Summary Report
CHILD-SENSITIVE SOCIAL PROTECTION
AND NUTRITION-SPECIFIC INTERVENTIONS
PILOT EVALUATION

Care
UNICEF
for every child
Child-Sensitive Social Protection and Nutrition-Specific Interventions (CSSP) Pilot Evaluation

SUMMARY REPORT

Programme implemented by the Government of Rwanda and UNICEF, with CARE International (August 2015–March 2017)
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## Abbreviations and Acronyms

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<tr>
<td>CPW</td>
<td>Classic Public Work</td>
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<td>CSSP</td>
<td>Child-Sensitive Social Protection</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EPW</td>
<td>Expanded Public Works</td>
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<td>LODA</td>
<td>Local Administrative Entities Development Agency</td>
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<td>MINALOC</td>
<td>Ministry of Local Government</td>
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<td>VSL</td>
<td>Village Savings and Loans</td>
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<td>VSLA</td>
<td>Village Savings and Loans Associations</td>
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<td>VUP</td>
<td>Vision 2020 Umurenge Programme</td>
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Introduction

In recent years, UNICEF Rwanda has supported the Government of Rwanda in identifying options to enhance the positive impacts of the Government’s flagship Vision Umurenge (VUP) Social Protection programme, in particular its effects on child poverty and vulnerability. These child-sensitive social protection options have been developed within the context of existing social protection components of the VUP, where households with young children are most likely to be participants in public works.

In 2015, the Ministry of Local Government (MINALOC) and its partners selected two prominent child-sensitive social protection options to roll out. These options are aimed at addressing constraints leading to non-participation in public works by eligible people, and at promoting childcare and protection in public works. One of the options focuses on expanding the types of public works that are available, and making them more flexible for eligible participants with caregiving responsibilities. The second option prioritizes the introduction of childcare services (known as mobile crèches) in support of participant’s child-caring responsibilities while participating in the VUP public works.

UNICEF Rwanda was identified by the Government to be in the best position to pilot these two options prior to them being scaled up. In 2015, UNICEF, in partnership with CARE International in Rwanda, launched a flexible public works (also known as Expanded Public Works, or EPWs) pilot in three sectors in two districts (Bigogwe Sector in Nyabihu District, and Gakenke and Minazi sectors in Gakenke District).

This summary report presents an overview of an evaluation of the pilot, both qualitative and quantitative. The specific objectives of the evaluation are to: 1. assess the impact of the project on the lives of children and poor families, as well as the community in general; 2. evaluate the achievements of expected results of the project; 3. assess the relevance, effectiveness, efficiency, sustainability and scalability of the individual and integrated programme interventions; and 4. document the best practices and lessons learned from the pilot for further enhancement of child-sensitive social protection programmes.

The qualitative evaluation was carried out in November 2016, and for the quantitative evaluation two surveys were implemented within the span of nine months (March and December 2016). Given the short timeline, the quantitative evaluation does not formally constitute an impact evaluation. Instead, the evaluation focus was on providing insights and indications into the potential effects of cash transfers on household well-being, as well as information on the dynamics of change across a number of domains, including household assets, household food security and nutrition, income-generation activities and savings, and access to support programmes and services. The findings shed light on the short-term outcomes of the Classic and Expanded Public Works and point to the relevance and value of integration of public works with complementary programmes, as well as provide a basis for further process and impact evaluations.

The following chapters provide an overview of the key highlights of both the quantitative and qualitative evaluations, in addition to providing details and lessons learned regarding project design. The qualitative results provide the mainframe for the analysis presented, and are supplemented with quantitative results where relevant. This summary also provides information, as appropriate, gathered throughout pilot implementation, provided by CARE International, UNICEF and district staff, as well as participants of the pilot.

We would like to thank Ms. Susan Enfield for her work on the qualitative evaluation, and we would like to particularly thank Mr. Dominique Habimana for his advice and engagement in the quantitative data analysis. We would also like to extend our gratitude to the district and sector staff who availed their time for interviews, as well as participants in the Expanded and Classic Public Works in Gakenke and Nyabihu districts for their participation in the interviews and focus group discussions.
Key highlights

- The pilot resulted in varied programme outcomes. Regardless, the pilot indicates the high value and relevance of linking public works with childcare and nutrition services.

- The EPW modalities supported the inclusion of households which were previously excluded from public works. The quantitative data show high level of inclusion of Ubudehe 1 and 2 at the outset of the pilot, as well as the increased inclusion of households with members with a disability. However, the available data do not allow for definitive conclusions as to the inclusion and exclusion errors based on the targeting criteria.

- The qualitative assessment highlights that the demand for EPWs and CPWs far exceeds supply. In addition, participants highlighted that targeting should be conducted at shorter intervals, as various shocks – for example, recent droughts – have further pushed households into eligible categories.

- The EPW design was able to provide a range of work options that were less restrictive for families with young children (or dependent adults) in their care and more relevant to making the EPW programme child- and gender-sensitive. EPW participation was made easier since workers were drawn from selected cells of the pilot sector close to worksites, and work tasks undertaken were less onerous than road building and terracing (the typical types of jobs included in the labour-intensive CPWs). The public works challenges of meeting required number of days through new types of jobs were resolved by combining different types of jobs.

- The EPW flexibility of working hours and days were highlighted as beneficial by participants.

- The project design organically evolved alongside implementation. For example, in locations where CPW and EPW were operating in close geographical proximity, participants from both CPW and EPW would take advantage of the mobile crèche for their children (originally only intended for CPW). In addition, older siblings of those targeted for mobile crèche would sometimes attend the crèche. For the EPW, participants themselves at times decided on which public works projects to undertake (once the agreed activities had been completed ahead of time), such as constructing kitchen gardens for all participants and non-participants, focusing on the most vulnerable groups. These are few examples of unintended, yet positive, outcomes of the pilot.

- The design of interventions impacted on behaviour change and practices, resulting improved nutrition and development outcomes of children, as reported in the qualitative evaluation. In addition, it contributed to social inclusion and social cohesion, as well as improved intra-household power dynamics (for example, improved status of women who were able to earn wages and contribute to the household well-being in monetary terms).

- The qualitative evaluation highlights that the mobile crèche has been highly valued by its users, and children at the crèche made visible progress in their development and interactions with others. Mothers could work more freely with their child in a safe space, which had direct impact on their productivity, as reported by district officials.

- Cross-fertilization of nutrition activities and social protection occurred through the presence of community health workers, who monitored children’s height and weight monthly in the crèche, and successfully linked the public works beneficiaries with nutrition-specific services available in health centres, as supported by the pilot.

- The influx of wages shows different use between CPWs and EPWs – CPW participants received larger amounts for shorter periods of work and tended to make larger/higher stake investments, whereas EPW participants (who received smaller amounts but regular and for longer periods) tended to slowly build smaller investments, demonstrating more security and steady increase in investment.

- Focus group discussions highlighted a common anxiety among participants regarding the end of the EPW project – i.e., how to continue investments into their livelihoods, for example, health insurance, without receiving regular wages.

- There was no significant difference in household asset ownership in the short time span between baseline and endline surveys (nine months), and no significant difference between CPW and EPW households.
1. Pilot background

The Government of Rwanda, with support from development partners and other stakeholders, is expanding and improving the design of its flagship social protection programme, the Vision 2020 Umurenge Programme (VUP). This programme uses a mix of social protection instruments to target the poorest households. Public works schemes are a significant component of the VUP programme, and provide wages for work that is of wider benefit to the whole community. The traditional public works scheme, or Classic Public Works (CPWs), has included road building and maintenance and terracing of lands, and demanded hard physical work that often took place some distance from the homes of those participating. CPWs have posed challenges with regard to participation of eligible households for the following reasons:

- Being less well adapted to the needs of extremely poor households with only one worker and eligible female-headed households, who are less likely to participate than male-headed ones; and
- Not being designed to meet the specific needs of women and children.\(^1\)

To address these limitations, the Government of Rwanda, with UNICEF support, commissioned a Child-Sensitive Social Protection Options Paper,\(^3\) which presented a total of six options to improve the child sensitivity of social protection programmes in Rwanda. The Government then selected the following two options as priority interventions:

- Developing a new range of public works that is more flexible and part time and can be carried out closer to home (Expanded Public Works – EPWs, also sometimes referred to as Flexible Public Works); and
- Provision of childcare for children of public works participants (via mobile crèches at the worksite for children aged 6–24 months).

Based on these decisions, the Government of Rwanda commissioned the development of a costed Implementation Plan, and UNICEF was identified to be in the best position to pilot these two options prior to them being scaled up. This pilot is a component of the first phase of the Roadmap for Implementation of Child-Sensitive Public Works in the VUP Programme.\(^4\) As part of this pilot, UNICEF tested child-sensitive social protection innovations in three sectors of two districts in Rwanda. As the pilot was implemented, the Local Administrative Entities Development Agency (LODA) progressively scaled up the coverage of the VUP EPW in 30 sectors in 2016/17. It is planned that EPWs will be rolled out in all VUP public works sectors in Rwanda.\(^5\)

The EPWs and the crèche facility have been piloted in the context of a raft of changes and improvements within the VUP. These other initiatives include varied measures, from launching the VUP proximity caseworkers through to providing minimum asset grants to the poorest households (under the ‘Graduation from Extreme Poverty Package’) the introduction of nutrition support services, and strengthening the livelihood components of the VUP programme.

There is an interest within LODA in the outcome of the UNICEF-supported pilot and the extent to which it is able to address identified challenges in relation to CPWs. The analysis contained in this summary report evaluates the UNICEF pilot, implemented in line with the measures and design detailed in the Roadmap for Implementation of Child-Sensitive Public Works in the VUP Programme.\(^6\)

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2. VUP Gender Equity Assessment, 2013.
5. LODA currently scaled up for a further 80 sectors in 2017/18
6. Ibid.
2. Project description

For the piloting of the child-sensitive social protection measures, UNICEF engaged CARE International in Rwanda as the implementing partner. UNICEF, as the programme donor with support from the IKEA Foundation, contributed the majority of funds to the pilot. CARE International provided a financial contribution and expertise to the pilot. In addition, UNICEF played a role in project oversight, monitoring and learning.

The pilot was implemented in the following sites:7

- Gakenke District – Minazi and Gakenke sectors; during the final phase of the pilot, post-evaluation, a mobile crèche was implemented in the fourth sector, Cyabingo of Gakenke District;
- Nyabihu District – Bigogwe Sector; and
- Nutrition-specific interventions targeting malnourished children aged 6–23 months (in two pilot districts and three additional districts).

Two dedicated CARE programme staff supported implementation of activities in the three sectors and worked closely with LODA, local authorities and VUP staff. There was also a close collaboration between CARE staff, sector and cell staff and community members to implement all activities. Nutrition elements were closely linked to existing Ministry of Health child nutrition services. CARE International brought experience in creating small Village Savings and Loans Associations (VSLA) and used this methodology to add value to wages earned, by encouraging saving in small groups and investing in household economies.

**Stakeholders:** LODA has been a key stakeholder for the Child-Sensitive Social Protection (CSSP) pilot, with staff at central level included in the design, launch and monitoring. District and sector-level staff were involved in implementation of the pilot through planning, targeting, provision of training and supervision of the activities. LODA is the primary beneficiary of the results from this pilot evaluation, in order to further inform LODA’s ongoing pilot and scaling up of the EPWs. The role of the staff of CARE International has been integral to implementation, and their good working relationships with other stakeholders (local authorities, health and nutrition staff, VUP staff) were essential to the implementation of the pilot.

Village and community leaders were important stakeholders in the project, with community members playing a critical role in the selection of beneficiaries, and providing land and facilities (e.g., availing the land for erection of mobile crèches and household latrines for use by mobile crèche or public works beneficiaries) and labour for mobile crèche facilities. Community health workers also provided significant contributions to project implementation. For the nutrition component of the pilot, district health counterparts including the Health Department at district, district hospitals and health centres were among key stakeholders, as was the nutrition desk at the Rwanda Biomedical Center.

**Programme design and delivery:** The pilot programme was delivered over a 16-month period (whereas the programme documents were signed in August 2015, the actual implementation of the programme began in October/November 2015). It was designed to initially run from October 2015 to December 2016, but was subsequently extended until March 2017.

The programme was designed to deliver four main outputs:

- Mobile crèche model developed and supporting the delivery of ECD services to children (6–36 months old) of the 240 VUP participants in two pilot districts;
- Expanded Public Works model developed and benefitting 160 VUP beneficiaries in two pilot districts (an additional 80 households were added later, bringing the total to 240 households); the Village Savings and Loans model is promoted within EPWs;

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7. The programme implemented by CARE International overall included three additional districts where nutrition-specific interventions only were implemented without a link to child-sensitive social protection measures.
9 ‘CSSP Implementation Plan for Expanded Public Works: Output from technical support to implementation planning of CSSP in Rwanda’
— Programme evaluation, and a costing analysis of crèche options developed to inform scaling of the two CSSP options (the costing exercise was initially intended to cover all pilot components, but was later refocused only on childcare costing given that LODA has undertaken the costing of EPW and CPW services);

— Nutrition-specific interventions are implemented for 500 children between 6–23 months old in the two pilot districts, and three additional districts (Gasabo, Gicumbi and Nyamasheke).11

**Expanded Public Works:** EPW was piloted to test options for potential scale-up and replication by MINALOC/LODA, including:

— Operational/administrative assumptions developed within the Child-Sensitive Social Protection Implementation Plan – including assumptions that potential increases in effectiveness and efficiency can be achieved through the delivery of the model’s specific design elements, in particular providing work closer to home, ensuring regularity of payments, promoting a specific child-focused targeting model and ensuring supervision and training.

— Programme assumptions linked to potential child-sensitiveness of the EPW resulting in higher inclusion of households with young children in public works and positive impact on household well-being and outcomes for children.

The EPW pilot organized eligible PW participants in groups of 10 to 30 members who were provided with training by district/sector staff and CARE International to enable them to undertake diverse types of jobs. Participants were provided with basic tools and materials to support their work through the programme. The groups of participants decided themselves on their working schedule, for an allocation of 10 days per month. They selected their own group leader to report on the results of their work to sector officials and to manage the group payments delivered to the group account. The sector officials monitored the work of groups and approved payments based on the assessment of the quality of work assigned to groups (e.g., assigned length of road to be maintained, the number of kitchen gardens, etc.).

The EPWs pilot specifically targeted mothers and other primary caregivers of young children 0–36 months old, who were eligible for public works, in addition to targeting households with reduced labour capacity and households with responsibility for caring for older people and/or persons with disability – as specified in the CSSP Implementation Plan approved by the Government of Rwanda.

The pilot also aimed at testing the possibilities of diversifying the types of jobs that can be included in the scale-up of the EPWs model. Thus the approach has used a wider variety of less labour-intensive works to provide paid work, including maintenance of roads and improving the environment around public buildings (greening and beautification); building of improved stoves, compost pits and kitchen gardens in beneficiary homes and for other neighbours.

As specified, EPW was implemented in Minazi Sector of Gakenke District, and Bigogwe Sector of Nyabihu District. Two cohorts, each of 40 EPW beneficiaries, were expected to work for nine months in the two pilot sectors (totalling four cohorts). Part way through the pilot, UNICEF secured additional funds and the target for the second cohort rose to 80 beneficiaries per cohort in each sector. Thus the overall beneficiary total increased from 160 to 240 households and the duration of work for two initial cohorts was extended to 13 months.

As a result, 240 VUP beneficiaries have taken part in EPWs and the duration of paid work has reached targets. The first cohort of EPW households in Minazi worked from November 2015 to March 2017 (16 months) and in Bigogwe from December 2015 to March 2017 (15 months). The second cohort worked from May 2016 to March 2017 (10 months) in both sectors.

11. This target number was established only for the supplementary feeding with fortified foods, while other interventions, including the micronutrients supplementation with micronutrient powders as well as growth monitoring and promotion (anthropometric measurement) targeted all children in the targeted districts regardless of their Ubudehe status.
**Mobile crèches:** Mobile crèches at the public work sites were organized through the VUP Classic Public Works programme. The crèches were intended to provide a safe environment for children 6–36 months old following acceptable standards of care and safety for children of this age. The crèches were designed to be available to children during the CPW activities to allow the full participation of parents in CPW while at the same time supporting the early childhood development (ECD) of their young children. The expectation has been that following completion of public works projects, participating mothers (as part of the public works) in mobile crèches, in particular those trained as mother leaders, would be able to replicate care and support to children in their communities in a form of home-based ECD using the same principles of coaching peer mothers to organize care and stimulation of children.

The physical features of mobile crèches were designed to follow basic national ECD standards and the equipment and facilities required were provided through CARE International. The crèches were implemented in close collaboration with the VUP programme officials at district and sector level. Community health workers were mobilized to ensure correct health and nutrition messaging and monitor the health conditions of children.

Mother Leaders, drawn from eligible PW participants, were trained during each mobile crèche cycle (four to five days of training over the cycle) to deliver basic ECD services and guidance to other caregivers. The Mother Leaders and other assigned caregivers were trained, coached and supervised by ECD professionals from CARE International. On any work day, one key Mother Leader worked with four other mothers/caregivers in rotation to care for children, giving advice on child feeding and on using appropriate play techniques to stimulate children. They were paid for the care work they undertook. In addition to basic ECD services provided, cooking demonstrations to promote adequate nutrition were organized for caregivers. The crèches provided SOSOMA (supplementary food) once a day to children. Attempts were made, with varied levels of success, to encourage the PW participants to contribute financially or in kind to food provided for children. The supplementary food, however, was provided regardless of the contribution of the participants.

The first crèche was established in Gakenke Sector of Gakenke District to support mothers working in CPW and ran from October 2015 to March 2016 (six months), from the beginning of the specific public works project in that site until the end. A second crèche was established alongside the CPW in Bigogwe, Nyabihu District, and ran from December 2015 to April 2016 (five months). This crèche was later moved to a second site and was functional from September 2016 until end of the pilot (six months). This mobile crèche, as well as the crèche established in Cyabingo Sector, were not included in this evaluation. Whereas the mobile crèches were initially intended to support CPWs exclusively, during implementation of the programme in Bigogwe Sector, participants in the EPWs have also used the mobile crèche. This maximized the use of the crèche in an area were both types of public works were implemented in parallel.

A total of 131 children (55 per cent of the original target) used the crèches at the time of the qualitative evaluation. The target was exceeded by the end of the programme in March 2017, with 278 children included.

**Nutrition-specific interventions:** This component of the project was added to the pilot framework in order to provide nutrition support to the most vulnerable families and test the potentials of integrating social protection, child care and nutrition services. The nutrition-specific interventions were added as an extension of an ongoing UNICEF nutrition support programme focusing on the first 1,000 days of life as a ‘window of opportunity’ during which adequate nutrition is essential to prevent stunting.

The component included the following key interventions implemented in five districts:

- Provision of supplementary feeding (SOSOMA porridge flour) to targeted children between 6 months and 23 months old attending ECD and family services; and
- Provision of micronutrients through health facilities and promotion of the adequate use of complete

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12. Data from CARE Q4 reporting to July 2016.
13. By the end of the programme, the progress report (April 2017) shows 278 VUP beneficiaries with children using crèche services (114 per cent of target – 278/240).
Child-Sensitive Social Protection and Nutrition-Specific Interventions (CSSP) Pilot Evaluation

micronutrient additive (micronutrient powder-Ongera); and

- Training of community health workers; and
- Promotion of growth monitoring and supervision.

Access to appropriate food supplements to prevent malnutrition has been promoted under the nutrition-specific component and targeted children whose mothers/caregivers belong to segments of the population at greatest risk, such as poor and food-insecure households under Ubudehe Category 1 that attended the mobile crèche, as well as children and families in other Ubudehe categories at risk of malnutrition.

The nutrition-specific interventions were focusing on all children assessed as being at high risk of malnutrition in five targeted districts. Provision of supplementary food for all children in mobile crèches was added to this component. Thus, the set of interventions provided did not exclusively target the beneficiaries of CWP and EPW and mobile crèches included in the pilot but had a broader reach. This evaluation, however, focused only on the aspects of the nutrition-specific interventions that were linked to the EPW and CPW beneficiaries in Gakenke and Nyabihu.

By the end of the programme in five targeted districts, 1,623 children were included. Out of this number, 500 children received nutrition supplements in the pilot districts of Gakenke and Nyabihu and all children in the mobile creches benefited from the distribution of supplementary food.

Village Savings and Loans: The objective of this intervention was to provide financial literacy and training on income generating activities to participants in the EPWs through the Village Savings and Loans (VSL) methodology. The methodology relies on small groups of neighbours coming together on a regular basis to save money jointly. These funds are then used to provide small amounts of credit to members to be used for income-generating activity; loans are repaid with interest and group capital grows. Members may save flexible amounts in shares. Commonly, at the end of one year members will receive a dividend paid from the total funds accumulated (from savings and interest payments) and this marks a significant stage in the savings and loans cycle. Training for group members and support in the early stages of the group are important for success and sustainability. The VSL training and supervision of VSL groups created within EPW components was provided by CARE staff, as there are core rules and principles to the method. Key components of the VSLA training cover VSL methodology and principles for running the group; saving with a purpose; selecting and planning for an income-generating activity; and budgets and business planning. VSL was a planned activity from the outset, as this model is known to provide sustainable support to poor households.15 Village Savings and Loans Associations (VSLA) were initiated and trained from June 2016 and had been active for six months at the time of the qualitative evaluation. By the end of the pilot, 240 EPW participants were included in VSLA in eight groups.

3. Objectives and methodology

The evaluation combined qualitative and quantitative methods with the resulting technical reports combined into this analytical summary report.

The qualitative evaluation aimed at assessing the impact of the project on the lives of children and households, evaluating some of the key objectives of the pilot along the main evaluation criteria, and documenting the best practices and lessons learned from the project.

The qualitative evaluation covered the pilot implementation in two pilot districts/three sectors and relied on documentation review, interviews with key informants and focus group discussions with participants of the programmes. The semi-structured interviews with the programme team, local partners and project participants were implemented using templates developed to gather detailed information about context, implementation, challenges and successes. Focus group discussions involving direct beneficiaries in mixed gender groups of 20 persons were used to explore participants’ perceptions of change.

15. CARE Activity Description for Modelling CSSP and Nutrition Interventions.
Key stakeholders and beneficiaries of each intervention were engaged in the evaluation process including: 5 social protection staff; 5 representatives of local authorities; 5 community health workers; 79 EPW participants; 32 mobile crèche users (included in CPW) and Mother Leaders; and 10 mothers whose children benefited from the nutrition-specific interventions.

The quantitative evaluation was designed to compare the dynamics of use and impact of cash influx of CPWs and EPWs with regard to housing, purchase of land, investment, food security, savings, loans and participation in the VUP programme, among other dimensions. The evaluation explored the dynamics of household consumption and spending upon receipt of cash transfers, as well as the potential differences in the consumption/expenditure dynamics among households receiving cash transfers through EPWs (that receive a steady income of 10,000 RWF per month over the minimum period of nine months at the time of the endline survey) and (as a control group) through CPWs (households that were engaged in the CPWs for approximately five months). In short, the structure of the treatment and control groups allowed for some comparison as well as understanding of both experimental (EPW) and control (CPW) sites.

The first phase of data collection was conducted in Gakenke and Nyabihu in March 2016, covering 80 intervention households (participating in EPWs) and 80 control households (participating in CPWs), and another batch of data collection was carried out in April 2016 and included 160 intervention households (EPWs). In total, 240 intervention households and 80 control households were interviewed for the baseline evaluation (n=320). A second phase (endline) of data collection was implemented in the same intervention and control households, and was conducted between November and December 2016 to assess programme outcomes and impact. All of the households included in the quantitative survey had children, and the mean number of children per household was 2.74 at baseline.

Both the qualitative and quantitative evaluations had limitations, which are summarized in Appendix 1.

4. Expanded Public Works

4.1 Targeting

The data indicate a high level of inclusion of eligible households, including persons with disability and persons who were previously unable to participate. The available data do not allow for definitive conclusions as to the inclusion and exclusion errors based on the targeting criteria.
The EPW pilot specifically targeted mothers and other primary caregivers of young children 0–36 months old, who were eligible for public works, in addition to targeting households with reduced labour capacity and households with responsibility for caring for older people and/or persons with disability – as specified in the CSSP Implementation Plan approved by the Government of Rwanda.

The qualitative evaluation highlights that the selection of households to be prioritized for EPW was made by local authorities at village level. Lists were presented to CARE staff that checked selections made against project criteria of adults with very young children (under 3 years old) or any person with disability in their care. The EPW included the following total number of households: 40 from each sector in October 2015 and another 80 in each sector in May–June 2016, for a total of 240.

Reports from the sector staff at the time of evaluation stated that the households selected at the project sites all belonged to Ubudehe Category 1, and that these households included only one worker and children younger than 5 years old and/or a household member with a disability. This was in line with the selection criteria for households eligible for EPWs. The findings of the quantitative evaluation, however, reveal a somewhat different situation. The quantitative survey at baseline showed that the majority of participants of EPW were in Ubudehe Category 2 (72 per cent), while 27 per cent belonged to category 1 – thus almost 99 per cent of the households belonged to the eligible categories 1 and 2, according to the old Ubudehe categorization (six categories) that was in place at the beginning of the pilot. In the short time that passed between the first and second quantitative surveys, the Ubudehe categories were reduced to four. For the second survey (endline), there were fewer households belonging to categories 1 and 2, whereas some 16 per cent of households had moved from categories 1 or 2 to category 3. It is highly likely that some of the pilot participants selected for the pilot had ‘graduated’ from one category to another by the end of the pilot but were still retained within the pilot for its consistency.

The quantitative baseline evaluation highlighted that 25 per cent of EPW households included members with disability or chronic illness, and this number increased to 32 per cent at endline. Likewise, there has been an increase in members with caring responsibilities for persons with disabilities, from 10 per cent to 19 per cent. This increase would need to be explored further, but some households were included in the pilot in May/June, after the baseline data collection, and for these additional households the more stringent targeting criteria of inclusion of households with members with disabilities was strictly followed. For control households, the numbers of members with a disability or caring responsibilities were too low to report on, both at baseline and endline. This can largely be explained by the fact that the EPW-specified inclusion of households having persons with disability as targeting criteria and has thus enabled participation of these households in the public works programme for the first time through EPW.

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16. Reported by sector staff in Minazi.
17. As prioritized in CSSP Implementation Guidelines (Roadmap): Households where there are children under 5 years old and a person with severe disability or chronic illness needing care will be selected with priority over single adult households with children under 5 years old. These in turn have priority over households with only one worker but children who are older (6–14 years old).
Table 1: Distribution of proportion of households by disability and caring responsibility

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<th>Endline</th>
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The positive effects on the inclusion of the households that were previously excluded from the public works was furthermore confirmed through the qualitative evaluation, where the adequacy of the targeting process was discussed through the focus group with beneficiaries. From a show of hands, participants in the randomly chosen focus groups were ‘checked’ against the type of beneficiary targeted. In the small sample (n=79) of EPW focus group participants:

- 53 per cent (42/79) of those sampled in the qualitative study had not taken part in public works before;
- 48 per cent (38/79) of households had previously been in public works schemes;
- 56 per cent (44/79) had children 0–36 months old; and
- 23 per cent (18/79) came from households with a single adult and/or a second adult with chronic condition requiring care.18

The focus group discussion on targeting revealed a concern by the participants about other households in the sector that qualified and would have benefited from EPW participation but were not included. This concern was corroborated by the view of a government stakeholder who specified that the EPW has employed modest numbers (120/sector) compared with the CPW site in Gakenke (300 persons) and that there was a potential to scale up further to meet reported demand.

Beneficiaries in Minazi felt there were other households that would qualify but were not involved in VUP and EPW. This was because some previously non-qualifying households would now meet criteria, as they had been severely affected by climate-related disasters which had occurred after the initial targeting. Also, new households had been established (by young couples) and were in difficult situations, that EPW beneficiaries felt mirrored their own. EPW participants in Bigogwe stated that overall levels of demand greatly exceeded the supply. While they recognized that selection was done through public meetings, there were many others in the same situation as themselves who, according to their testimonies, were not selected. In sum, the feedback from beneficiaries confirmed the need and demand for both CPW and EPW interventions on a wider scale.

In pilot sites, there seemed to exist a patchwork of neighbours at community level where some were in CPW, some were in EPW, and others were not working though were admissible to VUP. Participants seemed resigned to this reality and it seems this has not brought conflict or disrupted social cohesion, despite the varied advantages of EPW over CPW for example. On a positive note, EPW participants reported being able to loan small amounts to their neighbours, which contributed to their social standing in the community.

18 Disability, old age, HIV status.
4.2 Work arrangements and organization

The organization modalities of the expanded public works supported the inclusion of the households that were previously excluded from public works. The flexibility of working hours, modalities and timelines of payments were assessed as beneficial by participants. Participants in Expanded Public Works typically worked for three days a week, as opposed to the five days a week for Classic Public Works.

Improvements in access to public works: The qualitative assessment highlights that flexibility of works and reduction of hard physical labour demands allowed eligible participants who previously had to abandon CPW to participate. Former CPW participants from Bigogwe noted that, indeed, the CPW was extremely physically demanding work, especially stone carrying with a child on the back. They stated that the EPW work, by contrast, was more manageable, especially since for this particular location they were also able to access a mobile crèche.

Flexibility in working arrangements: As already outlined, one aspect of flexibility in design was intended to allow EPW participants to decide when to do the work, with regard to which days and times of the week (especially in maintenance of a section of road). Participants seemed to be working as sizeable groups for three days of the week – this was the mechanism established by the participants themselves, who felt that this type of organization provided sufficient flexibility and enabled them to manage as a group. Respecting a more flexible timetable meant they could better balance their care responsibilities and paid work.

The quantitative evaluation highlights the number of days worked in public works per week, and the majority of households engaged in EPW reported working for three days, whereas in the CPW control sites they reported working for five days. This was to be expected given the difference in design of the EPW and CPW. Payment of wages: The payment system as implemented under EPW differed from the model currently applied within the formal VUP system. The payments, which were made through a group account under EPW, were organized with a view of supporting group cohesion and encouraging mutual support in instances of illness or justified absences. Success of the group payments has obviously depended on the ability of the groups to be well organized and to establish relationship of trust, combined with competency to assess work done by individuals and not to mix the payments. The group was required to manage individual remuneration jointly and the qualitative assessment reported no problems in the ways they were doing this. Group officials/leaders withdrew joint monies and redistributed to group members. This created a role for group leaders, and there was a saving to project implementers from the administrative burden since a single transfer could cover up to 30 recipients.

During the pilot there was a push to encourage EPW beneficiaries to open individual bank accounts at the SACCO, as this would bring conformity and further contribute to targets in Imihigo District. Although this push may be justified, EPW beneficiaries themselves resisted opening individual accounts, as they felt they were satisfactorily paid via small group accounts. The preference for the joint accounts might have been caused by the administrative costs linked to opening of the individual bank accounts that beneficiaries reported they had to cover from their own income.

Whereas in the CPW model implemented under VUP, the district sends funds to the SACCO and workers are paid via individual accounts every 15 days, in the EPW pilot, beneficiaries were paid monthly through groups of 10 (or more) members via a group account. One of the focus groups reported that payments were made via a group account to 30 persons. The longer payment interval was not flagged as a particular problem, whereas reference was made to delayed payments under CPW, as the quantitative evaluation also highlighted, see Figure 2 below.

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19. As described by informants in Minazi.
Regarding the timeliness of payment, the quantitative survey shows significant improvement from baseline to endline among the EPW group, where it increased from 52.5 per cent to 87.3 per cent. The delays in payment for the EPW participants at the baseline were primarily caused by the need to find the most appropriate mechanisms of cash transfer to districts through the NGO partner. Once the issues of cash transfers were resolved, the timeliness of payments was ensured.

Once VSLAs were in place, an individual could save a part of this wage, but up until the point of creation of VLSAs, there was likelihood that wages were spent in their entirety. In contrast, the VUP payment system to individual accounts was thought to promote saving from the start, as individual account holders were encouraged to hold savings and not draw their entire wage. This, however, was not supported by the findings from the quantitative survey, indicating a higher level of savings by EPW participants (see Chapter 4.4).

4.3 New types of jobs, skills development and economic activity

EPW design enabled provision of a range of work options that were less restrictive for families with young children (or other dependent adults) in their care and more relevant to making the EPW scheme child and gender-sensitive. Participation of targeted beneficiaries in EPW was made easier since workers were drawn from selected cells of the pilot sector close to worksites, and work tasks undertaken were less onerous than road building and terracing. The challenges faced in meeting the required number of days through new types of jobs were resolved by the combination of different type of jobs.

One key aspect of the Expanded Public Works pilot is to introduce a greater range in types of jobs, including, among others:
- Road maintenance;
- Maintenance of spaces around public buildings;
- Creation of kitchen gardens;
- Creation of compost pits; and
- Including a certain number of participants as caregivers in the mobile crèches.

Generally, the qualitative evaluation showed that these types of jobs have been found to be less onerous in terms of hard physical labour20 and have allowed young mothers, older persons and adults with responsibility of care for a disabled or chronically sick person to perform public works for wages.

While supporting the implementation of the EPW based on other types of jobs, the district/sector officials have faced the challenge of these types of jobs being insufficient to cover the planned number of days (10 days per month). This was resolved by one cohort of participants by combining this with additional types of jobs, and this proved to be an effective solution. However, this flexibility in deployment and decision-making about the selection of the types of jobs may pose challenges in scaling up, since it would require additional planning skills and supervision of the work by the involved officials.

The quantitative survey collected information on capacity building provided through the pilot and also through specific training/sensitization programmes available to public works participants (both EPW and CPW) from other sources, both at baseline and endline. As shown in Figure 3, participants most commonly received training in functional literacy, entrepreneurship, savings and investment, income-generating skills, livestock

20. Less onerous than road building or terracing that frequently form part of Classic Public Works.
management and reproduction, and kitchen garden management. In addition, 31 per cent had received no training at baseline, compared with only 2 per cent at endline.\textsuperscript{21}

It is interesting to note that the number of beneficiaries reporting receiving any type of training in treatment sites was higher at baseline and more than doubled by the endline. As mentioned above, this can be explained by the presence of multiple programmes in the pilot sectors (including larger-scale nutrition and ECD programmes that have offered multiple training possibilities for the beneficiaries), with the same beneficiaries receiving multiple types of training at different times during the implementation of the programme.

One of the assumptions of the EPW pilot is that the combination of the services and training provided through the pilot contributes to a significant increase in the capacity of beneficiaries to move from unpaid farming and agricultural activities and engage in work for salary or wages. The proportion of people working for wage or salary increased by 23 per cent in both EPW and CPW sites, while the number of those who were engaged in unpaid farming activities and agricultural activities decreased by 7 per cent and 8 per cent, respectively (Figure 5). There was a significant increase in waged work among the EWP (intervention) households (by 27 per cent), as would be expected given that the households were participating in paid public works.

\textsuperscript{21} Note: The denominator changed between baseline and endline (significant surge in number of trainings received).
Out of the households that provided information about the household members who have worked, the majority of households have one or two members who have worked, but there was a slight shift at the endline to an increase in the number of households with three or more members being able to work. In theory, all EPW (intervention) groups should have had only one worker, but only 55 per cent have met that criteria. This is in line with the findings of the qualitative survey where about 23 per cent households included in focus group discussions reported having more than one person able to work. This calls for special attention for future targeting within the EPW scheme. In addition, a more in-depth analysis of the age of household members who worked as well as potential changes in household size and movement of household members in and out of the households over time may be required to adequately assess and monitor the eligibility of households for EPW over time.

An interesting finding from the qualitative evaluation shows that at the time of the evaluation (when a large proportion of the population was affected by a long period of drought), the landless peasants who rely heavily on paid agricultural work for cash wages had more difficulties in finding work. This particularly affected mothers whose participation in CPW had ended; however, those in EPW were still cushioned from this contextual challenge, according to the testimonies of the participants.

4.4 Household assets, investment and savings

Both EPW and CPW participation has an impact on investments and savings. The PW wages were used differently within CPW and EPW – CPW participants received larger amounts for shorter periods and tended to make larger/higher stake investments, whereas EPW participants (smaller amounts but regular and for longer periods) tended to slowly build up smaller investments, showing more security and steady increase in investment. The qualitative evaluation highlighted that there was a good degree of overlap across the different sites (both the sites with beneficiaries engaged in EPW and the sites where beneficiaries engaged in CPW combined with mobile crèche) in terms of changes in household well-being; EPW and CPW participants in focus groups reported similar changes to their family situation and household well-being.

4.4.1 Wage amounts, use of wages and household investments

The quantitative evaluation provided information on approximate average amounts of money paid to public works beneficiaries in the past 12 months. What is observed is that the proportion of people being paid between 50,000 RWF and 100,000 RWF has increased from 15.3 per cent to 29.9 per cent in general, between baseline and endline. The significant differences in the size of payments received by the CPW control group in the range above 100,000 RWF (8.9 per cent to 43.5 per cent at endline) in the past 12 months can be explained by the design of EPW (smaller amounts paid year-round) and CPW (larger amounts paid
during public works duration), and in addition not all EPW households started working at the same time within the implemented pilot.

When it comes to the use of wages, the qualitative evaluation highlighted that the range of areas in which investments had been made was similar across all sites, although there was slightly more investment in basic needs for households in the early stages of participation, with some longer-term investments made over time. This prioritization is logical and it is encouraging to note that there has been a progression in investments during the duration of the project, suggesting that households were increasingly stable in meeting their daily needs.

The positive outcomes for households included most notably the investment in food security and access to health services, followed by some examples of investment in paying school expenses, and children returning to school. As a result of public works earnings, the qualitative assessment shows that participants have also bought food, clothing, manure for plots, small livestock, and small amounts of land, as well as settled debts at school.

![Figure 6: Distribution of proportion of households by public works payment in the past 12 months](image)

"I renovated my banana patch using some improved varieties that I expect to yield income and cover my health insurance." – Male participant in CPW Gakenke

"In fact, the biggest enemy is poor health and since I have had my insurance I can get timely treatment. Having seen the usefulness of health treatment I am determined to go on paying this even though my family home is affected by the disaster." – Male beneficiary, Gakenke

"In the second month I bought a pump for spraying potatoes so now I no longer need to borrow from neighbours." – Woman beneficiary, Bigogwe

Participants described a wide range of investments made into their household economy, including buying land for cultivation and improvements in the condition of houses (within the eradicate nyakatsi\(^{22}\) campaign). They also emphasized being able to do things they did not do before, including accessing health care on time, saving money and feeding their families more effectively.

\(^{22}\) Nyakatsi – grass thatch roofs, an indicator of household poverty.
When exploring the actual use of public works wages, the quantitative evaluation showed that wages were used mostly for household consumption (food, electricity and water) at a rate of about 70 per cent for both EPW and CPW households. Wages were less commonly used for housing, children’s education (though there was an increase in the use of wages for education for children by 4 per cent, with a more prominent increase in education investment by EPW households at endline). The EPW households invested more money in the purchase of land (13.7 per cent of EPW households compared with 4.4 per cent of CPW households) at endline, whereas the CPW households increased their investment in housing (8 per cent increase for CPW households at endline and 5 per cent decrease among EPW households (Figure 7).

![Figure 7: Distribution of households by usage of public works payment](image)

The qualitative evaluation further explored the use of cash provided through EPW. Paying health insurance contributions seemed to have been an early priority. The second cohort group beneficiaries who were included in the project for only seven months, commonly cited using early income for health insurance, and another group of beneficiaries was proud to report being able to pay for their health insurance for the first time. In addition, these participants mentioned using wages for essential household needs – food, buying clothing, and child welfare and group savings.

**Beneficiaries in Minazi (EPW) focus groups reported being able to:**
- Buy tiles or iron sheets for houses as required by ‘No Nyakatsi’ campaigns
- Buy land (at 500,000 RWF)
- Older people had been able to pay workers to maintain their home/roof
- Buy a small plot of land adjoining the home that sits on the whole parcel
- Rent land to cultivate
- Pay mutual membership or hospital fees
- Pay membership of other tontines (revolving loan groups)
- Use VSLA credit to start a petty trading activity

**Beneficiaries in Bigogwe (EPW and CPW) focus groups reported being able to:**
- Buy soap, food and basic household equipment (a mat to sleep on, a basin to wash in, plates for eating from, blankets and benches)
- Some reported being able to obtain credit, since they were known to be working
- Some children had returned to school, as parents were now able to buy school materials
- Pay health insurance and school uniforms

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23. Not least this meant they were now at ease with regard to their legal obligation to pay for health insurance.
24. I.e., with just six months of wages at the time of the evaluation.
Likewise, the quantitative evaluation highlights that the coverage of health insurance, ‘Mutuelle de Santé’, improved in both control (CPW) and intervention (EPW) sites, whereby the proportion of households covered by Mutuelle de Santé has increased by 10 per cent, while the households with all members covered by Mutuelle de Santé only improved very slightly. Although the number of households covered by Mutuelle de Santé has increased in both sites, the number of households within which all members were covered by Mutuelle de Santé increased significantly the intervention (EPW) sites, from 60.5 per cent to 92 per cent, whereas in the control (CPW) sites it decreased by almost half (81 per cent to 42 per cent) between the baseline and endline. This could possibly be explained by the health insurance payment cycles and the relatively shorter period within which CPW households received the cash transfer to support payment of Mutuelle (the control CPW households were actively engaged in the CPW at the time of the baseline survey, whereas the EPW households were not in place at the time of the endline survey). Regardless, the data indicate the high value households put on having health insurance, which was also emphasized in the qualitative survey. Whereas the patterns and dynamics of health insurance payments require further exploration, it seems apparent that the cash transfers provided through EPW and CPW, when available, had positive impacts on the ability of households to insure all household members. It seems that EPW households, having a more consistent influx of cash, were in a better position to obtain and increase the levels of health insurance than the CPW households.

Figure 8: Households and members covered by Mutuelle de Santé health insurance

4.4.2 Housing characteristics, ownership of assets and investments

There was no significant increase in asset ownership in the short period between baseline and endline (nine months). However, EPW participants made significant housing investments, such as renovations.

Housing characteristics and ownership of assets are dimensions that describe the welfare and living standards of households. Figure 9 shows results from the quantitative survey, and demonstrates no significant difference in selected household asset ownership in the short time span between the baseline and endline (nine months), and no significant difference between control and intervention households.

Figure 9: Distribution of households by ownership of assets
Likewise, there was no significant difference in the housing status of households between baseline and endline. The only notable difference was the decrease in number of households living with another family and those being able to rent the (Figure 10).

When it comes to standard of housing, most of the houses included three rooms (about 39 per cent), followed by two rooms (about 26 per cent) and four rooms (about 25 per cent), with slight decrease compared with the findings of the endline survey, as shown in Figure 11. It is important to note that the decline observed in the lesser number of rooms (three rooms or less), which is 6.5 per cent, corresponds to the increase in the larger number of rooms (four rooms and above), and this may be due to investment in new building and renovation activities that allowed for having more rooms. When it comes to comparison between EPW (intervention) and CPW (control) sites, it appears that the households in CPW sites started from a stronger base than households in intervention EPW sites and have maintained a stronger position, with EPW households showing improvements with regard to the number of rooms and their ability to invest in house building or renovation to increase the number of available rooms.

Regarding housing investments, Figure 12 shows that at endline, about 25.2 per cent of households managed to do any investment in the past 12 months (more than double since the baseline), and have mainly invested in renovating their houses (14 per cent increase), while the number of households who made investment in constructing new houses has reduced by 16 per cent. It should be noted that the baseline took place a few months after the natural disaster had affected one of the pilot district which left many houses destroyed – it is assumed that there was high demand for new constructions and that afterwards the situation somewhat stabilized. Thus, it appears that households invested initially (at the baseline when public works start) in the building and then transitioned into renovations. The types of investments by EPW and CPW sites indicates that the CPW households might have been better able to make housing investments. Whether this is due to the injection of higher amounts of cash transfers over a shorter period of time within CPW as opposed to EPW requires further investigation.
Access to improved water sources and sanitation facilities increased between the baseline and endline, the proportion of households that have access to improved water sources increased by 20 per cent, while the access to improved sanitation facility increased by 59 per cent (see Figures 14 and 15), in line with increased investments by the Government of Rwanda and UNICEF in these sectors during this period.

4.4.3 Land ownership and investments

The establishment of kitchen gardens increased significantly among EPW households, and there was an increase in the proportion of households owning land for food production among EPW households.

"Having a kitchen garden has helped my own nutrition." – Older woman Minazi

Establishing kitchen gardens is a Government of Rwanda policy to support dietary diversity and to address malnutrition. The quantitative evaluation findings indicated that overall ownership of kitchen gardens increased by 14 per cent among EPW households, whereas there was little change among CPW households. This is not surprising, as one of the EPW types of jobs was the creation of kitchen gardens for EPW participants. The number of households in both EPW and CPW sites that owned a kitchen garden of a size of 1–4.9 m (65.3 per cent) decreased to 23.4 per cent, while the number of those that had larger kitchen gardens increased significantly (see Figure 16).
### Figure 16: Proportion of households by ownership of kitchen garden

<table>
<thead>
<tr>
<th>Category</th>
<th>Treatment</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50 m or more</td>
<td>'20 - 49.999 m</td>
<td>'5 - 19.9999 m</td>
</tr>
<tr>
<td>Who own kitchen garden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>2.4</td>
<td>1.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Endline</td>
<td>2.4</td>
<td>6.5</td>
<td>14.2</td>
</tr>
<tr>
<td></td>
<td>39.4</td>
<td>23.2</td>
<td>18.0</td>
</tr>
<tr>
<td></td>
<td>53.3</td>
<td>32.0</td>
<td>31.3</td>
</tr>
<tr>
<td></td>
<td>64.0</td>
<td>67.5</td>
<td>65.3</td>
</tr>
<tr>
<td></td>
<td>0.01</td>
<td>0.03</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>Less than 1 m</td>
<td>'1 - 4.999 m</td>
<td>'5 - 19.9999 m</td>
</tr>
<tr>
<td>Who own kitchen garden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>2.3</td>
<td>1.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Endline</td>
<td>2.3</td>
<td>6.1</td>
<td>19.7</td>
</tr>
<tr>
<td></td>
<td>37.4</td>
<td>31.3</td>
<td>28.4</td>
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<tr>
<td></td>
<td>65.3</td>
<td>66.0</td>
<td>67.5</td>
</tr>
</tbody>
</table>
Land for food production is an important asset, and there was an increase in the proportion of households owning land for food production, accounting for a 9 per cent increase among EPW households, while remaining stagnant among CPW households. It is interesting to note, however, that the increase in land ownership among EPW at endline is due to the increase in the ownership of small plots of land, while there was an increase of about 8 per cent in the ownership of larger plots of land among the CPW beneficiaries (see Figure 17).

### 4.4.4 Livestock ownership and acquisition

Among EPW households, there was a 31 per cent increase in the ability to procure livestock in the past 12 months, and there was a change in the type of livestock ownership – with a large investment in small animals, goats and cows among EPW households, whereas there was an increase in ownership of cows and a reduction in the investment of smaller animals among CPW households.

Among the households included in the quantitative evaluation, that have acquired any livestock in the past 12 months (which has doubled) they acquired the livestock mainly through purchase (about a 16 per cent increase), followed by reproduction (which has doubled), as can be seen in Figure 18. There were marked differences between the EPW intervention and CPW households when it comes to ownership of livestock, as well as the capacity to procure the livestock in the past 12 months. Whereas the EPW households reported a 31 per cent increase in the ability to procure livestock in the past 12 months, and a 10 per cent increase in ownership of livestock, there was a drop of 5 per cent and 15 per cent, respectively, among the control CPW households. This could possibly be explained by the differences in the modalities of payment and the duration of different public works. This finding corresponds with findings from the qualitative evaluation, which highlights increased investment and more security among EPWs.
However, the dynamics of ownership of livestock requires further research. The general assumption that the influx of income results in increased investment in livestock is supported by the fact that households in CPW control sites were better able to purchase livestock at baseline than at endline, and increased the acquisition of livestock through reproduction by endline. It also appears that through accumulation of income and relative income security (perhaps strengthened by savings), the EPW intervention households had higher capacity (73.8 per cent) to purchase livestock at endline than CPW households, which were better off at baseline (66.7 per cent).

The types of livestock ownership (Figure 19) also changed between the short period of baseline to endline, with a large investment in small animals, goats and cows in EPW households, the increase in investment in cows for CPW households and reduction in investment in smaller animals. Whereas the patterns of acquisition of livestock cannot be explained using the available data, these follow the progression of acquisition reported through other studies by which households begin with small livestock and invest in larger and more valuable animals with an increase in savings or availability of cash.

The qualitative evaluation indicated some contextual differences in livestock acquisition. Participants in Minazi cited the purchase of a cow or small livestock (sheep, goats, rabbits), while beneficiaries in Bigogwe reported having only invested in chickens. The distinction between Minazi and Bigogwe, such as a greater investment in food over land, and purchase of poultry over small animals, may indicate that there is a deeper level of poverty in Bigogwe, with many families reliant upon the cash economy for daily food needs.
4.4.5 Savings, access to financial services and investments

There was a significant increase among EPW households that managed to save money, whereas there was no change among CPW households. Participants reported that savings have helped households to manage their money and meet larger expenses, especially health insurance payments.

The proportion of households that have access to VUP financial services increased by 8 per cent overall, while those that managed to save money increased by 60 per cent in general. The EWP households reported an increase in savings of about 81 per cent compared with a 2 per cent increase in CPW households. Out of those households who managed to save, the proportion of households that managed to save 50,000 RWF or less increased by 29 per cent, whereas the number of households that managed to save larger amounts of money decreased. This can be explained either by underreporting or increased investments made by households.

There was a strong correlation between saving and investments. Out of those who saved, about 85 per cent of households in both EPWs and CPWs made an investment in the past 12 months.

The surveys (baseline and endline) also collected information regarding where the money was saved. The majority of people saved/invested through tontines (increase of about 40 per cent), and the EPW group registered an increase of 41 per cent. The introduction of the VSLA approach in the intervention EPW sites is assumed to have largely contributed to the high rates of savings documented through the quantitative survey. In addition, the qualitative survey highlights that the VSLA approach had positive impacts on behaviour change, intra-household dynamics and social cohesion.

In Bigogwe, savings was described as a good habit and the focus group participants explained how they could still sustain this habit from small amounts earned by working for others (in addition to the EPW wages). Some VSLA groups have included non-participants in a similar position – for example, other mothers receiving SOSOMA and having young children.

Focus Group Discussion participants reported that savings have helped households to manage their money and meet larger expenses, especially health insurance payments. Other items like roofing, livestock and land purchases have also been saved for.

It is important to note that VSLA provided an intermediary mechanism through which public works beneficiaries were able to access small amounts of credit to use individually or in pairs for small business. This was an accessible and low-risk system that provided an alternative to loans provided by larger cooperatives established through VUP Financial Services.

"When we get our money from the SACCO we immediately do VSLA and this savings activity has helped me to pay my health insurance for the first time ever." – Older woman, Bigogwe
Taking a small loan to start a small trading activity or other business was most frequently mentioned as the added value from VSLA. Small business activities had begun and were still running after the repayment of credit used for this purpose. As an example, three women had each borrowed credit of less than $6 (5,000 RWF) to rent a knitting machine and sell jumpers; to buy in bulk and resell breads; and to trade in sugar cane. Each had repaid the credit in full and continues trading.

In the view of local authorities interviewed, the savings culture has been helpful in providing assets for income generation, although they also believed some persons were cautious and never took loans. This suggests that VSLA still have unlocked potential to launch further the small income-generation activities. As the initial loans were repaid, with low levels of interest growing the group capital, more cautious members will be likely to learn from one another and take the plunge into other livelihood activities.

4.4.6 Impact of Expanded Public Works on communities

The inclusion of young mothers and marginalized groups in the EPWs was commended in the communities. The EPWs seemed to have contributed to community cohesion.

The qualitative evaluation further highlighted that the EPW scheme was valued by local authorities, which recognized that the activities completed have contributed to various performance targets (Imihigo). For example, since EPW wages were used by beneficiaries to pay health insurance contributions in Minazi, the sector rate of adherence has improved overall, from 74 per cent to 81 per cent.26

The inclusion of young mothers and of particularly marginalized groups was also commended. Targeting of those who were physically weaker has been realized through EPW and investments made have improved living conditions for the target population. In Bigogwe, it was particularly noted that some 30 historically marginalized families had been integrated into EPW, which has contributed to the community cohesion.27 There was added value from social relationships initiated through VUP and advice received from new friends made. Despite several cases where families had been knocked back by disasters (ibiza) and lost homes and land, most felt more optimistic about being able to address these adversities. It is worth mentioning that in addition to routine road maintenance, the district authorities were able to rapidly

**Woman, EPW beneficiary in Bigogwe**

“I before, I did irregular odd jobs (piece work) and I left my child at home with nothing to eat and nothing to drink, and the child wasn’t in good shape. When I got the job (in VUP), we were paid monthly, and with the first 10,000 FRw I bought a young sheep and plastic shoes for the children and food. By luck, I bought a small sheep that was already pregnant, and she had two lambs, one male one female.

I also benefited from training with others about working in groups. Before I used to get small amounts of money and spend them all at once, but now I have learned how to save and have saved 5,400 FRw. If I keep saving, I hope that by June I will be able to buy iron sheets for my roof.

Before my child was in the red (malnutrition category), but now he has reached level three (sic Normal) and is no longer a problem. The children were looked after in the crèche and got porridge: I also got Ongera that I mix with everything I cook. Before I would just cook what I found, without understanding whether it was nutritious or not. Also, I now have a kitchen garden, so my child has vegetables.”

The children are brighter – for example, my child can count from 1 to 10 even though he’s only 5 years. We have come far and I can see the benefit. We plan to teach others who have not been in the project, though I wish that the project could continue with us, as it would be beneficial.

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26. Reported by Social Affairs sector staff
27. Statement of Sector Agronome, supported by qualitative evidence given by historically marginalized beneficiaries in FGD.
deploy the EPW participants to clear mudslides after climate-related disasters (ibiza).  
Social gains and changed dynamics within households were also mentioned as changes resulting from the project. Women reported being considered by their husbands as contributors to the family income. It is interesting to note that men, who were traditionally less involved in this form of community savings – unlike women, who frequently engage in tontines – were increasingly engaged in VSLA. Many participants identified making savings in a systematic way as a new strategy and an important behaviour change. Although some in the past had paid money into small ‘cooperatives’, there was no reported financial gain or outcome from these.

“Husbands are happy to share the burden.”

“The big difference is that we can help our husbands to pay for health insurance, buy food and clothes for our families while others spend many days without eating.”—Women from Bigogwe

5. Mobile crèches

The qualitative evaluation highlights that generally, in both pilot sites, the crèche has been highly valued by its users and children at the crèche have been making visible progress in their development and interactions with others. Mothers could work more freely with their child in a safe space.

5.1 Physical features and organization of crèches

When it comes to the physical design of the mobile crèches, the participants in the focus groups and interviews did not provide commentary on these features of the project. With regard to mobility and flexibility of the use of mobile crèches, CARE International was able to deploy the mobile crèche following the changes in the CPW site locations. The transfer of the crèches was assisted by the participants in the public works who also assisted in erecting the crèche.

The mobile crèches were reported to have induced some significant impacts on the operation of the public works, well-being and development of children, as well as behaviour change. This is perhaps best described through feedback from an interview with a former VUP staff member, who emphasized that crèches as designed brought three main advantages to public works, as follows:

- Output from the work increased since the mothers no longer stopped from time to time to feed their children, as children were provided supplementary food in the crèche;
- The children were considered safe and were spending their time in a safer and suitable environment near the work site; and
- Mother Leaders learned about basic ECD promotion skills, could provide balanced meals and could transfer this knowledge to other mothers.

This positive view of outcomes was supported by the demand from mothers wanting to access the crèche; the comparisons made by beneficiaries between themselves and some non-participating neighbours; and the demand from other local authorities for the means to bring the pilot to scale (for example, the desire to scale up across as yet treated parts of a single sector).

“The crèche has improved the health of children and, at the same time, improved the work output.”—Gakenke District official

28. Ibid.
29. Observation from VUP staff at Gakenke.
5.2 Learning and behaviour change

The crèche served as a hub for mothers/caregivers to learn about child development and nutrition matters. Mother Leaders trained to provide care in crèches passed this knowledge on to mothers/caregivers engaged in public works on days specific to training. In turn, these mothers have been expected to share some good practice with neighbours. Learning has included information on nutrition for expectant mothers and on care during pregnancy. Many mothers included in focus groups remembered that they had learned to talk to their child in the womb, and this caused them to think about their child’s care and nutrition from that moment onward. There was a good recall of messages on exclusive breastfeeding for the first six months and of later introducing porridge and other solid foods appropriate to age. Mothers knew the value of a balanced diet and how to achieve this. They also learned about safe play for children. Women have learned and changed their behaviour because of the crèche and have been applying learning by using earnings to buy more varied foodstuffs where possible.
"It has been relevant to target women, as they are at the heart of the family and can propel family development. We have noted changes in behaviour – for example, better nutrition and care for expectant mothers – such that we have pushed to include all pregnant women in the knowledge parts of this pilot, as stunting begins in the womb. We have also noticed changes in financial income." – Vice Mayor of Social Affairs

Beneficiaries with access to crèche facilities generally stated that they had learned how to better care for their younger children, prepare balanced meals and adapt feeding to the age of the child. Mothers themselves were, however, pragmatic in terms of applying some of the lessons about stimulation and child development out of the mobile crèche context. Yet, mothers were quick to list their child’s progress (as children became more expressive, attentive and engaged with other older children) and clearly valued this enormously.

5.3 Impacts of mobile crèches on child development

The knowledge on early childhood stimulation through play provided to small children was a stimulus to their development; they learned new skills and interacted socially, as highlighted in focus group discussions. They also reported that children made physical progress (as families were able to produce or purchase enough to eat, took their children to nutrition clinics and generally fed them better) and made steps in child development.

Parents recounted many examples of positive changes in their child’s development beyond just weight gain, including developed physical reactions, learning to speak and count, and becoming more independent. The skills developed in the crèche often served to help the child socialize better with other children in and around the home. As a consequence of play at the crèche, Mother Leaders reported that children in the crèche were more sociable with other children, and that this stimulated their development: “The youngest children are stronger and more ‘sharp’. ”

In addition to this, a Mother Leader stated: “Even the mothers have visibly changed; they are cleaner, fine skinned, cleanly dressed (with ‘igitenge cyiza cyabagezeho’)."

CPW mothers in Bigogwe equally appreciated that their children had developed through being in the crèche: “They are polite and responsive; we all learn about hygiene; it’s the biggest chance for our children.”

In addition, it was mentioned by some participants that placing children in the crèche helped to avoid cases of abuse of minors, and that some (girl) students who were removed from school in order to look after young children were able to return to education.

Valuable signposting and linkages were formed between VUP participants using the crèche and providers of other local health, nutrition and ECD services. As an example, the mobile crèches established cooperation with community health workers who were able to monitor the health and nutritional status of children as well as promote the health messages along with establishing links to the nutrition-specific interventions occurring at health centres.

Whereas there has been a demand by beneficiaries and the local authorities to continue provision of the mobile crèche services, the district did not as yet have experience of constructing and organizing a crèche – this remains a significant gap identified with regard to the pilot and its ability to build local capacity or ensure sustainability. At the end of the pilot, responsibility for seeking ways to continue provision of mobile crèche was handed to LODA to the District Vice Mayor for Social Affairs and the operation of crèches beyond the pilot is being discussed.

30. When asked to explain the use of this English word in Kinyarwanda, mothers said that sharp children were alert, lively, engaged and quick to pick up new things.
31. When questioned, it seems that this particular district official knew of a few cases of abuse of children as young as 1 or 2 years old when infants were left in the care of other young children and fell prey to adult abusers.
6. Nutrition-specific interventions and child development

The feedback on the relevance of linking nutrition interventions was overwhelmingly positive. The nutrition interventions available at public works sites contributed to improved nutrition as well as improved linkages to nutrition services available in health centres.

Nutrition-specific interventions were included in the CSSP pilot with a view to testing the benefits of establishing links between the public works and nutrition-support measures. The pilot demonstrated the value of generic feeding (for all crèche children) combined with targeted follow-up (for malnourished children) at health centre nutrition clinics. All children attending the mobile crèches were provided with daily nutritious porridge. Community health workers simultaneously disseminated messages on health and nutrition. Behaviour change activities, including demonstration kitchens and nutrition messages, were delivered to mobile crèche participants and nutritionally vulnerable households in targeted communities. It was reported that mothers in the same villages who did not participate in either CPW or EPW had received SOSOMA flour every month since December 2015, as per the nutrition intervention. Although they were selected for the interventions by health centres according to children’s nutritional status, these mothers felt that a majority of children were included.

The qualitative interviews and FDGs indicated a high level of need to include or link nutrition interventions into public works schemes. As an example, a community health worker who was attached to a mobile crèche, reported that qualifying mothers were those in Ubudehe Category 1 or 2 with children younger than 24 months old, and a number of children were malnourished at the initial phase of attending the mobile crèche. In particular, families with large numbers of children were reported to struggle with malnourishment of their children.

The benefits of provision of SOSOMA and Ongera, the accompanying behaviour change activities, as well as other nutrition-sensitive measures implemented under the pilot provide evidence on the positive impact of the inclusion of the nutrition-specific and nutrition-sensitive support interventions within the public works programmes. An important cross-fertilization of nutrition activities occurred through the presence of the community health workers. Community health workers monitored children’s weight/height/mid-upper arm circumference ratios in the crèche and again at village level, and successfully linked the public works beneficiaries with nutrition-specific services available in health centres, as supported by the project. This was particularly evident in Bigogwe, where the diversity and reach of other nutrition interventions (over and above crèche feeding) has evolved into a full complement of the options (crèche feeding programme, Ongera and SOSOMA supplements).

The quantitative survey indicated that the number of children who received supplementary feeding from an outside source (e.g., health centre) increased between baseline and endline, from 22 per cent to 30 per cent – 38 per cent in EPW sites and 6 per cent in CPW sites. The higher number of children receiving supplementary food in interventions sites can potentially be linked to the presence of community health workers and links established between the public works sites and health centres and the availability of SOSOMA porridge in mobile creches. Almost all children 0–5 years old (in both EPW and CPW sites) had their growth monitored at endline (about 94 per cent) in comparison to 84 per cent at baseline.

As reported by the FGD participants, the common problem of children going without food for long periods (over a day) while the mother is working in PW, has been mitigated through the nutrition interventions. Children were reported by participants to be stronger and less often sick. In addition to general progress
among children receiving SOSOMA at crèches, numerous specific examples of previously malnourished children now out of the danger zone were given through FGDs in evidence of impact for those most in need. A number of children were reported moving from red to amber or red to green on nutrition scales, which was confirmed by the community health workers. At the time of the evaluation, just one mother in the FDG stated that her child remained malnourished – this was a landless mother who had relied heavily on the SOSOMA provided via crèches.

The integration and combined effects of nutrition, childcare services, and public works are best described in the statements below from mothers of children involved in the programme.

"My child tended to have malnutrition and was not developing well, but now he can count in English and play with others.” – Mother in Bigogwe

"My child weighed only 7 kilos at 2 years and was often sick. Now with the money I have earned he has come to weigh 10.5 kilos.” – Mother in Minazi

"I could not feed my twins properly, but now I have been able to give them porridge and have saved to buy a goat for one and a sheep for the other. At the Health Centre now they are in the normal zone” (have moved from yellow to green on nutrition scale). – Young mother in Minazi

6.1 Nutrition knowledge and behaviour change

The qualitative evaluation also explored the knowledge and behaviour change activities implemented through demonstration kitchens and dissemination of key message on childcare and nutrition, as well as the knowledge of the importance of balanced food types and feeding adapted to the age of the child. The evaluation showed that the importance of nutrition for the developing child in the womb (and the pregnant mother) was widely understood.

Malnutrition is a challenge particularly for families with no land or many closely spaced children. Although some local authority staff attributed stunting to the poor use of available foodstuffs rather than overall lack of food, this view was not shared by the population.

“Malnutrition is worse in families with no land. Rarely do you find it in other families as they have the means to address that” (food needs).

Behaviour change messages about providing balanced meals using a variety of foodstuffs including fruits and protein sources were also well understood during the qualitative evaluation. Women ranking improvements in nutrition (on the well-being scale) stated that before they didn’t know how to find varieties of foods. With SOSOMA and Ongera, and their new knowledge, children were reported to be ill less often (especially during the fallow period when worms and other sicknesses used to be a problem).

Families reported using wages and savings to purchase food for the family, thus translating this knowledge into action. They also reported supplementing diets from kitchen gardens constructed via the public works component of the programme.

Though the programme has improved understanding of child nutrition, not all participants were able to translate this knowledge into practice all the time. Disruption in regular payment of wages was reported as a challenge; as was the general impact of climate challenges to harvests and food prices. Despite being able to explain the components of a balanced meal, participants honestly reflected that they would often just be able to buy potatoes and beans.

32 In relation to CPW
33 FGD in Bigogwe.
6.2 Food security

One potential contributor to a poor diet is an overall lack of food, or food insecurity in the household, and for these reasons food security in the households was measured in the quantitative survey. The survey results indicated that the number of households that did not have enough food or money to buy food decreased by 10 per cent across both EPW and CPW households. Households reported increased capacity to produce and/or buy food. As for coping strategies in the face of food shortage, households reverted to a number of mechanisms, such as restricting consumption by adults for small children to eat (90 per cent), limiting portion size (89 per cent) and relying on less preferred/less expensive foods (95 per cent).

The number of households that managed to get food from their own land increased in both EPW (12 per cent) and CPW (4 per cent) sites, and those that were able to get assistance from friends increased by 5 per cent in CPW sites and by almost 12 per cent in EPW sites. Dependence on purchasing food from the market has decreased, with a 10 per cent decrease for EPW and a 7 per cent decrease for CPW (Figure 21). These figures correlate with the increase in land ownership by both EPW and CPW. Whereas there are interesting dynamics with regard to food security and coping mechanisms, these would need to be further explored in order to fully understand the implications and causality of the coping mechanisms, potential increase in the social cohesion (borrowing from friends) or feeling the confidence to borrow – the implication being that borrowed food may need to be returned.

Case Study: Woman, mobile crèche beneficiary

“I have a husband and two children. I went to VUP when I was poor and they gave me a job starting in June 2016. I was somebody who had nothing to eat; I took my child when she was 6 months old but was skinny and didn’t grow. When I started to work, just a month or so after they brought in a crèche to look after the children. In the beginning children were eating dirt and crying and it was difficult to work with them crying around us, so thanks be to God the crèche started and we benefit from it.

Initially some people asked, ‘how can you take your own child and give it to someone who don’t know and trust to look after?’ and ‘you can’t take an infant of 6 months and leave it with someone else.’ They (CARE) said they were going to train us and we would come to understand how this crèche would be a good thing; and they were right, it is. Since the training some of us stay back and look after the children. CARE brought mattresses for the children and other things and made the crèche nice. They brought SOSOMA porridge, and the children got better; I used to go and weigh my smallest child and she was 5 kilos initially and the next time she was 8 kilos. This crèche is a really good arrangement as when you come back from work you find your child clean and fed and the child may even refuse to breastfeed, as they are well fed.

Everything was useful; I took the money I got from VUP home and bought food because I was so poor, but I didn’t spend all the money on food. I bought a young pig. When this pig started producing piglets I sold these and made money from this to buy extra food for the children. Now today my children are really well and don’t need much. I went to the market with a small amount from selling piglets and I bought small sweet bananas (kamara). When I get 1,000 Frw from the kamara sales I buy vegetables and other food for the children; as you can see today my child doesn’t have any problems.”
7. Conclusion and recommendations

This summary report, based on the result of the qualitative and quantitative evaluations, highlights varied impacts of the interventions of the Child Sensitive Social Protection pilot. In general, there were positive improvements documented in some areas, whereas in others the impact was negligible. Regardless, the pilot has indicated the high value and relevance of linking public works with childcare and nutrition services, as well as the importance of flexibility in public works arrangements and the reliability of regular payments for a longer period of time.

The provision of both CPWs and EPWs has indicated that there is a merit to both approaches, as both approaches have a positive impact on household well-being, savings and investments, in particular the ability to engage in economic activity and to save and furthermore to invest savings into household livelihood.

Although at times inconclusive, the evaluations highlight the different dynamics in terms of consumption and investments by CPW and EPW beneficiaries. CPW households seemed to be able to make larger investments during and immediately following the CPW duration, whereas their ability to invest in later stages (towards the end of the evaluation) has dropped, which is demonstrated, among other things, in their decrease in health insurance for all household members. On the other hand, due to the receipt of smaller but consistent cash throughout a longer period of time, the EPW participants seemed to be able to gradually build their assets and have better outcomes across a number of indicators. This was further confirmed through testimonies obtained during the qualitative evaluation, where EPW participants self-reported being more protected from shocks. The limitations of quantitative evaluation, however, prevent analysis as to the scale and sustainability of the changes under EPW, and this merits further research.

There were important commonalities, however, among both EPW and CPW households in terms of increased access to Mutuelle de Santé, investment in land, acquisition and ownership of livestock and food security, savings and access to financial services.

The evaluation points to the fact that the effects of both CPW and EPW are highly contextualized, with capacities and dynamics of consumption and investment differing in two piloted districts and reflecting the local economic and geographic contexts. As an example, a number of respondents in one focus group in Bigogwe were single women, and this group reported more anxiety about public works coming to an end. Beneficiaries in Minazi were possibly more optimistic when it came to their prospects of potentially making a sustainable change in their improved level of household well-being.

The EPW pilot was regarded as highly relevant, as it was used to model a form of ECD delivered via mobile
crèche at public works sites and effectively included the nutrition interventions to the EPW programme design. Each of the programme components contributed to improvements in household well-being in a manner that was relevant. The well-being indicators highlighted by the participants during the qualitative evaluation clearly show the value placed on child health, food security and household income, and, according to the qualitative assessment, the project made positive contributions to each of these.

The design of the interventions impacted behaviour change and practices, resulting in the improved nutrition and development outcomes of children, and also contributed to social inclusion (allowing some beneficiaries to be included in public works for the first time), social cohesion (through group work, group savings and support to the community) as well as intra-household power dynamics (improved status of women who were able to earn wages and contribute to the household well-being in monetary terms).

Despite the positive impacts, sustainable change may still elude some households as the scheme ends. For future social protection programming, it could be considered that the most vulnerable households have continuous access to public works. Current CPW beneficiaries expressed their desire to be included in future EPW scale-up, as their situation remained precarious once they stopped receiving CPW wages. While current EPW participants were able to meet consumption needs and afford basic services (e.g., health insurance payments), these may be at risk where there is high dependency on wages from public works as these come to an end. More than one FDG group expressed concerns for their future – whether they would be able to continue in VUP, or how they would pay school materials next academic year without wages, for example.

In addition, whereas the pilot seemed to have reached its objectives in terms of coverage and improved household well-being, the following lessons learned linked to the implementation need to be noted:

• Though inconclusive, the available information on targeting efficiency leaves the space for concern in terms of exclusion and inclusion errors. The data indicate that more rigid rules and screening when selecting the households for the more attractive EPW need to be in place and that the households may need to be more closely monitored in relation to their structure over time in order for them to comply with ‘one worker’ criteria at all times.
• There were delays in the introduction of some of the components of the programme, which have prevented maximum impact of the interventions. Some efficiency could have been achieved if VSLA activities were launched closer to the first payment of wages.
• The mobile crèches were not used as effectively as was expected and the uptake of places was lower than expected initially. Though this was corrected during programme implementation by allowing access by children older than 36 months and the use of mobile crèches by Expanded Public Works, the revision of the criteria and guidelines to ensure larger flexibility may need to be introduced in further implementation.
• The pilot was not fully effective in ensuring the handover of the mobile crèche to district authorities, primarily due to organizational and financial challenges linked to this component. At the end of the pilot, however, the agreements were reached with the district authorities for the crèches to continue their operation.

The following recommendations are made as the Expanded Public Works model is brought to scale.

R1. Attention should be paid to tighter targeting for inclusion so that a greater proportion of the target population is from households with only one worker, and include young children. This is to ensure that new households previously excluded, or self-excluding, from public works are brought into VUP safety nets.

R2. Link the EPW site selection to information on stunting in children in the same sites. Resources will then determine whether specific inputs (of this pilot) are essential or desirable and how they can be phased (e.g., should VUP scale EPW + Creche + Nutrition as a complete package or only some of these elements, according to context). In order to tackle this complexity with regard to prioritizing public works as primary service and subsequently prioritizing the other services, it is recommended that LODA develop guidelines governing prioritization based on needs assessment and budgeting of core and added complementary services.

R3. The mobile crèche provided valuable support to mothers working in public works schemes. Scale-up of
mobile crèches as an add-on measure to selected public works schemes is recommended.

R4. Scale up provision of supplementary food and feeding supplements by linking into existing Ministry of Health and the Ministry of Gender and Family Promotion ECD interventions.

R5. Scale up VSLA activity, which was widely appreciated by group members and local authorities who witnessed improved culture of savings, new savers, new business activity and useful investments in household economies.
Appendix: Limitations of the evaluation

While this mixed-methods evaluation of the Child Sensitive Social Protection and Nutrition-Specific Interventions pilot provides useful key lessons learned and information on pilot impact, there are some significant limitations to the evaluation, as listed below:

- The pilot was implemented for a limited period (for a 16-month period from October 2015 to March 2017) and, likewise, the time lapsed between the baseline and endline quantitative surveys was limited (nine months, baseline conducted in March/April 2016 and the endline in November 2016). It is difficult to gauge impact/change for such a short time period, and as such this evaluation provides information on outcomes rather than impact.

- Some, although not all, pilot initiatives had been in place for a few months at the time of baseline quantitative data collection, which may imply that some of the effects of the programmes were already felt at the time of the baseline (for example, increased asset accumulation).

- The sample size of both control and intervention cohorts was relatively small (due to pilot design, the number of intervention households was relatively small), in turn limiting some of the analysis. In particular, disaggregation of data was limited.

- Whereas the pilot programme document was broadly followed, there were some delays in implementation (such as start-up of VSLA groups 10 months into the pilot) that may have had an impact on the results of the evaluation.

- The pilot programme has been adjusted to the needs and some activities were scaled up based on availability of resources. Whereas these were inherently beneficial to the programme, this has resulted in a mix of interventions launched at different times. This also may have impacted the capacity to adequately assess the impact of the interventions.

- The qualitative study also found a high level of previous participation in CPW schemes (58 per cent participation in Minazi; 38 per cent in Bigogwe) and this might reasonably be expected to have influenced the baseline economic status of households in terms of possession of assets from prior investments.

- When it comes to evaluation of the nutrition-specific component, the findings of the evaluation were limited mainly to the beneficiaries of the public works and mobile crèche component. This has prevented presenting a full evaluation of all the activities implemented under this component, including nutrition support to children whose parents were not included in the public works component of the pilot.

- The variety of nutrition interventions made available (through mobile crèches and through health centre-based distribution) meant that most children benefited from more than one source of support. This means that it has been impossible to disassociate from other nutrition interventions the nutritional impact that is due solely to feeding supplements received via the mobile crèche. Reference has been made, within the evaluation, as to links and effect of the health centre-based interventions on the public works beneficiaries.