Dear Reader: We are honored and privileged to recommend The BOMA Project. ImpactMatters is now in beta as we gather feedback on the impact audit process and outputs: impactm.org/feedback

**The evidence for BOMA’s impact** is from internal data and conclusions from similar programs, both of which have merits and drawbacks. However, together they add to a compelling argument. BOMA conducted a randomized trial on their own several years ago. The study found important changes in outcomes though there were some methodological weaknesses (sample size, measurement). Evaluations of similar programs are methodologically stronger and find large impact for ultra-poor women, but require judgment to compare those results appropriately apply to BOMA. They compare (in terms of intervention design, intervention fidelity, setting, and population reached) closely enough to conclude BOMA has large impact.

This conclusion is from a combination of internal study results and evaluations of similar programs.

**Audit Results**

**BOMA delivered a high-quality program to 9,432 women that increases the resilience of households through increased food security, new income sources and savings. BOMA continues to reach women with the program at an approximate marginal cost of $300.**

**Impact assessment**

**Does the nonprofit change the world?**

BOMA improves the lives of ultra-poor women, increasing increases the resilience of households through increased food security, new income sources and savings.

This conclusion is from a combination of internal study results and evaluations of similar programs.

**Outcomes and cost**

The evidence for BOMA’s impact is from internal data and conclusions from similar programs, both of which have merits and drawbacks. However, together they add to a compelling argument. BOMA conducted a randomized trial on their own several years ago. The study found important changes in outcomes though there were some methodological weaknesses (sample size, measurement). Evaluations of similar programs are methodologically stronger and find large impact for ultra-poor women, but require judgment to compare those results appropriately apply to BOMA. They compare (in terms of intervention design, intervention fidelity, setting, and population reached) closely enough to conclude BOMA has large impact.

<table>
<thead>
<tr>
<th>BOMA’s program</th>
<th>Similar program</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOMA Study (Unpublished 2015)</td>
<td>Blattman et al. (AEJ-AE 2015)</td>
</tr>
<tr>
<td>34% increase in income (vs. control)</td>
<td>151% increase in cash earnings</td>
</tr>
<tr>
<td>131% increase in savings</td>
<td>31% increase in consumption</td>
</tr>
<tr>
<td>Low internal validity</td>
<td>High internal validity</td>
</tr>
<tr>
<td>Medium external validity</td>
<td>Medium external validity</td>
</tr>
</tbody>
</table>

**Operations assessment**

**Does the nonprofit do what it says it does?**

BOMA delivered a high-quality program to 9,432 women and is a learning organization and transparent organization.

This conclusion is based on internal monitoring data, monitoring systems, and quality assurance protocols, which are credible and strong.

**Activities and outputs: Quantity**

The evidence for quantity is based on internal processed data.

- 9,432 women directly reached
- ~47,005 children reached
- 2,651 businesses created
- 452 savings groups formed

*All as of November 2015*

**Activities and outputs: Quality**

The evidence for quality is based on internal protocols and program/monitoring documents.

- Internal monitoring staff: Yes
- Routine staff training: Yes
- Management control: Yes
- Responds to data: Yes
- Quality improvement: Yes

**Learning organization**

This is based on BOMA’s 2013 randomized trial, as well as interviews with BOMA’s CEO and senior staff.

**Transparent organization**

This is based on the breadth and depth of BOMA’s published reports, including activity data and organization data.
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download data: impactm.org/data

We recommend you view this page side by side with the previous summary page.

Impact audit standard
Version 0.1
December 11, 2015 • Public beta release

ANALYTICAL QUESTIONS
1. Does the nonprofit use and produce appropriate evidence of impact?
2. Does the nonprofit produce evidence of quantity and quality of operations?

What is an impact audit?

MOTIVATION
1. Give the nonprofit feedback on how to use and produce appropriate evidence.
2. Certify to donors that the nonprofit is appropriately evidence-based.

PROCESS
Evidence review • Document review • Staff Interviews

More: Page 3 of this report or impactm.org/standard.

Audit Results

This section describes our overall conclusion, including our summary of the impact and marginal cost of the program, as well as the quantity and quality of the nonprofit's operations. Wherever possible, we try to provide context for what the nonprofit's impact means in terms of people's lives.

Impact assessment
Does the nonprofit change the world?

Outcomes and cost
This section summarizes the impact of the program, in terms of change in outcomes for people reached.

Information used to make this determination.

Operations assessment
Does the nonprofit do what it says it does?

Activities and outputs: Quantity
This section summarizes whether the nonprofit does what it says, considering quantity and quality of activities.

Information used to make this determination.

People reached or other relevant metrics of activity and output.

Activities and outputs: Quality
Information used to make this determination.

List of quality assurance and improvement criteria the organization meets.

Learning organization
Information used to make this determination.

Transparent organization
Information used to make this determination.

MOTIVATION
1. Give the nonprofit feedback on how to use and produce appropriate evidence.
2. Certify to donors that the nonprofit is appropriately evidence-based.

December 11, 2015 • Public beta release

ImpactMatters
www.impactm.org

Study Authors (Publisher, year published)
Effect: How did the intervention improve lives?
Internal validity: How well was the study done?
External validity: Is the study comparable to the nonprofit's program?
The BOMA Project

Mission
To move women in drought-prone pastoral communities in arid regions in Africa out of ultra-poverty and to increase their resilience to droughts.

Problem
Many women in Africa’s arid regions are living in ultra-poverty, at severe risk from droughts and suffering multiple, reinforcing deprivations, such as illiteracy and discrimination.

Women entering the program in May 2015 had average monthly household income of approximately $113.75 PPP. Participants are in ultra-poverty, living on approximately $0.75 PPP (2014) per person per day, well below the World Bank international poverty line of $1.90 PPP (2011). At baseline, the majority of participant income comes from livestock (54%), suggesting significant vulnerability to droughts.

Intervention
BOMA puts ultra-poor women through two years of sequenced interventions (“graduation style”) with a cash transfer to start a business, training, mentoring, and group savings.

BOMA selects participants through participatory methods that involve the community. BOMA hires and trains mentors from the local area, who form groups of three women and then work with those women to develop a business plan. After BOMA staff review the business plan, BOMA transfers the group two, sequenced cash grants (value as of 2015: $175.72 per business, $58.57 per participant), with the second coming after six months and conditional on metrics of business success.

BOMA mentors then provide ongoing training (~17 hours per participant, through savings groups) and mentoring (~30 hours for individual business groups), as well as other supportive services, such as creating wholesaler linkages and enrolling participants in government safety net programs. BOMA mentors encourage participants to form a savings group, which allow women to make deposits and loan out those deposits to participants or other community members.

BOMA currently works in Marsabit County, Kenya and Samburu County, Kenya. BOMA is considering expansion to other areas of Kenya as well as other arid, drought-prone regions across Sub-Saharan Africa.
## Impact

<table>
<thead>
<tr>
<th>Question</th>
<th>Does the nonprofit change the world?</th>
</tr>
</thead>
<tbody>
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<td>Conclusion</td>
<td>BOMA delivered a high-quality program to 9,432 women that increases the resilience of households through increased food security, new income sources and savings. BOMA continues to reach women with the program at an approximate marginal cost of $300.</td>
</tr>
<tr>
<td>How we reached this conclusion</td>
<td>This conclusion is from a combination of internal study results and evaluations of similar programs.</td>
</tr>
</tbody>
</table>

### Outcomes and cost: Evidence from BOMA

**BOMA Randomized Trial, 2013-2014 (Unpublished)**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Timeframe</th>
<th>2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>BOMA Rural Entrepreneur Access Project</td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>Randomized controlled trial; phase-in design; one setting</td>
<td></td>
</tr>
<tr>
<td>Sample</td>
<td>Intervention group (n = 585), with two delayed intervention groups (n = 585 and n = 582)</td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td>Marsabit County, Northern Kenya</td>
<td></td>
</tr>
<tr>
<td>Investigators</td>
<td>Internal</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Data collection concluded. No results released publicly yet (forthcoming December 2015).</td>
<td></td>
</tr>
</tbody>
</table>

**Findings**

**Results at one year endline**

- 34% increase in per capita income  
  (baseline mean: $22.45)
- 131% increase in per capita savings  
  (baseline mean: $5.12)
- 29% increase in household durable asset ownership  
  (baseline mean: 0.12, weighted average calculation of 11 durable assets)

**Internal validity**

**Low**. There were methodological flaws with how the study was conducted. BOMA made promises to the control group, potentially affecting their actions. Data was collected by mentors, who were also implementing the program, instead of by separate enumerators. In addition, the study measured food expenditures, not consumption. BOMA believes that participants were
eating out of their businesses, which was not captured. These measurement issues may have contributed to the finding of no effect on food expenditures. BOMA did not involve outside experts, which may have contributed to some of these issues.

However, BOMA understands and acknowledges these issues, and has since made substantial changes to their program (such as hiring separate enumerators and changing their measurement instruments). This is highly positive, and shows BOMA is a learning organization. This is a strong, positive reflection on BOMA, which had the initiative to conduct a study on its own and then learn from its mistakes.

**External validity**  
**Medium.** Since this study concluded, BOMA has made several changes to its program. Previously, mentors were selecting participants, based on general criteria of finding the poorest in the village. BOMA has since moved to specific targeting criteria. BOMA increased the grant size, and moved toward digital collection of monthly data, enabling faster response by field staff to identified issues with participant businesses and savings groups. As a result, this study has medium external validity to BOMA’s current program.

### BOMA’s cost of outcomes

**We report two cost figures: what’s the difference?**

“Cost of outcomes” compares the cost to deliver the program to the benefits of the program, both adjusted for the purchasing power of a dollar in that particular country. This makes these cost and benefit figures comparable across countries. In contrast, “cost of service delivery” captures the actual amount of money (reported in U.S. dollars, at the average exchange rate for the year) to deliver the program to one more woman.

**How we calculate**

To estimate the cost of outcomes, we divide the estimated benefits from BOMA’s 2013-2014 randomized trial by the 2015 cost per participant in Kenya, as calculated by data from BOMA’s most recent operations and budgeting activities. Despite the validity issues, we choose to report benefits from BOMA’s randomized trial as these are the best available point estimates currently of changes in outcomes from BOMA’s program. We do not have the necessary data to report a meaningful confidence interval at this time. Costs and benefits are provided in USD PPP. Benefits are discounted at a 5% annual social discount rate. We report both a three-year benefits stream (discounted) and an ongoing benefits stream (discounted). Costs include local Kenya costs, excluding global costs as we consider these largely fixed. We report costs and benefits per participant.

**Cost**  
$742 PPP

**Outcome**  
Substantially increased income, food consumption, and savings for ultra-poor women
BOMA’s marginal cost of service delivery

How we calculate
To estimate the cost of intervention delivery as of 2015, we report the cost figure from above, but without adjusting for purchasing power. This is the real dollar cost of delivering the program. Donors should consider this the approximate amount of money required to expand the program to an additional participant. As BOMA directly implements, and has further room to increase the number of participants in each round of its program, we believe this is a fair estimate of marginal cost; however, as noted below, BOMA does put discretionary funds toward building internal capacity to support scale, not simply expanding to new participants. As with above, costs include local Kenya costs, but exclude global costs as we consider these largely fixed. We report only costs and benefits per participant.

2015 marginal cost
$300 (non PPP) for one additional woman reached

Displacement

What we consider displacement
“Displacement” occurs when philanthropic dollars crowd out other dollars that would have delivered the same service (often, though not always, without philanthropic dollars). A classic example is a healthcare clinic funded by donors: that clinic may simply be replacing an existing clinic, perhaps private, that served roughly the same population with roughly the same quality of services. The “impact” of those donor dollars is then roughly zero (those patients would have gotten the same quality of care anyway.)

Displacement can be negative or positive. Negative displacement reduces the impact of the donor dollars, as the outcome would have happened anyway. Good displacement increases the impact of the donor dollars, by displacing programs that are having little impact or doing harm (such as a clinic that is actually performing dangerous services.)

How we analyze
Displacement can be estimated through rigorous studies, but these studies are very seldom done on any social sector programs anywhere in the world. In the absence of rigorous data, we instead make our best guess on a particular’s organization’s displacement, basing that guess on anecdotal information, non-counterfactual data from studies, and general knowledge. We emphasize these conclusions are judgments only, but we believe that displacement (and externalities below) are often relatively apparent when they are significant enough to be of concern.

Our conclusion
Very low chance of negative displacement. Some chance of positive displacement. The chance of negative displacement is very low, and that any displacement that does occur is likely positive. BOMA’s model explicitly addresses market failures that are well documented, making the potential for the market to solve the failures BOMA is addressing largely moot. Similarly, the
chance of nonprofit displacement is very low. There is no known nonprofit in the area where BOMA operates that actively offers a similar evidence-based program to improve living standards for ultra-poor women. BOMA is working with the Government of Kenya to incorporate elements of its model into Kenya’s social safety net. While this is a form of “displacement”, it is positive displacement, and only displaces the current safety net program design; the Government of Kenya and its partners will still fund the safety net.

Externalities

What we consider externalities

Externalities are any effects that BOMA’s work has on third parties; in other words, anyone other than BOMA or the women BOMA works with and their families (note: we include families as BOMA specifically intends to improve livings standards for dependent children and other family members). We include price effects in the category of externalities.

As with displacement, externalities can be either positive (such as local economic growth) or negative (community ill-will). Externalities also vary in importance: some externalities may be so insignificant as to not merit much concern.

How we analyze

We analyze externalities in a similar manner to displacement. For programs like BOMA there is somewhat more evidence available, which we summarize as well. However, the final conclusion is our best judgment based on the available information. As with displacement, we believe externalities are often relatively apparent when they are significant enough to be of concern.

Our conclusion

Very low chance of significant negative externalities. Some chance of significant positive externalities. Two possible negative externalities exist: unfair competition and community ill-will, further summarized below. Both are likely of low significance. Two main positive externalities exist: local economic growth and lower prices. Both are likely and significantly positive.

Unfair competition (negative, insignificant)

BOMA participants (at an advantage because of their free capital) open small shops, which may drive other sellers out of the market and potentially reduce those sellers’ incomes. BOMA staff provided anecdotal evidence that any displacement would not be particularly harmful: they state that most communities are served by one or a very small number of shopkeepers, who may be extracting rents due to their pseudo-monopolistic position in the market.

Community ill-will (negative, insignificant)

Community members who do not receive the program may feel ill will. BOMA states that this does occasionally occur, and they conduct a series of orientation meetings to create community
buy-in. This concern compared to improving living standards for ultra-poor women is low.

**Economic growth**

Participant businesses likely increase local economic growth, which benefits the broader community. Bandiera et al. (2013) find evidence to support this.

**Lower prices**

By supporting the creation of several micro-businesses to sell basic goods, BOMA increases market competition, likely leading to a drop in price for (mostly poor) consumers in the area.

### Outcomes and cost: Evidence from similar programs

**Blattman et al. (AEJ-AE 2015)**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Timeframe</th>
<th>2009-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></td>
<td>Women’s Income Generating Support (WINGS)</td>
<td></td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>Cluster-randomized controlled trial; phase-in design; one setting</td>
<td></td>
</tr>
<tr>
<td><strong>Sample</strong></td>
<td>1,309 village clusters randomly assigned to treatment/control</td>
<td></td>
</tr>
<tr>
<td>Treatment: 896 women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control: 904 women</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Geography</strong></td>
<td>Northern Uganda</td>
<td></td>
</tr>
<tr>
<td><strong>Investigators</strong></td>
<td>Christopher Blattman, Eric P. Green, Julian Jamison M., Christian Lehmann, Jeannie Annan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Findings</th>
<th>Results at 18 month endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>151% increase in participant monthly cash earnings***</td>
<td></td>
</tr>
<tr>
<td>(control baseline mean: $12.03 PPP per month, or $0.40 PPP per day)</td>
<td></td>
</tr>
<tr>
<td>31% increase in household non-durable consumption***</td>
<td></td>
</tr>
<tr>
<td>(control baseline mean: $183.68 PPP per month, or $6.04 PPP per day)</td>
<td></td>
</tr>
<tr>
<td>309% increase in household savings</td>
<td></td>
</tr>
<tr>
<td>(control baseline mean: $7.06 PPP)</td>
<td></td>
</tr>
</tbody>
</table>

Additional economically and statistically significant effects found on durable asset consumption.
*** (**) (*) Significant at 1% (5%) (10%) level. All percentage changes compared to control means at endline. Estimates are intent to treat. We report effects from group training (as opposed to no group training), as this intervention is more comparable to BOMA’s model.

**Internal validity** High. No major threats identified.

**External validity** Medium. WINGS included targeting (through survey, not participatory wealth ranking) and four components. BOMA implements targeting (participatory wealth ranking, not survey) and all four of those components, with notable differences in all four of those components. The common components are: **asset transfer**, **skills training**, **supervision**, and **group formation**. There are differences in implementation of these common components:

- **Asset transfer**: The BOMA transfer is approximately 1/3 the size per participant (though the same size per business, as BOMA groups three women in one business).

- **Skills training**: BOMA and WINGS both include initial business training and business plan development. WINGS training is longer (5 days instead of 1). BOMA provides 9 additional one-hour micro-trainings over the course of the program.

- **Supervision**: Both implement similar supervision programs, but WINGS includes only 4 or 5 visits over the first 6 months and BOMA includes at least a visit a month for the duration of the program (24 months).

- **Group formation**: Both provide training to form savings groups, and both provide life skills coaching for those groups (BOMA over three one-hour sessions and WINGS as part of the initial 3-day savings group training); both programs encourage the writing of a group constitution and promote group savings.

WINGS has high external validity to BOMA’s program. The two programs are implemented among ultra-poor women, and both groups largely adopt petty trading and retailing (>95%). Both programs include a cash grant, similar forms of supervision, and similar savings group formation. BOMA’s approach is lower intensity in terms of grant size (on a per participant, though not per business basis), but higher intensity in terms of additional services (more supervision, monthly collection of participant behavior data and response by field staff). Another key difference is that BOMA forms groups of three women, while WINGS was delivered to individual woman. However, Blattman et al. (QJE 2013) finds similar large effects for a group-based approach (details below, following Banerjee et al.)

**Bandiera et al. (STICERD 2013)**

**Summary**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>BRAC TUP Program</td>
</tr>
<tr>
<td>Method</td>
<td>Cluster-randomized controlled trial; one country</td>
</tr>
</tbody>
</table>
Sample
1,309 village clusters randomly assigned to treatment/control
Intervention group: 4,045 women
Control group: 2,687 women

Geography
Bangladesh

Investigators
Oriana Bandiera, Robin Burgess, Narayan Das, Selim Gulesci, Imran Rasul, Munshi Sulaiman

Status
Discussion paper

Findings

Results at four year endline
38% increase in participant annual earnings**
(treatment baseline mean: $241.93 PPP per year, or $0.66 PPP per day)

4% increase in household per-capita food expenditures*
(treatment baseline mean: $465.26 PPP per year, or $1.27 PPP per day)

866% increase in household savings**
(treatment baseline mean: $6.37 PPP)

Additional economically and statistically significant effects on asset ownership, food security, non food per-capita expenditures, and well-being

** (*) Significant at 1% (10%) level. Note: no control baseline mean data for selected outcomes provided for comparison. Baseline treatment mean inflated at 5% annual social discount rate.

Internal validity
High. No major threats identified.

External validity
Medium. The BRAC TUP Program includes targeting and two components. BOMA implements similar targeting and both components, with notable differences in both components. The common components are: productive asset transfer and technical skills training. There are differences in implementation of these common components:

- **Productive asset transfer**: Bandiera et al. transfers livestock and BOMA transfers cash to purchase inventory for a small shop. BOMA’s average transfer size per participant is smaller.

- **Technical skills training**: skills training is described in Bandiera et al. as “intensive training in running [the participant’s] chosen business [over two years]”. We are unable to directly compare this to BOMA’s program, in which mentors provide assistance to write a business plan, followed by an initial business skills training and training in operating a savings group and then nine additional, one-hour training sessions.

BOMA implements three additional components not included in Bandiera et al.: high-frequency business visits, savings group formation, and some other services, including linkages with wholesalers and involvement of village leaders to support participants. These additional components increase the treatment intensity, and so likely do not reduce the effect size.
## Banerjee et al. (Science 2015)

### Summary
- **Timeframe**: 2007-2014
- **Intervention**: Graduation Program
- **Method**: Six sites
  - Three cluster-randomized controlled trials
  - Three randomized controlled trials
- **Sample**: 21,063 adults in 10,495 households
- **Geography**: Ethiopia, Ghana, Honduras, India, Pakistan, and Peru
- **Investigators**: Abhijit Banerjee, Esther Duflo, Nathanael Goldberg, Dean Karlan, Robert Osei, William Parienté, Jeremy Shapiro, Bram Thuysbaert, Christopher Udry

### Findings

**Results at three year endline**

Banerjee et al. finds large, statistically shifts in incomes and asset values, as well as statistically significant effects on food security, financial inclusion, time use, perception of health status, and mental health. The findings for consumption and savings are summarized below.

- **5% increase in per capita consumption***
  - (control baseline mean: $69.13 PPP per month, or $2.27 PPP per day)

- **6% increase in per capita food consumption***
  - (control endline mean: $41.20 PPP per month, or $1.35 PPP per day)

- **96% increase in household savings***
  - (control endline mean: $78.40 PPP)

*** (*) Significant at 1% (5%) (10%) level. All changes compared to control means at endline. Estimates are ITT.

### Internal validity
- **High**: No major threats identified.

### External validity
- **Medium**: The graduation program includes targeting and six components. BOMA implements targeting and five of those components, with notable differences in four of those components. The commons components are: productive asset transfer, technical skills training, high-frequency home visits, savings, and other services. There are differences in implementation of these common components:
  - **Productive asset transfer**: BOMA transfers cash instead of a productive asset to purchase inventory for a small shop, and the average transfer size per participant is
smaller.

- **High-frequency home visits**: BOMA mentors make monthly visits to businesses, compared to primarily household visits in Banerjee et al.

- **Savings**: BOMA forms participant savings groups, compared to setting up savings accounts;

- **Other services**: BOMA does not implement a health component, but does set up linkages with wholesalers and involve village leaders in supporting participants.

The component not in Banerjee et al. but in BOMA’s program is **consumption support**. In two of the Banerjee et al. sites, both treatment and control receiving consumption support, as a result of pre-existing cash transfer programs. Results remained strong in those two countries. As a result, the consumption support component is likely not critical to the program.

BOMA implements in Kenya, which is in the same World Bank classification for income as four Banerjee et al. countries (Ghana, Honduras, India, Pakistan) and is similar in terms of geographic region, semi-arid state, and pastoral communities to the Banerjee Ethiopia study (Tigray Region), which had some of the strongest effects of the Banerjee et al. sites.

**Cost**

Varies by country from $1,455 PPP to $5,962 PPP.

**Rate of return**

Varies from -198% to 433% by country. Five of the six countries (all excluding Honduras) have benefits/costs ratio >100%.

**Blattman et al. (QJE 2013)**

**Summary**

- **Timeframe**: 2008-2012
- **Intervention**: Youth Opportunities Program
- **Method**: Randomized controlled trial
- **Sample**: 535 groups randomly assigned to treatment/control
  - Treatment: 256 groups (5,460 individuals; 1280 surveyed)
  - Control: 270 groups (5,828 individuals; 1350 surveyed)
- **Geography**: Northern Uganda
- **Investigators**: Christopher Blattman, Nathan Fiala, Sebastian Martinez
Results at four year endline

40% increase in participant monthly cash earnings***
(control baseline mean: $111.36 PPP per month, or $3.66 PPP per day)

Additional economically and statistically significant effects found on durable and non-durable asset consumption.

*** (**) (*) Significant at 1% (5%) (10%) level. All percentage changes compared to control means at endline. Estimates are intent to treat.

Internal validity

High. No major threats identified. One potential issue was identified: attrition is higher in the control group, though Blattman et al. finds treatments effects are generally robust to inclusion or exclusion baseline covariates, difference-in-difference estimates, and missing data scenarios.

External validity

Low. The Youth Opportunities Program included targeting and three components. Targeting varied: while YOP did target the poor, YOP was targeted to poor young adults (16 to 35), as opposed to BOMA, who targets ultra-poor women (though YOP did include some women). The YOP program varies considerably from BOMA as well. In YOP, first groups form (average size of 22), develop a business plan, and apply through a formal government process. Next, the Government of Uganda then screens those business plans, and selects groups to participant. Groups select their own trainers, who are typically local artisans or a small institute. Finally, participants receive a large lump sum cash transfer (on average $7,497, not PPP) to start their business.

Although this differs significantly from BOMA’s model, this study does provide evidence that group businesses (YOP and BOMA), as opposed to individual businesses (WINGS, Graduation, BRAC TUP), can still deliver similar individual economic benefits.

Our conclusion

The evidence for BOMA’s impact is from internal data and conclusions from similar programs, both of which have merits and drawbacks. However, together they add to a compelling argument. BOMA conducted a randomized trial on its own several years ago. The study found important changes in outcomes though there were some methodological weaknesses (sample size, measurement). Evaluations of similar programs are methodologically stronger and find large impact for ultra-poor women, but require judgment to compare those results appropriately apply to BOMA. They compare (in terms of intervention design, intervention fidelity, setting, and population reached) closely enough to conclude BOMA has large impact.
3 Operations

Question: Does the nonprofit do what it says it does?

Conclusion: BOMA delivered a high-quality program to 9,432 women and is a learning organization and transparent organization.

How we reached this conclusion:

To assess quantity of activities and outputs, we received and reviewed internal monitoring data (both raw and processed) from BOMA. We also collected and reviewed public reports.

To assess quality of activities and outputs, we reviewed systems, protocols, and other documents on BOMA’s quality assurance and quality improvement activities.

To assess whether BOMA is a learning organization, we considered both BOMA’s history of research and BOMA’s statements regarding future research plans.

To assess whether BOMA is a transparent organization, we considered the nature, quantity and frequency with which BOMA publishes information on both its activities and its organization on its website and through other mediums.

Activities and outputs: quantity

What is quantity:

Quantity is relatively straightforward: can we substantiate that the organization has actually performed the activities, resulting in measurable outputs, it says it has? While a straightforward concept, quantity can be difficult to establish without sufficient internal monitoring data.

How we analyze quantity:

To estimate quantity, we triangulate data, analysis and claims from public sources with internal data and documents provided by the nonprofit and in-depth interviews with nonprofit staff. To watch every activity be delivered would be far too costly; we believe that this method provides a high degree of confidence that an organization is delivering as stated.

Information collected and provided:

We collected reports, blog posts, news reports and other information from BOMA’s website. We requested and received the following information from BOMA:

- **Participant targeting**: Original participant targeting data, identified by participant and household, including the results from BOMA’s participatory wealth ranking exercise and BOMA’s participant targeting tool (following wealth ranking); lists of villages targeted, and data on targeting at the village level.

- **Activities**: BOMA Training and staff manuals and other training materials, such as
agendas; internal spreadsheets tracking implementation status among different cohorts of participants.

- **Outputs (without counterfactual):** some original survey data; a recent version of BOMA’s internal Salesforce dashboard, providing data on participant outputs and outcomes.

  While this data lacks a counterfactual, and therefore cannot substantiate BOMA’s impact, it provides further evidence of BOMA’s activities and outputs.

**Our conclusion** BOMA has delivered the following services:

- 9,432 women directly reached
- ~47,005 children reached
- 2,651 businesses created
- 452 savings groups formed

All figures as of November 2015.

**Activities and outputs: quality**

**What is quality** Quality captures how well a particular intervention has been carried out. An intervention when implemented at a particular quality may have a strong effect, but may have a weaker effect at a lower quality. As nonprofits should not have control group for every participant (too costly), understanding the ongoing quality of implementation is important. Quality can be broken down into two different activities:

- **Quality assurance.** Are the standard procedures followed well for implementing that intervention? For instance, if the best guidelines call for giving a particular medicine rapidly to treat a severely ill patient, quality assurance is assuring each staff member consistently follows those guidelines for all of those patients.

- **Quality improvement.** Can we improve the standard procedures to deliver the intervention better? For instance, if giving a particular medicine rapidly is important, can we reduce the average time to give patients that medicine from 30 minutes to 20 minutes? Quality improvement is working to improve how the intervention is delivered.

**How we analyze quality** To assess quality assurance, we consider the existence (and quality!) of some important quality assurance mechanisms:

- **Internal monitoring staff:** Does the organization have designated staff monitoring
activities and outputs?

- **Routine staff training**: Does the staff routinely train staff or otherwise teach staff to consistently implement standard protocols?

- **Management control or strong partner supervision**: Does the organization have management control (i.e. the chief executive indirectly supervises all staff)? If the organization partners for part of its implementation, what is the nonprofit’s mechanisms (some key aspects include: formal memorandums of understanding or contracts, advance planning, organization training and knowledge transfer, routine site visits and meetings, audit checks if appropriate, availability of and access to staff from the parent nonprofit, activity, output, and financial data reporting) for ensuring the quality of the implementing partner?

- **Regular monitoring data review and response**: Does the organization regularly collect data on activities and outputs, and do organization staff actually review and respond to that data?

**Quality improvement** can take two forms. Some organizations implement plan-do-study-act (PDSA) cycles or similar formal, iterative quality improvement mechanisms into their operations. Others improve quality on an ad-hoc basis. While there are benefits from the former, this is not always feasible or necessary. To assess quality improvement, we place less weight on mechanisms and more on past performance, looking for specific instances where the nonprofit has adjusted standard operating procedures based on recognized areas for improvement and making a judgment as to whether that is sufficient.

**Quality assurance**: BOMA has provided substantial documentation, on the basis of which we have concluded they are implementing strong quality assurance measures. This documentation has led us to conclude BOMA has:

- Sufficient internal monitoring staff
- Routine staff training
- Full management control
- Monthly monitoring dashboard, which staff review and respond to.

**Quality improvement**: BOMA does not implement a formal internal quality improvement mechanism. However, BOMA has demonstrated a past commitment to improving its quality of implementation, including participating in an international best practices group and adopting recommendations (CGAP-Ford Foundation Graduation Program) and adjusting specific components of its intervention based on collected data, such as changing the way it targets participants, the way it collects data (both by hiring enumerators and moving to digital
systems), the size of the grant it transfers, and other changes.

Our conclusion BOMA is implementing its program at a high level of quality.

Learning organization

What is a learning organization

We define a learning organization as any group that has demonstrated a strong commitment to expand its own knowledge base, and share that knowledge with the world. Such organizations have a strong internal consensus on what qualifies as rigorous evidence. Learning organizations do not necessarily have to be running their own studies, but they must demonstrate a commitment to understanding the knowledge base around the program they implement.

Learning organizations can include those where generating counterfactual evidence is particularly difficult or even impossible, such as some forms of advocacy groups.

How we judge learning organizations

We pass learning organizations based on a two-pronged test:

1) If the organization has implemented or otherwise participated in a counterfactual study in the past five years, the organization passes.

2) If not, we conduct interviews with senior staff to gauge whether they understand the justification for and importance of counterfactual evidence.

ImpactMatters note: We recognize this decision is a judgment, and reflects a preference on our part for learning organizations. We are particularly keen on feedback on this component of the audit.

Information used to reach this conclusion

BOMA conducted a randomized trial two years ago. Interviews with senior staff confirmed BOMA is committed to rigorous evidence where possible.

Our conclusion BOMA is a learning organization.

Future learning

We are interested in future research by BOMA to learn more about their impact and how to improve their model.

Transparent organization

What is a transparent organization

We define a transparent organization as any group that publishes enough information for a reasonable person to understand the following:
The mission of the organization
The activities of the organization
The intended impact of the organization
The organizational status and history of the organization
Recent program accomplishments

In addition, we consider the “culture of transparency”: does the organization state a commitment to transparency, and is that commitment substantiated in its actions? This is a judgment.

**How we judge learning organizations**

We consider widely circulated public information sources (primarily the organization’s website) to see if a reasonable person could understand the basic program and operations of the organization.

We also considered information from interviews with senior staff, on current and future transparency initiatives.

**Information used to reach this conclusion**

BOMA’s website, blog posts, news articles.

**Our conclusion**

BOMA is a transparent organization.
Our conclusion

Impact analysis

**Mechanism for certifying BOMA’s impact:** counterfactual evidence on BOMA’s impact; well-conducted, rigorous counterfactual evidence that maps closely to BOMA’s program.

**Outcomes and cost**
The evidence for BOMA’s impact is from internal data and conclusions from similar programs, both of which have merits and drawbacks. However, together they add to a compelling argument. BOMA conducted a randomized trial on their own several years ago. The study found important changes in outcomes though there were some methodological weaknesses (sample size, measurement). Evaluations of similar programs are methodologically stronger and find large impact for ultra-poor women, but require judgement to compare those results appropriately apply to BOMA. They compare (in terms of intervention design, intervention fidelity, setting, and population reached) closely enough to conclude BOMA has large impact.

**BOMA Study (Unpublished 2015)**
- 34% increase in income (vs. control)
- 131% increase in savings
- Low internal validity
- Medium external validity

**Blattman et al. (AEJ-AE 2015)**
- 151% increase in cash earnings (vs. control)
- 31% increase in non-durable consumption
- High internal validity
- Medium external validity

Operations analysis

**Operations:** BOMA delivered a high-quality program to 9,432 women and is a learning organization and transparent organization. This conclusion is based on internal monitoring data, monitoring systems, and quality assurance protocols, which are credible and strong.

**Activities and outputs: Quantity**
- 9,432 women directly reached
- ~47,005 children reached
- 2,651 businesses created
- 452 savings groups formed

*All as of November 2015*
Activities and outputs: Quality

- Internal monitoring staff
- Routine staff training
- Management control
- Responds to monitoring data
- Quality improvement activities

Learning organization
This is based on BOMA’s 2013 randomized trial, as well as interviews with BOMA’s CEO and senior staff.

Transparent organization
This is based on the breadth and depth of BOMA’s published reports, including activity data and organization data.

Conclusion and certification
BOMA delivered a high-quality program to 9,432 women that increases the resilience of households through increased food security, new income sources and savings. BOMA continues to reach women with the program at an approximate marginal cost of $300.

Expansion plans
An ImpactMatters certification is a statement that we believe this nonprofit deserves donor funding. This is based on a holistic appraisal to assess past and potential for future impact.

However, understand that donors often wonder what their specific dollar will do. This question is not necessarily difficult to answer, but it is costly to answer. Tracking individual donor dollars with that precision (rather than within a pool of unrestricted revenue, as is standard accounting practice) takes staff time, and that staff time costs money.

That being said, below we provide an overview of where BOMA is planning to spend discretionary money (i.e. money that is not restricted by specific donor requests) over the next several years. This overview is based on statements from BOMA, and BOMA may shift based on changing circumstances (something we encourage, as nonprofits have much more information about the specifics of their work). While we cannot guarantee where your dollar will be spent, we believe it will advance BOMA’s mission of improving the lives of ultra-poor women.

Funding priorities

- **Direct delivery.** BOMA aims to directly reach 100k women by 2018.

- **Leveraged opportunities.** BOMA will likely implement a pilot project of BOMA’s model on
behalf of the Government of Kenya, providing a path to large-scale implementation of BOMA’s intervention in Kenya.

**Geographic areas of future expansion**
- Kenya (leveraged opportunity; first priority)
- Southern Ethiopia (direct delivery; first priority)
- Western Kenya (direct delivery; second priority)
- Arid and semi-arid regions, Sub-Saharan Africa (direct delivery; third priority)

**Capacity to absorb additional funds**
High. BOMA has clear paths for expansion of its program.
5 Metadata

Download structured data: impactm.org/data

About BOMA Project

Legal name: The BOMA Project
EIN: 84-1671995
Founded: Started operations in 2005.
IRS nonprofit determination received in 2006.
Website: bomaproject.org
CEO: Kathleen Colson
Revenue: $1,463,504 as of 2014 (2015 projection: $1.7 million)
Contact email: info@bomaproject.org
Addresses:
Mailing:
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Manchester Center, VT, United States
P.O. Box 3039
Nanyuki 10400, Kenya
Physical:
7252 Main Street
Manchester Center, VT, United States

Note from BOMA to potential donors:
Donate here: bomaproject.org/donate-to-our-work/
We also accept monthly and quarterly donations. Please contact the organization if you would like to make a gift of stock.

Our review

Review activities conducted: Evidence review, document review, senior management interviews
Completed: December 11, 2015
Released: December 11, 2015
Valid through: December 31, 2017
Audit team: Elijah Goldberg, Dean Karlan, Sarah Lum
Conflict disclosures: Kevin Starr (member of ImpactMatters Board of Directors): Kevin directs Mulago Foundation, which funds BOMA Project
Glossary

**Cluster-randomized**
Randomization done at the group (or cluster) level. Types of clusters include but are not limited to villages, schools and districts.

**Economic significance**
“Economically significant” results means the study found an effect of an intervention (say increased literacy) that is not only statistically significant (i.e. unlikely to arise by chance), but also is of a size that is “meaningful”. For instance, a 1% change in income may not be meaningful enough to invest in the program, but a 1% change in temperature may be. Economic significance combines the effect size, the statistical significance, and the context to make a statement about whether that particular intervention achieves something that is “worth it”.

**Effect size**
How big was the measured effect of the intervention in the group that received the intervention, compared to a similar group that did not receive the intervention?

**External validity**
External validity has two meanings. In the more general sense, it means, how sensitive is this program to context? In other words, if we tried the same thing elsewhere, how confident are we that we would find the same results?

Within the context of this impact audit, we use a more narrow definition: “external validity” compares the findings of a particular study to the nonprofit’s program to determine whether the conditions under which that study were implemented are similar enough to believe they would hold for the nonprofit’s program instead.

In general, we consider four dimensions of comparability:

- **Intervention design**: What components were included in the intervention? No two interventions will be exactly the same, and here theory places a valuable role in understanding whether any differences in design are likely change the “mechanism” through which the program works.

- **Intervention fidelity**: How “well” was the intervention implemented? The same design can be carried out well or poorly. If you held a training on the exact same material, but one was carried out by a native speaker and the other by only a proficient speaker, we would consider the latter to potentially have lower “intervention fidelity”.

- **Setting**: How similar are the geographic areas, and the accompanying social, cultural, and political structures of those areas? This is challenging
to assess, given the complexity of human nature. One approach here is to replicate across different settings, and examine differences in effect size. Another is to look at the mechanism through which a program works – for instance, providing a woman with a grant to start small shops – and see if the market failure (credit constraints) applies elsewhere. If it does, an intervention adjusted for that context that does a similar thing – for instance, providing a woman with a grant to purchase livestock – is likely to work as well.

- Population: Does the intervention target generally the same group of people? This is challenging as well. However, looking for similarities in economic situation (such as credit constraints) or in other concrete similarities that motivate a program (such as too poor to afford health care services) is one approach to mapping population external validity.

**Internal validity**
Internal validity is the extent to which we are able to say that no other variables except the one under study caused the result. In other words, high internal validity denotes a degree of confidence that we can attribute causation (in some ways, another way of saying “impact”) to the intervention.

**Intervention**
An “intervention” is what researchers study and nonprofits do. An intervention includes anything from a medical procedure to a conditional cash grant. ImpactMatters studies the intervention that a nonprofit implements, mapping that intervention to the evidence base out there on that particular intervention.

**Randomized controlled trial**
A randomized control trial is an evaluation design by which individuals (or groups) are randomly allocated into treatment and control groups, where the treatment group receives the program. The outcomes of the two groups are then compared in order to estimate effect size (see above).

**Rate of return**
Rate of return has specific finance connotations. In an impact audit, we use this term more loosely, essentially, how much will you get for your dollar? Sometimes this takes a strict cost-benefit ratio form ($x leads to $y future income for the ultra-poor). Other times we think assigning a dollar value misses the point somewhat: what is the value of a student reading one grade level higher than otherwise? We could study their 10-year income, but we could never hope to adequately capture the positive general equilibrium effects of a more educated population.

**Statistical significance**
A statistically significant result (often a difference of means of the main outcome of interest) is a result that is unlikely to arise as a result of chance. This doesn’t mean the finding cannot be due to chance – just that it is very unlikely.