners.

households and MVC, the HEA would have been greatly enhanced by greater emphasis on health and education indicators, as well as indicators with a greater focus on children.

The HEA yielded interesting findings on the link between savings and food security, and, when combined with partner assessment tools, provided an empirical basis for technical assistance to IPs. It helped IMARISHA reach its objectives of enhancing partner capacity to utilize appropriate data collection tools and to enhance program design. Future research will benefit from the example of the HEA, which raises important questions about how to develop a truly valid and future-oriented vulnerability scale that captures variation between different levels of vulnerability.

Savings Study

Led by DAI/IMARISHA, the *Pamoja Tuwalee Community Savings Group Study* (DAI et al. 2014)[17] reported the results of a six-month collaborative assessment of the savings groups implemented as part of the PT program. The study, conducted by IMARISHA (supported by an external consultant) and the PT implementing partners, was designed to provide examples of sound practices and success stories. It was not designed as an impact evaluation, so the generalizability and validity of its conclusions are necessarily constrained. In addition, due to varying record-keeping practices among the PT partners, the study was unable to assess partner cost information, which would have provided valuable conclusions on the cost-effectiveness of the various SG implementation methods employed by the partners. Nonetheless, the study provides a comprehensive landscape of SG practice among the PT partners with wider implications for practitioners in Tanzania and elsewhere. This section analyzes the study's contribution to the evidence base on SG practice, including a discussion of strong and weak evidence found in the report, the validity of recommendations for future practice, and the implications of the study for future research.

Methods

The savings study engaged the PT partners to conduct data collection, a methodological choice that not only could serve as a cost savings measure, but more importantly as an opportunity to build their capacity to conduct future qualitative assessments and better understand the experiences of SG participants in their programs. Data collectors evaluated other partners' sites rather than their own through surprise field visits, thus at least partially controlling for bias. Conducting these visits by surprise greatly enhances the validity of findings in the report, as announced site visits can skew SG behavior and corrupt the validity of observations. The study used interviews, focus groups, and direct observation methods, engaging a wide variety of stakeholders in a total of 138 interactions (including 11 FGDs with caregivers and one with non-caregivers) (pp. 5, 51-52). The variety of methods and study subjects also enhances the validity of the report's findings.

Nonetheless, study findings were hampered by limited demographic and contextual information. Regional differences, including rural/urban differences, were not addressed in the report, so it is

[17] In this section, all page references refer to this study (see Sources for complete citation).

difficult to draw comparisons between various SG practices. Additionally, the report relies heavily on anecdotal evidence. Though this information can serve as useful for exploratory purposes, many claims throughout the report were made without clearly referencing their sources.

Lessons learned and recommendations

The study report summarizes lessons learned and provides suggestions for future research. Although not explicitly addressed, a major theme implied by these recommendations is the importance for SG implementers and participants to fully understand SG policies and how they relate to the purpose of the SGs in reducing vulnerability, particularly in an environment where savings groups are rapidly and spontaneously evolving.

An especially valuable contribution is a section on the process of the hybridization of various SG models in the Tanzanian context. The report describes how SG policies can become mixed up and corrupted as methodologies evolve. Tensions between unfunded groups and those that use MVC and social funds, length of cycles, and permanence were mentioned among some of the issues that can cause difficulty when groups attempt to integrate conflicting methods (p. 34). Perhaps the main contribution of the study are the insights it provides on navigating an SG environment in flux; in turn, these points highlight issues that implementers must confront when enhancing SG capacity.

Another recommendation references the difficulty faced by some PT groups to assist SGs to avoid "mission drift" when they systematically integrate livelihoods interventions. Noting that adding a livelihoods intervention to SG activities can create a bias toward those with IGAs capable of paying off loans, the report recommends keeping staff engaged in savings and staff engaged in livelihoods interventions separate.

The lessons learned also address the common concern of SGs around up-market drift and elite capture. It states: "The idea that interest paid—and not savings deposited—is the real value that members contribute to groups is widespread in rural Tanzania, and often leads groups to force their members to borrow," which can push out the most vulnerable members of the group (p. 35). This underscores the importance of promoting participants' understanding of the purpose of the SGs in reducing vulnerability. It also has implications for the ideal composition of vulnerable and non-vulnerable members in an SG. The report notes that making the majority of members caregivers, such as in LIMCA groups, can offset the tendency of groups to push more vulnerable members out.

Most of the recommendations provided in the report map to issues in SG formation and operation that emerge in a literature review were attached to the report as an appendix. The major point made is that "the principal value of INGOs [international non-governmental organizations]," in environments with a high concentration of SGs, "must be in introducing competitive tools and practices that improve on what is already habitual, and that redirect CSG institutions toward the welfare of MVC households" (p. 39). Other recommendations refer to practices such as simplifying record-keeping, allocating more resources to M&E, and utilizing a private service provider (PSP) model instead of enlisting volunteers to mobilize SGs. For the purposes of governance, the report recommends making action audits mandatory, removing restrictions on multiple group membership, and simplifying balancing of accounts. It also recommends wider-spread support for the adoption of MIS software. Earlier reference in the study report to the difficulty partners had in using this software (p. 19) suggest that this will require additional capacity-building. Although the report does not directly address which PT partner's SG model was most effective, it does reach some conclusions on sound practices. However, it is not clear how these conclusions link to field observations, or by what evidence they are substantiated, as neither sources nor references to study findings are cited.

Quality of evidence

A larger concern throughout the report is the presentation of data without analysis. This, again, may be attributable to the non-experimental design of the study. However, the data itself presents some questions worthy of further exploration that could be done without an impact evaluation. For example, why did some groups save more than others? It is notable that Pact's SGs saved the least on average. Pact's groups also had a mandate to include only caregivers as members. Given the caregivers are likely to have heavy economic burdens, the composition of the Pact groups relative to the other IP groups provides a partial explanation for the discrepancy. Could the exigencies and incentives provided by different models also play a role? Do dividend-driven groups save differently than those that use a share-out? These questions are not answered in the study, leaving on the table implications for program design that clearly merit greater scrutiny.

There are several other missed opportunities to explore the differences between outcomes according to group models or key operational innovations, such as the use of MVC or social funds. A discussion of self-insurance practices features data indicating huge variation in the provision of MVC funds by partner, not accounting for in-kind support of MVC (p. 15). However, no explanation is given for this variation. Again, Pact's all-caregiver SG in Kagera generated fewer MVC funds per child, as might be expected due to group composition. This suggests that more mixed groups may be able to provide better support to MVC than all-caregiver groups, but no analysis is provided.

Although the report provides a detailed account of operational differences between SG models, it does not investigate deeply how these affect practice, in part due to methodological constraints. It raises concern about the use of high versus low stipends for SG volunteers as a question of sustainability, suggesting an opportunity for further research. Additionally, the study cited (pp. 18-19), but did not analyze in depth, problems with governance. Such problems imply a need for greater consumer protection and capacity-building of SGs in order to ensure fidelity to SG principles, in line with the particular SG model used by each PT partner.

The report does provide some interesting figures on MVCC participation in savings groups, including data on the percentage of MVCCs that participated in SGs in a given region for some

IPs (pp. 19-20).[18] MVCC enthusiasm for and contributions to the SGs is a key take-away and something to encourage for future practice that could benefit MVC.

Given that the study was not an impact evaluation, all of the conclusions presented in the section on SG impacts must be interpreted as exploratory and not conclusive. For example, the study states: "Almost everyone interviewed—including all the village leaders—agreed that more children are going to school, and spending more time there, due to the CSGs. Member purchases, and increased spending power, are changing families' lives" (p. 23). Given the likelihood of social desirability bias in interview data, these conclusions must be taken with a grain of salt, though they could inform questions relevant to a future impact evaluation. The report states that "many implementing organizations cite improvements in women's roles and decision-making authority that result from their improved financial position," with one partner stating that "women become courageous and stand against GBV [gender-based violence] in the community" (p. 28). Without a rigorous study design, it is unknown if women's status in the community has actually improved or that GBV has been reduced.

Key recommendations for future research

The data gathered from the savings study are suggestive of many research topics. The following is an extensive—but non-exhaustive—list of them:

- Optimizing SG evolution and hybridization
  - How do methods get hybridized, and how can the process of hybridization—such as WEI's intentional melding of the SILC and WORTH models—be made more effective?
  - Can an intentional approach to SG modification yield models better tailored to participant needs? If so, how can INGOs in Tanzania contribute to this process?

- Ideal SG membership composition
  - What is the ideal mix of vulnerable and non-vulnerable SG members? For example, caregivers of MVC vs. non-caregivers?
  - How can mixed groups resist up-market drift?
  - What is the effect of participants of multiple SGs on SG efficacy, and how can this be measured?

- Most effective SG models
  - How do dividend-driven vs. share-out models affect savings behaviors?
  - What are the implications of intra-group pressure to borrow (to bolster dividends)?
  - How often do these loans end up channeled into non-productive purposes, and do such outcomes in turn negate the value of any dividends?
  - Which model best resists elite capture?
  - Are financially-incentivized volunteers or PSPs the more sustainable path for SG mobilization?
  - How much should volunteers be paid?

[18] For example, Africare's partners in Kilolo, Mufundi and Wang'ing'ombe districts enrolled an astounding 54 percent of MVCC members into SGs (DAI et al. 2014: 20).

- MVC and Social Funds
  - How do MVC and Social Funds reduce vulnerability for MVC?
  - Under what composition of vulnerable vs. non-vulnerable SG members do these funds best contribute to MVC wellbeing?

- Social and gender relations
  - How can SGs be used to build gender equality in economic activities?
  - Under what circumstances can SGs contribute to efforts to reduce GBV?

- Understanding impact
  - Is SG participation associated with increased spending on food and health? If so, how?
  - Does SG participation improve access to healthcare for MVC? For their caregivers? If so, how?
  - What do we know about whether and how SG participation improves MVC health and education outcomes?
  - Does SG participation affect HIV and STD risk behaviors among MVC and their caregivers? If so, how?
  - What do we know about whether and how SG participation improves treatment, retention, and care among PLHIV?

Summary

The savings study reached most of its objectives, including identifying sound practices of the IP programs for the formation and operation of SGs, successes and challenges in reaching the most vulnerable, and areas for future research and technical assistance. Although the identification of sound practices was constrained by a lack of an impact evaluation and a dearth of costing information, the study does offer a descriptive comparison of various savings group models in a saturated savings group market that may be of use to IPs in the future. Similarly, no real conclusions were drawn about the successes and challenges of reaching the most vulnerable SG participants. Each program demonstrated its ability to reach its own targets for outreach to MVC, but since these targets varied widely, there is no standard for gauging "success."

In meeting its requirement to provide success stories as part of its final report, a type of evidence understandably regarded as weak due to its anecdotal nature, the study succeeded in presenting some interesting issues for consideration by SG practitioners. These include issues such as encouraging participants to obtain birth certificates, which can help them access financial and other services that might otherwise be denied (p. 24). Another success story demonstrated how a savings group facilitated the development of a trash collection business, underscoring how the groups can promote both social capital and positive financial management behaviors to encourage small business development (p. 27).

Overall, the savings study provides a useful analysis of the SG landscape in Tanzania and presents some key entry-points for future research. It presents evidence suggestive of the importance of the role of INGOs in promoting strong understanding of best practices and helping SG implementers and participants understand the purpose of SGs in reaching the vulnerable.

KEY TAKEAWAYS AND RECOMMENDATIONS

Savings Groups are institutions that promote resilience for MVC

The dearth of institutions in poor Tanzanian communities—especially rural ones—constricts the flow of innovations and the transfer of knowledge that the poor could utilize to improve their resilience to external shocks. In territories where there are few institutions managed by the poor themselves, SGs have emerged as institutional vehicles to connect MVC households to opportunities to participate more fully in civil society and markets and to engage with local and national government agencies. Besides improving the access of the poor to financial services, the field research for this operational review found that SGs also are institutional platforms that efficaciously connect their members to markets, other services and government initiatives—giving them access to resources to strengthen their household economic activities. For example, the Government of Tanzania implements a wide range of programs aimed at MVC households in particular and to the vulnerable poor in general. While established mechanisms exist to share information with the populace (e.g., a ward-level convening) these often are difficult to organize and not especially appropriate for knowledge-building activities such as trainings or awareness-building about government and NGO programs.[19] SGs also have proven to offer extension workers platforms to connect members and their families to important initiatives to improve health and well-being such as CHF.

Recommendations

- Support training to increase the understanding and capacities of LGAs and other government agents to: (1) deliver and share useful information in time-effective ways with SGs and (2) design support programs that reflect and leverage SG practices, including members' support for MVC and MVCCs.
- Develop guidelines for engagement by LGAs and other government agents with SGs, perhaps incorporating them into a revised edition of the National Economic Strengthening Guidelines.

Savings Groups provide good value

The FGDs and the IDIs conducted under this operational review, coupled with the HEA and Savings Study carried out by IMARISHA, provide evidence that SGs are positively affecting MVC households and are worthy of modest amounts of term limited subsidy. Globally, there is strong evidence that SGs can be sustainably established for about US$25-40 per member, and

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[19] In five of the 18 FGDs, participants mentioned that their SG had facilitated presentations by extension officers regarding CHF (the government health insurance scheme). In some SGs, the group agreed to use its social fund to pay the annual premiums of members and their families, overcoming the need for MVC households to accumulate the required lump sum premium payment and speeding uptake of CHF. Many FGD participants (and several IDI respondents) noted that they were accessing more health services for the children in their care thanks to their enrollment in CHF.

for as little as $9 per member by organizations with deep experience in SG formation (FSD Kenya 2012). IMARISHA has not published costing data, however it is likely that the average cost incurred was higher than the global average (even after discounting overhead costs), primarily due to the expense of operating across geographically widespread regions and the necessity of repeating trainings or providing extensive mentoring because many trainees lacked the basic skills necessary to fully uptake and use the training, perhaps modestly compounded by the additional costs associated with promoting and operating the MVC funds. Despite this, SGs are a good investment, since they can convert in one or two years into self-sustaining, ongoing institutions (there are many examples of SGs that have been operating sustainably for more than a decade). Given the expected efficacy of investments in SGs, the Government of Tanzania, donors, NGOs, and CBOs might well consider increasing support for their formation.

Recommendations

- With IMARISHA's closeout, a gap in the availability of SG and ES training options, including follow-on mentoring, exists to be addressed. One option is to develop with donor and/or government funds a "training clearinghouse" to supply TA that responds to document demand and need, and also sets and monitors training standards in line with the National Economic Strengthening Guidelines. Staffed by a small team, the clearinghouse would effectively connect those seeking SG or other ES TA with those capable of delivering it, ensuring that the funding represents "smart subsidy" that builds long-term capacity among national and local NGOs, rather than continuing reliance on INGOs.
- A small fund to underwrite documentation of the costs of SG formation and maintenance in the Tanzanian context would build a useful evidence base for future ES programming.

Government has an important role in expanding SGs

Both global and Tanzanian experience with SGs reveals that there are multiple pathways to establishing SGs and numerous variations in their operations. Given the national government's responsibility to ensure delivery of quality interventions to the country's citizens, it necessarily can have a role in promoting adequate access and quality TA for SG formation and operations. With such a wide range of actors involved in the SG space, doing so on a piecemeal basis would be difficult and prone to failure. Government can help prevent this kind of failure.

Recommendation

- The Tanzanian government can support the formation and operational expenses of an apex organization by and for SG promoters that can accelerate and strengthen the SG sector. The apex would serve as a space for promoting performance standards and common approaches to monitoring outputs, measuring outcomes, assessing impact, and sharing data. While global best practice suggests that government should not be directly in charge of this apex, its funding can help mitigate incentives to not collaborate arising from the inherent completion among both INGOs and large-scale national NGOs for donor support to underwrite their SG programming.

There is a need to build capacities to engage markets

A common observation emerging from the FGDs and IDIs was that more support is needed for identifying, assessing the potential of, and learning ways to engage markets. IMARISHA's limited resources for promoting IGAs and teaching about markets left it unable to respond to the huge demand in these areas that had been triggered by SG members' growing economic capacity. To maximize and leverage investments in SGs, it is important to incorporate market engagement training alongside training for SG formation and operation.

Recommendations

- Through either the apex or clearinghouse recommended above, develop tools to identify SG members who demonstrate very high entrepreneurial potential and then fund the delivery to them of entrepreneurship training coupled with periodic mentoring over the course of their first year in business. Doing this at scale necessarily requires coordination by NGOs and CBOs with LGAs' efforts to promote local economic growth. One potential way forward would be an innovations fund focused on designing and evaluating cost-effective methodologies that encourages NGOs and CBOs to work more closely with extension officers to train and support the most entrepreneurial SG members.
- Donors or government should fund local market assessments and then encourage LGAs, NGOs, and CBOs to disseminate and discuss them with SG members in conjunction with the recommended entrepreneurship training.

Targeting of MVC households should be improved

The IPs receiving TA from IMARISHA focus broadly on households with MVC. As SGs and other ES interventions drive to scale, it will be increasingly important to segment this broad population so that appropriate interventions can be delivered in a timely and cost-effective manner. If a program admits them, then the most destitute households receive direct support to stabilize them and to help them—when and if they are ready and capable—to begin climbing the rungs of the livelihoods pathway ladder. The literature on vulnerability indicates that not all destitute households have the means to climb—for example, HHs headed by people with severe chronic diseases (including AIDS) or disabilities, or the aged, may not have the physical stamina to leverage financial and material assets into IGAs. The application of a simple vulnerability assessment tool (see Moret 2014) can help programs undertake a rough categorization of potential program participants. When supplemented by direct observation, this can be a reliable way to select those among the destitute who can be assisted to the second rung, and those who should be considered for long-term direct support, including by MVCCs. Similarly, finer analysis of HH savings behavior and capacity will help identify those HHs on the second rung who have the qualities and capabilities to move up to the third rung. Such segmentation approaches can help ensure that scarce resources are deployed effectively.

Additionally, it would be helpful to conduct research and analyze more thoroughly different approaches to constituting the memberships of SGs. For example, is a group that is 60 percent comprised by MVC HHs and 40 percent comprised by non-MVC HHs able to deliver better and more sustainable benefits to MVC? The argument for 60/40 MVC HH/non-MVC HHs mixes or other forms of blended targeting seems to be that they reduce stigmatization and create more economically dynamic groups (if the non-MVC HHs are better off). The evidence base in support of mixing or blending does not exist. A clearer understanding of the costs and benefits of mixing will yield information about how to best expend public resources in order to improve the economic capacity of MVC households.

Recommendations

- Adapt and use simple vulnerability assessment tools to identify HHs appropriate for the ES intervention under consideration, then periodically repeat their application to improve segmentation and to track levels of need for more focused supports, such as training in marketing.
- In future programming, conduct research and develop robust M&E that examines whether or not the performance of SGs that are 100 percent constituted by MVC households is significantly different from SGs that are mixed.

Short-term opportunities to leverage savings groups

Additionally, there are several important near-term opportunities to leverage the success of SGs:

- Guidance could be developed to encourage deeper engagement by health workers, especially those tasked with increasing participation in CHF, with SGs, thus leading to greater health insurance coverage and, in turn, to better access to health services.
- TASAF III's program providing cash transfers to vulnerable households could be complemented by a program to provide term limited subsidies to local CBOs for the formation and initial operation of SGs that offer recipients of the transfers access to savings and credit, thus enabling them to invest a small portion of the cash transfers to establish IGAs and long-term assets that will serve them to maintain their economic security when they exit the program when their children age out of eligibility. This effort could be complemented to understand whether SGs explicitly designed to leverage cash transfers result in better MVC outcomes than those that do not.
- Greater attention could be paid to the economic needs of older MVC and at-risk youth 18 to 24 years old, through efforts to establish youth savings groups (Barclays et al., n.d.) or to encourage SGs to accept a small number of vulnerable young people as members. This opening to youth should be coupled with appropriate financial capabilities and entrepreneurship training for them so they can responsibly borrow from their SGs. While most of the resulting youth-led businesses are likely to be small, they would help at-risk children and youth obtain opportunities to develop their entrepreneurship, earn some income, and get onto a life-long pathway to avoiding risky behaviors.
- Linked to the greater emphasis on SG and other ES approaches targeting older children and youth, both experimental and multi-method research studies could be implemented to document and evaluate whether and how such approaches promote behavioral

changes that lead to reduction in behaviors related to contracting HIV or other sexually transmitted diseases.

CONCLUSIONS

IMARISHA's TA program clearly achieved its greatest success by focusing on SG promotion for the very poor, paying limited attention to the most destitute or extreme poor. This focusing away from the destitute was done with the understanding that once emergency handouts had stabilized such households, they eventually would join SGs. IMARISHA's research efforts suggest—but due to methodological limitations, cannot definitively demonstrate without more rigorously designed and implemented studies and more robust M&E efforts by IPs and their sub-partners—that SGs do improve the capacity of vulnerable households to mitigate the economic effects of the high prevalence of HIV/AIDS in Tanzania by creating financial reserves and access to capital to support IGAs that such households can use to respond to emergency needs and to raise incomes and build economic assets. Research conducted under this operational assessment also suggests that complementary interventions delivered via SG meetings—such as HIV prevention education; referral, care, and treatment programs; and extension services for key household needs around agriculture, food security, health care access, education, and market engagement—are valued by SG members and are integral to enabling the SGs to be platforms to facilitate broader health and social objectives. IMARISHA has set the foundation and identified pathways for the effective deployment of future ES TA efforts. There are many challenges to increasing the impact in Tanzania of ES interventions on the well-being of MVC, at-risk youth, and PLHIV, including developing approaches to integrating SGs with cash transfer programming under TASAF III. The *National Guidelines for Economic Strengthening for MVC Households* is a lasting contribution by IMARISHA that offers a foundation upon which to develop ES approaches that improve the ability of the country's MVC households to achieve sustainable improvements to the health and capacities of the vulnerable children and youth in their care. By building on IMARISHA's numerous innovations in practice and by learning from its partially realized research agenda, future programming can be designed to both deliver and build the evidence base for effective ES interventions for MVC households in Tanzania.

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APPENDIX 1 – IN-DEPTH INTERVIEWS

Technical Staff

1. ES officer, TEWOREC
2. Chief of Party, Pamoja Tuwalee – FHI 360
3. M&E Advisor, Pamoja Tuwalee – WEI
4. Chief of Party, Pamoja Tuwalee – WEI
5. Former Director of Operations, Pathfinder
6. Deputy Chief of Party, Pamoja Tuwalee – Africare
7. Chief of Party, Pamoja Tuwalee – Africare
8. PACT representative
9. ES Officer, Sharing World (Dodoma)
10. ES Coordinator, Pamoja Tuwalee - Africare
11. Deloitte Tunajali representative
12. Senior Technical & ES Officer, Pamoja Tuwalee – FHI 360
13. ES Officer, Lushoto
14. M&E officer, Pamoja Tuwalee – WEI
15. Senior technical officer, Pamoja Tuwalee – Africare

Community Volunteers

1. Community volunteer (Ubiri, Lushoto)
2. Community volunteer (Lushoto)
3. Community Volunteer (Korogwe)
4. Community volunteer (Dodoma)
5. Community Volunteer (Korogwe)
6. Community volunteer (Lushoto)

IMARISHA Staff

1. Livelihoods coordinator
2. Livelihoods manager
3. Technical Director
4. Former ES Manager
5. Former Director
6. Finance Manager

APPENDIX 2 – IMPLEMENTATION REPORT

PLANNING AND PREPARATION

Intensive preparation for the tasks began on September 2, 2014 with review of IMARISHA related documents and reports by PT partners. The planning also included explorative meetings with DAI and USAID Tanzania so as to get the picture more clearly and to be at speed with the whole project.

FIELD LOGISTICS

The first task under field logistics was identifying which of the seven regions to be visited. IMARISHA had initially targeted seven regions of Dodoma, Iringa, Mwanza, Shinyanga, Mbeya, Morogoro, and Dar es Salaam. It was tempting to cover the initial regions but this would have left out some partners who are covering regions out of the initial seven. In the end it was decided to cover all the six partner areas, Table 1 above (p. 6) shows the details.

TEAM TRAINING

A team of four experienced data collectors and the two consultants participated in intensive training on September 4th and 5th, 2014 at the FHI 360 office in Dar es Salaam. The team comprised of two FGD moderators (both female) and two note-takers cum logistics staff. The team was briefed on the background of the IMARISHA program and the objectives and nature of the assessment by the ASPIRES Technical Director. The whole team was trained on review methodology, sampling, respondent selection, research ethics, and rules guiding the conduct of FGDs. The team was also briefed on the demographic questionnaire.

The second part of the training was mainly for the moderators, where they were taken through the discussion guide both in English and Kiswahili so as to get the right meaning and purpose of each question.

On the afternoon of September 5, 2014, the whole team visited a SILC savings group in their normal weekly meeting. At the meeting the group was taken through the whole process of saving; buying shares, MVC fund, social fund, fines, loaning, loan repayment, filling the ledger, and other normal group activities. The visit was coordinated by WAMATA who are the implementing partners of FHI 360 in Dar es Salaam.

RESPONDENT SELECTION

The FGD respondents were selected randomly from four to five SGs in each site. In each site one of the two facilitators arrived four days before the day of discussion to select respondents, secure a venue, and deal with other logistics. In each site the facilitator visited the implementing partner's offices where they got handwritten lists of SG members. The selected SGs had to be within 15 kilometers radius of the venue for logistical reasons. The lists were then combined to form one long list, and in order to select 15 respondents for each discussion group session. To get the respondents, a total number of respondents from the four to five SGs was divided by 15 to get the interval number.

Using the interval number, 15 potential respondents were selected and then contacted with a request to participate in the discussion. For example, if there were four groups of 30 members each making 120, divided by 15 the interval would be eight. This meant that every 8th person in the list would be selected. If however, for one reason or the other, the respondent could not be reached, had traveled, or was unwilling to attend, then they were substituted by the name immediately above. Only current and active members were invited for the meetings.

All the selected respondents were then called by phone for those that could be reached and invitation letters sent to them. The CV/CRP/EW/EEWs were instrumental in ensuring that the invitation reached the selected respondents.

PILOTING

Piloting was done after in-house testing of tools through dummy runs. The pilot was carried out on 10th September 2014 at Korogwe in Tanga region. The respondents were selected following the procedure as described above. The pilot FGD lasted for 126 minutes with each question on the guide covered. Immediately after the group discussion, the whole group debriefed and shared the learnings. The tool was then adjusted as necessary before the onset of the review.

FIELDWORK

The actual fieldwork ran from September 11 to 30, 2014. FHI 360 provided two cars that carried six team members. The fieldwork started from the furthest point North (Tanga), heading to Central (Morogoro and Iringa), then to the Southern highlands (Njombe and Ruvuma). The team then headed to Central again (Dodoma) before finishing with Lake Zone (Shinyanga).

In each of the seven regions covered care was taken to cover all at least one region served by six main IMARISHA partners, namely FHI 360 (Morogoro), Africare (Iringa and Dodoma), PACT (Ruvuma), WEI (Tanga), Tunajali (Njombe), and Pathfinder (Shinyanga).

FGDS

A total of 18 FGDs were carried out in seven regions and 14 districts. In each region two different sites were chosen, resulting in 14 FGD sites. Each site also represented a different implementing partner meaning in total 14 implementing partners were covered. While most sites had one FGD each a few sites had two FGDs due to high concentration of SG in such areas. The discussions were hosted in hotels or meeting halls following the advice of implementing partners. In choosing venues, we considered convenience to the respondents in terms of accessibility, atmosphere that was not intimidating or unbefitting, convenience to carry out discussion with limited interference, and conduciveness to quality recording.

For each FGD, 15 respondents were invited and in most cases all invited turned up. Dodoma urban had the lowest turnout at 12 while the highest was Nyasa in Ruvuma where 19 respondents turned up. In Nyasa some selected respondents could not be reached by phone or physically because of the remoteness and the hilly terrain, so they were substituted but somehow they got the information through word of mouth

In all discussions Swahili was used. We established that there was no need to translate as all groups claimed that they conduct their savings group meetings in Swahili.

DEMOGRAPHIC DATA COLLECTION

A short demographic questionnaire consisting of 18 questions was administered to all respondents before the start of the group discussion. The questionnaire was administered in a private setting, face to face with one of the team members. Individual consent was obtained from each respondent and consent form signed before the interview.

The completed questionnaires were coded for open ended questions. The data was then captured in the field in excel format and analyzed.

IN-DEPTH INTERVIEWS

In each region individual in-depth interviews were conducted by the consultant with implementing partners' ES focal person and one CRP/CV/EW.

Seven CRPs and seven ES persons were interviewed. The organizations that were successfully interviewed were Faraja Morogoro, TAHEA Iringa, ELCT Makete Njombe, WAMATA Mbinga Ruvuma, Umwema Mpwapwa Dodoma, Save the Children Shinyanga,and Pathfinder Shinyanga.

OBSERVATIONS BY REGION

TANGA (WEI)

The groups in Tanga currently use the LIMCA method of saving while in the past they had been using WORTH methodology. Given their background, most groups interviewed have a significant membership of OVC caretakers, especially the rural groups. The change of saving methodology seem to have injected more life into the members as they feel more challenged to increase the amount they save. The urban groups, however, seem poised to be taken over by non-caretakers as majority; the groups consistently increase the value of shares after every share-out.

The groups have been trained on other ES activities such as gardening, rearing of domestic animals, and home manufacturing—but only gardening and saving is practiced. Most rural groups increase the group income by working on other people's farms if they can pay. A member may opt not to work in the farm by paying up or hiring somebody to do their piece. Members also help each other on the farms during weeding season, especially if a member is sick or has some emergency.

MOROGORO (FHI 360)

Morogoro urban groups are very different from the rural groups. Nearly all the urban groups interviewed had bank accounts, meaning the groups are registered. The urban groups have very low OVC caretaker membership with most members being the normal low to medium income level. Some groups don't issue cash for big loans or during share-out they instead issue checks. Multiple membership in SGs have been witnessed in both rural and urban Morogoro groups.

The rural Morogoro groups have a higher membership of OVC caretakers at nearly 50 percent, but even in the rural area there are groups that are clearly not for the lowest income earners. In Turiani area the CRP got creative and separated members that could not afford increased value of shares in one group and moved members into other groups where they felt comfortable and it seems to have worked. All the groups in Morogoro have a CRP fund which caters for CRPs transport whenever they visit the groups.

CARE VSLAs are common in rural Morogoro, it is not uncommon to find members belonging to both SILC and the VSLA. This has prompted some groups to put rules barring cross membership.

IRINGA (AFRICARE)

Iringa has the highest number of SGs and nearly all report full membership (30 members). The SG seems to grow faster than the CRPs can handle and the demand is still great. Most SGs are rural based and OVC caretakers seem to comprise half the membership. Apart from savings, gardening is one other ES activity that is very successful. Poultry is successfully practiced along the Dar highway.

SGs in Iringa have gone for CHF cards in a big way with most groups purchasing as a group. There is also evidence of group marketing for tomatoes and other farm produce though still in nascent stage. Some groups have also come together to purchase fertilizer at wholesale prices then share-out. Most groups in Iringa can be considered mature, since they are on the 3rd and 4th round of saving.

NJOMBE (TUNAJALI)

Njombe is marked out as Tunajali area but the interviews show that training was done through Africare. Most of the SGs were formally Tunajali groups meaning they are HIV affected groups. These groups have been receiving material help from the organization. The unique feature with most groups is the low and infrequent level of income. The groups also have high membership of caretakers—up to 80 percent. Most of the groups in Njombe are on their first life cycle, having not shared-out.

The challenges that implementing partners are dealing with are reluctance of other members of the society to join the Tunajali groups since they are associated with HIV. The sub partners have therefore opted to set up other SGs and leave them open for anybody who wants to join. The male dominated groups in Njombe are reluctant to meet every week; instead most opt for monthly meetings, as such, their savings are mostly on the lower end.

Most group members still expect some kind of handout given the condition of the majority of members. The ES focal person believes the attitude is changing and it is only a matter of time before members come to be self-reliant.

RUVUMA (PACT)

The SGs have been operating for more than four years on average. Being WORTH groups, the selection and registration of members was carried out some years ago. All the members are either VP, caretakers of OVC, or both. It is clear that female groups are more robust than male groups even though formed at the same time and members share the same profile. All female groups claim to be meeting every week while some male groups meet monthly and some meet fortnightly.

In Mbinga district the members share out the voluntary fund every six months, while in Nyasa there is no sharing out at all. In Mbinga where sharing out is allowed, the voluntary fund is richer than the compulsory fund and members are encouraged to borrow from the voluntary fund at 5 percent interest rate. In Nyasa, where there is no sharing out of any kind, the compulsory fund is richer and members are encouraged to borrow from the compulsory fund at 2 percent interest rate. In Nyasa, both funds—compulsory and voluntary—payment is capped at TSh 500 per week, while in Mbinga the compulsory fund is TSh 500, but the voluntary fund is left open according to each member's efforts.

Gardening and animal husbandry are common ES activities within Ruvuma region and to a large extend would be described as a success.

DODOMA (AFRICARE)

Dodoma is another region that boasts of mature groups on their 3rd to 5th cycles. In urban Dodoma some groups intentionally set share prices to kick out those who couldn't cope. The groups have consistently increased the value of shares—something which they accept has made some members drop off. Unfortunately, it is not clear if those who drop off join other SGs or not. The urban groups claim household gardening is another skill they gained that is working successfully.

Rural groups in Mpwapwa Dodoma have pooled their MVC and social funds in respective baskets to help more MVC, and run income generating projects with the social fund. In one village, 10 SGs have come together and the last circle helped 294 MVC who are in different levels of schooling. The same group also pooled their social fund to start a cereal bank where they buy cereal during harvest and sell 4 to 5 months later. Other groups from other villages are also coming together to run joint projects.

SHINYANGA (PATHFINDER)

Some SGs in Shinyanga have decided to extend their life to a two year cycle after seeing that saving is possible through groups. Some case of members holding shares in more than one SG have been witnessed but are on the decrease as members come to accept that this is not a best practice. Shinyanga is the only area where loan insurance is practiced, especially in Shinyanga Municipality; a range of 2 to 3 percent of the value of the loan is charged as insurance.

In Shinyanga town employees of partner and sub-partners decided to take the SG concept to a higher level by forming their own group together with a few invited friends. The group valued their shares at TSh 20,000, and required weekly contributions to the social fund of TSh 1,000 and of TSh 500 to the MVC fund. They meet once a month but one can buy shares (maximum TSh 400,000 per month) anytime by depositing money in their account and showing the bank slip. They have also designed the ledger in excel format such that recording is done electronically and shared with other members in soft copy. The group is on its second cycle and has helped five MVC in secondary schools, all the students being helped are sponsored fully and they monitor their school performance. The group is considering increasing the MVC fund to help more students. Like all other groups in Shinyanga, borrowing is compulsory for all members of the SG.

FHI 360 ASPIRES Project – Operational Review of IMARISHA Project
Tanzania, September 2014

Focus Group Discussion Guide

INTRODUCTION

Moderator: Today is [date] and this is Focus Group [REGION Sequence#]. My name is _________________. I am accompanied today by ______________ and ______________, who will take notes on our conversation. [If applicable – Also observing are other members of our team: ____________ and _____________.]Thank you again for your willingness to talk with us. We are looking forward to hearing your thoughts on the questions we will ask you. Please know there are no right or wrong answers or opinions about the topics we are discussing, so feel free to share your thoughts openly. We are looking for a range of opinions, so if you feel differently than someone else, feel free to share your experience or viewpoint. We will all agree to respect everyone else's opinions. I ask that you do not share information discussed in the group with others outside the group. However, we cannot guarantee that information discussed in the group will not be shared, so consider this before discussing personal matters.

As mentioned earlier, the discussion is going to be audio-recorded and then typed. For this reason I would like you to talk one at a time so that we can have clear recording. May I also ask you to switch off your phones for the next one hour. We will report in general without using anybody's name so feel very free to share with us your thoughts.

We will be asking you about your experiences as member of a savings group. Before we begin the questions, I'd like to confirm that you all agree to participate today and that you all agree to the recording as well.

Do you all agree to take part in this discussion today? ___________________

Does everyone agree to be recorded? ______________

Moderator: To get started, I'd like have each of you briefly introduce yourself by stating your name, where you are coming from, and what first got you interested in joining a savings group or participating in another economic activity – such as poultry raising – that has been supported by [NAME OF COMMUNITY ORGANIZATION].

SAVINGS GROUP CHARACTERISTICS

Moderator: I know that most, if not all of you, participate in savings groups, and that you come from several different groups. I would like to hear from you about how your groups work.

1. Does your savings group have a formal "mission statement" or declared objective? If so, what is it?

2. What are some of reasons have you have joined a savings group?

3. If you think about the members of your group, how would you describe the people that are part of the savings group? (probe about the mix of wealthy to poor, women to men, without asking for specific levels of wealth or names)
    a. Does your group specifically aim to integrate poor people or people who are caregivers of orphans and vulnerable children?
    b. What do you see as the objective of the savings group relative to vulnerable individuals in this community?
    c. What do you think is the ideal makeup of the group in terms of vulnerable and non-vulnerable members?
    d. How would you recommend we most effectively target or reach the right potential members?

4. What is the minimum savings contribution or share amount in your group? How did you decide on that amount?
    a. Does anyone have difficulty making the minimum contribution? If so, just once in a while or frequently?
    b. When a member has difficulty making a contribution, what does the group do?
    c. Is there a maximum savings contribution? Do you think there should be?

ECONOMIC CONDITIONS

Moderator: Now I would like to ask you some questions to help me understand how your community and household may have changed over the past [# of years since IMARISHA TA began] years.

5. Compared to ___ years ago, would you say your community's businesses and markets are more active and healthy today or less so?
    a. If more active, are they just a little bit more active and healthy or a lot more?
    b. Are there new economic activities? If so, how did they get started?

6. Compared to ___ years ago, would you say your household's economic conditions are better or worse?
    c. Are you engaged in different economic activities today compared to ___years ago?
    d. If so, how did you get started in them?
    e. Did you receive training in them? Who provided it?
    f. Did you have to invest some money to get them started? If so, where did you get the money from? Did you borrow it from your savings group?

SAVINGS GROUP LOAN PROCESS

Moderator: I'd like to go back to talking about savings groups for a few minutes. Let me get a few details on the loan process please.

7. How does a member of the group get a loan?
    a. What is the typical amount, and how is it set?
    b. Do group facilitators or group members provide any guidance on how funds should be used? What precise messages are conveyed?
    c. How did members intend to use the loans that became available to them?
    d. How did members actually end up using the loans?
    e. What reasons are cited or observed for any disjunction between the above three answers?

8. Do the members have any difficulties making the loan repayments? If so, please explain the difficulties and what mechanisms were ultimately used to make payments.
    a. [In case of loan default] Why did the default occur?
    b. How was the situation resolved within the group?
    c. What were the implications for the borrower, both financially and in terms of status in the group?

9. What did members do when they needed a large lump sum of cash or a loan before savings groups came to the community?

SAVINGS GROUP SHAREOUT PROCESS

Moderator: Let me next get a few details on the share-out process please. (Adapt questions for groups using the WORTH approach (i.e., without shareouts])

10. What is the typical process for share-outs?
    a. What is the typical time limit? (After how many months?)
    b. Do group facilitators or group members provide any guidance on how funds should be used? What precise messages are conveyed?
    c. How did members intend to use the funds that became available to them?
    d. How did members actually end up using the funds?
    e. What reasons are cited or observed for any disjunction between the above three answers?
    f. What incentives or constraints at the household level (e.g., shocks or fear of shocks) factor into decision-making on business investment?

11. What is the split/distribution of enterprise vs. household use? Are intent and actual use consistent in this split?

12. What are the perceived incentives and risks associated with using the share-outs to upgrade or expand small enterprises (especially agricultural)?

SAVINGS GROUP SOCIAL FUND

Moderator: Thank you. To wrap up this section, I'd like to ask a few questions first about the Social Fund, and then the Most Vulnerable Children Committee (MVCC) Fund, and explore with you the differences between them and how you operate them.

13. Among members who received money from a Social Fund loan/grant, how did they reach the decision to request those funds, and how were those funds ultimately used?

14. What issues or activities does the social fund cover?

15. What are the biggest advantages of requesting/using money from the Social Fund?

16. What are seen as the disadvantages of requesting/using money from the Social Fund?

17. What did members do when they needed an emergency loan before the savings group came to the community?

18. Does your group have an MVCC fund?
    a. When was it started?
    b. How did you come up with the idea to have an MVCC fund in addition to the social fund?

19. Who benefits from the MVCC fund?
    c. How do you decide on the use of the funds?
    d. What are the biggest advantages of the MVCC fund for your community? What kinds of effects have you seen?

20. How do you feel about the MVCC fund?
    e. Do you see it as an essential part of your savings group? If so, why?
    f. Or would you prefer to eliminate it? If so, why?

21. Does the savings group provide any charity or donations to members of the broader community who are not members of the group?
    g. If so, how are those decisions reached by the group?
    h. What kinds of effects have been seen from this activity?
    i. How do you feel about this kind of activity as part of the role of savings groups?

TRAINING/ CAPACITY BUILDING SERVICES

Moderator: I would like us to talk now about training or workshops you have attended as a group or individual to train on group savings and related services.

22. Tell me has your savings group received any training on how to operate or to be more independent of the volunteers and staff from ________?
    a. Who sponsored/offered the training?
    b. What topics were you trained on? Recordkeeping? Calculating interest? Shareout procedures, etc.?
    c. How many trainings has your group had in the past year?

23. Of all the training you received, which one helped you the most? How?

24. Is there anything you were trained on that does not work very well? What is it? What are your views on why it has not worked?

25. What does the community volunteer do to support your group or your small business project?
    d. Would you like the volunteer to keep visiting your group or your business? If so, why?
    e. Would you like the volunteer to come more frequently? How long should a visit last? How often should the volunteer come?

26. Have you received trainings on how to develop and run a small business?
    f. Who delivered them?
    g. Were they brief – that is, a couple of hours or one afternoon? Or more extensive, say a couple of days or several hours once a week or month over several weeks or months?

27. Do you use skills from the trainings in your daily life? If so, can you mention some of those skills acquired?

28. Did some of you open up a small business?
    h. Did you receive training in how to link to markets with growth potential?
    i. Did the training help you find new opportunities, or are you running the same kind of business you had before or that many of your neighbours have? What are examples of new types of businesses that didn't exist before in your community?

ADDITIONAL/INTEGRATED SERVICES

Moderator: Thank you for providing all of that information. I'd like to now ask you about additional or integrated services that might be part of your savings group.

29. Does the savings group program here work in collaboration with any other programs/services?
    a. At your savings group meetings, are you ever provided services other than the core savings group activities of saving and lending? For example, do you receive training on HIV prevention? Parenting? Running a small business? Please explain.
    b. How do you feel about current range of added/integrated services?
    c. What kinds of added services, not currently implemented, would you like to see?

ACTION AND EFFECT

Moderator: To conclude our discussion today, I have just a few more questions about the effects that the savings group and business trainings like poultry raising have had on members' lives.

30. A question here for the women, or for men who wish to share what they have seen among women … Compared to ___ years ago,
    d. Do you discuss money and its potential uses more openly with your husband or other adult members of your household?
    e. Do you feel more empowered to make decisions about how money should be spent in your household?
    f. Do you feel more empowered to make decisions about how to support your children's health?
        i. Do you believe you are spending more on food for your children? If so, are you providing different kinds of food today than before? Do you consider it better for them than what you used to provide?
        ii. Are you providing them more food than before?
    g. Compared to several years ago, are you able to provide more support for the education of your children or children in your care?

31. How would you summarize the general effects on household finances of members as a result of being members of savings groups?
    h. How have overall household savings habits and levels been affected by membership in savings group?
    i. How have overall household borrowing habits and levels been affected by membership in savings group?

32. Compared to ___ years ago, do you feel better able to respond to a health emergency involving a child in your care? What has changed? Do you now find it easier to decide to take the child to a nurse or doctor? Is that because you have money available for transport or medicine?

33. If you think of members within your group who are caring for OVC, where do you see the greatest effect of the savings group in those households? How are the vulnerable children specifically affected?

34. Overall, do you, as members, feel you are better off since joining the savings group? Why or why not?

35. Finally, what recommendations do you have for how this savings group program could be improved?

SUSTAINABILITY AND REPLICATION

36. Has the training and support you have received prepared you to run your savings group or business on your own?
    a. If not, what specific kinds of assistance do you still require?
    b. Do you think you'll be able to do without such support in another year? Or will it take longer? How much longer?

37. Do you see more savings groups being formed in your community in the next year or two?

38. Do you think you know enough about how a savings group works that you could help others to form their own savings groups?
    a. What about helping them manage savings and loans?
    b. What about guiding them through the share-out process?
    c. What about helping them think about ways to invest and multiply their savings or share-out payments?

We have come to the end of our discussion I want to thank you once again for your time and contribution. Do you have any questions for us?

FHI 360 ASPIRES Project – Operational Review of IMARISHA Project Tanzania, September 2014

FGD Participants Demographics Survey

General information	
Gender	
Age	
Education [codes]	
Marital Status [codes]	
HH information	
Total # of persons in HH	
Total # persons in HH earning money in the past year	
Do you have children currently in school?	
If yes, how many?	
Do you pay school fees for all of them?	
Do you pay school fees for any other children (relatives, etc.)?	
Respondent Employment Information	
Engaged in any type of farming activity in the past year? (Y/N)	
Engaged in any self-employment (other than farming) or business activity in past year? (Y/N)	
If yes, what kind of business did you operate?	
Engaged in any type of salaried employment in past year? (Y/N)	
If yes, what was your occupation?	
Was it part-time or full-time?	
Was it steady or temporary?	
Experience with financial services	
Do you have any outstanding loans? (Y/N)	
If yes, what is the source of the loan(s)	
What were start dates and amounts of the loan(s)?	
Do you have savings? (Y/N)	
If yes, where?	

Have you used a cell-phone banking service in the past year? (Y/N)	
If yes, what institution provided the service?	
Have you participated in any financial education programs in the past year? (Y/N)	
If yes, what institution provided the education?	
Are you currently a member of a savings group? (Y/N))	
If yes, how long have you participated?	
Do you belong to more than one savings-group (Y/N)?	
Do you have any insurance? (Y/N)	
If yes, what type of insurance do you have? [code]	
Asset Questions	
Do you own a cell phone? (Y/N)	
Do you have a secure title to the house in which you live? (Y/N)	
If no, who owns the house in which you live?	
Do you own farmland? (Y/N)	
If yes, how many hectares?	
Do you own any other property? (Y/N)	
If yes, what is that property being used for?	
Do you own any farm animals? (Y/N)	
If yes, how many and what kind?	
Do you own a television? (Y/N)	
Do you own a car? (Y/N)	
If yes, what do you use the car for most of the time?	
Do you own a motorcycle? (Y/N)	
If yes, what do you use the motorcycle for most of the time?	
Do you own a bicycle? (Y/N)	
If yes, what do you use the bicycle for most of the time?	
Consumption/Expense Questions	
Do you grow food for your own consumption? (Y/N)	
If yes, is that your main source of food throughout the year? (Y/N)	
Have you gone to bed hungry more than once or twice in the last year? (Y/N)	

CODES:		
Education No Schooling ……………………0 Some Primary school ….........1 Primary completed……………......2 Some Secondary school ……..3 Secondary completed………… 4 Some University…………………5 Finished University ……………..6 Some training college ……….....7 Finished training college……….8	**Marital status:** Married Monogamously = 1 Married Polygamously = 2 Single = 3 Widowed = 4 Divorced or Separated = 5	**Type of Insurance:** Livestock =1 Health for Self =2 Health for Family =3 Funeral =4 Property =5 Life for respondent =6 Life for spouse =7 Other (specify) =8

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