Transforming the Lives of the Most Vulnerable Children: A Summary of Findings from Africa Bridge's Kisondela Ward Endline Survey

PRESENTED BY

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FINAL REPORT

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Acronyms	
AB	Africa Bridge
EF	Empowerment Facilitators
KWS	Kisondela Ward Survey
MSA	MarketShare Associates
MPI	Multidimensional Poverty Index
MVC	Most Vulnerable Children
MVCCs	Most Vulnerable Children Committees
OPHI	Oxford Poverty and Human Development Initiative
UT	University of Texas
WBS	Well-being Survey
1a KWS	Phase 1a Kisondela Ward Survey

Acknowledgments

Executive summary

Key Findings

The results of the Kisondela Wellbeing Survey demonstrate that the Africa Bridge (AB) model[1] has the capacity to transform the lives of Tanzania's most vulnerable and impoverished children and significantly alleviate extreme poverty. This study found that Africa Bridge's focus on supporting Most Vulnerable Children (MVC) via a pass-on model is uncommon, and potentially unique, in Tanzania, where AB works with a population that is more deeply impoverished than the rural population of Tanzania in general[2].

This endline survey builds on previous evaluations of each of the AB interventions across multiple Wards over the past 20 years. The endline survey follows the same questions as the baseline,[3] referred to as the Well-being Survey (WBS), and as such explores household nutrition, income, and assets, as well as child well-being. This evaluation measures improvements across these indicators compared to the baseline in 2016/17, and provides AB with an instrument to measure and track progress over time.

To expand on the WBS, further questions were added from the Multidimensional Poverty Index (MPI) created by Oxford Human Poverty Development Initiative which seeks to provide a "multidimensional" picture of people living in hardship. The MPI assesses a range of critical factors or "deprivations" at the household level: from education over health outcomes to assets and services. The additional MPI questions included in the WBS at the endline provides a fuller portrait of acute poverty than simple income measures.

The results from the endline, which includes the MPI analysis, shows that AB's interventions have improved results for the vast majority of measured indicators over baseline:

- Extreme poverty has been reduced from 74% to 46% and families reported that food shortages have dropped from 95% to 33%.

- The number of MVC households who eat three meals per day has dramatically risen from 16% at baseline to 52% in 2021.

- Household assets have increased from 456 items to 849 items; a twofold increase.

- The quality of homes improved dramatically. In 2021, no new structures used grass for roofing while the use of cement bricks rose from 4 homes to 85.

- Furthermore, families who saved a portion of their income increased from 4 to 104 families and those who borrowed more than doubled over the baseline. This could be an indicator of confidence in the future.

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[1] Africa Bridge (AB) works to improve the lives of vulnerable children, and works toward this goal via a multi-pronged approach that includes the establishment of Most Vulnerable Children (MVC) Committees designed to provide a range of services for some of Tanzania's most impoverished children. A key component of AB's approach is the creation of livestock and agriculture cooperatives that help to ensure that those families caring for MVCs are able to earn a stable income

[2] This was verified using the Multidimensional Poverty Index (MPI) which is described in more detail on p.28.

[3] The baseline WBS, carried out in Kisondela Ward in 2016-17, was completed as cooperatives were being formed and included a sample of 355 households.

- The use of cooking oil is up from 8% to 50% of household's which is an sign of a household's ability to afford basic necessities.

- Lighting is up from 7% to 45% which is an important factor in a child's ability to study.

- There has been a threefold increase in the number of homes owning livestock.

- Lastly, AB has inspired entrepreneurial reinvestment. The study found that beneficiaries reinvested their money in a variety of enterprises (goat, chicken and pig farming; avocado production; a small store and sewing business). This suggests that the Africa Bridge approach encourages a mindset of entrepreneurialism and growth.

This WBS is the fourth time Africa Bridge has assessed program impacts upon graduation in a Ward, and to a great extent, the results of the KWS mirror the findings from those assessments. For example, the increase in household assets, the quality of home construction, and the prevalence of personal savings all were observed in the data collected in previous Wards and in Kisondela. It is important to note that the AB program has evolved over time as well, and new components have been added (i.e. support for obtaining birth certificates and clinic cards for MVC), making some of the impacts observed in Kisondela not comparable to those of the previous programs.

The Uniqueness of the Africa Bridge Model

MSA's findings suggest that Africa Bridge's is relatively unique within Tanzania. Other models we identified did not combine the agricultural pass-on model (which provides assets with the expectation of repayment rather than without obligation) with a focus on benefiting MVCs. Many models include either one or the other, but the research conducted to date suggests this may be a unique aspect of the model. Although no models had all of the exact same characteristics as the Africa Bridge model, there are nonetheless other relevant models that AB should be aware of: graduation models and producer collective-driven models.

Recommendations

As a result of the learnings from the survey, AB could consider the following recommendations for program improvement:

- **Refine the baseline and endline questions**. The data analysis and interpretation workshop revealed that the wording of some of the questions is likely causing confusion for respondents and should be updated. Moreover, Africa Bridge should consider incorporating the full suite of questions that would enable an assessment of changes in the multidimensional poverty index among the population that it is serving year on year.

- **Consider incorporating a comparison group into future research**. A comparison group, comprising a set of individuals located in villages that are not receiving Africa Bridge support, would enable Africa Bridge to understand the *net impact* that it is having on its target populations, rather than the overall change. This could be done via future stages of the evaluation and/or via incorporation into the monitoring system.

- **Incorporate qualitative data collection into the endline report**. To date, the baseline and endline have consisted entirely of quantitative questions. In-depth interviews would be an important complement to the quantitative data that are already being collected to enable a better understanding of the 'how' and 'why' of the quantitative findings.

- **Build in a more frequent and enhanced monitoring and learning function**. From the materials we have reviewed as part of the KWS, we believe Africa Bridge has an opportunity to upgrade its monitoring and learning function to support enhanced adaptive management.

Outstanding Questions

The following are outstanding questions that were not answered via the KWS but that Africa Bridge can consider addressing in future:

- **The comparative change created for Africa Bridge beneficiaries**. To understand the impact that AB is creating relative to what would have been created without its support would require the application of methods that establish a counterfactual to the results achieved by beneficiaries (such as a comparison with other MVCs who were not reached by Africa Bridge).

- **School attendance.** Understanding how often children attend school after enrollment is critical to measure impact. This would require collecting data on the number of children attending school and analysing whether this has changed as a result of Africa Bridge activities.

- **How the model works (i.e. the drivers of change)**. Relating to the recommendation on qualitative data collection above, Africa Bridge will want to better understand what elements of its model are driving the changes that it is observing. This would include better understanding the key drivers that are influencing the various well-being indicators among AB's beneficiaries, measuring the MPI year on year to see progress over time and also comparing it to the wider population from which MPI data is collected. Additionally, disaggregating results by cooperative type will be illuminating.

- **The sustainability of the institutions that Africa Bridge is supporting** (i.e. the MVCCs and the cooperatives). This would be best understood by reviewing the status and maturity of those organizations in the locations where Africa Bridge has already stopped working, and the sustainability of specific aspects of the model (like the pass-on).

- **The sustainability of the benefits created for Africa Bridge beneficiaries**. This would be best understood by reviewing the status of former beneficiaries in the locations where Africa Bridge has already stopped working. For example, this would allow AB to know whether the improvements in ownership of assets that it provided (such as shoes for MVCs) was maintained several years following its departure.

- **How the KWS findings map against Africa Bridge's new theory of change**. As one of the first steps in the evaluation, MSA facilitated the development of a new theory of change or results chain (see Annex 1) articulating how Africa Bridge's model works and the impacts that it creates. It would be helpful to map the findings against that results chain to identify the areas where findings suggest strong results, where evidence is unclear, and where additional evidence may need to be collected.

- **The patterns in results across endline surveys of Africa Bridge's work in other wards**. AB would be wise to compare the changes it has seen in Kisondela with those across other focus wards to identify similarities, divergences, and other patterns. This would make it possible to understand the consistency of AB's impact and the novelty (or not) of the results observed in Kisondela over the past 20 years.

Background and objectives

Kisondela Ward is located in Rungwe District, Mbeya Region, in southwestern Tanzania near the Zambia and Malawi borders. Rungwe District is primarily highland, averaging 2500m, and includes the 3rd highest mountain in Tanzania (Rungwe). Agriculture is the main economic activity in Rungwe District. Kisondela Ward is composed of 6 villages (Bugoba, Isuba, Kibatata, Lutetde, Mpuga, and Ndubi) and has a population of 11,070 (2012 Tanzanian census).

AB began working in Kisondela Ward in 2016, beginning with Future Search, a participatory design process that incorporates the perspective of the community and especially the children, that is the foundation of the AB program. After Future Search, AB moved to form Most Vulnerable Children Committees (MVCCs) in each village in Kisondela. MVCCs play a lead role in identifying those households caring for MVCs and, therefore, those that are permitted to join the cooperatives supported by AB. Cooperatives were formed between 2016 and 2017.

The baseline WBS, carried out in Kisondela Ward in 2016, was completed as cooperatives were being formed and included a sample of 355 households out of 635 households. Households were selected based on who had received initial support from AB (e.g. had received cows, chickens, avocados). The same sample size was used in the mini survey that AB conducted in 2018. The primary objectives of both rounds of the WBS were to measure child health/well-being and household economic situation in 355 cooperative households in 6 villages in Kisondela Ward. The endline survey aimed to interview the same households, however only 343 (out of a population of 701) surveys were completed. Table 1 compares baseline and endline data of the Kisondela MVC population.

Table 1. Kisondela MVCs population

Kisondela MVCs	Baseline	2021 (n=343)
Number of households caring for MVCs	635	701
Number of households with elderly guardians (>66 yrs.)	194	147
Number of MVCs identified	1,346	1,389

Methods

1.1 Survey Development

Africa Bridge began the process of creating the WBS in 2010, stemming from a need to measure and to demonstrate the long-term impact on participants in its emerging program. AB staff and monitoring and evaluation advisors reviewed extant quantitative surveys for the purposes of adapting them to the AB's evaluation needs; the surveys reviewed included the IMARISHA Household Economic Assessment Survey (HEA), the FANTA Household Hunger Scale (HHS), and the MEASURE Demographic Health Survey (DHS).

The process of creating the survey questions also involved soliciting input from subject matter experts in Tanzanian culture, international development, and public health. The baseline survey collected information about the household as a whole, and about each child in the household who was an MVC. The survey was administered in person, by a field team that includes an interviewer and a data recorder. Translation from the local Kinyakyusa language to Kiswahili was done by the surveyors as needed. Survey respondents were the heads of the household.

AB worked with information technology experts to create a mobile app using the tool Open Data Kit (ODK, https://opendatakit.org/use/collect/) to allow the collection of the wellbeing survey data via tablet during the interview. AB piloted the survey, program, and procedures in Masoko Ward in 2012, and implemented the survey in Mpombo and Lufingo Wards in 2013 and 2014, respectively. Based on those experiences, further revisions were made to questions in spring of 2016 to improve clarity and utility of the survey before implementing in Kisondela. The baseline was undertaken in 2016-2017. This WBS is the fourth time Africa Bridge has assessed program impacts upon graduation in a Ward, and to a great extent, the results of the KWS mirror the findings from those assessments. For example, the increase in household assets, the quality of home construction, and the prevalence of personal savings all were observed in the data collected in previous Wards and in Kisondela. It is important to note that the AB program has evolved over time as well, and new components have been added (i.e. support for obtaining birth certificates and clinic cards for MVC), making some of the impacts observed in Kisondela not comparable

The 2021 round of the WBS included a few additional questions that permitted the creation of a Multidimensional Poverty Index from the data collected. The current questionnaire conforms, with one exception (see below), with the Global MPI, as created by the Oxford Poverty and Human Development Initiative (OHPI) and implemented by the United Nations Development Program in its annual Human Development Report. Another change from the baseline WBS is the use of Kobo Toolbox software in implementing the survey. The remainder of the process for the 2021 round is consistent with the baseline round.

Box 1. Multidimensional Poverty Index (MPI)

> The Multidimensional Poverty Index, or MPI[4], was developed and applied by the Oxford Poverty and Human Development Initiative (OPHI) with UNDP support. The MPI assesses a range of critical factors or "deprivations" at the household level: from education to health outcomes to assets and services. Taken together, these factors provide a fuller portrait of acute poverty than simple income measures.

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[4] MPI Frequently Asked Questions: http://hdr.undp.org/en/faq-page/multidimensional-poverty-index-mpi#t410n3239

Table *2*. AB MPI vs. Global MPI indicators

The six questions added to 2021 survey are highlighted by an asterisk.

AB MPI indicators	Global MPI indicators
* Complete seventh year of schooling	Completed at least six years of schooling
* Not attending school at grade level up to grade 8	Not attending school at grade level up to grade 8
No food in house in past month	Malnourished as measured by bmi
* Child under age of 18 died in past 5 years	Child under 18 died in past 5 years
* Cooks with solid fuel	Cooks with solid fuel
* Shares toilet with other households	Shares toilet with other households
Time to collect water > 30 mins	Time to collect water > 30 mins
* No electricity in household	No electricity in household
Has dirt, sand, or dung floor	Has dirt, sand, or dung floor
Does not own at least one asset	Does not own at least one asset

1.2   Survey Content

The survey is split into two parts: **questions about the household** and **questions about most vulnerable child(ren)**. The categories of questions for each part are in the following table:

The survey is split into two parts:	
a) **questions about the household**; and b) **questions about most vulnerable child(ren)**	
The household questions included sections on: • **Demographic information** • **co-op status** • **nutrition and food access** • **wealth/poverty** • **household income**, and • **assets**	The MVC questions included sections on: • **general information** • **MVCs** • **child assets**, and • **education** An open-ended question was included in this survey to establish any additional benefits that the participants have received since working with AB that had not been covered in the survey.

1.3   Sample Size

The sample of households is 343 of the 355 households in the Kisondela Ward surveyed in the baseline round. This survey is a sample of the MVC households and not the entire set of households served. The sample only includes those who received initial support from AB.

1.4   Implementation

The survey was conducted from July 28th through August 9th, 2021. The field team, consisting of two pairs of an interviewer and a data recorder, traveled to Kisondela Ward for the duration of the WBS data collection. During the day, the field team conducted interviews with households and recorded the data on Kobo Toolbox software. Informed consent of the respondent was obtained for the survey at the start of the interview. The respondent was given the option to 1) not participate, 2) not answer any question during the interview, and 3) stop at any time. The consent statement assured the respondent that answers were completely confidential and would not be shared with anyone else. The response rate was 100%.

Data analysis

Analytic Techniques

Descriptive analyses were conducted in Stata 16 and reported using Microsoft Excel and Word.

Table 3. Demographics of head of household

	Baseline (n=355)	%	2021 (n=343)	%
Gender:				
Male	146	41%	140	41%
Female	209	59%	203	59%
Age:				
21 years and under	6	2%	0	
22-40	52	14%	39	11%
41-55	111	31%	86	25%
55 and over	186	52%	218	64%
Total Co-op Member:	355		343	

Data analysis and interpretation workshops

The AB steering committee were invited to a data reflection and interpretation workshop on September 7, 2021. The purpose of this workshop was to provide a space for AB review selected key findings from the draft report and help interpret the findings. This was deemed important to AB as there is an action orientation to this work and the evaluation will guide decision making. A second data analysis workshop was held on September 21, 2021 to review the draft of the report with the AB steering committee.

Limitations

This study contains certain limiting conditions. One of the key limitations is that the EFs did not have the opportunity to test the survey with the additional MPI questions and qualitative question beforehand. Nor was there adequate time to provide in-depth training on qualitative research methods. A related limitation is that only one add-on qualitative question was included in the survey and at a late stage. The absence of complementary qualitative research means that the 'why' behind many of the findings can only be hypothesized but was not validated via primary research. Finally, during data collection, it was not possible to conduct quality assurance checks due to time limitations and challenges in the field. Whilst there were no issues with the quality of the data, certain codes (e.g., village indicators) were not clear to the data analyst. This was rectified as soon as the research team was notified, and the report includes cross village comparisons.

Results: MVC Households

There has been no change in the proportion of female-headed households over the baseline, with 59% continuing to be headed by women. As would be expected given the panel nature of the data, ages have trended a bit higher over the baseline.

Table 4. Demographics of head of household

	Baseline (n=355)	%	2021 (n=343)	%
Gender:				
Male	146	41%	140	41%
Female	209	59%	203	59%
Age:				
21 years and under	6	2%	0	
22-40	52	14%	39	11%
41-55	111	31%	86	25%
55 and over	186	52%	218	64%
Total Co-op Member:	355		343	

As at baseline, well over 80% of households contain between 1 and 3 adults, reflecting the multi-generational make-up of households commonly found in Tanzania.

Table 5. General household information.

	Baseline		2021	
Adults in household:	(n=355)	%	(n=343)	%
0	2	1%	8	2%
1	97	27%	104	30%
2	168	47%	138	40%
3	51	14%	54	16%
4	23	7%	27	8%
5 and over	14	4%	11	4%
Total Children in MVCC household:	(n=348)		(n=309)	
1	92	26%	87	26%
2	105	30%	105	31%
3	70	20%	77	25%
4	46	13%	49	16%
5 and over	45	13%	21	7%

Challenges faced by MVC guardians

Some improvements over the baseline begin to emerge as we begin to examine the responses to questions having to do with difficulties faced by those adults who are caring for MVCs. For example, at baseline, **in 2021, only 46% identified extreme poverty as problematic compared with 74% at the baseline**. While we would expect the percentage indicating that old age is problematic would increase, given the nature of the data, it is somewhat encouraging that only 18% identify sickness or disability as problematic, compared to 21% at baseline.

Table 6. Conditions causing difficulty in care of children

	Baseline		2021	
	(n=355)		(n=343)	%
Death of spouse	60	17%	89	26%
Extreme poverty	262	74%	158	46%
Old age	85	24%	104	30%
Sickness or disability	74	21%	61	18%

How often and what MVC households eat

The percentage of MVC households reporting that they eat no meals or only one meal per day has decreased from 9% to 3% between the baseline and 2021. The percentage stating that they only eat two meals a day has also decreased from 75% to 43 % over this same period. The number of MVC households who eat three meals per day has dramatically risen from 16% at baseline to 52% in 2021. Curiously, 3% of respondents stated they ate over 3 meals per day compared to none at baseline. It is important to note that the question does not contain wording that would indicate the quality or size of the meals consumed.

Table 7. Household food access

Number of meals per day	Baseline		2021	
	(n=355)	Percent	(n=343)	Percent
None or 1	31	9%	11	3%
2	266	75%	149	43%
3	58	16%	181	52%
Over 3			3	1%
Don't know			1	0.3%

Food shortage in past 12 months	Baseline		2021	
			(n=343)	Percent
No	19	5%	230	67%
Yes	336	95%	113	33%
If yes, when?				
Dry season	238		71	
Rainy season	98		48	

For those reporting a food shortage, lack of rain seemed not to be a problem in 2021 compared to baseline (1% vs. 10% reporting it as a problem, respectively), and far fewer reported lack of money as a contributor in 2021 compared to baseline (12% vs. 24%, respectively). Instead, insufficient land appears to be the primary driver behind households reporting insufficient food, with 43% reporting this as a cause compared to only 3% at baseline.

Table 8 Common reasons for lack of food

Reason for food shortage	Baseline		2021	
	(n=336)	Percent	(n=113)	Percent
Could grow some but not enough	133	37%	44	40%
Not enough rain	36	10%	1	1%
Not enough time	33	9%	5	4%
Not enough money	86	24%	14	12%
Not enough land	9	3%	49	43%

Charts 1-4 depict the frequencies with which households report food insecurity related concerns.

Chart 1. How many times per month do you worry that there is not enough food in the household?

Frequency of food worry per month

■ > 10x ■ 3-10x ■ 1-2x ■ 0
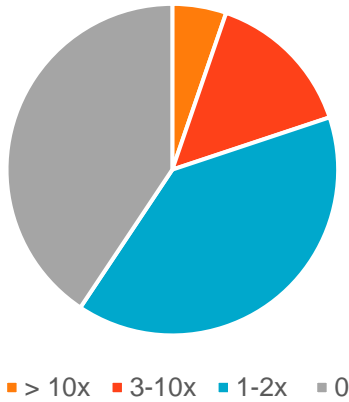
Chart 2. How many times per month are you not able to eat the foods you prefer?

Frequency of resorting to less preferred food per month

■ >10x ■ 3-10x ■ 0 ■ 1-2x
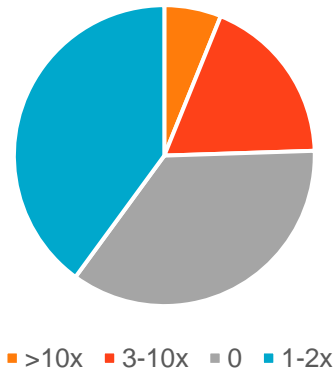
Chart 3. How many times per month do you eat fewer daily meals than you would normally?

Frequency of eating fewer daily meals per month

■ >10x ■ 3-10x ■ 0 ■ 1-2x
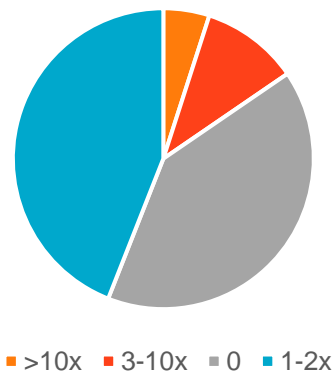
Chart 4. How many days in the past month has there been no food at all in the house?

Number of days per month with no food in past month

■ >10x ■ 3-10x ■ 1-2x ■ 0
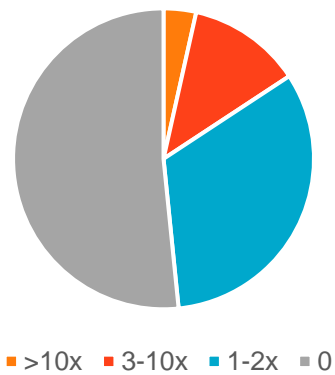
Food diversity

The 2021 data on the diversity of foods consumed by MVC households, like the reported reduction in food shortages, is encouraging. In general, MVC households are consuming a far wider variety of foods compared to baseline, and significantly higher percentages of households are reporting having eaten them. For example, 15% of households report eating yellow or orange vegetables in 2021 compared to only 1% at baseline; and there was a significant improvement, more than double of participants who reported consuming dark green leafy vegetables. One possibility is that as a result of nutritional interventions by the government and NGOs as well as more beneficiaries having household gardens. Furthermore, 9% report consuming milk compared to 1% at baseline. This is a surprising result and merits further analysis. The reduction in the consumption of beans, peas, lentils, or nuts in 2021 may reflect a shift in the preferences for other foods rather than the lack of access to these items. Lastly, the reasons for the high rise in the 'tea, coffee, spices, alcohol' category are unclear.

Table *9. Foods eaten day before*

Foods eaten day before	Baseline (n=355)		2021 (n=334)	
Cereals	227	64%	302	88%
Beans, peas, lentils or nuts	221	62%	73	21%
Roots, tubers, or plantains	174	49%	177	51%
Dark green leafy vegetables	74	21%	151	41%
Tea, coffee, spices, alcohol	45	13%	95	27%
Milk and milk products	5	1%	30	9%
Yellow/orange vegetables	3	1%	50	15%
Meats	3	1%	20	6%
Yellow/orange fruits	1	0%	32	9%
Sugary food drinks	1	0%	7	2%
Eggs			62	18%
Other vegetables			72	21%
Other fruits			34	10%

The frequency in the use of cooking oil can proxy for a household's ability to afford basic necessities. Here, too, the news is encouraging in that 50% of households report that they have used cooking oil more than 7 days in the past month, compared to only 8% at baseline.

Table 10. Use of cooking oil

Days per month using cooking oil	Baseline		2021	
	(n=355)	Percent	(n=343)	Percent
None	44	12%	12	4%
1-2x	139	39%	37	11%
3-4x	79	22%	68	20%
5-7x	66	19%	52	15%
More than 7	27	8%	173	50%

Another important indicator related to nutrition and health is access to clean water (and is an MPI indicator). There appears to be very little change from baseline to 2021 on this indicator, with 94% reporting that they do nothing to purify the water they consume. Stakeholders suggested this may be due to households having become accustomed to drinking local water without boiling or otherwise treating it.

Table 11. Water purification

	Baseline		2021	
	(n=355)	Percent	(n=343)	Percent
Boil water	25	7%	17	5%
Treat with pills or drops	1	0%	1	0%
Filter through cloth	2	1%	4	1%
Sunlight	0	0%	0	0%
Does not drink water	1	0%	0	0%
Does not purify	326	92%	322	94%

How MVC households earn money

Given AB's focus on providing income generating opportunities, the WBS includes questions on how families make money, and whether they have the ability to save or borrow money. This most likely

reflects the impact of the livestock and agriculture cooperatives, significantly larger percentages of households report selling crops and livestock as a source of income in 2021 compared to baseline (69% vs. 51% for crops, and 10% vs. 3% for livestock, respectively), and 22% report selling dairy products, undoubtedly a result of membership in the cow cooperatives.

Table 12. Means of earning cash income

	Baseline		2021	
	(n=355)		(n=343)	Percent
Selling crops	180	51%	235	69%
Earning wages from work	123	35%	92	27%
Selling farm products	38	11%	44	13%
Selling items made by head of household	33	9%	14	4%
Receiving gifts or remittances	20	6%	25	7%
Selling livestock	10	3%	35	10%
Other	7	2%	42	12%
Re-selling items purchased elsewhere	5	1%	3	1%
Selling assets	4	1%	4	1%
Selling dairy products	0	0%	77	22%

In terms of the source of income that produces the most, little seems to have changed since baseline, with the majority still reporting that they earn money primarily from selling crops (44%) or earning wages (20%). One interesting increase over baseline is in the percentage who reporting selling dairy products as a leading source of income (6% vs. 0%). While this is progress, it seems to indicate that most of the cow cooperative members are either consuming their output or trading it with neighbors and others in the community.

Table 13. Highest income source (total and by coop)

	Baseline		2021	
			(n=343)	Percent
Selling crops	149	42%	152	44%
Earning wages from work	108	30%	67	20%
Selling farm products	33	9%	36	11%
Selling items made by head of household			6	2%
Receiving gifts or remittances	20	6%	15	4%
Selling livestock	2	1%	23	7%
Other			17	5%
Re-selling items purchased elsewhere	3	1%	3	1%

Selling assets	3	1%	2	1%
Selling dairy	1	0%	22	6%

A strong indicator of financial health is the ability to save a portion of earnings. Here, MVC households have made significant gains over baseline with 30% reporting having saved money in the prior 12 months vs. only 1% at baseline. This is despite there being just one bank in Tukuyu that is difficult and expensive to access. Therefore, the increase in savings may be due to the formation of informal savings groups in the area and the use of mobile banking.

Table 14. Money saving habits

	Baseline		2021	
			(n=343)	Percent
Borrows	35	10%	85	25%
Saves	4	1%	104	30%
Has bank account	2	0%	8	2%

MVC house construction material and assets

The field team asked the household for permission to observe their residence. Homes in Kisondela tend to be constructed with roofs that are either made of thatch, metal, or a combination of the two. The walls of the homes are made of mud, mud and sticks, mud and bricks, or cement bricks, with structural integrity and cost increasing as one progresses from mud to cement. The floors of the homes are mud, cement and mud, or cement; similar to wall materials, cement is more expensive and more desirable than mud.

Substantial improvements were recorded across the board compared to the baseline. 2021 respondents report that 100% of roofs are constructed of either mixed thatch and metal (17%) or metal (83%), compared to 2% mixed and 66% metal at baseline. Twenty-five percent of homes have walls constructed of cement bricks in 2021, compared to only 1% at baseline. Thirty-four percent of floors are constructed of cement in 2021, compared to only 9% at baseline. Window covering, however, has increased in the percentage of homes without covered windows (19% to 34%, baseline to 2021, respectively) and increased in the percentage that are totally screened (14% to 28%, baseline to 2021, respectively).

Table 15. Household structure

	Baseline		2021	
	(n=355)		(n=343)	Percent
Roof type				
Thatch	113	32%	1	0%
Mixed	6	2%	57	17%
Metal	236	66%	285	83%
Wall type				
Mud	62	17%	21	6%

Mud and sticks	25	7%	15	4%
Mud and bricks	264	74%	221	64%
Cement bricks	4	1%	85	25%
Floor type				
Mud	267	75%	216	63%
Cement and mud	55	16%	9	3%
Cement	33	9%	115	34%
Windows				
Uncovered	68	19%	117	34%
Partially screened	236	67%	131	38%
Totally screened	51	14%	95	28%

An increasing percentage of MVC households cook in a separate structure (85%, compared to 75% at baseline), which helps to reduce respiratory problems, since most cooking is over fire and generates considerable smoke. Common cooking fuel options in Tanzania include wood fire, charcoal fire, dung fire, kerosene stove, or electric stove. Almost all respondents continue to use wood fire (99%), which can be the cheapest, as wood can be gathered by the household members from nearby forests.

Table 16. Cooking location and method

	Baseline		2021	
	(n=353)	Percent	(n=343)	Percent
Location				
In house	88	25%	51	15%
In separate structure	265	75%	290	85%
Method				
Wood	352	99%	341	99%
Charcoal	3	1%	1	0%

Significant improvements regarding the water source and the time required to collect water can be seen when comparing baseline to 2021 outcomes. Seven percent of MVC households now access water via their own tap, vs. 3% at baseline, and 70% of households now require fewer than 30 minutes to collect water, compared to 57% at baseline. Moreover, the percentage requiring more than 60 minutes to collect water has significantly decreased, from 9% at baseline to 1% in 2021.

Table 17. Water Source and time to water source

	Baseline		2021	
Water source	(n=355)		(n=343)	Percent
Own tap	11	3%	24	7%
Well	164	46%	111	32%
Off-site natural source	62	18%	99	29%

Shared tap	118	33%	109	32%
Time required to collect				
Less than 30 minutes	202	57%	239	70%
30-60 minutes	122	34%	101	29%
More than 60 minutes	31	9%	3	1%

Access to an improved toilet facility is an indicator in the MPI, and some improvement can be measured between baseline and 2021 for MVC households, with 9% now using a pit/cement floor latrine compared to 3% at baseline, and with a slight increase in the percentage using a flush toilet.

Table 18. Toilet facility

	Baseline		2021	
	(n=223)		(n=343)	Percent
Pit/wooden floor latrine	336	95%	298	87%
Pit/cement floor latrine	9	3%	30	9%
Toilet without walls	0	0%	3	1%
Flush toilet	7	2%	10	3%
None	3	1%	2	1%

MVC households were asked about the number of hours per week that their homes were lit, proxying for a child's ability to study. Here, the results are mostly encouraging, with substantially larger percentages reporting that they have more than 7 hours per week of lighting over baseline (25% vs. 6%, respectively). This could be due to recent government investment in lighting in Tukuyu and/or the dropping cost of solar power. There is also a large increase in the percentage reporting that they have no hours of light per week over baseline (12% vs. 1%, respectively).

Table 19. Lighting

	Baseline		2021	
Hours per week	(n=355)	Percent	(n=343)	Percent
None	3	1%	42	12%
1-2 hours	205	58%	45	13%
3-4 hours	120	34%	101	30%

5-7 hours	5	1%	67	20%
More than 7 hours	22	6%	86	25%

Respondents were also asked about what assets they owned; given that many households purchase assets instead of save money in a bank, assets are a proxy for wealth. These were categorized into outdoor and indoor assets. Outdoor asset ownership for MVC households increased across the board, with the largest increases in ownership of chickens (92% vs. 52%), cows (67% vs. 25%), and pigs (11% vs. 4%). Interestingly, AB provided direct support of cows and chickens to cooperative members, however the increase in pig ownership is entirely driven by the initiative of the MVC caregivers.

Table 20. Outdoor Assets

	Baseline		2021	
	(n=355)	Percent	(n=343)	Percent
Machete	241	68%	246	72%
Chickens	185	52%	315	92%
Cows	89	25%	231	67%
Goats	19	5%	13	4%
Pigs	14	4%	39	11%
Bicycle	13	4%	22	6%
Wheel barrow	4	1%	5	1%
Motorbike	2	1%	4	1%
None	53	15%	4	1%

Regarding indoor assets, MVC households recorded large increases across the board, with the exceptions of sewing machines and satellite dishes.

Table 21. Indoor Assets

	Baseline		2021	
	(n=355)	Percent	(n=343)	Percent
Table	198	59%	243	71%
Cell phone	159	45%	235	69%
Radio	60	17%	118	34%
Charcoal iron	17	5%	34	10%
Mattress	15	4%	180	52%
TV	3	1%	13	4%

Sewing machine	2	1%	4	1%
Satellite dish	1	0%	3	1%
Solar charger	1	0%	19	6%
None	100	28%	18	5%

Results: MVCs

Kisondela MVC demographics

The 2021 WBS surveyed 771 MVCs, with roughly the same proportions male and female. As would be expected of a panel dataset comprising results collected five years after baseline, the age tends to skew slightly older, with 47% falling between the age categories of 13-18 and 19 plus, as compared with only 35% falling into those categories at baseline.

Table 22. MVC demographics

	Baseline		2021	
Gender	(n=754)	Percent	(n=771)	Percent
Female	347	46%	331	44%
Male	407	54%	400	56%
Age				
0-6	180	24%	175	23%
7-12	310	41%	230	30%
13-18	254	34%	293	38%
19+	10	<1%	73	9%
Total			771	

Adult caregivers for MVCs

Little change can be observed over baseline in terms of the relationship between the adult who cares for the MVCs in the household. Notably, virtually half of the caregivers are grandparents, reflecting the important role that grandparents play.

Table 23. Relationship between head of household and MVC

	Baseline		2021	
	(n=754)	Percent	(n=771)	Percent
Grandmother	232	31%	261	35%
Mother	197	26%	192	26%
Father	174	23%	155	21%
Grandfather	111	15%	100	14%
Uncle	18	2%	8	1%
Aunt	11	1%	12	2%
Stepfather	5	1%	1	0%
Sister	4	1%	0	0%
Brother	2	0%	1	0%

In terms of important documentary items, such as birth certificates and health insurance, significant improvements are evident over baseline; 54% of MVCs have a birth certificate, compared to 16% at baseline; and 12% have health insurance, compared to only 1% at baseline. Recognizing the importance of both of these toward access to government services, AB specifically supported the acquisition of these through the work of the MVCC. AB provides grants for birth certificates and clinic cards through the MVCCs in the first two years of the support program. The lack of change in the number with a clinic card is likely owing to the fact that clinic cards are only issued to those who are less than five years old, and thus little change is to be expected.

Table 24. MVC documents

	Baseline		2021	
	(n=754)	Percent	(n=771)	Percent
Birth certificate				
Yes	118	16%	391	54%
No	630	84%	328	45%
Don't know	6	0%	12	2%

Clinic Card[5]				
Yes	268	36%	224	31%
No	471	62%	502	69%
Don't know	15	2%	5	1%
Health insurance				
Yes	10	1%	89	12%
No	744	99%	639	87%
Don't know	0	0%	4	1%

MVC assets

Here, too, **substantial improvements in terms of sleeping arrangements and mosquito nets** are demonstrated by the survey results, with 38% of MVCs sleeping on a mattress either on the floor or bed, compared to only 5% at baseline; and, 24% reporting that they have no mosquito net, compared to 30% at baseline (this could be a function of the increase in the percentage of homes with fully screened windows).

Table 25. Child sleeping arrangements

	Baseline		2021	
	(n=754)	Percent	(n=771)	Percent
Sleeping arrangements				
Mat on floor	715	95%	407	56%
Mattress on floor	15	2%	143	20%
Mattress on bed	24	3%	132	18%
No bed			48	7%
Mosquito net				
His/her own	389	51%	387	53%
Shared	142	19%	165	23%
No net	223	30%	178	24%

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[5] This refers to clinic cards for children under 5 years old.

Nearly 80% of MVCs reporting owning their own shoes, sweater, or toothbrush, compared to only 12%, 15%, and 16%, respectively, at baseline. A portion of this gain was due to AB having provided shoes to MVCs.

Table 26. Child assets

	Baseline		2021	
	(n=754)	Percent	(n=771)	Percent
Shoes[6]	92	12%	579	79%
Sweater[7]	112	15%	574	79%
Toothbrush	119	16%	575	79%

MVC school enrollment

Change in school enrollment is what one expects to see as MVCs age from baseline, including the substantial increase in the percentage enrolled in vocational school as, presumably, older children age out of secondary school.

Table *27. Current grade level*

	Baseline		2021	
	(n=754)	Percent	(n=771)	Percent
Not yet in school	180	24%	114	16%
Total in Primary School	406	54%	313	43%
Total in Secondary School	66	9%	231	32%
Vocational School	1	0%	24	3%
Not enrolled			49	7%

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[6] A total of 30 pairs of shoes were distributed to the children through the operating grant fund (2016-2017). An education grant fund which provided school supplies to children operated between 2016-2020. In 2016, 444 children (124 M, 230 F); in 2017, 444 children (218 M, 226, F); in 2018, 513 children (274 M, 239, F); in 2019, 476 children (212 M, 264 F) and in 2020, 204 children (101 M, 103 F). This education grant fund has provided children in Kisondela a variety of school supplies.
[7] N.B: The sweaters were not provided through AB grants.

A similar story can be told in terms of highest grade level achieved as MVCs age and progress through schooling. In the endline 16% achieved secondary Form 4 compared to 1% at the baseline.

It may be encouraging, however, to see that, of those not enrolled, significantly fewer report lack of funding (2% vs. 13%) and inability to pass Std 7 exams (25% vs. 41%), 2021 compared to baseline, respectively, as reasons for non-enrollment. This also shows there were fewer students who had discontinued school at end line vs. baseline.

Table 28. Reasons not enrolled in school

	Baseline		2021	
	(n=100)	Percent	(n=49)	Percent
Child is sick	9	9%	15	30%
No money for fees	13	13%	1	2%
No school supplies	4	4%		
No uniform	2	2%		
Did not pass Std 7 exams	41	41%	12	25%
Other reason	31	31%	18	37%
Work outside the home			3	6%

In the data reflection workshop, it was noted that in future iterations of the survey, data should be collected on school attendance as this is more meaningful than school enrollment. In particular, AB would like to know how many children were attending school and at what levels before and after Africa Bridge intervened.

Multidimensional Poverty Index

The global Multidimensional Poverty Index (MPI) (Alkire and Foster, 2011)[8] is an international measure of acute poverty, measured at the household level, and composed of a set of ten weighted indicators across three dimensions (health, education, or living standards) that, when combined, provide a clearer picture of poverty than standard poverty metrics, such as monetary metrics. Individuals are identified as multidimensionally poor if they are deprived in at least one-third of the ten weighted MPI indicators. The MPI was developed by Oxford Poverty and Human Development Initiative with the UN Development Programme (UNDP) for inclusion in UNDP's flagship Human

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[8] Alkire, S. & Foster, J., 2011, 'Understandings and misunderstandings of multidimensional poverty measurement', OPHI working paper no. 3, Oxford Poverty and Human Development Initiative, University of Oxford, Oxford.

Development Report in 2010. It has been used in over 100 countries and the results are published annually by OPHI and in the Human Development Reports.

Following Alkire and Foster's methodology, the MPI is arrived at by multiplying the incidence of poverty (*H*), or the proportion of the population that is multidimensionally poor, by the average intensity of poverty (*A*), or the average proportion of dimensions in which those who are poor are actually deprived. MPI, then, equals *H x A*, providing a summary of the percentage of people who are in poverty, as well as the degree to which these individuals are deprived. A more detailed explication of the methodology can be found in Alkire and Foster, 2011.

This methodology permits us to compare multidimensional poverty among Africa Bridge households to multidimensional poverty in Tanzania as a whole, as measured by the Oxford Poverty and Human Development Initiative (OPHI) in 2020. For the purposes of this study, we have applied the MPI methodology, with one modification in the health dimension formula, to Africa Bridge's intervention. The one modification from the formula that we were required to make, which likely has some implications for the MPI derived from AB's intervention, is that where OPHI includes a measurement of BMI as a proxy for nutrition, we have (given that this measurement is not taken by AB) instead substituted an indicator indicating that a family reports that there were more than 10 days in the prior month in which there was no food in the house. All other indicators used in our calculation correspond with those used in the global MPI calculation. Because the full set of MPI questions were not asked in the KWS baseline report, it is not possible to assess change over time among Africa Bridge beneficiaries. However, going forward AB will create MPI index for our communities at baseline to support that comparative analysis.

MPI and Africa Bridge

As noted above, the MPI is a product of two measurements of poverty, the incidence, or "multidimensional headcount ratio" (*H*), of poverty, as well as its intensity, or the "adjusted headcount ratio" (*A*). In 2020, OPHI calculated Tanzania's multidimensional headcount ratio to be 55.4% nationally, and 67.6% in rural regions of the country. This means that, in rural regions, for example, 67.6% of the population is either deprived in all of the indicators in a single dimension or in a combination across dimensions such as being in a household with a malnourished person, no clean water, a dirt floor, and un-improved sanitation.

Our calculation of *H* among those households served by Africa Bridge is 73%.

OPHI's estimation of multidimensional poverty intensity (*A*) for all of Tanzania in 2020 was 49.3%, and 50.3% for rural regions. This means that the average poor person in rural Tanzania is deprived in 50.3% of the ten weighted indicators.

Our calculation *A* among those households served by Africa Bridge is 75%.

Table 29. Africa Bridge and Rural Tanzania MPI

Population	H	A	MPI
Africa Bridge (2021)	73%	75%	54%
Rural Tanzania (2020)	67.6	50.3	34%

Therefore, OPHI's estimation of rural Tanzania's MPI (H x A) is 34%. However, our estimation of AB's MPI is 54%. This difference is possibly a reflection of two important distinctions: (1) AB households, on average, suffer from a significantly greater number of deprivations than the average rural household, driving up the adjusted headcount ratio *A*, and, relatedly (2) the population served by AB (Tanzania's most vulnerable children) is, by definition, more deeply impoverished than the rural population in general.

A key consideration for Africa Bridge going forward is to focus on change in its MPI score over subsequent survey rounds, as opposed to its comparison to the MPI score for rural Tanzania. It is likely that AB will reduce the MPI difference with rural Tanzania, but a better metric of its performance is how it reduces multidimensional poverty among this deeply deprived population.

Other Changes

The open-ended question probed for whether the respondent had experienced any other changes that occurred that they had not already discussed. Three key findings emerged.

1. **Nearly 50% of respondents did not identify a single change**

    One of the most striking results was that nearly 50% of respondents did not identify a single change. It is unclear whether that is due to interviewee fatigue at the end of a long interview, or that they didn't respond because they had already provided their response earlier in the interview.

2. **One of the most positive findings was that some respondents used Africa Bridge's support to launch additional income generating opportunities**

    The table below outlines some of the most common ways that respondents re-invested their earnings from Africa Bridge projects. As can be seen, the majority of these reinvestments were in agricultural endeavors, with the exception of investments in a store and a sewing machine.

Table 30. Reinvestment of earnings by type

Type of reinvestment	N (#)
Reinvestment in chicken farming	7
Reinvestment in livestock	4
reinvestment in the farm	2
Reinvestment in pig farming	2
Reinvestment in avocado production	2
Reinvestment in goat farming	2
Reinvestment in a store	1
Reinvestment in a sewing machine	1
Reinvestment in a new farm	1
Total	22

Beyond direct reinvestments in income generating activities, there were other forms of investments that respondents noted making in human capital. This is a longer-term investment that nevertheless can have a very high return on investment.

3. **The types of changes identified were varied, ranging from increased income to increased hope. Investments in human capital were also reported.**

In order to categorize the responses to the open ended question, we grouped the answers into the ten categories:

1. No answer.
2. Increased income.
3. Improved production/yield.
4. Improved infrastructure.
5. Increased assets / Reinvestment in productive assets.
6. Increased food diversity/nutrition.
7. Increased skills/knowledge.
8. Investing in educating OVCs.
9. Money to launch independent businesses.
10. Increased opportunities/hope/motivation.

Table 31 : List of categories excluding no change/neutral answers

Type of reinvestment	N (#)
Increased assets/reinvestment productive assets	29
Improved production/yield	24
Increased Income	20
Increased opportunities/ hope/motivation	13
Increased knowledge	13
Invest OVC education	12
Improved infrastructure	12
Increased food diversity/nutrition	11
Money to launch own business	2
Total	136

Uniqueness of the Africa Bridge Model

One of the evaluation questions that MSA sought to answer when embarking on Phase 1 of the evaluation **was to identify the relative uniqueness of the Africa Bridge model relative to other development models that seek to benefit vulnerable children and their guardians**. For practicality, this investigation focused on Tanzania, though some non-Tanzania experiences were also included. To answer this question, MSA conducted a literature review and drew from its own experience of working on economic strengthening for vulnerable children and their guardians.

MSA's findings suggest that Africa Bridge's is relatively unique within Tanzania. Other models we identified did not combine the agricultural pass-on model (which has an expectation of repayment) with a focus on MVCs. Many models include either one or the other, but the research conducted to date suggests this may be a unique aspect of the model.

Although no models had all of the exact same characteristics as the Africa Bridge model, there are nonetheless other relevant models that AB should be aware of. We highlight each of these models here:

Graduation models

Arguably the most relevant model for AB is the graduation model. Popularized by BRAC in Bangladesh and subsequently adopted broadly around the world, the graduation model progressively provides a series of inputs that, in sum, are thought to support individuals and families to create a 'pathway out

of poverty'. For more reading on MSA's writing around how to build effective pathways out of poverty, the following resources are a good place to start:

- Brand, Margie and Ben Fowler. "Pathways Out of Poverty: Using Value Chains to Move Vulnerable Households up the Economic Ladder." January 28, 2011. Presentation at the 55th Installment of USAID's "Linking Small Firms to Competitiveness Strategies" Breakfast Seminar Series.

- Fowler, Ben. *Pathways Out of Poverty: Tools for Value Chain Development Practitioners*. Washington: ACDI/VOCA and USAID, 2012. https://marketshareassociates.com/tools-for-value-chain-development-practitioners.

There are many iterations on the graduation model that have been adapted to the contexts in which they are applied. One application that MSA wrote a case study about in Ethiopia is available here.[9] Within Tanzania, the graduation model has been applied by PEPFAR grantees and labelled the "Livelihood Pathway" (see Figure 1 below). The model was adopted by the Ministry of Health and Social Welfare in Tanzania and was used for their NCPA II phase program. Similarities between the graduation model and AB's model include:

- Spatial mapping to identify targeted population (e.g., poorest households)

- Providing an asset (typically agricultural)

- Coaching/training (e.g., how to use their asset, health)

- Healthcare support

Key differences include:

- Graduation Model recipients receive an asset but are not required to pass it on

- Savings groups are not an explicit part of the AB model, but are in the graduation model

Figure 1: The Livelihoods Pathway

Figure 1
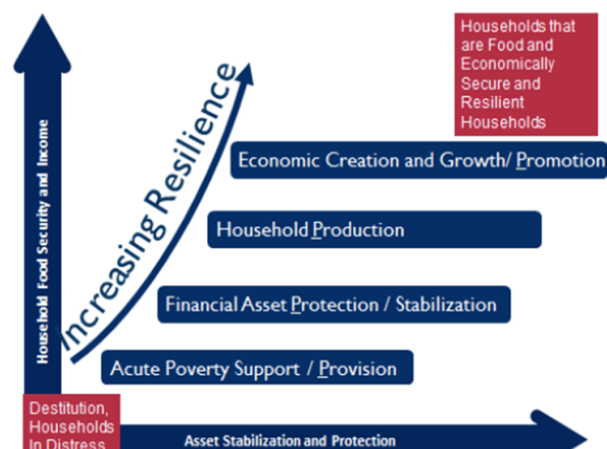
Other MVC-focused models in Tanzania

Other MVC-focused models in Tanzania tended to focus on supporting health, education, nutrition, protection, shelter and care, psychosocial support, and economic strengthening. We did not identify others providing pass-on support. See Annex 2 for a description of these other models.

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[9] Fowler, Ben and Teshale Endalamaw. Pathways out of Poverty Case Study: Savings Groups on the Pathway to Graduation: PSNP Plus in Ethiopia. Washington: USAID, 2012.

Producer collective-driven development models

One other relevant model to profile is the producer collective[10]-driven model, given that AB has noted the existence of many cooperatives located nearby its focus areas. While these models vary significantly in their design, the producer collective is seen as a sustainable vehicle for delivering benefits to its members, much like AB views its cooperatives. Relevant to AB's model, many producer collective-driven models:

- o Aim to increase household income by increasing agricultural production
- o Support income diversification

However, there are several differences:

- o Generally does not include on supervision and oversight by another organisation like the MVCC, except if a legal requirement
- o Provides more functions than AB's cooperatives (e.g., links to markets, access to crop storage, access to market information)
- o No explicit focus on MVCs
- o May not provide an asset transfer to members[11]

The following figure provides one example of how this model can be structured and the services that producer collectives can provide to their members:[12]

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[10] The term 'producer collective' is used because cooperatives typically denote a formal, legally registered entity in many contexts whereas producer collective encompasses organizations with a variety of

[11] Some models supporting producer collectives provide very little direct support to the members, and so do not provide grants. Others, however, do provide financing mechanism for farmers to acquire assets. This varies substantially by model.

[12] MarketShare Associates and ACDI/VOCA. *Scaling Impact: Extending Input Delivery to Smallholder Farmers at Scale*. Washington: USAID, 2015. https://marketshareassociates.com/scaling-impact-input-delivery.

Figure 2: Producer Collective-Driven Model
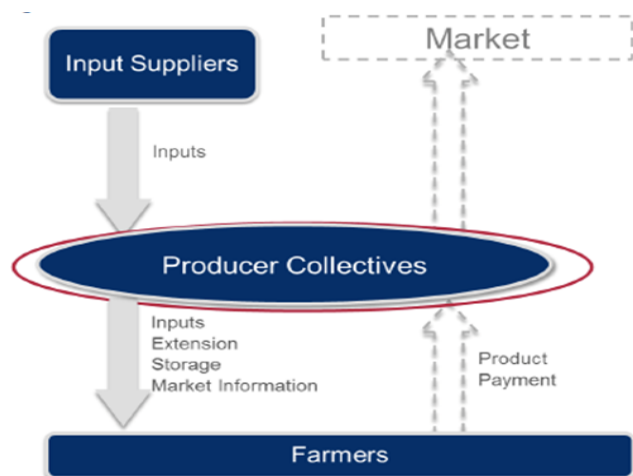
Conclusions

The KWS survey was designed primarily to collect endline data to compare against the baseline data that were previously collected. As such, it was not designed to address many of the evaluation questions that Africa Bridge seeks to better understand about its programming. Nevertheless, the findings suggest the following:

- **The vast majority of indicators have improved at endline vis-à-vis baseline.** Africa Bridge's beneficiaries have seen significant improvements in their lives. While the methods that were used do not allow us to state with certainty what contribution Africa Bridge made to the results, they are nevertheless quite impressive. Extreme poverty has been reduced by 74% to 46% and families reported food shortages have dropped from 95% to 33%. Household assets increased from 456 items to 849 items; a twofold increase. The quality of homes improved dramatically. In 2021, no new structures used grass for roofing, while the use of cement bricks rose from 4 homes to 85. Furthermore, families who saved a portion of their income increased from 4 to 104 families and those who borrowed more than doubled over the baseline. This could be an indicator in confidence in the future.

- **Africa Bridge beneficiaries score lower on the multidimensional poverty index relative to the average for rural Tanzania.** This indicates they are worse off in general, but can be understood as being due to Africa Bridge selecting villages and individuals that are among the poorest of the poor. Going forward, the key will be to evaluate the change in the MPI for AB supported beneficiaries before and after our interventions

- **Africa Bridge support has prompted several beneficiaries to reinvest in other income generating activities.** This demonstrates that Africa Bridge is creating impacts beyond what it is measuring through its standard monitoring questions.

- **Africa Bridge's focus on supporting MVCs via a pass-on model is uncommon, and potentially unique, in Tanzania.** This is an approach that is not widely used in Tanzania and therefore could be an interesting model for other organizations to adopt.

Recommendations for Program Improvement

The following are recommendations for Africa Bridge's consideration:

- **Refine the baseline and endline questions**. The data analysis and interpretation workshop revealed that the wording and categories of some of the questions is likely causing confusion for respondents and should be updated. Moreover, Africa Bridge should consider incorporating the full suite of questions that would enable an assessment of changes in the multidimensional poverty index among the population that it is serving year on year.

- **Consider incorporating a comparison group into future research**. A comparison group, comprising a set of individuals located in villages that are not receiving Africa Bridge support, would enable Africa Bridge to understand the *net impact* that it is having on its target populations, rather than the overall change. This could be done via future stages of the evaluation and/or via incorporation into the monitoring system.

- **Incorporate qualitative data collection into the endline report**. To date, the baseline and endline have consisted entirely of quantitative questions. This would be a nice complement to the quantitative data that are already being collected and would enable a better capacity to understand the 'how' and the 'why' of the quantitative findings.

- **Build in a more frequent and enhanced monitoring and learning function**. From the materials we have reviewed as part of the KWS, we believe Africa Bridge has an opportunity to upgrade its monitoring and learning function to support enhanced adaptive management.

Outstanding Questions

The following are outstanding questions that were not answered via the KWS but that Africa Bridge can consider addressing in future:

- **The comparative change created for Africa Bridge beneficiaries**. To understand the impact that AB is creating relative to what would have been created without its support would require the application of methods that establish a counterfactual to the results achieved by beneficiaries (such as a comparison with other MVCs who were not reached by Africa Bridge).

- **School attendance.** Understanding how often children attend school after enrolment is critical to measure impact. This would require collecting data on the number of children attending school and analysing whether this has changed as a result of Africa Bridge activities.

- **How the model works (i.e. the drivers of change)**. Relating to the recommendation on qualitative data collection above, Africa Bridge will want to better understand what elements of its model are driving the changes that it is observing. This would include better understanding the key drivers that are influencing the MPI among Africa Bridge beneficiaries,

measuring the MPI year on year to see progress over time and also comparing it to the MPI population. Additionally, disaggregating results by cooperative type will be illuminating.

- **The sustainability of the institutions that Africa Bridge is supporting (i.e. the MVCCs and the cooperatives)**. This would be best understood by reviewing the status and organization maturity of those organizations in the locations where Africa Bridge has already stopped working, and the sustainability of specific aspects of the model (like the pass-on).

- **The sustainability of the benefits created for Africa Bridge beneficiaries**. This would be best understood by reviewing the status of former beneficiaries in the locations where Africa Bridge has already stopped working. For example, this would allow Africa Bridge to know whether the improvements in ownership of assets that it provided (such as shoes for MVCs) was maintained several years following its departure.

- **How the KWS findings map against Africa Bridge's new theory of change (results chain)**. As one of the first steps in the evaluation, MSA facilitated the development of a new theory of change (see Annex 1) articulating how Africa Bridge's model works and the impacts that it creates. It would be helpful to map the findings against that results chain to identify the areas where findings suggest strong results, where evidence is unclear, and where additional evidence may need to be collected.

- **The patterns in results across endline surveys of Africa Bridge's work in other wards**. AB would be wise to compare the changes it has seen in Kisondela with those across other focus wards to identify similarities, divergences, and other patterns. This would make it possible to understand the consistency of AB's impact and the novelty (or not) of the results observed in Kisondela over the past 20 years.

Annex 1: Africa Bridge Theory of Change

MVCs and households improve their emotional & physical health

MVCs have safe and adequate shelter (housing)

MVCs improve their educational attainment

Households with MVCs have increased assets

Households with MVCs are economically stable

Strengthened relationships and leadership and women's agency & capacity within the community & with gov't

Empowerment Facilitators visit MVCs to provide guidance, psychosocial and paralegal support, decision-making for health, and facilitate children's club meetings

MVCs increase school enrollment & attendance

Households with MVCs have increased income

Coop members make payment to the MVCC

MVCCs provide grants to MVC households

Coop members and MVCs increase the quantity and diversity of food they consume

MVCCs & WSC identify households with MVCs, develop support plans & oversee the coop

Coop members repay the coop with an ag asset / inputs that's given to a new MVC guardian

Coop members sell and trade a portion of their food production

Coop members increase quantity and diversity of food they produce

AB & MVCCs conduct transit walk

Coop members gain and apply animal husbandry and agricultural skills

Community forms MVCCs; AB identifies volunteer MVCC members and links to train them in para-social & paralegal support and caretaking, planning, budgeting and banking skills & decision-making that supports public health, education, etc.

WSC & WC oversee implementation of plan

AB provides uniforms, shoes, food, and legal documents to MVCs

AB selects and trains (with gov't) empowerment facilitators and coop members (including neediest MVC guardians) on agriculture

AB forms income-generating cooperatives & provides asset loans (animal, agriculture & animal shelter) to Coop members after meeting requirements

Preparatory activities

AB and district officials selects Ward

AB conducts Future Search process with children and adults

AB synthesizes a 5-year community action plan

Communities make commitments & elect a Ward Steering Committee

Select empowerment facilitators

Most Vulnerable Children's Committees (MVCCs)

Income Generating Cooperatives

Models for MVCCs by Govt and NGOs:

	NCPA	URC USAID ASSIST Project	PACT Pamoja Tuwalee	PACT Jali Watoto	PACT Kizazi Kipya ("New Generation")	SOCIAL ACTION TRUST FUND (SAFT)
Duration of project	Phase I: 2007-2010 & Phase II: 2013- 2017	2012 - 2019	2010-2015	2006-2009	2016-2021	Ongoing
Delivered by/ IP	Department of Social Welfare & the Ministry of Health and Social Welfare	University Research Co., LLC (URC), is partnering with Regional and Council Health Management Teams (RHMTs/CHMTs) and IPs .	Africare, FHI360, Pact Inc. and World Education Inc	Sawaka	Sawaka plus a consortium of partners Aga Khan Foundation, Elizabeth Glaser Pediatric AIDS Foundation, Restless Development, Railway Children Africa and Ifakara Health Institute.	SAFT
Type of project	Multi-sectoral, government -lead and community driven MVC response system	Capacity building to IPs.	Integrated and cross sectoral using a zonal approach via IPs	Integrated model	Integrated model	Integrated
Integration approach	Livelihood Pathway Framework approach	Education	Capacity Building, Community Engagement, Food Security, Income-Generating Activities, Microfinance.	Education, health services, shelter, psychosocial support, care-taking skills, protection, anti-stigma training	Education, health, nutrition, protection, livelihoods, and psycho-social wellbeing of the household members.	Education, health
Beneficiary type	MVC	MoHSW and other IPs in Tanzania	MVC	MVC	MVC	MVC
Source of funding	Govt	USAID	USAID-PEPFAR	USAID-PEPFAR	USAID-PEPFAR	USAID
Similarities	Livelihood Pathway framework	N/A	Aligns with NCPA II . The project worked with MVCC and children's clubs	Integration approach (education, health services etc)	Integrated approach.	
Differences	No pass -on component National multi-dimensional	No pass-on component	No pass -on component.	No pass-on component	No pass it on component	4 different types of investments (loan,

Other models: Household Strengthening Models

	CRS	TASAF	Tanzania Staples Value Chain NAFAKA	Heifer International - Tanzania	BRAC Graduation model	WORTH Program
Duration of the project	TBD	Ongoing	2011-2016	Ongoing	Varies by country	Varies
Delivered by/IPs	TAHEA and KIMKUMAKA	Government	ACDI/VOCA	Heifer	BRAC	PACT
Type of project	Cross sectoral	Govt fund	Livelihood strengthening	Pass it on model	Graduation approach	Micro finance model
Integration approach	SILC, agriculture, Prevention, nutrition, OVC	Conditional Cash Transfer (3 differentiations, including the Vulnerable Groups Transfer)	Agro-based livelihood strengthening. The project has focused on developing Village Based Agricultural Advisors (VBAAs).	Agro-based livelihood strengthening and strengthening access to markets	Simultaneously increases physical and social capital. Livelihood promotion; social protection, financial inclusion, social empowerment	Micro banking program for women
Beneficiary type	PLHIV and OVC	Families in Tanzania	Farming families	Farming families	The ultra-poor	Women
Source of funding	USAID	Tanzanian Govt	USAID	Heifer International	USAID?	PACT
Similarities	OVC focus	Foundational package and livelihood support	Livelihood strengthening	Pass-on component	livelihood pathway framework (NCPA) has similar components	Livelihood support
Differences	No pass-on component Youth entrepreneurship	No pass-on component	No pass-on component Microentrepreneurial-driven model	Includes: Hub; youth entrepreneur program; and eco-village to support families to become more resilient to climate change	No pass-on component	No pass-on component WORTH provides no capital or seed money.

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Other models: Child Protection Models

	World Vision	SOS Tanzania	Lishe Endelevu Save the Children	Banking on change Plan International	Terres de Hommes
Duration of project	Ongoing	Ongoing	2018-2022	Phase I: 2009-2012	Ongoing
Delivered by	World Vision Tanzania and VisionFund Tanzania	SOS Tanzania	Save the Children International (Lead), Deloitte, The Partnership for Nutrition in Tanzania (PANITA), Africa Academy for Public Health(AAPH), Manoff group	Plan International UK, CARE International UK and Barclays	Kiota Women Health and Development (KIWOHEDE) and Association for the Termination of Female Genital Mutilation (ATFGM)
Type of project	Area Programs (APs) & sponsorship	Education	Multi-sectorial	Multi-sectorial	
Integration approach	Child Protection programme focuses on: Livelihood, Health, Nutrition and WASH. Spiritual development and Protection of Children are cross-cutting functions. Education is prioritized as a secondary objective.	SOS villages	Health, nutrition, caregiving, WASH	Youth Savings Group Model	Child labour and child trafficking
Beneficiary type	Children and vulnerable children under 2 years old	Children and youth, includes MVC.	Women, children and adolescents, includes MVC.	Young people, including MVC	MVC
Source of funding	Global Affairs Canada and World Vision Canada	xx	USAID	Barclays	Terres de Hommes xx
Similarities	Support give to MVC Focus on improving children's well-being through child-focused transformational development	Health, education, psychosocial support and economic strengthening.	Health	It reaches young people through young people.	
Differences	No pass-on component	No pass-on component	No pass-on on component	No pass-on component	No pass-on component. Focus on child labour and child trafficking

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Annex 3: Demographic data

2021 MVC demographics by village

2021 Village (% show is by village)							
	Bugoba	**Isuba**	**Kibatata**	**Lutete**	**Mpuga**	**Ndubi**	**Total / %**
Gender							
Male	81	79	35	74	60	71	400
	56%	50%	55%	52%	51%	65%	55%
Female	63	77	29	67	57	38	331
	44%	50%	45%	48%	49%	35%	45%
Age (Mean = 13yrs)							
0-6 yrs	16	27	10	25	21	9	108
	11%	17%	16%	18%	18%	8%	15%
7-12 yrs	57	60	19	45	33	25	239
	40%	38%	30%	32%	28%	23%	33%
13-18 yrs	49	58	25	62	49	50	293
	34%	37%	40%	44%	42%	46%	40%
19 + yrs	22	11	10	9	14	25	91
	15%	7%	16%	6%	12%	23%	12%
Total MVCs	144	156	64	141	117	109	731
MVCs by village (% total)	20%	21%	8%	20%	16%	15%	100%

2017 MVC demographics by village

	2021 Village (% show is by village)						Total
	Bugoba	**Isuba**	**Kibatata**	**Lutete**	**Mpuga**	**Ndubi**	**(n=754) %**
Gender							
Male	86	91	39	71	58	61	407
	58%	51%	54%	50%	54%	57%	54%
Female	61	87	33	71	49	46	347
	42%	49%	46%	50%	46%	43%	46%
Age (Mean = 10yrs)							
0-6 yrs	43	55	13	34	14	21	180
	29%	31%	18%	24%	13%	19%	24%
7-12 yrs	58	68	32	60	47	45	310
	39%	38%	44%	42%	44%	42%	41%
13-18 yrs	45	43	25	44	46	40	254
	18%	30%	35%	31%	43%	37%	34%
19 + yrs	1	1	2	4	0	2	10
	1%	1%	3%	3%	0%	2%	1%
Total MVCs	147	178	72	142	107	108	754
MVCs by village (%)	20%	24%	10%	19%	14%	14%	100%