

ACTIVITY REPORT

CASH PLUS CARE 2.0: LEVERAGING USG OVC AND DREAMS PROGRAMS TO IMPROVE USE OF CASH TRANSFERS FOR CHILDREN'S WELL-BEING

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Introduction

This report documents outputs from a preliminary ASPIRES desk exercise to identify countries in which social protection programs (including cash transfer schemes) might include PEPFAR orphans and vulnerable children households, identify practices in financial education curricula that can improve caregiver use of cash transfers in ways that benefit children, and identify and learn from existing vulnerable children projects that add value to cash transfer interventions with financial education and/or savings interventions.

Background

In its most straightforward formulation, cash plus care for orphans and other vulnerable children (OVC) encompasses periodic cash transfers (CTs) to a caregiver to increase financial resources available to address the needs of children and youth in their care, complemented by additional interventions aimed at improving child well-being such as psycho-social counseling, nutrition support, parenting skills development and other non-cash assistance. An expanding body of evidence indicates that this type of combined support is HIV-protective for youth and increases their well-being (Swann 2018, Cluver et al. 2014, Cluver et al. 2016).

Governments in a number of PEPFAR-assisted countries are expanding social protection for poor and vulnerable households, especially through CT programs. There is growing government interest in developing the financial capabilities of CT recipients so that they can receive transfers safely, budget and manage money better, understand products and services that can complement CTs, seek appropriate advice when needed, and save and invest to achieve their goals (Zottel and Gradstein 2018). Some governments are proactively connecting various types of savings mechanisms to their social protection platforms. OVC households targeted by

PEPFAR are often not the specific or sole target of government CT programs, but some or many of these households are likely to be included in them, now or in the future as they expand. PEPFAR OVC and DREAMS programs may offer opportunities and mechanisms that can enhance OVC caregiver ability to strategically use CTs to ensure reliable food, shelter, health care and education for children.

In March 2018, ASPIRES proposed the Cash plus Care 2.0 – Improving the Capabilities of OVC Caregivers to Use Cash Transfers to Increase the Wellbeing of Children in their Care subproject to USAID. As originally proposed, the subproject involved adapting financial capability training to respond to the specific characteristics of CTs as income sources – sharing with OVC households receiving CTs money management techniques to help them to maximize the benefits of these lumpy payments and linking the participating OVC caregivers to savings groups or non-group-based savings approaches that are widely available through mobile phone operators. Funds were not available to fully support this subproject, and USAID requested ASPIRES to scale it down to fit the available funding level.

In response, ASPIRES proposed a more exploratory, primarily desk-based subproject with the following primary activities:

- 1) Conduct desk research to identify projects that incorporate cash transfers in their programming for OVC caregivers and develop an understanding of their design, including the financial capabilities (FC), CT and savings group (SG) components as applicable. Identify government CT programs that may include OVC caregivers. The desk research will result in a catalog of programs with funder and contact info to help clarify the programming landscape and assist with future learning efforts.
- 2) Conduct desk research to identify FC curricula commonly used in non-CT programming with OVC caregivers.
- 3) Review documentation and consolidate information about lessons learned and challenges and gaps in design of a) projects that incorporate CTs for OVC caregivers and/or b) support SGs in which members are CT-recipient OVC caregivers and identify programs that can serve as illustrative case studies.
- 4) Conduct individual interviews with selected implementers working with OVC caregivers who receive CTs and/or SGs in which members are CT-recipient OVC caregivers to better understand the programs in which they work, as well as what guidance, if any, might be needed to better serve CT recipients, such as needs to adapt FE training curricula or adapt SG elements.
- 5) Review 4-6 FC curricula with a view to understanding content needed to help CT recipients balance meeting their immediate consumption needs (the foremost purpose of a CT) with improving their resilience to shocks through better financial planning.

Based on the results of these activities, ASPIRES would then develop relevant guidance, if needed, seeking input from OVC implementers. USAID approved the subproject in July 2018.

Progress against activities

ASPIRES initiated its desk research with online searches of the DEC and internet and a request to USAID to share information about projects that involve CTs for OVC caregivers. Efforts to find documentation of relevant USAID projects were not very productive and staff turnover and workload slowed this process. These factors also limited ASPIRES' plan to interview OVC program implementers. The sections below describe the work ASPIRES was able to accomplish on Cash Plus Care 2.0 subproject and the annexes to this report contain information to inform future exploration of this topic.

WHERE PEPFAR OVC AND DREAMS PROGRAMS AND SOCIAL PROTECTION PROGRAMS MAY CONVERGE

ASPIRES mapping of social protection programs in large-portfolio PEPFAR OVC and DREAMS countries (Annex 4) shows that Ethiopia, Kenya, Malawi, Mozambique, Tanzania and Zambia have CT programs that are likely to include OVC households; in addition, these countries have commitments to savings groups as a means of economic empowerment. Botswana, Eswatini, Namibia, South Africa and Zimbabwe have CT programs that are likely to include OVC households but may not have policy commitments to promoting savings. All of these countries may be places where PEPFAR OVC and/or DREAMS programs can, or do, improve financial capabilities and savings behaviors that can smooth consumption in the face of seasonal income variation or shocks and support children's well-being.

PROJECTS THAT INCLUDE CASH TRANSFERS IN THEIR PROGRAM DESIGN

Desk research to identify OVC and DREAMS projects that include cash transfers in their program design proved to be more challenging than anticipated. ASPIRES searched the Development Exchange Clearinghouse, NGO websites and the internet for relevant information from PEPFAR countries and requested USAID to share project information. Broad scanning turned up little relevant information and a number of evaluations scanned highlighted challenges with poor project documentation. ASPIRES then focused more intensively on trying to find information from countries where it felt, based on its scanning and social protection mapping, some program documentation and program learning related to OVC households and cash transfers might exist: Cote d'Ivoire, Kenya, Nigeria, South Africa, Tanzania and Zambia. ASPIRES was able to identify some recent or current OVC and DREAMS projects that may, or do, have some connection to project or government CT interventions, either because they are likely to overlap with government CT programs or because we found a mention of CTs without a clear description of the intervention in their country plans or online. They are summarized in Annex 1. It may be worth looking into them in the future. These programs tend to include some form of savings group intervention as well.

FINANCIAL EDUCATION FOR CT RECIPIENTS OR VSLA PARTICIPANTS

While the evidence base on the impact of financial education shows somewhat mixed results (World Bank 2014); recent experience suggests that linking sensitization/behavior change interventions, including financial education, to CT programs may bolster their use in support of children's well-being (Roelen et al. 2017, Moret and Ferguson 2018).

ASPIRES desk research found that the World Bank has put substantial effort into developing the case and providing tools and technical resources incorporating financial capability developing activities into CT programs, for example, by funding and supporting research, developing the *Integrating Financial Capability into Government Cash Transfer Programs Toolkit* (2018), developing training materials (World Bank 2018a, b, c), and by conducting and publishing needs assessment reports (Zottel and Khoury 2018a, b, c). These materials are available to OVC program implementers.

ASPIRES reviewed financial literacy curricula used by the IMARISHA and SCORE projects, by the ESFAM project for use with VSLA and CT recipients, by Rwanda's Local Administrative Entities Agency for use with public works participants and CT recipients and a curriculum developed by the World Bank's National G2P Program for use with CT recipients. The curricula include similar topics, but the overall training duration and time spent on topics varies, as do the complexity of the tools used and the level of attention paid to occurrences that may have a large effect on highly vulnerable households, such as windfalls, seasonal income and expenses and shocks (Annex 2 and Annex 3). ASPIRES did not investigate research or literature offering a comparison of the efficacy of different financial education curricula, and it is difficult to draw qualitative comparisons among the curricula reviewed, since they were developed for different programs and people.

Four key benefits of integrating financial education into CT programs

- CTs and financial education are both necessary services for similar vulnerable populations
- CT programs can serve as platforms for financial education
- CT programs can reach scale
- CT processes offer teachable moments in which decision making, CTs and financial education can connect

Zottel and Gradstein (2018)

In the SCORE project model, VSLA are formed and trained in SG methodology, then they are offered business skills training so they can develop or improve IGAs, and then offered financial literacy training when they have more money to save. In ESFAM's model, seven financial literacy sessions provide a foundation for CTs and they are reinforced over time by home-based coaching. CT recipients who participate in VSLA receive further training on soft skills for business through the VSLA. The World Bank's curriculum placed a heavy emphasis on a detailed methodology for financial planning (as does the SCORE methodology); the World Bank curriculum includes detailed tools for working through planning expenses, income and saving. It

also includes more detailed content of planning with respect to windfalls (which would include CTs), seasonal income variation and shocks (see Annex 3).

LEARNING FROM PROGRAMS

Sauti in Tanzania

In Tanzania, the Sauti project led by Jhpeigo includes a quarterly cash transfer component for out-of-school AGYW that aims to help them start businesses (Jhpeigo 2019). Recipients are first connected with WORTH groups, through which they receive SBCC training, training on business skills and access to a group savings mechanism. They then receive a phone (through which they receive CTs) to invest in business. They can also take loans through the WORTH groups (Service Health & Development for People Living Positively with HIV/AIDS (SHDEPHA) n.d.). A mid-term evaluation of Sauti found that more comprehensive service packages (such as those found in DREAMS districts) yielded greater empowerment dividends in terms of parenting, family reconciliation, sense of self-worth and self-esteem and taking on leadership roles (Beney et al. 2019).

Sauti includes a Gates-funded research strand: Improve effectiveness of cash transfers using behavioral economics and human-centered design. This research was presented at AIDSImpact 2019 (see <http://www.aidsimpact.com/abstracts/-LhT9LLK1v0XdNWZtgbM>). According to the presentation abstract, the authors propose a new CT program model that includes three pillars of self-efficacy: emotional, social and economic (which includes helping AGYW build a resilient stream of financial resources). The researchers apparently propose nine behavioral milestones that should be achieved in order to attain sustainable economic empowerment, but the abstract does not specify them. A report or article from this research appears to be a key publication to look out for in the future.

Cash transfers and financial literacy and business skills training in ASPIRES family care projects FARE and ESFAM

The ASPIRES Family Care Economic Strengthening to Keep and Reintegrate Children into Family Care (ESFAM) and Family Resilience (FARE) projects both included cash transfer components targeted at households they classified as destitute. In each project, selection of CT recipients was based on assessment of household economic capacity using standard tools, program design in the context of ASPIRES' research needs, and resource availability.

Both projects provided unconditional cash transfers intended to be used primarily for consumption (food, clothes, shelter), health, education, income-generating activities, and savings, but recipients had to participate in financial literacy (ESFAM, seven sessions drawn from the larger Catalyzing Business Skills curriculum) or business skills (FARE, the five Micro-Enterprise Selection, Planning and Management Modules used in the SCORE program) training first. In both projects, project staff also coached recipients on planning to use the transfers. In

addition to receiving the cash transfers, participants could also become members of project-initiated (or other) VSLA if they were interested and able to access them.

Both projects set a cumulative transfer ceiling of approximately US\$116 per recipient household. FARE distributed funds through transfers of about US\$19 disbursed monthly via mobile money for six months, and ESFAM through less regular transfers of variable amounts following a periodic exercise to address current gaps between anticipated expenses and income.

Recipients greatly appreciated the transfers and the financial literacy and business training that preceded them. They generally used the transfers for the purposes described above and for other urgent expenses. ASPIRES' process assessment of the CT interventions in the two projects found that staff perceived rapid behavior change on the part of participants and participants felt the training took them through a hands-on, individual self-reflection process. Favorite topics included how to earn and diversify businesses, save, select a micro-enterprise, invests, keep records, hire others to work on your business, join a VSLA and "persist" in business. Some participants felt they were unable to invest in business because they had insufficient capital and some participants and staff felt the training received was not enough. ASPIRES' qualitative research found that many respondents identified financial literacy and saving as the most important things they had learned in the project.

Analysis at endline of 394 at-risk and 82 reintegrating households that received the training and transfers, with or without follow-on savings group participation, through FARE or ESFAM showed:

- Approximate doubling of median monthly household incomes, except for FARE reintegrating households which recorded a more modest increase
- Improvements in ability to pay for basic needs, including food and shelter, health care, and education
- Improvements in general wellbeing of caregiver and child
- Reductions in reported or observed concerns with child abuse, neglect, or exploitation.

The projects also encountered some challenges. Both faced some challenges with recipients' mobile phone skills and with government requirements for mobile phone registration that were imposed as the intervention was rolling out. ESFAM's process allowed paraprofessionals to have periodic discussions with recipients about resource planning and resource use, but this was labor intensive and led to much less regular assessment than planned and unpredictable timing of transfers. Both projects felt that the transfer sizes and durations may have been too small to have lasting effects and were not enough to address families' education costs. The transfers may have been most useful for small families, those without pre-existing debt, and those that had some existing income source(s). (AVSI Foundation 2019, ChildFund International 2019, Moret and Ferguson 2018, Laumann et al. 2018)

Bibliography

- Arruda, Pedro, and Laura Dubois. 2018. A brief history of Zambia's Social Cash Transfer Programme. Brasilia: International Policy Centre for Inclusive Growth.
- AVSI Foundation. 2019. Family Resilience Project: End of Project Report.
- Beney, Terence, Jake Laden, Daud Siwalaze, Nasson Konga, Dominic Mosha, Bahati Tenga, and Norah Kaaya. 2019. Mid-Term Performance Evaluation of the USAID/SAUTI Project. USAID Data for Development Program.
- Bitga, Anne G. 2018. Catalyzing Business Skills for Caregivers: Trainer's Manual Version 2. Making Cents International.
- Care International in Uganda. 2011. Financial Education Manual for Village Savings and Loan Associations (VS&LAs) Field Officers/Trainers. Uganda: SCORE.
- Cha, Libby, and Mira Ramesh. 2017. Provision for Protection: Review of Social Protection in Zambia and Namibia. Southern African Institute for Policy and Research.
- Chaunga, Chileshe. 2018. Progress and Update of the Social Cash Transfer Programme in Zambia. Policy Monitoring and Research Centre.
- ChildFund International. 2019. Endline Report: ESFAM Project.
- Cluver, Lucie, Frederick Orkin, Mark Boyes, and Lorraine Sherr. 2014. "Cash plus care: Social protection cumulatively mitigates HIV-risk behavior among adolescents in South Africa." *AIDS (London, England)* 28 Suppl 3:S389-S397. doi: <https://doi.org/10.1097/QAD.0000000000000340>.
- Cluver, Lucie, Frederick Orkin, Franziska Meinck, Mark Boyes, and Lorraine Sherr. 2016. "Structural drivers and social protection: Mechanisms of HIV risk and HIV prevention for South African adolescents." *Journal of the International AIDS Society* 19. doi: 10.7448/IAS.19.1.20646.
- Genesis Analytics. 2013. Financial Education Toolkit. Marshalltown: FinMarkTrust.
- Greteman, Anne, Samuel Nsubuga, and Carmen Madriñán. 2016. Follow-On Coaching to Households: Para-Social Worker's Guide Version 1. Making Cents International.
- IMARISHA. 2014. Managing Your Money: Financial Literacy Training for Community Savings Groups Version 1.
- Jarden, Fiona, and Aish Rahamatali. 2018. State of Practice: Savings Groups and the Role of Government in Sub-Saharan Africa. The SEEP Network.
- Jhpeigo. 2019. Sauti Fact Sheet.
- Kaiser Family Foundation. 2019. "The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (fact sheet)." Kaiser Family Foundation.
- Laumann, L., E. Namey, D. Onena, C. Akech, M. Ndagire, W. Okello, E. Atwiine, W. Wamatsembe, and S. Zissette. 2018. "Can limited-term cash transfers confer (lasting) child protection benefits? Preliminary Findings from the ASPIRES Family Care Project." International Congress on Child Abuse and Neglect XXII, Prague, Czech Republic.
- Local Administrative Entities Development Agency (LODA). n.d. Financial Literacy Simplified Book. Rwanda.
- Microfinance Opportunities. 2013. "National Financial Education Strategy for Rwanda."
- Moret, Whitney, and Mike Ferguson. 2018. ASPIRES Family Care Process Assessment: Cash Transfers for Family-Child Reintegration and Prevention of Separation Washington, D.C.: FHI 360.
- PEPFAR. 2012. Guidance for Orphans and Vulnerable Children Programming. Washington, DC: PEPFAR.
- Republic of Malawi. 2018. Malawi National Social Support Programme II (MNSSP II).
- Republic of Mozambique. 2016. National Basic Social Security Strategy (2016-2024).

- Roelen, Keetie, Emily Delap, Camilla Jones, and Helen Karki Chetttri. 2017. "Improving Child Wellbeing and Care in Sub-Saharan Africa: The Role of Social Protection." *Children and Youth Services Review* 73 (2017):309-318. doi: <http://dx.doi.org/10.1016/j.childyouth.2016.12.020>.
- Saul, Janet, Gretchen Bachman, Shannon Allen, Nora F. Toiv, Caroline Cooney, and Ta'Adhmeeka Beamon. 2018. "The DREAMS core package of interventions: A comprehensive approach to preventing HIV among adolescent girls and young women." *PLoS ONE* 13(12) 13 (12). doi: <https://doi.org/10.1371/journal.pone.0208167>.
- Service Health & Development for People Living Positively with HIV/AIDS (SHDEPHA). n.d. "Success stories." accessed 9/26/2019. <https://www.shdepha-kahama.com/success-stories>.
- Social Security Administration (SSA) and the International Social Security Association (ISSA). 2017. *Social Security Programs Throughout the World: Africa, 2017*. Washington, D.C.: Social Security Administration.
- Storchi, Silvia. 2018. *Impact Evaluation of Savings Groups and Stokvels in South Africa: The Economic and Social Value of Group-Based Financial Inclusion*. Pietermaritzburg: SaveAct.
- Swann, M. 2018. "Economic strengthening for HIV prevention and risk reduction: a review of the evidence." *AIDS Care* 30 (Suppl. 3):37-84. doi: <https://doi.org/10.1080/09540121.2018.1479029>.
- The United States President's Emergency Plan for Aids Relief. 2019. "Country and Regional Operational Plans - FY 2018 Strategic Direction Summaries." U.S. Department of State. <https://www.state.gov/country-operational-plans/>.
- World Bank. 2014. *Financial Education Programs and Strategies: Approaches and Available Resources*. Washington, D.C.: World Bank Group.
- World Bank. 2018a. *Financial Education Program: National G2P Cash Transfer Program (Vol. 2) : Trainer's Manual (English)*. Washington, D.C.: World Bank Group.
- World Bank. 2018b. *Financial Education Program: National G2P Cash Transfer Program: Volume 1A - Learner's Manual (English)*. Washington, D.C.: World Bank Group.
- World Bank. 2018c. *Financial Education Program: National G2P Cash Transfer Program: Volume 1B - Learner's Calculation Supplement (English)*. Washington, D.C.: World Bank Group.
- Zottel, Siegfried, and Helen Luskin Gradstein. 2018. *Integrating Financial Capability into Government Cash Transfer Programs: Toolkit*. Washington, D.C.: The World Bank.
- Zottel, Siegfried, and Fares Houry. 2018a. *Financial education program : Needs assessment report - Guinea (English)*. *Financial Education Needs Assessment Reports*. Washington, D.C.: World Bank Group.
- Zottel, Siegfried, and Fares Houry. 2018b. *Financial education program : Needs assessment report - Liberia (English)*. *Financial Education Needs Assessment Reports*. Washington, D.C.: World Bank Group.
- Zottel, Siegfried, and Fares Houry. 2018c. *Financial education program : Needs assessment report - Sierra Leone (English)*. *Financial Education Needs Assessment Reports*. Washington, D.C.: World Bank Group.

Annex 1: OVC and DREAMS projects with relevant components

Country	Project	Prime	Timeframe	Notes
Cote d'Ivoire	Project Keneya Dougou	2017-2022	Elizabeth Glaser Foundation	Includes AGYW, documentation references some ES support and family budget management
Cote d'Ivoire	Reaching Priority Populations with HIV Services (RPP-HIV)	2017-2022	Jhpeigo with AVSI	ES component includes asset transfer for critically vulnerable HHs and links to financial services
Kenya	DREAMS initiative Western Kenya	2015-present	American International Health Alliance and Kenya Conference of Catholic Bishops	Includes financial capability training
Kenya	TIMIZA 90	2016-2021	Elizabeth Glaser Pediatric AIDS Foundation	Includes business skills training and support for various types of saving/lending
Kenya	Support Orphans and Vulnerable Children in Nairobi and Coast Counties	2015-2020	Plan International	Includes VSLA
Nigeria	SMILE	2013-2018 (completed)	Catholic Relief Services	Blog post mentions program used a CT successfully through ID cards and mobile cash disbursement, also SILC
Nigeria	Lopin 1	2014-2019	Association for Reproductive and Family Health	Includes VSLA, conditional cash transfer (for specified purpose), financial literacy
Tanzania	Taimai (Gender Equality and Youth Inclusion)	2015-2022	CARE International	Involves SILC
Tanzania	Waache Wasome (part of Taimani funding)	2016-2021	World Education/Bantwana	Works to improve enrollment and retention of girls in school, involves a community savings model
Tanzania	Kizazi Kipya	2016-2021	PACT	Uses model using elements of WORTH, SILC and livelihoods for most vulnerable children care (LIMCA) models
Tanzania	Sauti	2015-2020	Jhpeigo	Involves CTs to help AGYW start businesses and economic empowerment groups for AGYW and for FSW

Country	Project	Prime	Timeframe	Notes
Zambia	various DREAMS projects	2015-present	PACT, ISI (Discover Health, Expanded Church Response, Peace Corps, University Teaching Hospital	Projects include CTs and financial literacy for girls and their families, education subsidies, combination socio-economic supports
Zambia	Project ZAMFAM	2015-2020	Expanded Church Response, Development Aid from People to People	includes SGs and training of SGs

Annex 2: Comparison of financial literacy curricula (summary information)

Project	IMARISHA	SCORE	ESFAM	LODA	World Bank
	Tanzania (IMARISHA 2014)	Uganda (Care International in Uganda 2011)	Uganda (Bitga 2018, Greteman, Nsubuga, and Madriñán 2016)	Rwanda (Local Administrative Entities Development Agency (LODA) n.d.)	National G2P (World Bank 2018a, b, c)
Curriculum title	Managing Your Money	Financial Education Manual for VSLA Field Officers/Trainers	Catalyzing Business Skills for Caregivers	Financial Literacy Simplified Book	Financial Education Program: National G2P Cash Transfer Program Vol I-A Learner's Manual, Vol I-B Learner's Calculation Supplement, Vol. II Trainer's Manual
Target audience	Intended for use with SGs	Intended for use with SGs	Full curriculum intended for use with VSLA. Initial modules used with HHs targeted for CTs or matched savings accounts prior to intervention launch.	VUP and Ubudehe beneficiaries (public works and CT for labor-constrained HHs)	Cash transfer/public works recipients (based on needs assessments and pilots in Guinea, Liberia, and Sierra Leone)
Delivery	Community volunteers	Community-based trainers	Community-based economic strengthening facilitators	Local administration volunteers and staff	Experienced trainers
Core content/time	~ 10.25 hours	~ 24 hours	Full curriculum ~ 20 hours Initial FL modules ~ 5.25 hours	Time not specified in manual, but could be 8-10 hours	19-21 hours
Saving	3 hours	6.5 hours	1.5 hours	1 hour	5 hours
Income/HH finances	.75 hours	(included in budget section)	1.5 hours		1
Budgeting, planning	2 hours	3.75 hours	1.5 hours	1 hour	6 hours
Banking	1.75 hours	5 hours	Included in saving and borrowing sections	Small references to banks throughout	Included in saving and borrowing sections

Project	IMARISHA	SCORE	ESFAM	LODA	World Bank
	Tanzania (IMARISHA 2014)	Uganda (Care International in Uganda 2011)	Uganda (Bitga 2018, Greteman, Nsubuga, and Madriñán 2016)	Rwanda (Local Administrative Entities Development Agency (LODA) n.d.)	National G2P (World Bank 2018a, b, c)
Debt management/ borrowing	2 hours	6 hours	.75 hours	2 hours	6 hours
Other	Closure, wrap up .75 hours		Other topics include introduction of facilitator as advisor, family member contributions to running HH, contributing to community making wise investments, decision making in the HH, adding value in business	Orientation/overview, investing to increase resources, managing an IGA. Loan sections include reference to VUP financial services (loan) component.	Using mobile money services 1 hour

Annex 3: Comparison of financial literacy curricula (income smoothing)

Project	IMARISHA	SCORE	ESFAM	LODA	World Bank
	Tanzania (IMARISHA 2014)	Uganda (Care International in Uganda 2011)	Uganda (Bitga 2018, Greteman, Nsubuga, and Madriñán 2016)	Rwanda (Local Administrative Entities Development Agency (LODA) n.d.)	National G2P (World Bank 2018a, b, c)
How does curriculum address money management techniques to help participants maximize the benefits of CTs ?	No specific mention of CTs, but mentions infrequent income and encourages saving.	NA—no CT program, but mentions infrequent income and encourages saving.	No specific mention, but encourages saving. CT recipients also went through periodic budgeting exercises with social workers to determine amounts for each transfer.	Encourages saving	Curriculum looks at all sources of income, including windfalls (which would include CTs) and addresses expected and unexpected expenditures. The calculations supplement recommends saving a portion of earnings and windfalls so that savings can balance HH budgets if needed.
How does it help participants address seasonality of income/irregular income and of needs?	Assessment of financial needs includes expected and unexpected future expenses. Worksheets include tools for infrequent expenses and infrequent income and manual asks how participants use large infrequent income to smooth consumption over time. Includes tips for staying within budget. Budget calendar tool includes income, expenses and savings.	Budgeting section considers infrequent vs regular expenses and infrequent/irregular sources on income and lists strategies for when income is not enough. Emergencies are identified as common HH expenses. Budget calendar tool includes income, spending (business, HH, loan payments) and savings.	Curriculum has a heavy emphasis on distinguishing needs from wants. Managing money flows includes discussion of strategies to smooth and increase HH income and align spending with income inflow. Curriculum stresses importance of having savings for emergencies and investment.	Curriculum recommends identifying regularity and irregularity of income	The curriculum and calculation supplement use visual examples (calendars) to demonstrate variation in monthly income and expenses and show how participants can plan to use excess income from one month in another month, reduce expenses and expand or decrease savings as needed.

Project	IMARISHA Tanzania (IMARISHA 2014)	SCORE Uganda (Care International in Uganda 2011)	ESFAM Uganda (Bitga 2018, Greteman, Nsubuga, and Madriñán 2016)	LODA Rwanda (Local Administrative Entitites Development Agency (LODA) n.d.)	World Bank National G2P (World Bank 2018a, b, c)
How does it help them address shocks ?	Saving plan includes saving against emergencies as short-term goal	Saving plan includes saving against emergencies and unexpected future events.	Curriculum stresses importance of saving against emergencies and offers guidance on weathering a financial emergency.	Curriculum does not address shocks.	Curriculum includes a session on unforeseen expenses and the Why Save session includes unexpected expenses as one of a number of reasons to save.

Annex 4: Overlap of PEPFAR and DREAMS countries and social protection programs

OVC and/or DREAMS countries (PEPFAR = \$5m) and potential social protection links

Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming (The United States President's Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)	Social protection programs	Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy
<p>Botswana</p> <p>Acceleration country</p> <p>COP 2018 OVC program includes savings groups (SGs) with business skills for caregivers. DREAMS program includes needs-based education support (AG 9-19), employability skills (AGWY 15-19), flexible livelihoods and employability support tailored to vulnerability (YW 20-29).</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Botswana-2.pdf</p> <p>COP 2019 includes combination socio-economic approaches in DREAMS that may include employment links, WE GROW loans and savings program + basic business skills, links to existing opportunities for young people to start small businesses and technical assistance for AGWY business proposals.</p> <p>https://www.state.gov/wp-content/uploads/2019/09/Botswana_COP19-Strategic-Directional-Summary_public.pdf</p> <p>Botswana Comprehensive Care and Support of Orphans and Vulnerable Children (OVC) (Intrahealth)</p> <p>DREAMS African Comprehensive HIV/AIDS Partnership, FHI 360, Project Concern International</p>	<p>Old Age, Disability, and Survivors -- Universal and social assistance system. Universal old-age pension, universal war veteran's allowance (WWI or II), disability allowance (social assistance, means tested), universal orphan care benefit (universal)</p> <p>Monthly cash benefit and food vouchers for people unable to support themselves, needy children, orphans not covered by orphan care program</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>OVC households are likely to be able to access, as applicable, universal pension and disability support, orphan care program and other cash and food voucher benefit.</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Burundi</p> <p>COP 2018 OVC program includes focus on AGYW, including through education and ES.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Burundi-2.pdf</p>	<p>Old Age, Disability, And Survivors -- Social insurance system</p> <p>Sickness and Maternity -- Employer-liability (cash and medical benefits) and social assistance (medical benefits) system</p> <p>Family Allowances -- Employer-liability system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Social assistance limited to medical benefits. Cash benefit unlikely for OVC HHs.</p> <p>Ministry of Human Rights, Social Affairs and Gender and Ministry of Finance recognize SGs as a viable strategy for gender and economic inclusion. A new microfinance law encourages voluntary registration and reporting of Savings Groups. Provincial-level Decentralized Family and Community Development Centres (CDFCs) at and their commune-level social workers mobilize, train and support Savings Groups. (Jarden and Rahamatali 2018)</p>
<p>Cameroon</p> <p>COP 2018 OVC program includes enrolling youth (15+) and adults in SGs and socioeconomic interventions, education support and vocational training grants and skills-building support to develop income generating activities and financial literacy courses focused on overcoming financial barriers that place youth (particularly AGYW) at risk of acquiring HIV infection. DREAMS-like programming includes ES for AGYW</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Cameroon-2.pdf</p>	<p>Old Age, Disability, And Survivors; Sickness And Maternity -- Social Insurance System For Workers</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Social benefits seem unlikely for many OVC HHs.</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Côte d’Ivoire</p> <p>Acceleration country</p> <p>COP 2018 OVC program includes involving caregivers in VSLA. DREAMS-like interventions will leverage OVC and other platforms and replicating a specific package of service for girls, to include items like life skills, girls mentoring, and female OVC support groups.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Cote-dIvoire-2.pdf</p> <p>Project Keneya Dougou (Elizabeth Glaser Foundation)</p> <p>Reaching Priority Populations with HIV Services (RPP-HIV) (Jhpeigo)</p>	<p>Old age, disability and survivors – social insurance system</p> <p>Sickness and maternity -- maternity and medical benefits) and employer-liability (cash sickness benefits) system</p> <p>Family allowances – social insurance system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p> <p>Plan for universal health coverage by 2020.</p>	<p>Other than health coverage social benefits seem unlikely for many OVC HHs.</p> <p>SGs are integrated in National Program for the Care of Orphans and Other Children made vulnerable by HIV/AIDS (PNOEV) as a mechanism to empower economically vulnerable families (implemented through social centers and NGOs). The Ministry of Finance is exploring the recognition of SGs within its forthcoming Financial Inclusion Strategy.</p> <p>(Jarden and Rahamatali 2018)</p>
<p>Democratic Republic of the Congo</p> <p>COP 2018 includes OVC programming, but ES focus is not clear.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Democratic-Republic-of-the-Congo-2.pdf</p>	<p>Old age, disability and survivors; sickness and maternity; family allowances – social insurance system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Social benefits seem unlikely for many OVC HHs.</p> <p>Government aims to strengthen and expand the coverage of SGs and link them to financial institutions through the National Microfinance Fund (FNM) and support from the Food and Agriculture Organization (FAO).</p> <p>(Jarden and Rahamatali 2018)</p>

Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming (The United States President's Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)	Social protection programs	Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy
Eswatini Acceleration country COP 2018 OVC program includes savings groups with business skills for caregivers, education subsidies, and linkage with education grant. DREAS programming includes Employability, financial literacy and livelihoods support https://www.state.gov/wp-content/uploads/2019/08/Eswatini-2.pdf	Old age, disability and survivors; sickness and maternity - - Provident fund and social assistance system (for needy citizens, means tested) (Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)	OVC households likely to be able to access, as applicable, old age, disability, survivors, sickness, and maternity benefits if they meet the criteria.

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Ethiopia</p> <p>COP 2019 OVC program includes strengthening the skills and economic capacity of adolescent girls, their families, and communities in order to create better, safer economic opportunities.</p> <p>Mentoring groups for AGYW using the Adolescent Mentoring Approach through the Youth Power Action (YPA) model will offer economic empowerment</p> <p>Standardize HES tools and approaches and provide TA</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Ethiopia-2.pdf</p>	<p>Productive safety nets program (PSNP) targets food-insecure HHs in six woredas with cash or food payments against public works activities. Eligible HHs with limited labor capacity may receive direct cash support, as may eligible HHs with pregnant or lactating women or infants. Under the PSNP, an Integrated basic Social Services with Social Cash Transfer (IN-SCT) pilot implements a comprehensive case management system that links eligible pregnant and lactating women, as well as caretakers of malnourished children, who receive “temporary direct support” in the form of cash transfers to maternal and child health services (a “soft” condition of the transfers).</p> <p>https://transfer.cpc.unc.edu/countries-2/ethiopia/</p> <p>Old age, disability and survivors – social insurance system</p> <p>Sickness and maternity -- Employer-liability system. Cash sickness and maternity benefits only</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>OVC HHs in PSNP target areas may be eligible for PSNP program. They may be unlikely to access other social benefits programs.</p> <p>The National Financial Inclusion Strategy 2017 recognizes SGs and SGs are an integral component of the Productive Safety Net Programme (PSNP), GRAD and the Livelihood for Resilience Project as a graduation mechanism from social safety nets. Through Feed the Future Ethiopia – Livelihoods for Resilience Activity (GRAD 2), an NGO consortium aims to form nearly 5,000 groups, pilot 350 youth Savings Groups and deliver financial literacy and business skills trainings to group members by 2022. (Jarden and Rahamatali 2018)</p>

Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming (The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)	Social protection programs	Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy
<p>Haiti</p> <p>Acceleration country</p> <p>COP 2018 OVC program includes education support and SGs. COP 2019 OVC program will ensure age-appropriate support for AGYW through participation in adolescent clubs, peer support groups, and access to education and vocational training for the most vulnerable.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Haiti-1.pdf</p> <p>https://www.state.gov/wp-content/uploads/2019/09/Haiti_COP19-Strategic-Directional-Summary_public.pdf</p>	<p>Old age, disability and survivors—social insurance + social assistance (social old age pension and social disability pension, income-tested)</p> <p>Sickness and maternity—employer liability</p> <p>Cash and voucher programming has been included in recent disaster responses</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Some OVC HHs may be eligible for social assistance via old-age pensions and disability pensions.</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Kenya</p> <p>Acceleration country</p> <p>COP 2018 OVC program includes education support, SGs, cash transfers and food subsidies and education support for children, plus link to social protection. DREAMS programming includes referrals and links to services, including HES, and inclusion of girls in SGs.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Kenya-1.pdf</p> <p>DREAMS Initiative Western Kenya (American International Health Alliance (AIHA) and Kenya Conference of Catholic Bishops</p> <p>Timiza 90 (Elizabeth Glaser Pediatric AIDS Foundation</p> <p>Support Orphans and Vulnerable Children in Nairobi and Coast Counties of Kenya (Nilinde) (Plan International)</p>	<p>The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) provides monthly cash transfers (USD \$21) to ultra-poor households living with OVC to encourage fostering and retention of children and to promote their human capital development. The transfer is unconditional, although recipient HHs are informed that care and protection of the child is their responsibility and the reason for the transfer.</p> <p>https://transfer.cpc.unc.edu/countries-2/kenya/</p> <p>Old age, disability and survivors -- Mandatory individual account and voluntary provident fund system</p> <p>Sickness and maternity -- Social insurance (medical benefits) and employer-liability (cash sickness and maternity benefits) system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Many OVC HHs (0-17, at least one deceased or chronically ill parent or chronically ill main caregiver) are likely to be eligible for the CT-OVC.</p> <p>SGs were included in the 2011 Social Protection Policy as a pathway for graduation from poverty and social assistance and are included in the national Gender Strategic Plan and in the Kenya Economic Inclusion social safety net program, which targets people with disabilities, vulnerable or orphaned children, older persons (60+) and women. Credit is available to SGs from government Women, Youth, and Uwezo development funds.</p> <p>(Jarden and Rahamatali 2018)</p>

Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming (The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)	Social protection programs	Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy
<p>Lesotho</p> <p>Acceleration country</p> <p>COP 2018 OVC program includes household economic strengthening, and link to social grants and other social welfare services. DREAMS and DREAMS-like programming links to OVC community ES and also included combination socio-economic approaches.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Lesotho-2.pdf</p>	<p>Old age, disability and survivors – universal system (old age and survivor pension</p> <p>Sickness and maternity -- Employer-liability (cash benefits only) system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>OVC HHs with elderly caregivers may be able to access pensions</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Malawi</p> <p>Acceleration country</p> <p>2018 COP OVC program includes SGs; work readiness; market-based income-generating activities; vocational training; and school block grants and material support to ensure OVC stay in school. DREAMS programming will draw on synergies with OVC programming, including HES, and will use unique identifiers with AGYW for intervention tracking.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Malawi-2.pdf</p>	<p>The Malawi National Social Support Programme II has three pillars. The consumption support pillar includes the Social Cash Transfer Programme (SCTP), public works programs and school meals programs. The Programme includes a resilient livelihoods pillar and a shock-sensitive social protection pillar.</p> <p>(Republic of Malawi 2018)</p> <p>The SCTP is an unconditional transfer targeted to ultra-poor and labor-constrained households with the aims of reducing poverty and hunger and increasing school enrollment. Transfer amounts vary by household size and number of children enrolled in school (USD \$2 – 6) per monthly, approximately 17% of baseline household consumption. https://transfer.cpc.unc.edu/countries-2/malawi/</p> <p>Old age, disability and survivors -- A 2011 law creating mandatory individual accounts for private-sector workers earning above a minimum salary threshold has been partially implemented</p> <p>Sickness and maternity -- Employer-liability system. Cash sickness and cash maternity benefits only</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Some OVC HHs are likely to be eligible for the SCTP.</p> <p>SGs are a priority in the National Strategy for Financial Inclusion 2016-2020 and in the Malawi National Social Support Programme, which promotes them as a poverty graduation pathway for beneficiaries that can increase resilience and facilitate investment in long-term livelihood strategies. It is committed to linking social cash transfer and public works program beneficiaries to SGs, registering SGs at the district level, providing guidance on skills development, and timing share-outs during times of increased need to smooth consumption.</p> <p>(Jarden and Rahamatali 2018)</p>

<p>Mozambique</p> <p>2018 COP program includes education subsidies; other ES is mentioned but not described. DREAMS programming includes the full package of community-based support and clinical services.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Mozambique-2.pdf</p>	<p>Old age, disability and survivors -- Social insurance and social assistance system</p> <p>Sickness and maternity -- Universal (medical benefits), social insurance (cash sickness and maternity benefits), and social assistance (medical benefits) system</p> <p>Family allowances -- Social assistance –</p> <p>A basic social allowance (<i>subsídio social básico</i>) is paid to households in extreme poverty with no labor capacity, including households headed by elderly, disabled, and permanently ill persons, with amount increased 25% per HH member (up to four members)</p> <p>Food allowance -- Paid to households with members receiving antiretroviral treatment for HIV/AIDS or children recovering from acute malnutrition, and households having no members with work capacity, including households headed by: elderly persons, children aged 12 to 18, or disabled or chronically ill persons. The cost of the basic food basket is paid in kind over a fixed period of time. The average monthly cost of the basic food basket is ~ USD \$16</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p> <p>The government is working to operationalize its National Basic Social Security Strategy, which has four axes: Axis 1: Strengthen consumption, autonomy and resilience; Axis 2: Improvements in nutrition and in access to health and education services; Axis 3: Prevention of and response to social risks; and Axis 4: Institutional development. Axis 1 includes the <i>subsídio social básico</i>, the productive social welfare program (public works) and the direct social support program.</p> <p>https://www.unicef.org/mozambique/media/1286/file/Mozambique%20National%20Basic%20Social%20Security%20Strategy%20(ENSSB)%202016-2024.pdf</p>	<p>Some OVC HHs are likely to be eligible for the <i>subsídio social básico</i> and food allowance.</p> <p>The National Strategy for the Development of the Financial Sector 2013-2022 recognizes SGs and the government is considering integrating SGs in two programs under the National Basic Social Security Strategy 2016-2024. and a component of the Pro-Poor Value Chain Development Project in the Maputo and Limpopo Corridors (PROSUL). The Government is also currently exploring the integration of Savings Groups within the National Social Protection Programme (ENSSB 2).</p> <p>(Jarden and Rahamatali 2018)</p> <p>(Republic of Mozambique 2016)</p>
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Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming (The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)	Social protection programs	Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy
Namibia Acceleration 2018 COP OVC program includes strengthening linkages to socio-economic support through household savings schemes; cash transfers and income-generating projects and improving access to social welfare grants. Reference to DREAMS-like programming references a layered core package of services but does not specifically mention HES. https://www.state.gov/wp-content/uploads/2019/08/Namibia-2.pdf	Old age, disability and survivors – Universal (elderly and veterans), social insurance, and social assistance system Sickness and maternity -- Social insurance and employer-liability system Family allowances -- Universal and social assistance system –universal child disability grant, universal foster parent grant, social assistance for needy resident citizens and permanent residents of Namibia with children younger than age 18 (Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)	OVC HHs are likely to be able to access social transfers.
Nigeria 2018 OVC program references intensive HES interventions and adolescent-friendly HES, including financial literacy and adolescent girls’ groups. https://www.state.gov/wp-content/uploads/2019/08/Nigeria-2.pdf LOPIN 1 (Association for Reproductive and Family Health) LOPIN 2 (WEWE) LOPIN 3 (HIFASS)	Old age, disability and survivors -- Mandatory individual account system (insurance) Sickness and maternity -- Social insurance (medical benefits) and employer-liability (cash maternity benefits) system (Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)	Many OVC HHs are likely to be ineligible for social benefits. Savings Groups are central to the poverty reduction efforts of the Central Bank of Nigeria, in the Agriculture Credit Guarantee Scheme Fund, the Rural Finance Institution Building Program and the National Financial Inclusion Strategy. (Jarden and Rahamatali 2018)

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Rwanda</p> <p>Acceleration country</p> <p>2018 COP OVC program (Twiubake) includes HES. DREAMS-like programming includes ES as part of needs-based, age-appropriate service package. Effort to increase accessibility of DREAMS-like programming to AGWY living with a disability.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Rwanda-2.pdf</p> <p>Twiubake (Global Communities)</p>	<p>Old age, disability and survivors – social insurance system</p> <p>Sickness and maternity -- Social insurance (cash maternity and medical benefits) and employer-liability (cash sickness benefits) system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p> <p>Vision 2020 Umurenge Programme (VUP) social protection program has four components: public works, cash transfers (direct support to most vulnerable HHs that lack labor capacity), financial services and sensitization (facilitates saving, credit, training), and nutritional support for children under five.</p> <p>http://www.fao.org/3/a-i5582e.pdf</p> <p>https://www.theimpactinitiative.net/sites/default/files/Session%202.1.B%20Francisca%20Mujawase%20-%20Impact%20VUP%20on%20children%20in%20Rwanda%20[24-Oct-17]_2.pdf</p>	<p>Many OVC HHs are likely to be eligible for support under the VUP.</p> <p>SGs are prioritized in the National Financial Inclusion Strategy 2017 and are key components of the National Financial Education Strategy 2013 (as one of many delivery channels for financial education focusing on budgeting, savings, debt management, and financial services) and the Financial Sector Strategy 2013-2018. They are included in the National Social Protection Strategy (EDPRS2) and the Long Term Savings Scheme (LTSS, a voluntary pension scheme that will include people in the informal sector); and the National Bank of Rwanda supports sector coordination through a national Savings Groups Map.</p> <p>(Jarden and Rahamatali 2018)</p> <p>(Microfinance Opportunities 2013)</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>South Africa</p> <p>2018 COP OVC and DREAMs programs include links to services and grants targeting AGWY with age-specific, multi-session, and layered prevention interventions, girls and boys 9-14 receive combination of interventions (multiple platforms) to prevent sexual violence; delay sexual debut; support healthy choices; and empower parents, caregivers and communities to support, protect, and educate girls.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/South-Africa-2.pdf</p> <p>DREAMS (many partners)</p> <p>Safety Nets (Woz’obona/Sekhukhune Educare Project)</p> <p>Vongani Child and Youth Care Development Project (CARE SA)</p>	<p>South Africa’s comprehensive social protection system includes the means-tested Child Support Grant (CSG), universal Foster Child Grant, and means-tested war veterans grant, disability grant and old age pension.</p> <p>Sickness and maternity -- Universal (medical benefits), social insurance (cash sickness, maternity and adoption benefits), employer-liability (cash sickness benefits), and social assistance (medical benefits) system</p> <p>https://transfer.cpc.unc.edu/countries-2/south-africa/</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Many OVC HHs are eligible for social benefits.</p> <p>No formal link between social benefits and SGs. Over 77% of adults have a bank account; 56% use informal savings (Storchi 2018)</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Tanzania</p> <p>Acceleration country</p> <p>2018 COP OVC program (Taimani and Waache Wasome) includes SILC groups, income generation activities. DREAMS programming includes caregiver ES, education subsidies, and ES including young mothers training, business & financial literacy</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Tanzania-2.pdf</p> <p>Gender Equality and Youth Inclusion (Taimani/Hope) (Care International)</p> <p>Waache Wasome (World Education)</p> <p>Kizazi Kipya (PACT)</p> <p>Sauti (Jhpeigo)</p> <p>Caring for Children and Empowering Young People (PACT)</p>	<p>Tanzania’s Productive Social Safety Net (PSSN), program provides regular cash payments to participating households on a bimonthly basis (including an unconditional base transfer and additional amounts conditional on health check-ups and children’s school attendance). Additional components of the PSSN include livelihoods training and support and a Public Works Program (PWP) to supplement household incomes during the lean season.</p> <p>The objectives of the PSSN include: 1) increase consumption of the extremely poor on a permanent basis, 2) smooth consumption during lean seasons and shocks, 3) invest in human capital, 4) strengthen links with income generating activities, and 5) increase access to improved social services.</p> <p>https://transfer.cpc.unc.edu/countries-2/tanzania-2/</p> <p>Old age, disability and survivors -- Social insurance system</p> <p>Sickness and maternity -- Social insurance (cash maternity and medical benefits) and employer-liability system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Many OVC HHs are likely eligible for support under the PSSN program.</p> <p>The Government of Tanzania promotes SGs to achieve financial inclusion and poverty reduction objectives and is focusing now on improving industry standards and coordination, developing guidelines for SG formation, registration and reporting. The PSSN program includes SGs as the main graduation pathway within the Livelihoods Enhancements Initiative (which also includes basic skills training on household economic activities, coaching and mentoring, and provision of a productive grant) and SGs are components of other government programs and microfinance policies.</p> <p>(Jarden and Rahamatali 2018)</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Uganda</p> <p>Acceleration country</p> <p>2018 COP OVC program includes ES support includes economic strengthening for the caregivers and adolescent girls out of school; educational support including subsidies for primary school, secondary school, or apprenticeships. DREAMS programming includes the DREAMs core package plus Suinuvuyo. A “DREAMS light” package in non-DREAMS districts includes mobilizing AGYW out of school for economic strengthening group interventions, apprenticeship, school subsidies for retention of girls in school, parenting for caregiver of children 9-14 to improve communication, rolling out safe space model as platform for empowering girls and linkage for HIV testing.</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Uganda-2.pdf</p> <p>Better Outcomes for Children</p> <p>Sustainable Outcomes for Children</p>	<p>Old age, disability and survivor -- Provident fund system</p> <p>Sickness and maternity – Employer liability system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Uganda has experimented with social transfer programs but does not have a national program.</p> <p>SGs in the formal and informal sectors have been promoted in the National Financial Inclusion Strategy 2017-2022, the Project for Financial Inclusion in Rural Areas, and the National Social Protection Policy 2015. They are supported under the Uganda Youth Livelihood Programme, the Uganda Women Enterprise Programme. Senior citizens grants and vulnerable HH grants were supported under the Social Assistance Grants for Empowerment (SAGE) pilot (2012-2014). SG reporting and registration guidelines were introduced in 2016.</p> <p>generating activities, and improved social inclusion and overall resilience.</p> <p>(Jarden and Rahamatali 2018)</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Zambia</p> <p>Acceleration country</p> <p>2018 COP OVC program does not specifically mention ES. DREAMS programming includes comprehensive package (COP does not describe ES)</p> <p><i>No mention of ES specifically in COP</i></p> <p>https://www.state.gov/wp-content/uploads/2019/08/Zambia-2.pdf</p> <p>Project ZAMFAM</p> <p>Evaluation recommended “Strengthen strategies in the communities to improve household food security and household income, such as village banking and distribution of farm inputs to vulnerable households.” http://www.projsoar.org/wp-content/uploads/2018/03/ZAMFAM_CohortBsln_Brief.pdf</p> <p>DREAMS (multiple partners)</p> <p>Project ZAMFAM (Expanded Church Response Trust)</p>	<p>Zambia’s Social Cash Transfer (SCT) Programme targets extremely poor HHs that are labor-constrained or that have dependency ratios equal to or greater than three (dependent members include those younger than 19, those older than 64 and those aged 19–64 with a chronic illness or disability). The program consolidated earlier programs including the Child Grant Programme (CGP), Multiple Categorical Targeting Grant (MCTG) and Monze Cash Transfer Pilot. ZMW 180 per month for able bodied HHs, ZMW 360 for HHs with a disabled member (~USD \$24 or \$5??)—unconditional.</p> <p>Other social assistance programs include the Public Welfare Assistance Scheme (PWAS, providing in-kind transfers to the needy), nutrition and supplementary feeding interventions, bursaries and scholarships and resettlement and rehabilitation of persons with disabilities (PWDs) and orphans and vulnerable children (OVCs).</p> <p>(Cha and Ramesh 2017, Chaunga 2018, Arruda and Dubois 2018)</p> <p>https://transfer.cpc.unc.edu/countries-2/zimbabwe/</p> <p>Old age, disability, survivors – social insurance</p> <p>Sickness and maternity -- Universal (medical benefits) and employer-liability (cash benefits) system</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	<p>Many OVC HHs are likely to be eligible for the SCT.</p> <p>SGs have been integrated into the Government’s cash transfer programs because they are felt to improve HH resilience. Following the 2013-2016 Strengthening Cash Transfers for Access to Finance, Livelihood and Entrepreneurship (SCALE) pilot, which tested SGs as a graduation pathway for SCT recipients. The National Social Protection Policy 2015 includes a commitment to promote and support SGs. The Ministry of Finance aims to transform SGs into cooperatives (National Financial Inclusion Strategy 2017-2022). SGs are components of the Rural Finance Expansion Programme and the Women Empowerment Programme.</p> <p>(Jarden and Rahamatali 2018)</p>

<p>Country (PEPFAR at least \$5m)* and ES in OVC and DREAMS programming</p> <p>(The United States President’s Emergency Plan for Aids Relief 2019, Kaiser Family Foundation 2019)</p>	<p>Social protection programs</p>	<p>Notes – potential OVC links with CT programs and social protection strategy links with SGs and financial literacy</p>
<p>Zimbabwe</p> <p>Acceleration country</p> <p>2019 COP OVC program includes socio-economic support as needed. DREAMS programming includes the full package, including CTs in poor and labor-constrained HHs, education subsidies, other ES including part-time continuing education, work readiness and caregiver interventions such as Families Matter and internal savings and loans groups</p> <p>https://www.state.gov/wp-content/uploads/2019/08/Zimbabwe-2.pdf</p>	<p>Zimbabwe’s Harmonized Social Cash Transfer program (HSCT) is an unconditional cash transfer program targeted to ultra-poor, labor-constrained households. Bi-monthly cash payments range from US\$10 to US\$25 per month based on household size. (The Transfer Project) https://transfer.cpc.unc.edu/countries-2/zimbabwe/</p> <p>Old age, disability and survivors – social insurance</p> <p>Sickness and maternity – employer liability system, plus government-run health care program provides free primary health care to certain vulnerable persons, including children younger than age 5, pregnant women, and persons older than age 65.</p> <p>(Social Security Administration (SSA) and the International Social Security Association (ISSA) 2017)</p>	

