

Appendix 1: Statement of Hypothesis

<i>HYPOTHESES</i>	<i>INDICATORS</i>
<i>A. Individual Level</i>	
1. Receiving financial services from the FNGOs increases the clients income	<ul style="list-style-type: none"> ▪ Increase in income ▪ Increase in individual's decision making ▪ Increase or decrease in expenditure patterns ▪ Income surplus
2. The length of a clients relationship with an FNGO leads to clients grows the business.	<ul style="list-style-type: none"> ▪ Expansion of business
3. Receiving microfinance services increases the number of clients who have taken any leadership roles in the community	<ul style="list-style-type: none"> ▪ Number of clients involved in community activities ▪ Increase in the individual's contribution to the household
4. Women clients receiving microfinance services have an increased control over household resources	
<i>B. Enterprise Level</i>	
1. Receiving microfinance services from the FNGOs increases capital for the Enterprise.	<ul style="list-style-type: none"> ▪ Increase in capital
2. Receiving microfinance services improves business practices	<ul style="list-style-type: none"> ▪ Number of women reporting the maintenance of business records.

<i>HYPOTHESES</i>	<i>INDICATORS</i>
<i>C. Household Level</i>	
<p>1. Receiving microfinance services :</p> <ul style="list-style-type: none"> ▪ Increases household assets ▪ Increase in contribution to the household. 	<ul style="list-style-type: none"> ▪ Increase in household assets in the last year ▪ Increase in household expenditure ▪ contributing more/less.
<i>D. Community Level</i>	
<p>1. Increased income for the individual enhances the participation in community activities.</p> <p>2. Clients of FNGOs create employment opportunities (especially within family members) in their communities</p>	<ul style="list-style-type: none"> • Individual's participation in the community activities. ▪ Number of people employed (both family members and outsiders in addition to the entrepreneur) at the enterprise since the clients received financial services from the FNGOs.

Appendix 2: Demographics

Table 2a: Area of Distribution of Sample

<u>Districts</u>	<u>Existing Clients</u>	<u>Incoming Clients</u>	<u>Total</u>
Ga West	20.8%	15.5%	18.3%
AMA Assembly	9.2%	7.3%	8.3%
Dangbe West	15.8%	12.7%	14.3%
Ga East	34.2%	34.5%	34.3%
Abura Dunkwa	20.0%	30.0%	24.85
Total	100.0%	100.0%	100.0%

Table 2b: Age Group of Existing and Incoming Clients

<u>Age Group</u>	<u>Existing Clients</u>	<u>Incoming Clients</u>
18-25	2%	2%
26-35	16%	26%
36-45	34%	34%
46-55	30%	22%
56-65	15%	12%
66-75	3%	0%
Above 75	0%	1%

Appendix 3: Employment and Occupation

Table 3a: Age Group and Occupation

q3. Age Group * What is your occupation * Response Category Crosstabulation

Count			What is your occupation			Total
Response Category			Farming	Trading	Other	
Existing Clients	q3. Age Group	18 – 25 years	0	2	0	2
		26 – 35 years	1	16	2	19
		36 – 45 years	2	36	2	40
		46 – 55 years	3	32	1	36
		56 – 65 years	2	16	0	18
		66 – 75 years	2	2	0	4
	Total		10	104	5	119
Incoming Clients	q3. Age Group	18 – 25 years	0	4	1	5
		26 – 35 years	3	20	3	26
		36 – 45 years	1	33	2	36
		46 – 55 years	4	20	0	24
		56 – 65 years	2	10	0	12
		Above 75 years	0	0	1	1
	Total		10	87	7	104

Table 3b: Age Group and Education

	18-25 yrs	26-35 yrs	36-45 yrs	46-55 yrs	56-65 yrs	66-75yrs	Above 75 yrs
No formal education	0%	28%	40%	49%	50%	75%	100%
Information education	0%	2%	1%	2%	3%	0%	0%
Middle School Certificate	0%	13%	43%	41%	43%	25%	0%
Advance Level	0%	4%	5%	2%	0%	0%	0%
JSS Certificate	0%	0%	0%	2%	3%	0%	0%
SSS Certificate	14%	6%	3%	5%	0%	0%	0%
Primary level	0%	4%	4%	0%	0%	0%	0%
Others	86%	38%	4%	0%	0%	0%	0%

Appendix 4: Independent Sample

Table 4a: Independent Sample Test

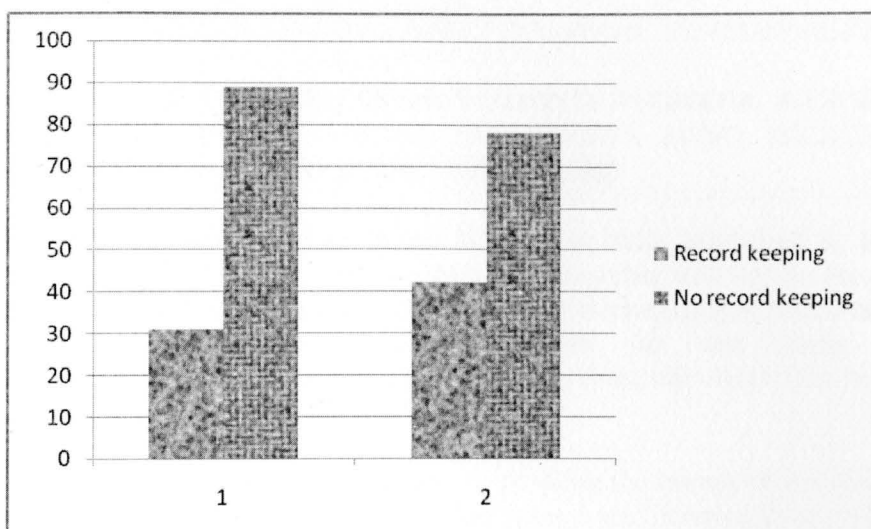
<u>Level of Income</u>	<u>Levenes Test of Equality</u>		<u>T test for Equality of Means</u>				
	<u>F</u>	<u>Sig</u>	<u>t</u>	<u>df</u>	<u>Sig (2-tailed)</u>	<u>Mean diff</u>	
<u>Equal Variances Assumed</u>	8.863	0.003	3.262	198	0.001	304,935.00	
<u>Equal Variances not assumed</u>			3.492	176	0.001	304,935.00	
	<u>95% confidence level</u>						
	<u>Stan. error difference</u>	<u>interval</u>					
		<u>Lower</u>	<u>Upper</u>				
	934,777.95	120 594.9	489,275				
	87,330.32	132,583.00	477,287				

Appendix 5: Expenditure Patterns**Table 5a: Expenditure Patterns of Incoming and Existing Clients**

Expenditure Patterns						
Response Category		Food	Clothing	School fees	Entertainment	Other
<u>Existing Clients</u>	Mean	318,114	308,783	592,237	145,000	1,915,000
	N	114	23	38	12	4
	Std. Deviation	478,611	379,152	734,357	272,580	2,352,226
	Minimum	20,000	2,000	10,000	10,000	30,000
	Maximum	3,000,000	1,450,000	2,700,000	1,000,000	5,000,000
<u>Incoming Clients</u>	Mean	218,673	235,588	799,833	97,778	10,000
	N	98	17	30	9	1
	Std. Deviation	531,345	320,439	1,140,711	139,533	
	Minimum	10,000	5,000	2,000	10,000	10,000
	Maximum	3,000,000	1,200,000	6,000,000	450,000	10,000
<u>Total</u>	Mean	272,146	277,675	683,824	124,762	1,534,000
	N	212	40	68	21	5
	Std. Deviation	504,912	352,933	933,708	221,870	2,208,060
	Minimum	10,000	2,000	2,000	10,000	10,000
	Maximum	3,000,000	1,450,000	6,000,000	1,000,000	5,000,000

Appendix 6: Improving Business Practice

Figure 6a: Managing their businesses (Before and After)



Appendix 7: Consent Letter For the Impact Assessment Study

SOUTHERN NEW HAMPSHIRE UNIVERSITY

DEPARTMENT OF: SCHOOL OF COMMUNITY ECONOMIC DEVELOPMENT

IMPACT ASSESSMENT OF MICROFINANCE CLIENTS IN GHANA: A CASE STUDY
OF BENEFICIARIES OF THE SOCIAL INVESTMENT FUND MICROFINANCE
PROGRAMMES CLIENTS OF FINANCIAL NGOS(FNGOs)

I have been asked to take part in an Impact Assessment study supervised by the Ghana Microfinance Institutions Network (GHAMFIN). The researcher will explain the project to me in detail. I should feel free to ask questions. If I have more questions later, I can contact Ms Clara Fosu, the person mainly responsible for this study, at 021 769971/0244360737, clarafosu@ghamfin.org. I can also contact the chair of the Institutional Research Review board, Gilda Guttner at 603 629 4670.

I have been asked to take part in the study that is assessing the Impact of financial services we have received from the Social Investment Fund through the Christian Rural Aid Network (CRAN) and Enhancing Opportunities for Women in Development (ENOWID), and Kraban Support Foundation (KSF). The findings of this study is to assist the fund to improve the services being offered to us and provide empirical information for the microfinance sector which in the long run will direct policy makers in improving the microfinance sector. Investors both local and external will have factual information which will inform their investment decisions in Ghana.

If I decide to take part in this study, I will be requested to answer some structured questions through interviews or by filling a questionnaire. I will be asked to participate in a focus group discussion which will be recorded and pictures will be taken. The field work will go on for two months. Where there will be a pre testing assignment, the roll out of the field work and verification of the data collected if necessary. I will take part in this assignment not more than two hours in a day.

I have been told there are there are no physical, mental, or social risks and discomforts in participating in this exercise. However in the event of a research-related injury the Principal Investigator Ms Clara Fosu will be informed and any compensation and medical treatment will taken care of by the two host institutions: The Ghana Microfinance Institutions Network and the Social Investment Fund.

Although there will be no direct benefit to me for taking part in this study, the researcher may learn more about the services being offered to me by the FNGOs. It will give me an opportunity to air my views on the negative and positive aspects of the microfinance services provided by the FNGOs. This will inform the Social Investment Fund on how to improve the situation for us and also identify the strengths in their microfinance program.

My part in this study is confidential. Only the research team will have the information to identify me by name. The main reason will be for purposes of crosschecking information that

I have given. All records will also be coded and kept with the GHAMFIN electronically with a password.

I decided to participate in this study by my own will. There was no pressure from the members of my group or the research team. As such if I decide not to participate it will be from my own will and not pressure from my group or from the research team. I will simply inform GHAMFIN and Ms Clara Fosu on 021 769961/0244360737 of my decision.

Findings from the study will be presented to me if I so wish.

I have read the Consent Form. My questions have been answered. My signature on this form means that I understand the information and I agree to participate in this study.

Signature of Participant

Signature of Researcher

Typed/Printed Name

Typed/Printed Name

Date

Date

Appendix 8: Baseline Format used for this Study

Name of Group:

Name of MFI :

BASELINE DATA COLLECTION

A. PERSONAL DATA

1. Name of Beneficiary.....

2 Family type (Marital Status): please tick

- Married
- Single
- Divorced
- Widowed
- Other (Specify)

4. Which of the following age group do you belong to?

- i. Below 18 years
- ii. 18 – 25 years
- iii. 26 – 35 years
- iv. 36 – 45 years
- v. 46 – 55 years
- vi. 56 – 65 years
- vii. 66 – 75 years
- viii. Above 75 years

5. What is the highest level of your education?

- i. No School education
- ii. Informal Education
- iii. Middle School Leaving Certificate
- iv. Ordinary Level Certificate
- v. Advance Level Certificate
- vi. Diploma Certificate
- vii. JSS Certificate
- viii. SSS Certificate
- ix. Other (Specify)

6. (a) How many number of people do you have in your household?

(b) Provide the following information about your household members who are living together with you. Complete the table below. (if it more than 4 members please give information on the other in the stated format)

(c) Please state the number of people earning income in your household?

Item No.	Name	Sex	Age	Relation	Education	Marital Status	Occupation
1							
2							
3							
4							

7. What is your current occupation?

- i. Fishing
- ii. Agric Marketing/Food Security
- iii. Manufacturing /Production Enterprise
- iv. Trading
- v. Other, Specify.

B. QUALITY OF LIFE (LIFE STATUS)

What type of house do you live in?

- i. Mud with thatched roof
- ii. Mud with tin/asbestos roof
- iii. Cement with thatched roof
- iv. Cement with tin/asbestos roof
- vi. Other (Specify)

8. If you live in a rented premises how much do you pay in a month? (**DO YOU LIVE IN RENTED PREMISES? YES/NO. HOW MUCH DO YOU PAY IN A MONTH?.....**)

9. Household Assets ; please indicate the type of household assets you have?

10. Food Security (AVAILABILITY OF FOOD)

- i. Enough quantity and the kinds of food we want to eat
- ii. Enough quantity but not always the kinds of food we want to eat
- iii. Sometimes not enough food to eat
- iv. Almost always not enough food to eat

11. Please state the basic amenities that you have access to? Water, electricity etc

12. What form of healthcare do you use most? **Traditional / Hospital /Clinic /others**

13.. Frequency of visits (**HOW OFTEN DO YOU VISIT?**) SPECIFY

D. INCOME AND EXPENDITURE OF BENEFICIARY

14. a. State your current level of income per month ₵.....

b. How much do you send on your family on the following per month:- Complete the table below.

Item No.	Item	Quantity
1	Food	
2	Clothing	
3	School fees	
4	Medicals	
5	Entertainment	
6	Other (Specify)	

c. What are your sources of income?

i. Agriculture crops

ii. Agriculture livestock

iii. Food garden

v. trading/ Hawking

vi. Any employment (family member contributing to HH)

vii. Remittances

viii. Other /specify

Appendix 9: Questionnaire for the Clients of the SIF Microfinance Program

MFI CLIENT:

NAME OF GROUP:

BENEFICIARY

A. BASIC PROFILE

1. Name of Beneficiary.....
2. (a) Sex: MaleFemale.....please tick
(b) Marital Status:
3. Which of the following age group are you?
 - ii. Below 18 years
 - iii. 18 – 25 years
 - iv. 26 – 35 years
 - v. 36 – 45 years
 - vi. 46 – 55 years
 - vii. 56 – 65 years
 - viii. 66 – 75 years
 - ix. Above 75 years
4. What is the highest level of your education?
 - i. No School education
 - ii. Information Education(Adult education)
 - iii. Middle School leaving Certificate
 - iv. Ordinary Level Certificate
 - v. Advance Level Certificate
 - vi. Diploma Certificate
 - vii. JSS Certificate
 - viii. SSS Certificate
 - ix. Others, Please specify
5. What is your current major occupation?.....

C.INCOME AND EXPENDITURE

6. State your current level income per month¢.....

7. How much do you spend on your family on the following per month:- Complete the table below.

Item No	Item Description	Amount in cedis	Remark
1	Food		
2	Clothing		
3	School fees		
4	Entertainment		
5	Medicals		
6	Shelter		
7	Other (Special)		

D. ENTERPRISE/BUSINESS

8..If yes, how did you manage the business?

- i. record keeping
- ii. No record keeping

9. How are you now managing the business?

- i. record keeping
- ii. no record keeping

10. How has the SIF loans improved your business?

E. HOUSEHOLD DECISION MAKING:

11. How were you contributing to the up keep of the household before joining the programme? If any?

12. Are you now contributing more or less to the upkeep of the household?

13. Please give reasons

14. How has the SIF loans affected your household?

F. COMMUNITY

15. What was your role in the community (Status in the community)?

16. Did you contribute to the development of the community?

17 . Before joining the program, what activities did you participate in within the community?

18. What kind of problems/constraints did you observe in your community?

19. How did you try to resolve these problems/constraints?

20. How many people have you employed from your community?

Client number _____ Date interviewed: _____
 Interview number _____ Interviewer number: _____
 Institution _____

Fill in the information below from the institution's management information system:

Date client entered program: _____ Date savings began: _____
 Current amount of client's savings: _____
 Is this more than required amount (if savings are obligatory)? ____ Yes ____ No
 Has this client used savings to make loan payments? ____ Yes ____ No
 Savings withdrawal number: _____ Amount: _____ Date withdrawn: _____
 Savings withdrawal number: _____ Amount: _____ Date withdrawn: _____
 Savings withdrawal number: _____ Amount: _____ Date withdrawn: _____
 Savings withdrawal number: _____ Amount: _____ Date withdrawn: _____

21a. Do you have savings? i. yes ii. no

22. If yes, how do you keep them?

23. Who decided to use the savings in these ways?

24. Did you save regularly before you joined this program?

"USE OF LOANS AND PROFITS OVER TIME" RECORDING MATRIX

Client Name or ID Code: _____ Geographical
 Area: _____
 Branch: _____ Lending
 Group: _____
 Date: _____ Time: _____ Interviewed By:
 _____ Interview Number _____

QUESTIONS	Loan 1 Amount _____ Date Received _____ Length (term) _____	Intermediate Loan # ____ Amount _____ Date Received _____ Length (term) _____	Last Loan # ____ Amount _____ Date Received _____ Length (term) _____
27. Who decided to use this loan in these ways?			
28. What changes took place as a result of spending your loan money in these ways?			
29. After fully paying this loan and paying all business expenses, did you have a surplus? If so, how much was it?			

Appendix 10: Format for Focus Group Discussions**Client Satisfaction "Likes-Dislikes" Reporting Matrix**

Group No. _____ Members in
 Group _____ Center _____
 Branch _____

Facilitated by: _____ Assisted by: _____
 Date _____ Time _____

Program Element _____

Current Practice	What Clients Like About It?	What Clients Dislike About It?	Recommendation for Improvement?	Why?
Loan Sizes				
Loan disbursement Administration				
Loan terms				
Interest Rates				
Customer Service				

Source: SEEP AIMS Tools

* Photographs will be taken and Tape recorders would be used for this session.

Appendix 11: Questionnaire for the FNGOs that Participated in the Study**QUESTIONNAIRE FOR MFIs****MICRO-FINANCE INSTITUTION (MFI)**

1. Name of MFI (Bank).....
2. MFI Postal Address /Telephone
3. Contract Person.....
4. Position: Contact Person.....
5. Community
6. District
7. Region.....
8. Which of the following area of institutional development have you received training and how would you score them? Complete the table below.
 - Score range 1-10
 - 1-the least important training item
 - 10 – the most important training item

No.	Description	Yes	No	Weighted Score (1-10)	R e m a r k
A. GOVERNANCE AND LEADERSHIP					
1.	Role of the board as the holder the institutional mission				
2	Government/ Leadership role				
3	Institutional policy				
4	Setting institutional strategic direction				
5	Approval of institutional operating plans and budgets				
6	Institutional accountability and standard				
7	Micro-finance Risk Management				
B. MANAGEMENT					
1.	Design, operation management and control of Micro-Credit				
2	Portfolio management, analysis and reporting				
3	Financial management , analysis and reporting				

4	Institutional policies interpretation and ensuring compliance				
5	Supervision, management and control of operation				
6	Micro-finance products development, promotion and marketing				
7	Human resources development including trainers				
8	Micro-finance risk management				
C.					
OPERATIONS					
1.	Operations plans and portfolio build-up				
2.	Implementation of financial service				
3.	Clients' identification and selection				
4.	Clients' preparation				
5.	Savings mobilization				
6.	Loan monitoring – financial performance analysis and reporting				

9. (a) How long do you take to process an application for loan?.....
 (b) What is your interest rate charge?

10. For how many years have you been operating under SIF scheme.....

11 How do you compare SIF Microfinance scheme to other similar schemes you operate if any? List them in the table below

Item No	SIF	Other Scheme	Remark
1			
2			
3			
4			
5			

Appendix 12: Proposed Reporting Format from SIF to the FNGOs

FNGOs Reporting to SIF should include the following :

No of staff as at the time of reporting?(separate field staff from the other Staff members

Specific Activities clients are engaged in? Please tabulate.

What is the Portfolio At Risk <t 30 days?

What is your portfolio outstanding balance as at the time of reporting?

How many clients are saving?

What is the savings balance?

Any client training program carried out at the time of reporting?

How often do you liaise with the M&E unit of SIF?

How do you monitor the level of Satisfaction with the clients?

What are the challenges facing the clients?

What are your constraints in delivering services to the women?

How do you propose to deal with these challenges?

Please state how SIF can improve on the Microfinance program?

Appendix 13: Proposed Baseline Data Format for SIF Microfinance Program

Name of Group:

Name of MFI :

BASELINE DATA COLLECTION

A. PERSONAL DATA

1. Name of Beneficiary.....

2 Family type (Marital Status): please tick

- Married
- Single
- Divorced
- Widowed
- Other (Specify)

4. Which of the following age group do you belong to?

- ix. Below 18 years
- x. 18 – 25 years
- xi. 26 – 35 years
- xii. 36 – 45 years
- xiii. 46 – 55 years
- xiv. 56 – 65 years
- xv. 66 – 75 years
- xvi. Above 75 years

5. What is the highest level of your education?

- i. No School education
- ii. Informal Education
- x. Middle School Leaving Certificate
- xi. Ordinary Level Certificate
- xii. Advance Level Certificate
- xiii. Diploma Certificate
- xiv. JSS Certificate
- xv. SSS Certificate
- xvi. Other (Specify)

6. (a)How many number of people do you have in your household?

(b) Provide the following information about your household members who are living together with you. Complete the table below. (if it more than 4 members please give information on the other in the stated format)

(c) Please state the number of people earning income in your household?

Item No.	Name	Sex	Age	Relation	Education	Marital Status	Occupation
1							
2							
3							
4							

7. What is your current occupation?

- vii. Fishing
- viii. Agric Marketing/Food Security
- ix. Manufacturing /Production Enterprise
- x. Trading
- xi. Other, Specify.

B. QUALITY OF LIFE (LIFE STATUS)

What type of house do you live in?

- i. Mud with thatched roof
- ii. Mud with tin/asbestos roof
 - ix. Cement with thatched roof
 - x. Cement with tin/asbestos roof
 - xii. Other (Specify)

8. If you live in a rented premises how much do you pay in a month? **(DO YOU LIVE IN RENTED PREMISES? YES/NO. HOW MUCH DO YOU PAY IN A MONTH?.....)**

9. Household Assets ; please indicate the type of household assets you have?

10. Food Security (AVAILABILITY OF FOOD)

- v. Enough quantity and the kinds of food we want to eat
- vi. Enough quantity but not always the kinds of food we want to eat
- vii. Sometimes not enough food to eat
- viii. Almost always not enough food to eat

11. Please state the basic amenities that you have access to? Water, electricity etc

12. What form of healthcare do you use most? **Traditional / Hospital /Clinic /others**

13.. Frequency of visits **(HOW OFTEN DO YOU VISIT?) SPECIFY**

D. INCOME AND EXPENDITURE OF BENEFICIARY

14. a. State your current level of income per month ₵.....

b. How much do you send on your family on the following per month:- Complete the table below.

Item No.	Item	Quantity
1	Food	
2	Clothing	
3	School fees	
4	Medicals	
5	Entertainment	
6	Other (Specify)	

c. What are your sources of income?

- i. Agriculture crops
- ii. Agriculture livestock
- iii. Food garden
- xi. trading/ Hawking
- xii. Any employment (family member contributing to HH)
- xiii. Remittances
- xiv. Other /specify

d. Please state briefly what your challenges are as an individual, on your enterprise (if you have one), household and the community?

15. Do you participate in community activities ? Please state the type of activities you engaged in within the community.

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