



République du Niger



UNICEF EMERGENCY PROJECT NIGER

# CASH TRANSFER FOR PROTECTION OF BLANKET FEEDING

MARADI AND TAHOUA REGIONS

IMPLEMENTATION: SEPTEMBER – JANUARY 2010



## INDEPENDENT FINAL EVALUATION

FIELD STUDY: DECEMBER 2010

## FINAL REPORT, MARCH 2011

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## ABBREVIATIONS

|          |  |
|----------|--|
| BF       | Blanket Supplementary Feeding                                    |
| CCA      | Food Crises Unit   |
| CARE     | Cooperative for Assistance and Relief Everywhere                 |
| CD       | Capacity Development   |
| CILSS    | Permanent Interstate Committee for Drought Control in the Sahel  |
| CR       | Regional Committee (corresponds to national DNP-GCA)             |
| CSR      | Sub-regional Committee (corresponds to CR at department level)   |
| CSB      | Corn Soya Blend  |
| DNP-GCA  | National Scheme for the Prevention and Management of Food Crises |
| FEWS NET | Famine Early Warning Systems Network                             |
| FG       | Focus Groups   |
| GAM      | Global Acute Malnutrition  |
| HQ       | Head Quarters  |
| INS      | National Statistical Institute                                   |
| INGO     | International Non Government Organization                        |
| MAM      | Moderate Acute Malnutrition                                      |
| MUAC     | Mid-Upper Arm Circumference                                      |
| NGO      | Non Government Organization                                      |
| PDM      | Post Distribution Monitoring                                     |
| SAM      | Severe Acute Malnutrition  |
| SAP      | Early Warning System (national system linked to food security)   |
| SC       | Save the Children  |
| SIMA     | Agricultural Market Monitoring System                            |

|        |                                  |
|--------|----------------------------------|
| TOR    | Terms of Reference               |
| UNICEF | United Nations Fund for Children |
| WFP    | World Food Programme             |

## APPRECIATIONS

The Evaluation Team would like to express our gratitude to UNICEF for providing us this unique opportunity to evaluate UNICEF's first Emergency Cash Experience in Niger.

We would also like to present our sincere thanks to the many people who have dedicated their time to us and offered their valuable opinion, expertise, and experience for the benefit of this Evaluation. We appreciate the positive and constructive discussions with UNICEF, Save the Children, CARE, CCA, CR-Maradi, CRSs, SIMA, INS, Cash beneficiaries, FEWS NET, and other stakeholders.

We are committed to prepare an Evaluation Report that we hope will be useful for future use of Cash transfer for emergency responses. We welcome any input and comments you might want to share with us.

Many Thanks,

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## DISCLAIMER

The opinions expressed are those of the Evaluation Team and do not necessarily reflect those of UNICEF. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by UNICEF of the opinions expressed.

## EXECUTIVE SUMMARY

### BACKGROUND

The Project 'Cash Transfer to Protect Blanket Feeding' in Niger was launched by UNICEF in June 2010. The Project was a direct response to the growing concern that blanket supplementary feeding rations distributed to children of 6 to 23 months of age were consumed by older children as well and in many cases all household members. The effectiveness of the blanket feeding to reduce the extremely high acute malnutrition among young children in food insecure communities was thus challenged.

To ensure a quick response and recognizing that markets were well functioning in Niger, the Cash Transfer modality was chosen as the best intervention mechanism to protect the blanket feeding in communities located at a maximum distance of 10 kilometers to the nearest food market. The Project complements other projects distributing protection rations in communities with no immediate market access in the departments of implementation: Koni and Illéla in the Tahoua region and Tessaoua in the Maradi region. Both Maradi and Tahoua have been particularly hard hit by food insecurity in 2009 / 10.

The size of the protection rations were determined to cover the food needs of an average household identified as seven persons. To provide consistency between the different protection intervention modalities, the amount of cash to be transferred to households receiving blanket feeding was determined at 20,000 FCFA per month corresponding to the market value of the protection rations. The direct objective of the Project was to ensure proper use of blanket feeding and the outcome was that 32,000 households with at least one child younger than 2 years would use the blanket feeding for the targeted children. Considering the concern for the very young children, cash was also transferred to pregnant and breastfeeding women in the same communities.

Two international NGOs were sub-contracted to implement the Project: CARE in Koni and Illéla, and Save the Children in Tessaoua. CARE and Save the Children were already involved in the distribution of blanket feeding and had experience from other cash transfer activities to respond to food insecurity in the three departments. In total, the Project distributed 60,000 FCFA (around 130 US\$) to 35,000 households from September until December 2010.

The Project was implemented under the overall supervision of the National Scheme for the Prevention and Management of Food Crises, DNP-GCA. The DNP-GCA is the national coordinating body for all partners active in food security, including UNICEF and line ministries. To facilitate project monitoring, UNICEF subcontracted the national Agricultural Market Information System, SIMA, and the National Statistical Institute, INS, to prepare market and post

distribution monitoring surveys. In addition, INS was contracted to prepare focus group discussions in the communities targeted by the Project to allow a qualitative assessment of beneficiary perceptions of the cash transfer initiative. To strengthen national capacity, the Project included activities to provide the DNP-GCA structures at central, sub-regional, and regional levels with the skills for coordination, targeting and monitoring of cash transfers in emergencies.

## FINAL EVALUATION

To ensure accountability of the funding and draw lessons-learned of the experience in using cash transfers for protection of blanket feeding, a final independent evaluation was commissioned by UNICEF in December 2010. The Evaluation is a traditional final Evaluation focusing on relevance, efficiency, effectiveness, impact, and sustainability. The Evaluation was conducted by a two-person team who visited Niger for 18 days in December 2010. The Evaluation is informed by discussions with the main Project stakeholders: beneficiaries, local and national authorities, UNICEF, WFP, INS, SIMA, CARE, and Save the Children. In addition, the Evaluation used project documents, progress reports, market surveys, post distribution monitoring surveys, and results from the focus group discussions organized by INS. Due to time constraints, the Project did not prepare a proper baseline as originally planned. However, the Project took advantage of the first post distribution monitoring survey to ask beneficiaries about the situation before the distribution of cash and protection rations. The baseline for the Evaluation is thus mainly a recall by the beneficiaries of the situation one to two weeks prior to the first post distribution monitoring survey. The household surveys covered 1,200 households in the two Project areas, equally distributed among households receiving cash and households receiving protection rations.

## FINDINGS

### RELEVANCE

The Evaluation finds that the cash transfer modality was relevant to protect the blanket feeding in the three departments. SIMA surveys confirmed that the markets were well functioning before the distributions and the cash did not have any direct impact on market prices. The cash modality allowed for a relatively fast mobilization of the intervention. The quick mobilization was further facilitated by the contracting of partners who were already active in the Project areas and with experience from other cash transfer initiatives.

The fact, that the Project mainly intervened after the harvest has been criticized by some partners as being too late. However, focus group discussions showed that the beneficiaries were satisfied with the cash distribution and confirmed that it had allowed them to improve the resilience of the households. On the other hand, when asked about preference for food versus cash, households were equally distributed between the two options after the

harvest, while the majority of households expressed preference for food over cash during the hunger season before the harvest. From the post distribution monitoring it appears that more than 70% of the transferred cash has been used to purchase food for the households while the same households generally spend around 50% on food. The improved resilience thus seems linked to the cash allowing to free up financial resources in the households for other critical expenses such as health and education.

The Project was referred to as a pilot in the Project document but with little room required for a proper pilot such as a baseline and control groups, clear identification of what to be piloted, and time to reflect on the piloting process. On the other hand, the Project had a robust monitoring system that could have allowed a piloting exercise.

## EFFECTIVENESS

According to the Project's baseline, less than 40% of the households receiving blanket feeding used the rations for the targeted children and pregnant and breastfeeding women before the blanket feeding protection initiatives in Tahoua and Maradi regions. This number, though, is significantly higher than the results from a post distribution monitoring survey prepared by WFP in July 2010 after blanket feeding in six regions. That survey showed that only 9% of the households used the blanket feeding exclusively for the 6 to 23 months old children. However, Maradi region was not included in the blanket feeding distribution and the WFP survey was based on a relatively small sample compared to the Project's. Unfortunately, the Project did not monitor for use of blanket feeding rations exclusively by the 6 to 23 months old children but included breastfeeding and pregnant women. After, the Project's first distribution of cash and protection rations, the number of beneficiary households that used the blanket feeding exclusively for the 6 to 23 months old children and pregnant and breastfeeding women remained relatively stable for both beneficiaries of cash and protection rations. However, after the second and third round of protection there was a significant increase to more than 70% of households using the blanket feeding exclusively for the targeted children and women. There was no significant difference between the households receiving protection rations versus cash transfers. Considering that there was no control group of households receiving neither protection ration nor cash, the available data do not allow to clearly attribute the improved use of blanket feeding. E.g., the fact that households have more food available after the harvest could have an impact on the use the blanket feeding. This argument is supported by a WFP survey from September 2010 showing the strong linkage between general household food security and use of blanket feeding for the targeted children.

In terms of improving the quality of the diet, the Project design identified an output indicator linked to the number of meals consumed in the households. The available information from the post distribution monitoring surveys does

not show any clear impact on the number of meals. With no further qualification, the indicator might be too general and subject to different interpretations to be useful for monitoring of food security. While the surveys do not identify quantitative factors to identify the quality of the diet, e.g. food diversity, the indication of how many days of household food consumption the cash provided seems to indicate that the cash was mainly used for purchase of millet. This was further confirmed by anecdotal evidence during the Evaluation's discussions with beneficiaries, local authorities, and implementing partners. It was also noted that the distribution of cash in banknotes of 10,000 FCFA would promote the use of the cash for purchase of a bag of 100 kg millet, which costs around 20,000 FCFA. Moreover, the use of cash for higher quality food items such as vegetables and protein would require daily purchase of smaller volumes typically at the more local village markets where small banknotes would be more useful.

## EFFICIENCY

The Project originally aimed at reaching 32,000 households with at least one child between 6 and 23 months. With the inclusion of pregnant and breast-feeding women, the Project has reached around 35,000 households, corresponding to around 40% of the households in the three departments.

Overall, the distributions were carried out in an efficient manner and with steadily improved organization from the first to the last distribution correcting for some initial complaints regarding long wait time for the beneficiaries. CARE applied the organization's general use of complaints committees for field activities. The committees provided a guarantee for communities to influence that the organization of the cash transfers would be satisfactory for the beneficiaries. In the end, the committees received few complaints and played more an oversight role. Save the Children did not establish any specific complaints structure for the Project. National, regional, and local authorities provided additional oversight of the distribution in addition to monitoring visits from UNICEF. The Evaluation noticed some concern with the different oversights, which were often perceived as uncoordinated by the implementing partners.

The Project's close link to the blanket feeding distribution had direct impact on the efficiency. The targeting of the blanket feeding was based on registered children, which is particularly challenging considering the general lack of baselines and the outdated census information. Some field staff estimated that there could be as many as 20% children who were excluded. The blanket targeting also led to inclusion of some households, which were considered as relatively well off; e.g. school teachers and chiefs of villages. The Evaluation recognizes these exclusion and inclusion errors and partly accepts it as a trade-off for short-term emergency interventions. Both CARE and Save the Children put in efforts in collaboration with local authorities and community leaders to improve the targeting. The link to the blanket feeding distribu-

tion also impacted the timeliness of the cash distribution as the cash would only take place after the distribution of the blanket feeding. The blanket feeding was delayed at several occasions leading to delays in the cash distributions of more than a week. The delay and unpredictability has obvious efficiency impact for all involved partners, including the beneficiaries.

The Project has implemented a comprehensive monitoring system, including two market surveys in each project area, three post distribution monitoring, and monitoring visits from UNICEF and national and local stakeholders. The system has ensured a well-documented process using relatively standardized monitoring instruments that eventually should allow a comparison with other cash initiatives in Niger. Still, the monitoring instruments could have benefited from greater reflection by all key stakeholders to identify the best indicators for impact monitoring. Considering the brief nature of the Project, the monitoring results had relatively little influence on Project implementation and no special mechanisms were established to allow greater use of particularly the post distribution monitoring.

## IMPACT

The Project document defines expected impact of the Project in terms of the nutritional status of children under 2 measured by severe acute malnutrition rates. While acute malnutrition is relative simple to measure, its complex nature makes it difficult to measure the impact of a single factor except for well-planned research projects. For typical emergency cash transfer initiatives, it will be very difficult to single out the impact of cash on acute malnutrition and eliminate other factors. When looking exclusively at the severe acute malnutrition rates in the three departments there is a negative development from June to October according to the national nutritional surveys prepared by INS. This could be due to various factors, including the malaria epidemic during the same time.

The Project organized awareness raising events in during the cash distribution aiming at behavior change to improve acute malnutrition. The focus of the events generally followed other awareness raising activities that have been implemented in the project areas over the years, particularly since the 2005 nutritional crisis. The Evaluation finds that it is positive that messages about nutritional behavior be repeated and recognizes that it is limited what a short-term intervention like the Project can achieve in terms of behavior change. However, experience in the Sahel over the last decade shows that nutritional behavior of many caregivers is not so much a result of lack of awareness as it is about general constrains.

The most evident impact from the Project seems to be in terms of improved resilience of the households which will increase food security, an increased interest and understanding in the advantages and challenges of the emer-

gency cash transfer modality, and a positive contribution to the local economy, including the local markets.

## SUSTAINABILITY AND CONNECTIVITY

The Project design includes a capacity development output defined in the Project document in terms of ensuring that the national Food Crisis Prevention and Mitigation Mechanism (DNP-GCA) at central, sub-regional, and regional levels have the skills for coordination, targeting and monitoring cash transfer in emergencies. The Evaluation appreciates the intention of capacity development. However, the meaning of the required skill set of national stakeholders has yet to be defined and overall it is highly unlikely that a short-term intervention like the Cash Project could produce any significant capacity development. The Evaluation finds that output is overambitious but recognizes that the Project has highlighted the need for more attention to national capacity for emergency cash transfers.

After a steady increase in the number of cash transfer initiatives in Niger since the 2005 crisis, there were more than 20 cash transfer projects implemented in 2010 in response to the food insecurity crisis. The increased number of actors should promote the knowledge base necessary for scaling up cash transfer initiatives and develop the capacities of national actors to initiate, implement, and monitor cash initiatives. General lessons-learned can be drawn for the different initiatives, including the need to apply the cash transfer modality based on comparative response analysis. The cash transfer modality should be seen as one complementary option among many others.

## CONCLUSIONS

The Project has had a positive impact on the protection of blanket feeding. The cash transfer modality allowed a swift response to the food security emergency. In summary, the Project has contributed to the right food at the right people at the right time; i.e. that the needs of children under two and pregnant and breastfeeding women, or the needs of the '1,000 day challenge' group are met.

Critical for the success of the Project has been the partnership of organizations with substantive technical and local experience whether national institutions such as DNP-GSA, SIMA, or INS, INGOs such as CARE and SC, or UN agencies, particularly UNICEF and WFP. Moreover, the partnership builds on existing trust among the different partners from former and ongoing collaboration.

The Project has had positive impact on the understanding of cash transfer as an implementation tool to complement other response mechanisms to food insecurity. However, there are still no clear agreements of what skills and capacity is needed to participate effectively in cash operations. This challenge is not unique for this Emergency Cash Transfer Project but corresponds to a general concern about the lack of guidelines that can be applied in multi-

stakeholder emergency cash transfer projects, which seeks to strengthen national capacity.

The Project implementation has been challenged by the limited capacity and interest of local NGOs and the private sector to participate in cash handling.

As the Cash Project was a test, a number of procedures were new and probably more time consuming because of that. Over the three distributions, an increased efficiency could also be observed; e.g., time used for organizing the distributions decreased.

While beneficiaries are satisfied with the cash transfers, a majority of households would prefer to receive food or a combination of food and cash instead of cash alone. This in spite of the increasing purchasing power of the cash during the Project.

Overall, there were no significant differences in the performance, effectiveness, and efficiency of the two different protection mechanisms: cash and protection rations with respect to the contributing to the objective of the Project, i.e. protection of the blanket feeding.

Some targeting challenges still need to be addressed; including how to ensure that unregistered children will be integrated. The challenge is not unique to the Project but is of special importance for this type of operation.

The application of a single amount of cash to all households does not take into account the great variation in household size in the Project areas. This leads to an obvious unequal support to different households with regarding to coverage of the households' food purchases.

Important investment has been put in the monitoring of the distribution. While the monitoring has generated a number of interesting information their use for project management has not been optimized.

While the Project has made a deliberate effort to distribute the cash to women, the consequences on the role of women of the Project implementation modalities has not been sufficiently addressed; e.g., the distribution of large banknotes cannot be used on the local market that women will typically use.

The Project has complemented the distribution of cash with awareness raising activities. Most of these activities tend to repeat messages that have been the focus of nutrition programs since 2005. While the repetition can be positive, the Project is not likely to have an impact on the food behavior in the households except for the use of blanket feeding exclusively for children of 6 to 23 months of age.

## RECOMMENDATIONS

UNICEF should include the cash transfer modality as an option for comparative response analysis in its emergency response analysis. General funding guidelines should be prepared.

UNICEF should work together with partners in Niger to promote harmonization of cash transfer initiatives, including targeting principles, definition of amount to be transferred taking into account different household sizes and needs, and monitoring structures.

For future responses, UNICEF should consider greater use of options for the beneficiaries, particularly offering a mix of food and cash if feasible.

In collaboration with other international partners in Niger, UNICEF should promote general capacity development of the skills for national partners to identify, development, implement, and monitor emergency cash transfers. Special attention should be given to identification of the skill set required for different national stakeholders and development of guidelines for quick capacity assessments. Moreover, attention should be given to identify local partners that can ensure the cash handling.

In collaboration with other partners in Niger, UNICEF should take initiative to simplify the monitoring and evaluation structure of emergency cash transfers, including identification of a minimum level of indicators and development of modalities to ensure greater participation of communities in monitoring and evaluation.

Project management of future emergency cash transfer initiatives should be based on monitoring, including post distribution monitoring and market surveys. This will require greater timeliness of surveys, which would be facilitated by the recommended simplification of the monitoring instruments.

UNICEF should make greater use of existing gender expertise and make proper analysis of potential gender impact from the different Project activities.

To promote early response in slow-onset emergencies, UNICEF should take initiative to ensure that existing information systems on food security provide proper information determine when a cash transfer intervention is appropriate.

To strengthen the impact of awareness raising activities, UNICEF should make greater use of its in-house expertise on nutritional communication to design and implement awareness raising components in cash transfer projects.

To strengthen coordination, harmonization, and promote the understanding of the modality of emergency cash transfer, a special website should be established from the beginning of cash transfer projects with all project related information available; e.g. PDMs, SIMA reports, and reports from monitoring visits.

# 1. INTRODUCTION

## 1.1 CONTEXT

1. Niger is normally characterized as either one of the poorest or the poorest country in the world. The latest Human Development Report from 2010 ranked Niger as 167 out of 169 countries. According to the report, 93% of the population is affected by multidimensional poverty and 7 out of 10 households did not have enough money to buy food in 2009. In addition, more than half of the population does not have access to safe water and almost half of the children are underweight.

2. Over the last decade, six major floods and three droughts have affected millions of people in the country and international interventions have been required to respond to recurrent food and health crises. Most analyses of the humanitarian needs and responses in Niger show that it is by and large structural problems that lead to the chronic food insecurity with extremely high rates of both chronic and acute malnutrition. The households are very vulnerable and do not manage to fully recover from one catastrophe before the next one hits. Three quarters of the population live in rural areas relying predominantly on traditional agriculture and livestock production for their livelihoods. The production has failed to meet the demand of Niger's rapidly increasing population with one of the highest annual population increases in the world.

3. The weak health system in the country results in poorly managed epidemics. Curable and partly preventable diseases such as malaria and meningitis typically cost the life of several thousand children each year.

4. Alarming malnutrition rates, which often exceed emergency levels for acute malnutrition have been typical for decades but have rarely attracted major international attention. A severe drought and locust infestation in 2004 combined with unfavorable market conditions once again destabilized most livelihood systems in Niger. The crisis led MSF<sup>1</sup> and other international NGOs (INGOs) to launch an international media campaign in 2005. The campaign proved effective to advocate and raise awareness about the extremely high acute malnutrition rates and for the first time in decades, there was a rather robust international response from donors, INGOs, and the UN. Since the 2004 / 05 nutritional crisis, there has been a continuous attention to malnutrition from the international community and structures such as the nutritional cluster chaired by UNICEF have allowed constant monitoring and early response planning.

5. Inadequate and poorly distributed rainfall in 2009 / 10 led to a 30% decrease in cereal production compared to 2008 / 09 and the forage production only reached 62% of the needs of the national livestock. Similarly, there was a severe reduction in cash crops and off-season vegetable production. As a result, the soaring food prices recorded in 2008 remained at high levels and the purchasing power of households remained weak. In January 2010, the Government of Niger released preliminary data from a joint assessment<sup>2</sup> of food security and vulnerability at household level. The results

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<sup>1</sup> Médecins Sans Frontières – Doctors without Borders.

<sup>2</sup> INS (2010) "Enquête sur la Sécurité Alimentaire des Ménages au Niger (Avril 2010): Résumé Exécutif (Mai 2010)" with participation of the Government, UN agencies, FEWS NET, and EU. Institut National de la Statistique, Niamey.

showed that 22% of the households were severely food insecure<sup>3</sup>, 26% moderately, and only 22% were identified as food secure. In total, more than 7 million people or almost half of Niger's population were severely or moderately food insecure. The regions of Maradi, Tahoua, and Tillaberi<sup>4</sup> had the highest number of food insecure households, particularly in the agro-pastoral areas. The assessment, furthermore, revealed that more than 70% of expenses in food insecure households were used on food. As a result, these households were very vulnerable to food price increases; even typical seasonal increases. In a normal year, cereal prices increase monthly by 2 to 3% from January through September. The Government's response plan<sup>5</sup> to the joint assessment included blanket supplementary feeding (BF) for 350,000 children under two and vitamin A supplements for all children under five. The plan also included cash for work and subsidized food.

6. The Government and its key partners continued to issue regular updates on the alarming food security situation, e.g. through the monthly newsletter 'Albichir'<sup>6</sup> presenting market and food security analyses for Niger. In addition, other newsletters on food security, such as FEWS NET's 'Niger Food Security Alert' have repeatedly reported on weaknesses in the general monitoring system, including the lack of information on acute malnutrition and mortality rates for children under five and two<sup>7</sup> at the level of departments and / or livelihoods zones. While a number of useful surveys and studies have been prepared since 2005, proper baselines are still limited as most of the studies have been prepared as part of crisis responses; i.e. in years that cannot be considered as typical. Moreover, most data are not sufficiently disaggregated by sex, poverty, vulnerability, and other factors critical to identify vital food security challenges. To understand the lack of baselines and nutritional surveys in Niger it is important to recognize the tensions during the last decade between the Government and the international community about the level of food insecurity. The tensions played out, inter alia, in the suspension of all food for work programs in 2007, resistance to many nutritional projects and programs, and difficulties in assessing food security. This relationship has changed and there is now a good and constructive collaboration among the different partners involved in food security. However, the former resistance to food security assessments has left the country with limited baselines and other reference points.

7. Given the continuous deteriorating food security situation, the Government prepared a new response plan in April 2010 to distribute blanket supplementary feeding (BF) to 500,000 children in partnership with UNICEF, WFP, and INGOs. A map of the BF distribution is presented in Annex 5.2.

8. In June 2010, the National Statistical Institute (INS) conducted a nutritional survey<sup>8</sup> with technical and financial support from UNICEF among others. The survey<sup>9</sup> showed

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<sup>3</sup> Food-insecure households are identified based on a multidimensional statistical analysis of five variables: the household food consumption score, the proportion of total expenditures going on food, the duration of available food reserves, the number of livestock per household, and a composite indicator (the coping strategy index) reflecting household resilience strategies for coping with food shortages.

<sup>4</sup> Niger is divided into 8 regions, including the capital Niamey and 36 departments.

<sup>5</sup> Le Plan de Soutien National.

<sup>6</sup> Albichir is produced by the World Food Programme (WFP), the national agricultural market information system (SIMA), and the international famine early warning system (FEWS NET.)

<sup>7</sup> See for instance FEWS NET's newsletter "Enhanced Food Security Monitoring," [www.fews.net](http://www.fews.net).

<sup>8</sup> INS (2010) "Rapport d'Enquête Nationale – Nutrition Niger, Mai/Juin 2010" Institut National de la Statistique, Niamey.

global acute malnutrition rates (GAM) at 16.7% among children of 6 to 59 months and severely acute malnutrition rates (SAM) at 3.2%. These rates were even higher than the ones found during the nutritional crisis in 2004 / 05. Four out of Niger's eight regions showed GAM rates above the internationally recognized level for emergency interventions at 15%, namely Diffa (22.1%), Maradi (19.7%), Zinder (17.8%), and Tahoua (15.8%). These levels were a deterioration of an already severe situation in 2009. Moreover, the chronic malnutrition continued to be very high at 48% at national level with 20% of children of 6 to 59 months being severely chronically malnourished. Mortality of children under five during the 3 months preceding the survey was 1.22 per day per 10,000. The child mortality was relatively low in the regions of Diffa, Maradi (1.03), and Tahoua (0.29) indicating that the high GAM and SAM rates were due to a recent deterioration in the nutritional situation.

9. The June 2010 survey also showed a concentration of high acute malnutrition among children of 6 to 23 months with GAM rates of 26.5% and SAM rates of 7.0%. Only children of 36 to 47 months had GAM rates below 10%. The difference was even more pronounced in Maradi where 36.4% of children of 6 to 23 months were acute malnourished and 8.1% severely. In Tahoua, the GAM and SAM rates for that age group were 22.1 and 4.7%, respectively. Furthermore, more boys than girls were malnourished and rural areas were affected more severely than urban ones in both Maradi and Tahoua regions. It was estimated that at national level 455,446 children were acute malnourished, of whom 25% were in Maradi and 18% in Tahoua<sup>10</sup>. Considering the serious situation, the survey recommended that interventions should continue beyond the hunger period, which typically ends in September<sup>11</sup>. The interventions should include, inter alia, blanket feeding (BF) to households with children of 6 to 23 months, particularly in Maradi, Zinder, and Diffa.

10. Based on the additional nutritional information, the April 2010 national response plan was revised in June 2010 to provide BF to 900,000 children of 6 to 23 months. To measure the effectiveness of the operations, WFP carried out a Post Distribution Monitoring (PDM) survey<sup>12</sup> of the June BF distribution to households with children under 24 months<sup>13</sup>. The PDM showed that only 9% of the households used the BF rations strictly for the children below 24 months as aimed for. In 58% of the households the rations were consumed by all household members. The sample of households having received BF consisted of 300 in 68 villages in five regions: Agadez, Diffa, Tahoua, Tillabéri, and Zinder. 250 of the households were in Tahoua where it was found that 11% of the households

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<sup>9</sup> The survey followed the SMART methodology and covered 7,200 urban and rural households. 8,011 children were measured. Unfortunately, SMART's food security component was not included in the survey. An inclusion would have allowed further analysis and understanding of the poor nutritional status.

<sup>10</sup> It should be noted, that the extrapolations are based on the 2001 national census and using estimated population growth rates that have often been contested by different stakeholders as being too low. Particularly INGOs have long advocating for an upward revision of the numbers.

<sup>11</sup> A presentation of the agricultural production and consumption calendar in Niger is presented in Annex 5.3.

<sup>12</sup> WFP (2010) "Rapport de l'Enquête Post Distribution Monitoring (PDM) pour la Distribution Gratuite Ciblée et le Blanket Feeding Premier tour 2010" World Food Programme, Niamey. In addition to BF the survey also covered general targeted food distribution. In total 880 households were surveyed of which 200 were none beneficiaries of either BF or general targeted food distribution.

<sup>13</sup> The BF rations contain 25 gram oil, 250 gram corn soya blend (CSB), and 20 gram sugar per day. The general targeted food distribution consists of 100 kg cereal per household per month.

having received BF used it exclusively for children under 2, while in 36% of the households the BF rations were consumed by all household members.

11. Contrary to the situation in 2004 / 05, the markets continued to be well supplied in 2009 / 10, partly because of the favorable exchange rate between the local currency, the FCFA, and the Nigerian Naira. National and international partners therefore agreed that short-term responses to severe food insecurity should focus primarily on access and use. The aim was to ensure immediate improvement in households' purchasing power and nutritional status with no disruption to the local food markets.

12. To protect the BF, the Government and its partners decided in June 2010 to complement the BF with another ration of food for consumption for the entire household or transfer of cash at an amount that would equal the market value of the protection rations. In principle, the size of the protection rations should cover 50% of the food needs of an average household.

### **1.1.1 NATIONAL COORDINATION OF FOOD SECURITY**

13. The National Scheme for the Prevention and Management of Food Crises (DNP-GCA) ensures coordination, harmonization, and alignment of food security interventions in Niger. DNP-GCA comprises various units under the Prime Minister's Cabinet, including the early warning system (SAP), the Food Crisis Unit (CCA), and the Communication and Information Centre (CIC). The structure is mirrored at regional and departmental level with regional committees (CRs) and sub-regional committees (CSRs).

14. Within the DNP-GCA annual and ad-hoc food security and vulnerability assessments are prepared and response planning meetings are organized with participation of key international partners, including UNICEF and WFP. The annual food security and vulnerability assessments are used for identification of food insecure and vulnerable areas and estimation of number of people that need support. In this way, the annual food security and vulnerability assessments define the geographical targeting of most food security interventions. In principle, the assessments cover 1) agricultural production, 2) agricultural market information, 3) vulnerable rural households, and 4) food status including nutrition. Nevertheless, information gathering on household vulnerability and nutritional information is often limited.

15. The functions and activities of the DNP-GCA are supported, inter alia, by surveys and surveillance information from the Agricultural Market Information System (SIMA) and the National Statistical Institute (INS). SIMA is monitoring 82 primary markets located in urban, rural, and border areas as well as some 7 markets in neighboring Nigeria and Benin. As in many other countries in the region, SIMA does not monitor small local markets on a regular basis. Such markets will typically be the source of supply for the very poor and vulnerable households and in many cases the only ones accessed by women. SIMA undertakes ad hoc studies, though, which in some cases include secondary and local markets. INS carries out censuses and other regular and ad-hoc surveys and quantitative studies with data collection from household to national level in collaboration with partners such as UN agencies and NGOs.

16. In spite of improvements in the coordination and harmonization efficiency of DNP-GCA over the last years, different response approaches can still be observed in the

field. A 2010 feasibility study on cash transfers in Niger prepared by WFP, notes for instance that different organizations use different targeting criteria for cash transfers<sup>14</sup>.

### **1.1.2 EXPERIENCE WITH CASH TRANSFERS TO PROMOTE FOOD SECURITY<sup>15</sup> AND RESPOND TO EMERGENCIES IN NIGER**

17. In Niger, cash transfers for emergencies have been applied increasingly over the last years. In response to the 2004 / 05 nutrition crisis, the British Red Cross provided cash to around 5,700 households in Tanout department in Zinder through a one-time distribution of 120,000 FCFA per household. The amount corresponded to the costs at local markets of around 40 days of food consumption for a family of seven members. The experience showed that while most of the money was used to purchase food, the assistance also allowed households to restock part of their herds, make some repairs, and buy much needed non-food items such as cloth. Moreover, the cash distributed to the households led to some pooling of money for community investments; e.g. repair of the local mosque and purchase of donkeys and carts.

18. As part of a disaster risk reduction program, CARE provided cash transfers to women-headed households in the Tahoua and Illéla departments in the Tahoua region in 2008 - 2009. The objective was to restore resilience and the experience from the project shows that households use the cash for a variety of expenses to that end in addition to food. Moreover, it was noted that the cash empowers women to participate in saving groups, which are seen as important for income generation activities.

19. Save the Children (SC) has piloted a cash transfer program in Tessaoua department in the Maradi region from 2008 where the organization has worked since the nutritional crisis in 2005. The pilot responded to SC's own studies showing that more than half of the households could not afford a balanced diet in a typical year. The targeting and monitoring is based on the organization's own Household Economy Approach (HEA) respecting existing social norms in the communities. A 2009 evaluation<sup>16</sup> of the pilot involving cash distribution to 1,500 households during the hunger season showed positive livelihood impacts. The evaluator questions, though, the feasibility of a rollout of the pilot considering the high number of needy people in Niger. Follow-up projects during the hunger season in 2010 with cash transfers to very poor households<sup>17</sup> for livelihood protection showed that almost 90% of cash transfers were spent on food, of which more than three quarters for cereals and around 10% on proteins and micronutrients. Moreover, preliminary results showed an apparent lower intake of severely malnourished children at Intensive Nutritional Rehabilitation Centers (CRENI) from households having received cash compared to from non-beneficiary households.

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<sup>14</sup> Bedini, F. (2010) "Cash Transferts au Niger - Une Etude de Faisabilité" World Food Programme, Niamey.

<sup>15</sup> The Evaluation includes nutrition in the overall concept of food security in line with the definition agreed upon at the 1996 World Food Summit, namely that "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". From this follows that Food Security consists of four key elements: access, availability, utilization, and stability and that nutrition is included in the concept of food security. The Definitions used by the Evaluation for various concepts are presented in Annex 6.8.

<sup>16</sup> Save the Children UK (2009) "How Cash Transfers Can Improve the Nutrition of the Poorest Children - Evaluation of a Pilot Safety Net Project in Southern Niger" Save the Children UK, London.

<sup>17</sup> SC's experience shows that that it is not necessarily households with children less than 2 years that have the greatest food insecurity but rather the very poor, hence the focus on very poor.

20. In response to the 2010 National Emergency Response plan, WFP prepared a feasibility study<sup>18</sup> in March 2010 on the potential use of cash transfers to prevent further food insecurity in Niger. The study highlighted that while there was still no experience in Niger with large-scale cash distribution there was an increased interest among donors to support cash transfer interventions. It was expected that there would be several cash interventions in addition to the Government's cash for work. Moreover, the study noted that the expected return of temporary migrant workers could have an impact on food access.<sup>19</sup> The study concludes that cash transfer schemes as suggested are unlikely to have any significant impact on the local markets. The schemes might allow local traders to increase their benefits, which are generally very low due to the limited purchasing power of the households. Overall, the study recommends cash transfers to complement, if not replace, traditional sources of income during the hunger season. Still, the study also stresses potential negative outcomes from social tensions within communities who are accustomed to cash for work.

21. The European Union's Humanitarian Office, DG ECHO, United States' Office for Foreign Disaster Assistance, OFDA, and UNICEF organized a workshop on cash transfer experience in Niger in December 2010. In total, 19 projects were presented covering cash distribution to more than 165,000 households in food deficit areas in Niger. The experience with cash transfers was very positive with no apparent negative impact on markets or social cohesion. The modalities varied greatly from one project to another: distribution varied from one to eight months and the monthly amounts transferred to each household were between 15,000 and 25,000 FCFA. Many agencies used social criteria for the targeting of households, while agencies using cash transfers to complement blanket feeding (BF) naturally used the BF targeting. Several agencies provided a fixed amount of cash per household calculated according to the need of an estimated average household of seven members. Oxfam, however, adapted the amount to be transferred to the actual size of the households. Overall, the workshop showed the important body of experience in using Cash Transfers to respond to severe food insecurity in Niger. Most agencies apply comparable monitoring instruments, including a rather standardized post distribution monitoring (PDM) questionnaire. There are thus great opportunities for carrying out a major impact evaluation, e.g. a mega evaluation, comparing different approaches as well as developing guidelines for national stakeholders.

22. Finally, it should be noted that the number of available transfer mechanisms continues to grow quickly as technology gets more and more inroad in different parts of Niger; e.g., Concern Worldwide is now using mobile phones for cash transfers in some parts of Tahoua.

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<sup>18</sup> Bedini, F. (2010) "Cash Transferts au Niger - Une Etude de Faisabilité" World Food Programme, Niamey.

<sup>19</sup> Temporary and recurrent migration during the off-season is a traditional and critical part of most livelihood strategies in rural areas. During the 2009 / 10 crisis, the use of this livelihood strategy intensified.

## 1.2 PROJECT DESCRIPTION

### 1.2.1 OVERALL PROJECT

23. In July 2010, UNICEF developed the emergency cash transfer project<sup>20</sup> that is being evaluated in this report. The Project was in direct response to the alarming rates of acute malnutrition among children under two and the results of the WFP PDM June report showing that in most households the BF rations were not consumed exclusively by the targeted children.

24. The Project was developed as an emergency intervention for a period of three months but with possibilities for extension. The **specific objective** of the Project is protection of the BF rations to prevent child malnutrition. The Project is therefore expected to contribute to the overall goal of improving the nutritional status among children under two. The Project targets 32,000 households in the departments of Tessaoua in the Maradi region and Koni and Illéla in the Tahoua region<sup>21</sup> and the **outcome** is defined in terms of use of BF rations for targeted children in those households. The Project intervention areas are presented in Annex 5.2. The areas were selected based on the following criteria:

- Regions with a global acute malnutrition rate greater than or equal to 15%,
- Communes selected for BF,
- Existence of functional markets in a distance allowing the supply of food for cash beneficiaries. To avoid disruption of markets, interventions were not concentrated in one department or municipality, and
- Availability of experienced operators for cash transfers.

25. Using these criteria 148 villages were identified in the departments of Koni and Illéla and 400 villages in the department of Tessaoua. The INGOs CARE and SC were already present in these departments with ongoing livelihood, food security, and cash transfer activities. The organizations were also involved in distribution of blanket feeding. The identified villages were covered by 53 distribution sites in Tahoua and 12 sites in Maradi. The distances from the villages to the distribution sites were up to 10 km in some cases.

26. Villages selected for BF that did not meet the criteria of a functional market in a reasonable distance received protection rations from WFP directly through another and complementary project. The protection rations consisted of around 53 kg cereals, 5 kg beans, and 2.5 liters of cooking oil.

27. In order to achieve the specific objective, the Project aims at two outputs. Primarily a direct food security output and secondarily a capacity development<sup>22</sup> output:

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<sup>20</sup> Government of Niger & UNICEF (2010) "Projet de Transfert en Espèces pour la Protection du Blanket Feeding au Profit des Enfants Malnutris" UNICEF, Niamey

<sup>21</sup> The selection of the three departments took place in the capital Niamey to some chagrin by the regions.

<sup>22</sup> The Project documents generally refer to capacity building. Considering that the component has include training on targeting, supervision, and M&E; activities for which national and local authorities have a certain skill base, the Evaluation prefers to use the concept of capacity development.

- **Output 1:** 32,000 households in the targeted areas receive an unconditional monthly cash transfer of 20,000 FCFA over a period of 3 months from August through October to ensure the family's food needs and allow intended use of BF rations. The three months correspond to the end of the hunger season<sup>23</sup> and thus the time when food prices are highest. To ensure consistency between the complementary projects, the amount to be distributed should correspond to the value of the protection rations provided by WFP, which as identified as 20,000 FCFA. The amount of 20,000 FCFA also corresponded to the price of a 100 kg bag of millet<sup>24</sup>. The minimum food norm used in agricultural surveys in Niger was 231 kg cereal per person per year in 2009<sup>25</sup>. That same year the apparent average cereal consumption was 308 kg per person. It is therefore estimated that 100 kg cereal ensures the food needs for 2 to 3 weeks in most poor rural families with an average of seven persons<sup>26</sup>. To accommodate possible price increases<sup>27</sup> the Project document provides the flexibility of distribution of up to 25,000 FCFA per month. To promote the intended use of the cash as protection of BF, the Project includes awareness raising campaigns among beneficiaries,
- **Output 2:** DNP-GCA structures at central level (CCA, SAP, CIC), the Department of Nutrition<sup>28</sup>, and the regional and sub-regional committees have the skills for coordination, targeting and monitoring of cash transfers in the context of an emergency. The targeting criteria applied for the Project led to the elimination of two other regions where UNICEF and other agencies were deeply concerned about the high acute malnutrition rates and the need for protection of the BF, namely Zinder and Diffa. The Project document therefore suggests that capacity development activities would be extended to NGOs and the regional committees in these regions.

28. Within the selected areas the Project is targeting all households receiving BF as well as poor households with pregnant or breastfeeding women of children under six months. The pregnant and breastfeeding women are not included explicitly in the expected outputs of the Project.

29. The Project document identifies five performance indicators for the direct objective and outputs (the logical framework is presented in annex 5.4):

- % of children consuming distributed BF rations,
- % of households eating an adequate number of meals per day,

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<sup>23</sup> An overview of the agricultural production calendar is presented in Annex 5.3.

<sup>24</sup> As part of SC's other cash transfer initiatives in Tessaoua, surveys of secondary markets on 28 May, 2010 showed the price of 100 kg millet at 22,000 FCFA.

<sup>25</sup> According to an April 2010 survey of markets and food security in the department of Tahoua, the average consumption of millet was 228 kg per person per year calculated from the April data. FEWS NET (2010) "Fonctionnement des Marchés et Sécurité Alimentaire en 2010 dans le Département de Tahoua" [www.fews.net](http://www.fews.net).

<sup>26</sup> According to INS, the average household size in 2010 in Tessaoua was 6.8 persons, in Illéla it was 6.0, and in Koni 5.5. However, this average covers a great variation. According to the last Multiple Indicator Cluster Survey (UNICEF, 2006) 18% of the households had more than nine members. Similarly, a 2010 survey of 13,000 households targeted for Concern Worldwide's nutrition interventions in the department of Tahoua showed average household sizes of 9.8.

<sup>27</sup> Cereal prices typically increases by 3 to 5% monthly during the months of January to September.

<sup>28</sup> From the Ministry of Health.

- Number of households having received cash transfers in a timely manner,
- Number of DNP-GCA staff who is trained and who have made a field visit, and
- Number of field visits made by the regional and sub-regional committees.

30. The Project is defined as a pilot project in the Project document. The document therefore also foresees substantive monitoring and evaluation of the efficiency and effectiveness of using unconditional cash transfers to protect BF through:

- Market monitoring,
- Post distribution monitoring, and
- A final independent evaluation.

31. The indicative budget amounts to 2.6 billion FCFA equivalent to 5.5 million US\$ of which the Cash Component constitutes 78%. It should be noted that the budget does not include overall project management costs at UNICEF apart from two consultants recruited directly to administer and provide technical support to the Project during implementation. Similarly, costs of staff time of the CCA and the sub-regional and regional committees, as well as WFP is not included.

## 1.2.2 IMPLEMENTING PARTNERS

32. According to the Project document, the Project should be implemented under the overall supervision and monitoring of **DNGCPA** through the steering committee for emergency food security established under the CCA. The Steering Committee is chaired by the Special Advisor to the Prime Minister in charge of food security. The Committee includes representatives from line ministries as well as SAP and CIC. The representative from the Nutritional Department in the Ministry of Health functions as the Government focal point for the Project. At the level of the regions and departments, **sub-regional and regional committees** under the **DNGCPA** are responsible for the direct supervision of Project implementation. These committees have participation of different sectors such as Agriculture, Health, Environment, and Social Affairs and include in principle civil society. The Project document states that joint supervisions were to be organized in the Project areas.

33. **UNICEF** is responsible for ensuring the funding of the Project and for the overall management. To this end, a Project Team was established at the country office in Niamey, which included two consultants recruited directly for the Project for daily administration and technical support to Project activities. Moreover, UNICEF drew on its other technical and management staff.

34. Two INGOs: **CARE and Save the Children (SC)** were responsible for the direct implementation; CARE for activities in Tahoua targeting 20,000 households and SC in Maradi targeting 10,000 households. Both organizations have been involved in the increased use of cash transfers for emergencies, for instance in Ethiopia in 2003 and in Indonesia and Sri Lanka after the Tsunami in 2005. This organizational experience has been used for pilot cash transfer projects implemented by both organizations in Niger since 2008 / 09 as described earlier.

35. The monitoring of markets was to be ensured by **SIMA**. In Maradi, SC had a working relationship with SIMA for its other cash transfer activities through which SIMA provides training and facilitation of market surveys. The surveys are carried out directly by SC staff. It was decided to use the same agreement for the UNICEF Cash Transfer Project. In Tahoua, SIMA carried out the market surveys directly. The Project document does not clarify the role of INS. In Project implementation the PDM and focus group discussions at the end of the three distributions were ensured by **INS** that was sub-contracted by UNICEF.

36. Finally, it should be noted that **WFP** provided technical support to the Project, including for the design of the market monitoring and PDM surveys. Coordination with WFP was critical considering WFP's responsibility for the BF distribution and distribution of protection rations in the complementary project.

### 1.2.3 PROJECT ACTIVITIES IN TAHOUA AND MARADI

37. SC and CARE both prepared special project cooperation agreements for the sub-components of the Project that they would implement in Maradi<sup>29</sup> and Tahoua.<sup>30</sup>

38. According to CARE's project cooperation agreement, the distributions in Tahoua would be organized by teams of five persons: 2 CARE staff members, 1 representative from the CSR, 1 sub-contracted local NGO, and 1 member of the beneficiary communities. It was foreseen that two approaches would be tested during the first round. One would be based on traders who would be involved in the distribution and the other would be based on the team. After this test round the best approach would be selected. CARE suggested recruiting a local trader for the cash handling in Illéla and a micro-finance organization in Koni for a commission of 6%.

39. Since March 2010, SC was already distributing cash in the same communes in Tessaoua where the Project was intervening through an OFDA / ECHO funded intervention. The households covered by the Project would be different from the ones already covered, though. SC's project cooperation agreement outlines that in Maradi, the organization of the distribution, including the targeting would be facilitated by SC in collaboration with a local NGO. Moreover, the NGO would be responsible for post-distribution monitoring (PDM). The CSR would be involved in all phases. SC would provide training to the NGO and the CSR. The delivery of the cash for distribution would be ensured by a local trader. The trader would bear the risk of any loss but be compensated with a commission of 5%<sup>31</sup>.

40. According to the two project cooperation agreements CARE would target pregnant and breastfeeding women of poor households while SC suggests to target women that are visibly pregnant or breastfeeding. SC, furthermore, states that distribution will only be provided to women, i.e. the mothers of children under two and pregnant and breastfeeding women.

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<sup>29</sup> Save the Children (2010) "Protection du Blanket Feeding au profit des enfants – District de Tessaoua - Problemes Visés et Justification du Projet"

<sup>30</sup> CARE (2010) "Projet de Transfert en Espèces pour la Protection du Blanket Feeding au Profit des Enfants Malnutris - Concept Note"

<sup>31</sup> For comparison, in 2005 06, Oxfam paid traders 2.5% for the delivery of cash for a cash for work program.

41. CARE would carry out a baseline to identify the nutritional status and vulnerability as well as household coping strategies. Moreover, CARE would carry out joint monitoring missions with the DNGPCA. SC, on the other hand suggests to carry out monitoring of a sample of 1 to 2% of households using the basic principles of a HEA. Screening for malnutrition and interviews for selected households would be used to monitor the impact of the Project.

42. CARE commits to apply the 'Good Enough'<sup>32</sup> approach for accountability and in line with its other activities complaints committees would be established at community level. SC does not provide information regarding specific approach to accountability measures for beneficiaries.

43. While CARE uses the same logical framework, including performance indicators as presented in the major Project document, SC includes pregnant and breastfeeding women in the expected output and provides further quantitative precision to some of the output indicators, including:

- 80% of children consuming distributed BF rations.

44. Moreover, SC suggests the following outputs that are different from the two outputs presented in the major Project Document:

- The purchasing power of households has increased to meet other household needs and thus protect the BF rations for children and to limit negative effects on livelihoods, and
- Mothers / caregivers benefit from sensitization on prevention of malnutrition in order to facilitate the proper use of rations BF.

## **1.3 PROJECT EVALUATION**

### **1.3.1 OBJECTIVES AND SCOPE OF THE EVALUATION**

45. According to the Terms of Reference (TOR, annex 5.1) the objective of the Final Evaluation is to assess the relevance, efficiency, effectiveness, and sustainability of cash transfers by UNICEF and its partners in the emergency response in Niger in 2010. More specifically, the Evaluation seeks to assess:

- a. The impact of cash transfers on the use of BF within the households and as an alternative to protection rations,
- b. The efficiency and effectiveness of the Project approach to cash transfer, and
- c. The likelihood that cash transfers can be applied effectively in the future by local and national stakeholders. Special attention will be given to the role of women and men and the respect of a right-based approach.

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<sup>32</sup> The Good Enough Guide was developed by CARE along with other INGOs to promote accountability in emergencies. The Guide seeks to ensure that women, men, and children affected by an emergency are involved in planning, implementing, and monitoring and evaluation.

46. The major target groups of the findings, conclusions, and recommendations of the Evaluation are UNICEF, CCA and the regional and sub-regional committees, CARE, SC, and the different groupings in Niger with a stake in cash transfers for emergency.

47. The Evaluation was carried out in December and January 2010 / 11 and included a two-week stay in Niger for visits to Niamey and Project locations in Tessaoua, Koni, and Illéla. The Evaluation program was very well organized by UNICEF in collaboration with CARE and SC who also provided transport and other logistical support. The organization ensured a smooth and focused evaluation exercise. The Evaluation appreciated the great support provided by UNICEF Niger and found it very useful to have the HQ focal point in Niger during the Evaluation. The participation in the field visits of a staff member from UNICEF's regional office in Maradi facilitated contacts and communication during the fact finding. As the consultants recruited for the Project management and administration had already left when the Evaluation took place, telephone interviews were organized at a later stage to provide complementary information.

### **1.3.2 EVALUATION METHODOLOGY**

48. The Evaluation has considered the following key activities involved in the Project:

- Distribution of Blanket Feeding, Cash, and Protection Rations,
- Targeting,
- Monitoring,
- Communication,
- Harmonization, alignment, and coordination with local and national initiatives, incl. coherence with development activities,
- Capacity development, and
- Awareness raising and advocacy.

49. During the Evaluation's visit to Tessaoua, Illéla, and Konni, interviews were held with field staff of implementing partners (CARE and SC), UNICEF field staff, representatives of regional and sub-regional committees (CR and CRS), trader representatives, cash handlers and other agents involved in the cash distribution, women beneficiaries of the cash, as well as other member of communities having received cash.

50. The field visits were complemented by interviews with implementing partners in Niamey, UNICEF staff, representatives from the national authorities (CCA and SAP), SI-MA, and INS. The Evaluation had interviews with other INGOs involved in cash transfer initiatives in Niger and participated in a general presentation of Cash transfer experience in Niger organized by DG ECHO and OFDA. Moreover, the Evaluation met other partners such as FEWS NET. Annex 5.8 presents resource persons who have informed the Evaluation.

51. The Evaluation used the Post Distribution Monitoring (PDM) reports as well as reports from the Focus Group Discussions organized by INS at the end of the third and last distribution. The PDM surveys used a stratified random sample of households, representative at the level of the two project areas in Tahoua and Maradi, and at the level

of two types of assistance analyzed: Cash and BF protection ration. The sample consisted of 1,200 households equally distributed between Maradi and Tahoua and between the two delivery mechanisms, i.e. 300 households in each group in each region. It was a panel survey with the same households interviewed three times except for the third protection ration group except for the third PDM for households having received protection rations. A substitute group had to be selected as the protection rations had stopped in the communities receiving cash. The PDM covers households in other communities in the same departments having received protection rations. The focus group discussions that were organized after the third cash distribution covered six randomly chosen villages in Maradi and six in Tahoua. In each village, two focus groups with 10 participants in each were established. The participants represented households having received cash including pregnant and breastfeeding women as well as other community members such as the village chief.

52. In addition, the Evaluation has been informed by background documentation: project documents, progress reports, and other relevant documentation provided by UNICEF, SC, and CARE.

53. To ensure consistency between the scope of the Evaluation and the discussions with resource persons, assessments of CARE and SC's implementation of the Project, review of documents, and field observations an Evaluation Matrix was developed during the inception phase. The Matrix is organized around the evaluation criteria: relevance, efficiency, effectiveness, impact, and sustainability. The Matrix decomposes the criteria and focus areas into sub-questions with identification of sources of information and it was used to guide the discussions with the different resource persons. The Matrix is presented in Annex 5.7. Annex 5.8 presents the working definitions of different concepts applied by the Evaluation.

### **1.3.3 EVALUATION TEAM**

54. The Independent Evaluation Team consisted of Ms. Lene Poulsen and Ms. Danielle Fabre from Channel Research. The consultants have never been involved in any activities directly linked to the Project.

### **1.3.4 LIMITATIONS**

55. The Evaluation relied heavily on the outcome of surveys and focus group discussions organized by trained INS staff. The questionnaires and focus group guidelines were defined by Project staff in collaboration with INS. While the reports<sup>33</sup> from the PDMs and the focus group discussions are of a high quality, the little direct contact that the Evaluation had with beneficiaries limits the understanding of a number of nuances. The Evaluation noted during a meeting with a community that had received cash transfers that communities apparently have gone through so many surveys since the 2004 / 05 nutritional crisis that they know what they are expected to answer. To get a better and more realistic understanding of food behavior and the functioning of the house-

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<sup>33</sup> The Evaluation only received one finalized PDM report. For the two other tours, the Evaluation received a set of tables with the main results from the PDMs. For the Focus Group Discussions the Evaluation only received a synthesis report and a list of key thoughts expressed during the focus groups.

holds a more direct and day to day observation of the households would be necessary; e.g. through anthropological studies. The Evaluation recognizes that this would be unrealistic within an emergency response intervention. However, the limitation raises a more general concern about the monitoring and evaluation of many emergency cash transfer initiatives.

56. The PDM questionnaires are long and cover many details about the households. The use of long questionnaires for household surveys will often undermine the reliability of particularly the last parts of the questionnaires, which in the case of the Project's PDMs include knowledge of awareness raising messages, mitigation strategies, and use of the blanket feeding.

57. The fact that both CARE and SC have carried out cash transfer activities prior and parallel to the UNICEF Project and in the same departments constitutes a challenge to clearly distinguish between the different projects. The Evaluation noticed several cases where communities and staff members from the authorities apparently referred to experience from non-UNICEF funded cash activities instead of the UNICEF funded activities. A number of the findings and conclusions might therefore be of a more general nature than directly reflecting the UNICEF Cash experience.

## 2. FINDINGS

### 2.1 RELEVANCE

58. Overall, the Evaluation finds that the distribution of cash to households in food insecure communities has been relevant as a complementary response to extremely vulnerable households. The nutritional situation was very critical and immediate responses were needed when nutritional stakeholders in Niger, including UNICEF and the Government decided to complement blanket feeding with protection measures. In order to ensure fast interventions the cash transfers was thus a relevant option to ensure the expected impact from blanket feeding on acute malnutrition among children under two. Furthermore, available food reserves in Niger were limited at the time. Additional distribution of BF protection rations would thus have been challenging and most likely dependent on time-consuming arrangements to purchase the food and make it available at the distribution points. The cash Project therefore offered an excellent alternative considering that markets were still well functioning<sup>34</sup> and that there were INGOs in the field with cash transfer experience who could launch the operation with little start-up time.

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<sup>34</sup> In support of Concern Worldwide's operations in Tahoua, which include cash distributions, a study on the functioning of markets and food security in the region was carried out in April 2010. The study showed inter alia the high market dependency of households, with 100% of surveyed households buying cereals at the market and the use of millet as the main food item. The average price in April of a bag of 100 kg millet was 20,500 FCFA.

59. But relevance can also be measured from another perspective; the perspective of the beneficiaries. In this case, the PDM surveys and focus group discussions all indicate that beneficiaries were satisfied with the cash alternative. As can be seen in the textbox, which summarizes responses<sup>35</sup> from the focus group discussions organized after the three rounds of cash and protection ration distribution, community members highlight that the cash has allowed improved resilience and less use of coping strategies. Discussions with various stakeholders during the Evaluation confirmed that the injection of cash has not only contributed to the protection of the BF but also contributed to the improved resilience of the beneficiary households and has provided a general impression of improved local economy.

Responses from Focus Group Discussions with Beneficiaries at the end of the Project when asked about overall benefits of the Project:

- The cash has prevented sale of crops and additional loans,
- BF is consumed only by children,
- The number of and quality of food have improved,
- Children have returned to school,
- Migrants have returned.

60. A question that was often asked by different stakeholders during the Evaluation was whether the 2009 / 10 crisis in Niger was an emergency or yet another expression of the needs for long-term development interventions. The Evaluation does not doubt that there is a profound need for long-term development interventions in Niger to deal with the unacceptable high levels of both acute and chronic malnutrition<sup>36</sup>. But as malnutrition data show, 2009 / 10<sup>37</sup> was a year where the poor nutritional situation got even more critical and life threatening. The emergency response was therefore relevant to save lives and limit the deterioration of acute malnutrition.

61. The use of the same targeting as the blanket feeding; i.e. blanket cash transfer instead of, for instance, cash transfer to the most vulnerable and food insecure is a critical concern for the assessment of the relevance. The monitoring system linked to the Project consisting of PDMs, Focus Group Discussions, and monitoring visits to the Project locations does not directly allow assessing the level of food insecurity, poverty, and vulnerability of the beneficiary households. Anecdotal evidence from Project stakeholders, including CARE, SC, and the national and local authorities, indicates that some beneficiaries are relatively well off. Monitoring reports, for instance, talks about the wives of village chiefs and schoolteachers as receivers of cash. As mentioned in the Introduction, the national joint food security assessment in January 2010 indicated that

<sup>35</sup> The responses are from the summaries prepared by INS based on the focus group discussions and as such not necessarily direct responses. The responses are not prioritized and there is no indication of most prevalent answers.

<sup>36</sup> The 2010 progress report on Niger's implementation of the Millennium Development Goals highlights that while important improvements have been made to fight malnutrition since 2006, malnutrition levels will still be at 15% in 2015, and this only if the trends from 2006 continue. However, this trend does not include the severe deterioration of malnutrition observed in 2010. To reach the MDG goals for 2015, the Niger would need official development aid of US\$ 80 per capita. The current level of ODA per person is US\$ 20. INS (2010) "Rapport National sur les Progrès vers l'Atteinte des Objectifs du Millénaire pour le Développement", Institut National de la Statistique, Niamey.

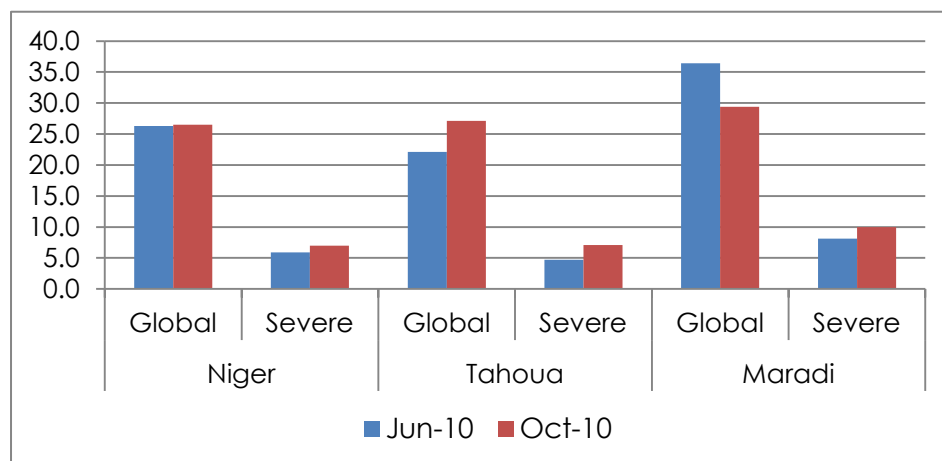
<sup>37</sup> See Annex 5.9 for further details about chronic and acute malnutrition levels in Niger and the departments of Maradi and Tahoua.

food insecure households in Maradi and Tahoua, spent 70% of their expenses on food. Looking at the general monthly expense patterns among households benefitting from the cash distribution in Maradi and Tahoua, which is presented in Annex 5.10, it appears that on average the beneficiaries spent under 30% of their monthly expenditures on food for the households during the last two months of the Project. Even when excluding expenses for production, such as livestock and seeds and tools, food expenses do not exceed 50% among the beneficiary households. Before the Project and during the first months, the percentage of monthly household expenses used for food was a little higher, particularly in Maradi. This is in line with the general situation at the end of the lean season. It should also be noted that according to information on confidence levels in PDM 3<sup>38</sup>, there is relatively little variability in the spending patterns.

### 2.1.1 TIMING

62. As experience from other cash transfer projects have shown<sup>39</sup>, the timing of cash distributions for agriculture and livestock based livelihoods is normally critical for the relevance and effectiveness. During the Evaluation, both NGO and government stakeholders noted that the cash transfers came too late as they only took place after the end of the hunger season. It is true that cash transfers in April, May, and June might have prevented some deterioration in the acute malnutrition levels and facilitated the correct use of the blanket feeding. However, the Project was a response to the alert in June and the mobilization of the full initiative to start the first distributions at the end of August is considered timely by the Evaluation. Moreover, it was still highly relevant considering the general depletion of assets in most households in the food insecure areas. In addition, as can be seen in the following chart the national nutritional survey for October 2010, showed a further deterioration in the rates of severe acute malnutrition among the children between 6 and 23 months compared to June. This underlines the enormous stress of the households even after the harvest.

Global and Severe Acute Malnutrition among Children of 6 to 23 months (%)  
June and October 2010



Source: INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Mai/June 2010" Institut National de Statistique, Niamey and INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Octobre - Novembre 2010 - Note Définitive de Synthèse" Institut National de Statistique, Niamey

<sup>38</sup> The Evaluation only received information on confidence levels for the last PDM survey.

<sup>39</sup> See Annex 5.11 for a summary of emergency cash transfer experience.

63. The timing aspect is also critical with respect to type of protection of the BF. When asked about preferences between cash and protection rations, a slight majority of beneficiaries<sup>40</sup> expressed preference for food during the hunger season while the preferences were almost equally distributed between cash and food during the dry season. There were no significant differences in the preferences expressed by beneficiaries in Tahoua and Maradi, nor between the beneficiaries receiving cash compared to those receiving protection rations.

Distribution of Preferences for Cash vs. Food (%)  
according to season and comparing beneficiaries  
receiving protection rations with beneficiaries receiving cash<sup>41</sup>

|                              | PDM 3                                      |                              | PDM 2                                      |                              | PDM 1                                      |                              |
|------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|
|                              | BENEFICIARIES RECEIVING PROTECTION RATIONS | BENEFICIARIES RECEIVING CASH | BENEFICIARIES RECEIVING PROTECTION RATIONS | BENEFICIARIES RECEIVING CASH | BENEFICIARIES RECEIVING PROTECTION RATIONS | BENEFICIARIES RECEIVING CASH |
| <b>DRY WARM SEASON</b>       |  |                              |  |                              |  |                              |
| Cash                         | 48.2                                       | 47.3                         | 35.9                                       | 37                           | 44   | 44.3                         |
| Food                         | 51.8                                       | 52.8                         | 25.2                                       | 34.7                         | 56   | 55.7                         |
| <b>DRY COLD SEASON</b>       |  |                              |  |                              |  |                              |
| Cash                         | 52.8                                       | 55.6                         | 46.2                                       | 36.2                         | 50.6                                       | 48.2                         |
| Food                         | 47.2                                       | 44.4                         | 49.7                                       | 38.7                         | 49.4                                       | 51.8                         |
| <b>RAINY / HUNGER SEASON</b> |  |                              |  |                              |  |                              |
| Cash                         | 38.3                                       | 37.8                         | 17.9                                       | 26.8                         | 45.4                                       | 46.7                         |
| Food                         | 60.4                                       | 62.2                         | 25.2                                       | 26.6                         | 54.6                                       | 53.3                         |

## 2.1.2 PILOTING

64. The Project is often referred to as a 'pilot' and although senior UNICEF staff stated that it was not a "real" pilot, the Evaluation noted that most Government and NGO partners as well as some UNICEF staff framed the Project as a pilot<sup>42</sup>. The Evaluation considers that the newness of unconditional cash transfers in UNICEF humanitarian projects in Niger and the specific use of cash to protect BF rations for 6 to 23 months old

<sup>40</sup> Around 60% during the last PDM.

<sup>41</sup> For more detailed information please refer to the three PDM prepared by INS for UNICEF.

<sup>42</sup> Pilot projects were popular among development practitioners in the 1970s and 80s when new approaches and concepts such as participation, ownership, and sustainability became important. However, the piloting concept was criticized for being built on project designs that did not clearly lead to conclusions for how and when replications and scale-ups would be appropriate. In a 2003 study on pilots in Niger, Rwanda, Egypt, Zambia, Tanzania, and South Africa Bennett and Paterson conclude that "The four lessons derived from pilots implemented during the 1970s and early 1980s still appear important today; pilot goals must be clear, local ownership and flexibility in implementation are important factors to consider, and short time frames can be problematic". (Bennett, S. & Paterson M. (2003) "Piloting Health System Reforms – A Review of Experience" PHR Plus, Bethesda).

children justify a pilot project in order to draw lessons learned basic requirements and good practices for successful implementation of unconditional cash transfers to protect BF rations. On the other hand, beneficiaries do not seem to see the project as a test but rather as a traditional project and will judge the Project accordingly. However, while there are no clear-cut principles regarding design of pilot projects, it is normally understood that the project design should clearly identify specific parameters of the approach to be tested during the pilot phase such as regional capacity, the size of the region, level of decentralization, level of donor support, or level of food insecurity.

65. The Evaluation agrees that the Project is not a 'real' pilot although its design makes it relevant to test the effectiveness of cash to protect BF. Moreover, the Project design includes substantive monitoring mechanisms that in principle should facilitate the testing. However, a critical point for this monitoring has been that a baseline was not prepared before the launch of the Project. Likewise, beneficiaries' role in the monitoring has been to inform rather than participating in the monitoring process itself. In addition, pilots will generally require that Project staff have sufficient time to reflect and conceptualize on the benefits and challenges of the pilot. The Project design and actual implementation left little room for such reflections; e.g. while a lessons-learned workshop was planned for in the original budget, the Evaluation did not see any result of such a workshop. It is important to understand, though, that the general impression that the Evaluation got from Project staff was that of very dedicated professionals but working on very tight schedules.

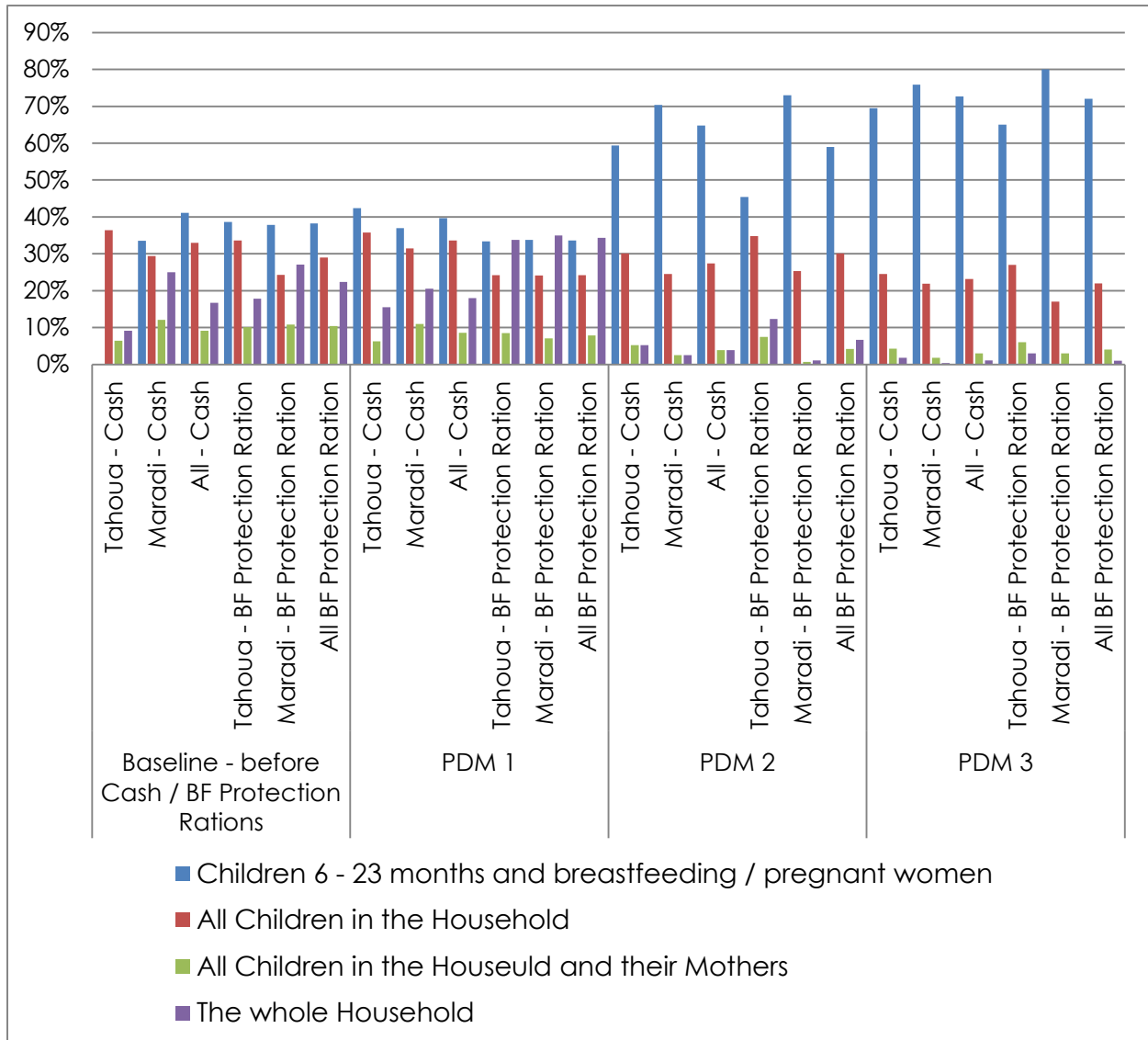
66. Finally, it should be noted that UNICEF explored possibilities to introduce new technologies for the cash transfers, particularly using mobile phones. The INGO Concern Worldwide has been transferring cash in its projects in Tahoua through mobile phones, using the organization's experience from other projects in Africa. However, time constraints and different immediate agendas for UNICEF and Concern did not allow for involvement of Concern in the Project.

## **2.2 EFFECTIVENESS**

### **2.2.1 PROTECTING THE BLANKET FEEDING**

67. According to the Project document, the expected direct result would be that the targeted households, i.e. households with children under 2 would use the BF exclusively for these children. In order to monitor this result, the document suggests two indicators: percentage of targeted children that will consume the BF and the percentage of households that will consume an adequate number of meals per day. These two indicators would be obtained through the PDMs. The document does not provide any further definition of an 'adequate number of meals per day'.

Distribution of Households according to use of Blanket Feeding before and after Cash Distribution / Protection Rations



68. As can be seen in the chart above, during the period of the Project there has been a significant improvement in the use of BF as exclusively for children of 6 to 23 months and breastfeeding and pregnant women. While there was no apparent difference between the use of blanket feeding after the first distribution of cash / protection rations compared to the baseline, the improvement happened particularly after the second distribution. There are no major differences with regard to the use of blanket feeding when comparing the households receiving BF protection rations compared to the ones receiving cash. On the other hand, there seems to be a difference between the households in Maradi and Tahoua with slightly better use of the BF among the households in Maradi compared to the ones in Tahoua. Based on the information available in the PDMs it is not possible to identify the cause of this difference; or determine if there is even any specific cause. Likewise, available data do not allow for an

exact identification of what has caused the improved use of the blanket feeding rations after the second and third distribution of cash and protection rations.

69. Unfortunately, neither the PDM questionnaires nor the focus group discussions with community members included direct inquiries as to why households used the BF for specific groups in the households. Anecdotal evidence from West Africa generally shows, for instance, that women are often overburdened and have limited time for preparing special meals for young children despite their knowledge of the importance of special meals for children under two. During the Evaluation, staff from the implementing organizations and the local authorities, indicated that some women had understood that the BF should be used for all children. This might explain why many households continue to use the BF for all children in the households. It would be important to have more analysis of the underlying factors determining food behavior in different households. Likewise, for analytical purposes, it would be important to compare with a control group; i.e. a group that would only receive blanket feeding without complementary protection. From an ethical point of view, though, this would not be acceptable as it was clear that complementary measures to the BF were necessary. A control group could have allowed, for instance, a better understanding of the other factors that might have an impact on the use of blanket feeding including the general improvement of household food security after the harvest in September / October corresponding to the time of the second distribution. While there is a significant improvement in the use of BF exclusively for the targeted children and women, the improvement can only be observed after the second and third rounds of distribution of cash / protection rations. This might be linked to the fact that during the time of the first round of distribution, household assets were almost completely depleted and the cash would likely go to the most critical household expenses. At the second round of distribution, many households had started to recover after the good harvest. WFP carried out a PDM after the second round of BF distribution in September<sup>43</sup>. The survey showed that consumption of the BF by the whole family decreased sharply when the household food security improved. This also indicates that when the BF is shared among all household members it is not because of lack of awareness but rather because of food insecurity and need.

70. As can be noted that there is an important difference between the results of the PDM carried out by WFP in June 2010 covering 250 households in Tahoua having received blanket feeding with no protection and the Project's baseline covering 600 households in Tahoua. As mentioned earlier the June PDM did not cover Maradi. For Tahoua, the data showed that only 11% of households used blanket feeding exclusively for children of 6 to 23 months. In a study prepared by Concern Worldwide in Tahoua in August 2010<sup>44</sup>, 17% of households receiving on blanket feeding with no protection used the blanket feeding exclusively for children of 6 to 23 months. Compared to these numbers, the Project's baseline data from Tahoua showed that 42% of the households in Tahoua used the BF exclusively for children of 6 to 23 months and pregnant and breastfeeding women. The data available for the Evaluation does not allow to explain the huge differences between the different surveys or even within the Projects baseline;

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<sup>43</sup> PAM (2010) "Rapport de l'Enquête Post Distribution Monitoring (PDM) pour la Distribution Gratuite Ciblée et le Blanket Feeding Deuxième tour 2010 Septembre" World Food Program, Niamey.

<sup>44</sup> Personal information from a study prepared in the context of an emergency blanket feeding project implemented by Concern Worldwide and with support from DG ECHO, OFDA, and Irish Aid.

the baseline for the group that received cash protection was 48% while it was 39% for the group receiving protection rations. It should be remembered, that the baseline was based on a recall of food behavior a week prior to the survey.

71. In spite of various uncertainties, the data and information obtained during the Evaluation indicate that the Project package including both food behavior awareness raising activities and distribution of cash / protection rations has contributed to the improved use of the blanket feeding rations.

72. The improved use of the BF exclusively for children under two and pregnant and breastfeeding women that was recorded after the second distribution of cash / protection rations seems to be reflected in the number of days that the BF ration lasted. As can be seen in the following table, these data seem to confirm that there was no significant change in the use of the BF after the first distribution while there was a steady improvement after the second and third ones.

Number of Days that the BF rations lasted before and after the three distributions of Cash / Protection Rations

|                | <b>TAHOUA - CASH</b> | <b>MARADI - CASH</b> | <b>ALL - CASH</b> | <b>TAHOUA - BF PROTECTION RATION</b> | <b>MARADI - BF PROTECTION RATION</b> | <b>ALL BF PROTECTION RATION</b> |
|----------------|----------------------|----------------------|-------------------|--------------------------------------|--------------------------------------|---------------------------------|
| Before Project | 20.3                 | 16.4                 | 18.4              | 20.9                                 | 16.8                                 | 18.8                            |
| PDM 1          | 19.2                 | 17.5                 | 18.3              | 21.4                                 | 18.9                                 | 20.2                            |
| PDM 2          | 24.0                 | 22.8                 | 23.4              | 23.0                                 | 24.7                                 | 23.9                            |
| PDM 3          | 27.9                 | 24.5                 | 26.3              | 26.9                                 | 25.1                                 | 26.0                            |

73. In terms of the number of meals consumed daily by the households, it is more difficult to draw any clear-cut conclusion on the impact of the cash as can be seen in the following table. The number of meals per day shows great variability within and among the beneficiary households. According to PDM3<sup>45</sup>, the 95% confidence level for the average number of meals for children in Maradi was 0.14 to 5.86. This might reflect that overall, there is a great difference in the number of meals different households consume, but it can also reflect a definition challenge with no common understanding of what constitutes a meal. Similarly, the PDM questionnaires and the focus group discussions do not allow for greater understanding of variability in number of meals per day within the households. When community members were asked about their perception of the impact of the Project on children of 6 and 23 months and pregnant and breastfeeding women, one of the key ideas emerging was an increased number of meals and improved quality of the food. Still, the Evaluation considers that number of meals is not an adequate indicator for assessing the effectiveness of cash in the protection of BF if the indicator is not qualified further to take these concerns into account. Most importantly, for indicators that can be interpreted in different ways it is important to have clear and unambiguous definitions.

<sup>45</sup> As mentioned earlier, the Evaluation did not have access to confidence levels for PDM1 and PDM2.

Number of meals per day

| Household groups         | TAHOUA |          | MARADI |          |
|--------------------------|--------|----------|--------|----------|
|                          | Adults | Children | Adults | Children |
| Before Cash distribution | 1.8    | 3.0      | 1.7    | 2.6      |
| PDM 1                    | 2.0    | 3.8      | 1.6    | 2.0      |
| PDM 2                    | 2.0    | 3.1      | 2.0    | 3.0      |
| PDM 3                    | 1.5    | 2.0      | 2.0    | 3.0      |

### 2.2.2 FIXING THE AMOUNT OF CASH TO TRANSFER

One of the biggest challenges for any emergency cash transfer initiative is how to determine the right amount of cash. The fixation should take into account factors such as the changing market prices, the potential positive and negative impact from the cash on the market and the social cohesion, and the principle of not rendering the beneficiaries dependable on cash transfers. Concerns such as those should be considered against the need

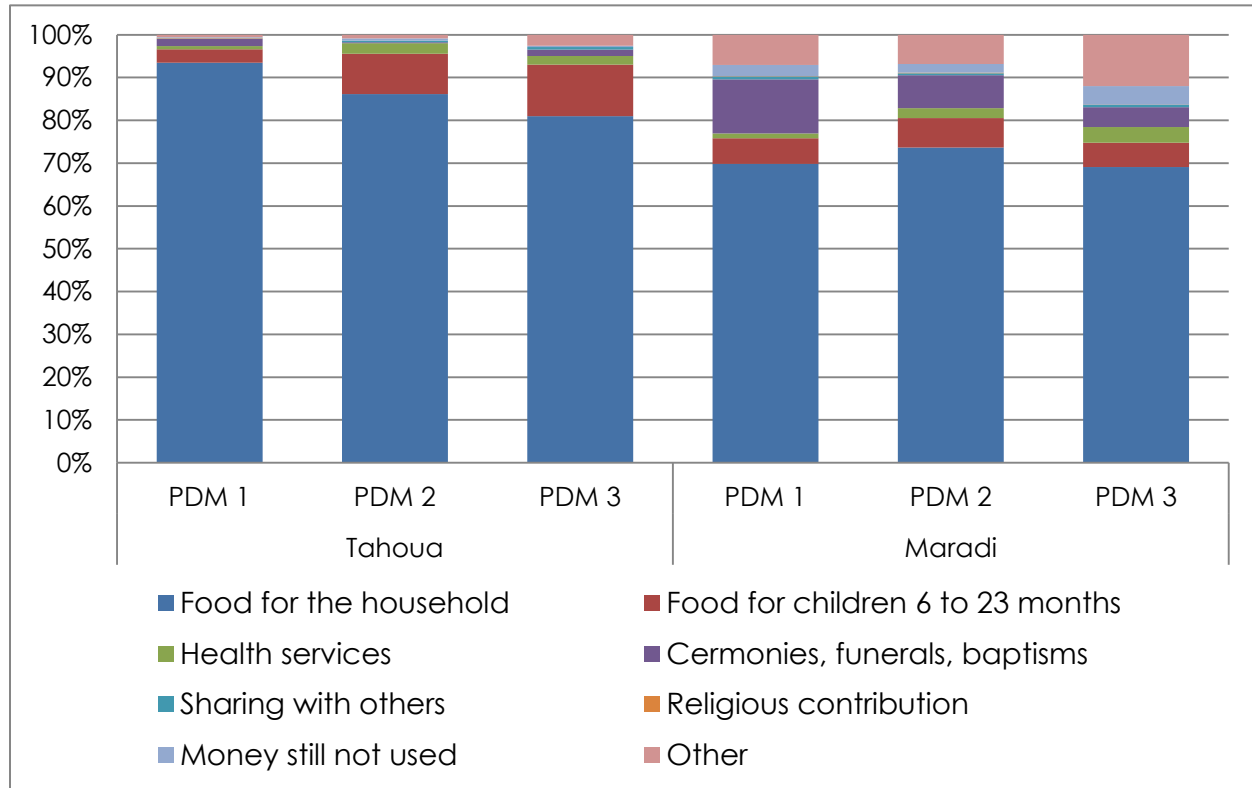
Responses from Focus Group Discussions with Beneficiaries at the end of the Project when asked about the impact of the Project on children of 6 to 23 months and lactating and breastfeeding women:

- Increased number of meals and improved quality,
- Improved health of mother and child,
- Hygiene at the household level,
- Improved nutritional health of children.

for responding quickly. For the Project, it was decided to distribute 20,000 FCFA per household. As described in section 1.2 this amount corresponds to the estimated value of the protection rations. But 20,000 FCFA also corresponded to the price of a bag of millet, which was the reference that was presented widely by various stakeholders to the Evaluation; including staff from implementing INGOs and authorities. The PDMs provide some information about the actual use of the cash as can be seen in the following chart showing that the cash is mainly used for purchase of food for the households. Unfortunately, the PDMs do not allow a better understanding of what kind of food; e.g. to make comparisons to the protection rations<sup>46</sup>. Anecdotal evidence collected during the Evaluation seems to indicate that the cash transfers were predominantly used to purchase millet. This seems to be reflected in the number of food days that the beneficiaries indicated that that the cash lasted, namely two to three weeks, which corresponds to how long 100 kg millet would last in an average family as shown in the Project Description Section (1.2.1).

<sup>46</sup> As mentioned in section 1.2 the BF protection rations consisted of around 53 kg cereals, 5 kg beans, and 2.5 liters of cooking oil.

### Households' Use of the monthly cash distribution of 20,000 FCFA



74. The perceived link between the amount of cash distributed and the market price of a 100 kg bag of millet can seem counterintuitive to the intent of the Project to improve the diet of the households through better food diversity. The link also seems to have implications on the role of women. As most other recent emergency cash transfer initiatives, the Project seeks to empower women by transferring cash only to female household members; generally the mothers of the children of 6 to 23 months. However, discussions with beneficiaries during the Evaluation, confirmed results from other studies that women in most rural areas of Niger will typically only visit local markets and outlets selling small quantities and where 100 kg bags of cereals will not be available. Moreover, the cash is typically distributed in two banknotes of 10,000 FCFA, which will be difficult to use directly at the village markets and thus it can also be seen also counterintuitive to the objective of providing the cash to women. The Evaluation participated in one of the focus group discussions organized at the end of the Project with community members. During the discussion, the women told that they would give the cash to their husbands after the distribution. These beneficiaries might not be representative for the whole Project area, though, and one should not forget the basic rule when it comes to gender roles: there are no generalizations. During PDM1, it was recorded that in more than 40% of the households that had received cash that it would be the head of the household, i.e. the husband who would decide on the use of the 20,000 FCFA. This number increased to more than 50% during PDM2. Unfortunately, the Evaluation did not receive information on this issue for PDM3.

75. In terms of improving the diet, the use of relatively big banknotes and the apparent propensity to use the transferred cash for millet can undermine the Project and UNICEF's general aim to improve the quality of the food consumed. Fresh vegetables

and high quality protein products will have to be purchased on a daily basis and will typically be purchased at the local village market, which would require small bank-notes.

76. In line with the value of the protection rations for the households, the calculations applied to define the equivalent cash distribution of 20,000 FCFA do not include costs for the beneficiaries related to the purchase of the millet. The Project prudently built in a flexibility allowing an increase to 25,000 FCFA per distribution per household but without identifying exactly criteria for what would trigger an increase or a decrease.

77. Finally, it should be noted that a critical challenge with fixing the amount at 20,000 per household is the perception that an average household size of 7 would be sufficiently representative. As can be seen in the following table, the average household size is close to 9 in the project areas in both Tahoua and Maradi. Furthermore, as mentioned earlier there is great variation in the household size, as shown for instance during the MICS in 2006 where it was found that at national level 18% of the households had more than 9 household members while 22% had 3 or less. It is expected that this great variation is similar within the Project's targeted communities leaving a very unequal distribution of both protection rations and cash. It would be important to explore the databases created from the PDMs for the UNICEF as well as other emergency cash transfer projects further to assess the impact of household size on the relevance, efficiency, and effectiveness of cash transfers at a fixed amount for all households. Similarly, it would be important to get a better understanding of the role of the size of the households on behavior vis-à-vis use of blanket feeding. As noted earlier, some INGOs, including Oxfam, target several groups of household sizes for cash and BF distributions.

Average size of households that received Cash and BF Protection Rations

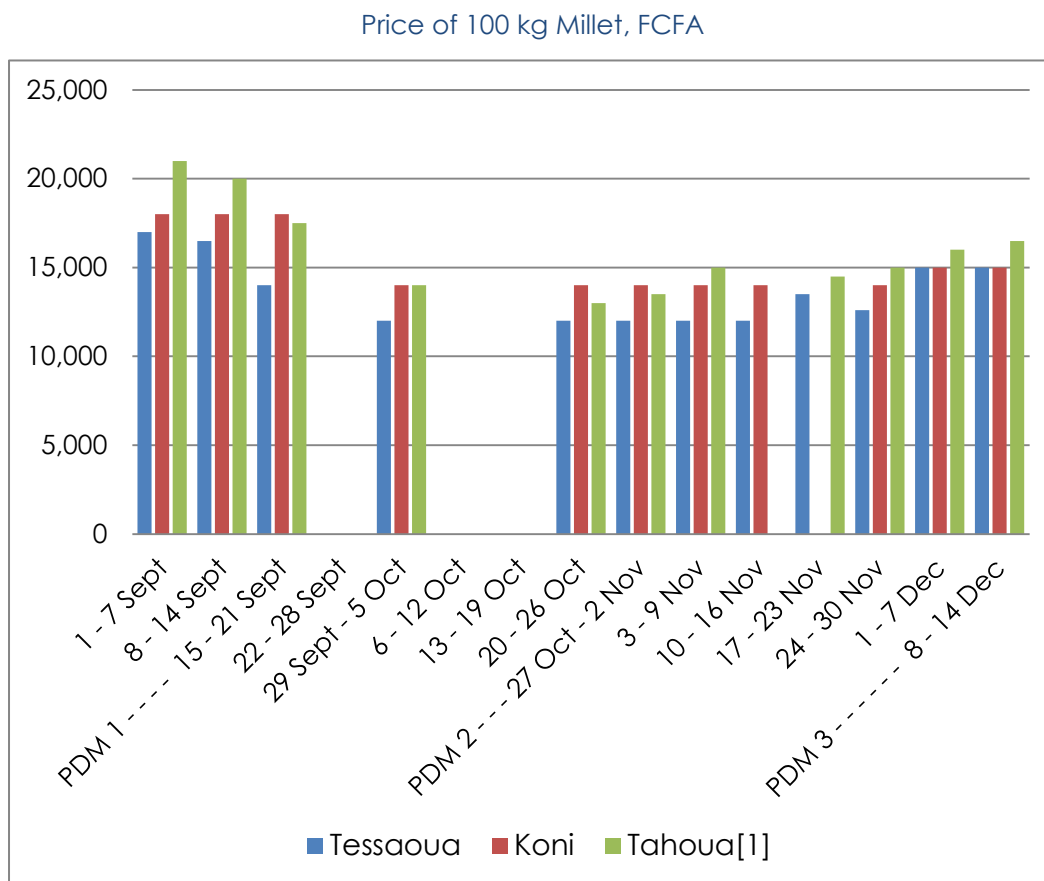
| HOUSEHOLDS RECEIVING CASH |        |      | HOUSEHOLDS RECEIVING PROTECTION RATIIONS |        |      |
|---------------------------|--------|------|--|--------|------|
| TAHOUA                    | MARADI | ALL  | TAHOUA                                   | MARADI | ALL  |
| 8,74                      | 8,95   | 8,85 | 8,24                                     | 9,13   | 8,69 |

### 2.2.3 PROTECTION OF BF THROUGH CASH VS. PROTECTION RATIIONS

78. The PDMs were established to allow comparison of the effectiveness of cash versus protection rations. As can be seen in the different information from the PDM surveys there are no significant differences between the impact on food behavior from the use of cash versus protection rations. This result should be seen in the light of the changing market prices resulting in an increased purchasing power of the cash and hence in principle making protection rations less attractive. Based on the field visits and the results from the PDMs and SIMA reports, the Evaluation finds that the amount chosen initially was reasonable when compared to the value of protection ration and the flexible approach positive. However, the lack of triggering criteria seem to have left the amount unchanged in spite of important decreases in the market prices of food and thus a steady increase in the value of cash compared to the protection rations.

79. On the other hand, theoretically the value of protection rations vs. cash should be a critical factor determining beneficiaries' preference for food vs. cash. According

to PDM1, 25% of beneficiaries preferred cash, 48% food, and 28% a mix of food and cash. There is no major difference between Tahoua and Maradi. This is an interesting result of the surveys considering that the distribution happened during the first two weeks of September, hence when the price of millet in Maradi was below 20,000 FCFA as can be seen in the following chart.



source: Bulletins Hebdo, [www.sima-niger.net](http://www.sima-niger.net)

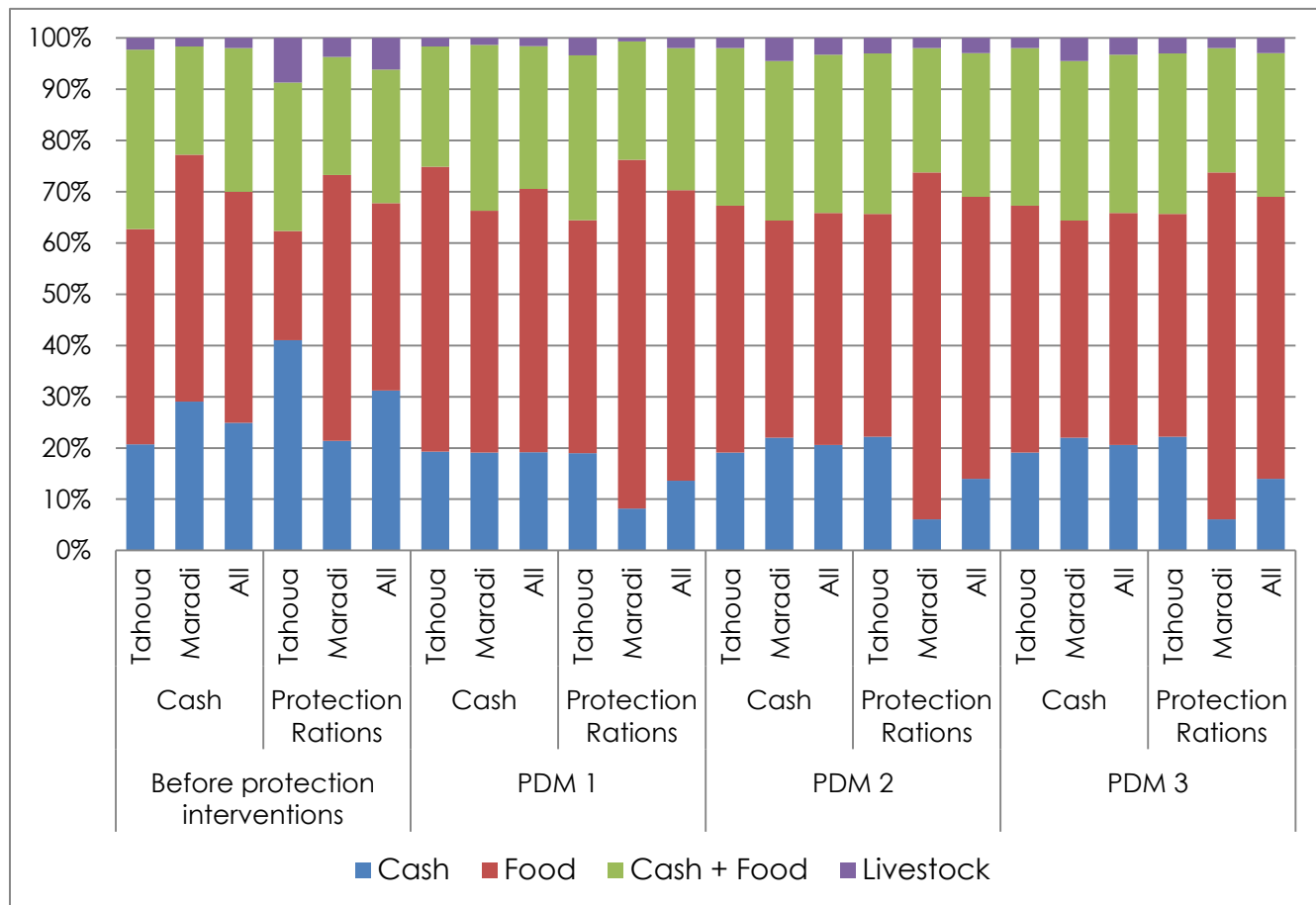
SIMA does not collect prices at Illela department. Tahoua department is considered to have similar prices

80. During the time of PDM 2 and 3, the prices of millet were still well below 20,000 FCFA for 100 kg. However, both cash and protection ration beneficiaries continued to express preference for food, or alternatively food combined with cash, compared with cash. The preference for food compared to the other options is particularly high among beneficiaries receiving protection rations in Maradi, where more than 90% of the beneficiaries explained their preference for food to ensure that the household would have food. On the hand, only a minority of the beneficiaries of protection rations explained their preference for food by difficulties in purchasing food in spite of the fact that this group was selected for protection rations and not cash because they had no easy market access<sup>47</sup>. The surveys did not include information about costs related to the purchase of food, such as transport. Experience from cash transfer projects in other

<sup>47</sup> The response option is “difficulties if food had to be purchased at the market (distance, not enough food at the market, high food prices)”.

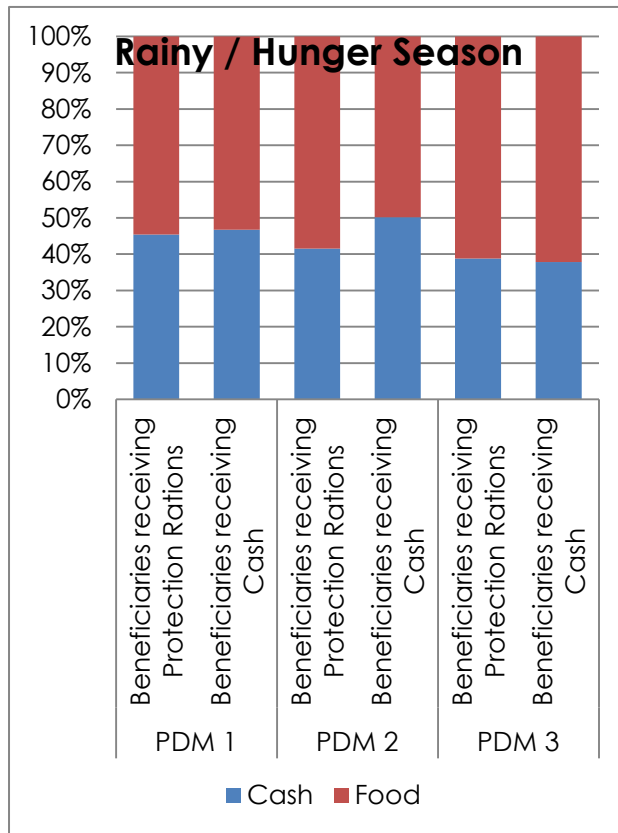
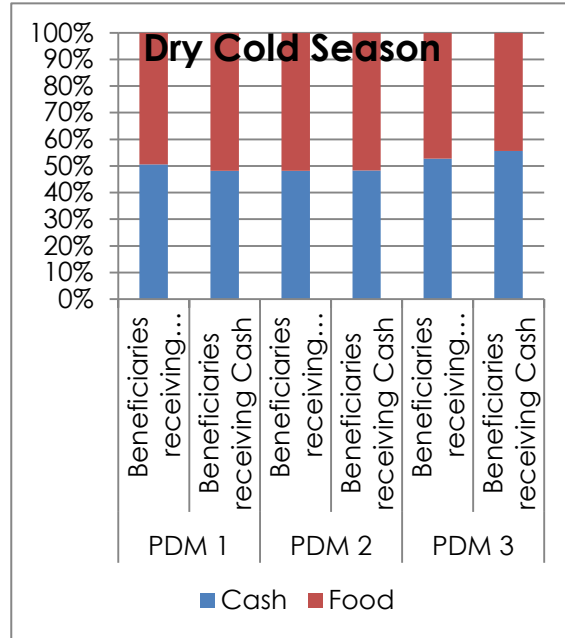
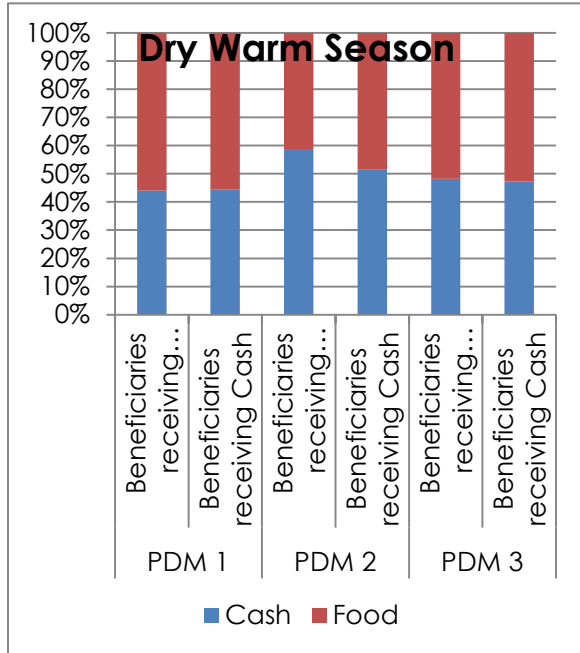
countries shows that cost of transport can make up a considerable amount of the food purchase. It should be noted, though, that the options for the responses to the question are somewhat ambiguous. E.g., the two response options 'Assurance of disposing of food' and 'Difficulties if food had to be purchased at the market' can be seen as overlapping.

Cash and Protection Ration beneficiaries' preference for Food, Cash, Cash combined with Food, or Livestock



81. Beneficiaries who preferred a combination of food and cash favored an almost equal distribution of food and cash irrespective of the season as can be seen in the following charts. During the rainy / hunger season, beneficiaries prefer more food than cash confirming former questions about preference for different types of assistance. There are no significant differences between the two groups of beneficiaries; i.e. groups receiving cash vs. protection rations. Likewise, there are no significant differences between beneficiaries in Maradi and Tahoua.

Preference for Food and Cash among Beneficiaries according to time of the year



## 2.3 EFFICIENCY

### 2.3.1 CASH DISTRIBUTION

82. It is estimated<sup>48</sup> that the Project will have distributed a total of 2,025 million FCFA, which is slightly above the budgeted 2,000 million FCFA mainly due to the inclusion of pregnant and breastfeeding women in Tahoua. In total three distributions took place to households with children of 6 to 23 months in both Tahoua and Maradi. For pregnant and breastfeeding women two distributions took place in Tahoua and three in Maradi.

Beneficiaries of Cash Distribution

|        | HOUSEHOLDS WITH CHILDREN 6 TO 23 MONTHS |          | PREGNANT AND BREAST-FEEDING WOMEN     |          |
|--------|---|----------|---------------------------------------|----------|
|        | PLANNED                                 | REALIZED | PLANNED                               | REALIZED |
| Tahoua | 20,000                                  | 19,713   | Included in households 6 to 23 months | 5,218    |
| Maradi | 10,000                                  | 9,448    |                                       | 1,112    |
| TOTAL  | 30000                                   | 29,161   |                                       | 6,330    |

Source: Preliminary numbers from CARE and SC

83. As can be seen, the Project will reach 35,000 households in the three departments corresponding to around 40% of the total number of households.

84. Site preparation began 48 hours before distribution. The communities were asked to participate in the organization of the sites, including fencing and setting up the stalls and tables for the recording and distribution. Likewise, the sites were cleaned after the distribution in cooperation with the communities

85. Teams for cash distributions were initially trained for three days on the practical aspects of the distribution as well as issues around sensitization of the beneficiaries on the intended use of the BF. The distribution teams consisted of five persons per site for CARE distributions and seven for SC and included community leaders. As mentioned earlier, CARE used complaints committees established in each community as part of CARE's compliance with the 'Good Enough' approach. The committees consisted of three members elected by the community and they were present during the cash distributions. The complaints committees seem to have played more of an oversight role than such committees normally do. The Evaluation found the mechanism interesting and a positive complement to more traditional cash transfers. Representatives from CRSs were also present to oversee the distributions. After each distribution, minutes of the event were prepared by the Project staff and signed by all who had been involved in the distribution.

86. The distributions were generally carried out smoothly although with some delays compared to the planned schedule. The first distribution was delayed for a couple of

<sup>48</sup> Distributions to pregnant and breastfeeding women were still ongoing at the time of the Evaluation.

weeks due to general difficulties in starting up the Project. The delays for the following distributions were mainly unpredictable and beyond the direct control of the Project. Most of the delays were due to the programming of the cash distributions to follow the BF distributions. WFP encountered problems with the pipeline of the BF products and delays of up to one week took place for both distribution one and two. Additionally, CARE faced access problems to some distribution areas during the first round due to heavy rain. The inclusion of pregnant and breastfeeding women in Tahoua only started in December 2010 and a second and final distribution for this group was planned for January. The various delays have resulted in programming challenges for all involved stakeholders, which is not unusual in complex responses with many partners involved. However, the Evaluation considers that the impact from the delays were more serious for the beneficiaries who had very little predictability about when the next cash distribution would take place. In addition, beneficiaries would only be informed about the next cash distribution on the night before the distribution. This practice has been implemented for security reasons. However, as highlighted in good governance principles predictability is critical for all partners, including beneficiaries.

87. In addition, SC decided to postpone the November distribution until after the Ramadan for fear of 'misuse' of the cash. As mentioned in the review of experience with cash transfers for emergencies presented in Annex 5.11, most evaluations show that beneficiaries make good use of the money. Likewise, in the project cooperation agreement with UNICEF, SC highlights that their experience from Niger and elsewhere shows that given the precarious situation there is a minimal risk that cash will be used for purposes that are not considered as a priority by the Project. As noted in the brief introduction to experience with cash transfers for emergencies, the final evaluation of the cash transfer project implemented by the Catholic Relief Service in Niger concluded that the distribution of cash allowed a joyous Ramadan; a point that should not be neglected. The delay might also have a direct negative impact on malnutrition rates. Anecdotal evidence from nutritional projects in Niger and other Sahel countries shows that in the weeks ahead of main holidays such as the end of Ramadan and Tabaski, there is an increase in acute malnutrition as many households save the food for the holidays. So in fact, from a BF protection perspective it might be more effective to distribute cash before the holidays. However, this would require more evidence based programming.

### 2.3.2 BENEFICIARIES' EXPERIENCE OF THE DISTRIBUTION

88. Asked about their appreciation of the cash distribution operations, the vast majority of beneficiaries expressed satisfaction.

Distribution of Households according to their appreciation of the cash distribution

| Appreciation | TAHOUA    |      |      |           | MARADI    |      |      |           |
|--------------|-----------|------|------|-----------|-----------|------|------|-----------|
|              | Very Good | Good | Poor | Very Poor | Very Good | Good | Poor | Very Poor |
| PDM 1        | 70%       | 29%  | 1%   | 0%        | 13%       | 57%  | 21%  | 8%        |
| PDM 2        | 73%       | 26%  | 0%   | 0%        | 42%       | 45%  | 5%   | 6%        |
| PDM 3        | 50%       | 38%  | 8%   | 3%        | 24%       | 66%  | 8%   | 2%        |

89. Discussions with beneficiaries during the Evaluation confirmed a general satisfaction with the operations. It should be noted, though, that it might be difficult to distinguish the satisfaction with the procedures and operational aspects from the general satisfaction of beneficiaries for receiving cash during a very difficult time. Moreover, it is unlikely that the majority of the beneficiaries would have any reference point for alternative distribution procedures for cash.

Responses from Focus Group Discussions with Beneficiaries at the end of the Project when asked about possible measures to improve the distribution:

- Distribution in the village of the beneficiaries,
- Plan for co-wife households,
- Expanding the Project to other vulnerable households and communities,
- Mix cash with food.

90. During the focus group discussions that were organized with community members after the three rounds of cash distribution, participants expressed general appreciation of the cash distribution and showed little, if any, concern about the transparency of the operations. However, there were some concerns regarding the organization of the distribution, including crowding and long waits. Participants therefore suggested greater control of the distributions and more distribution sites, ideally in each community.

According to the PDMs, a little more than half of the beneficiaries spent less than one hour to get to and from the distribution sites while around 10% spent more than two hours. Overall, it seems that households in Maradi spent more time travelling to and from the sites than households in Tahoua. However, it should be noted that there are differences between the three PDMs, which in principle should not be the case as the households sampled for the surveys are the same for the three rounds<sup>49</sup>. The differences between the perceptions of the same households about the time to get to and from the distribution sites reflect some of the challenges in relying on questionnaires for PDMs. However, overall, the Evaluation finds that the transport time reflects a reasonable distribution of sites for cash transfer, although, there are some concerns for beneficiaries having to travel for more than two hours. For the breastfeeding and pregnant women, CARE decided to distribute the cash in the villages to spare the women from walking to the distribution centers. This approach was generally welcomed by all involved partners.

Distribution of Households according to time spent on transport to and from the distribution sites

| Time spent to get to and from the distribution sites | TAHOUA   |         |           | MARADI   |         |           |
|--|----------|---------|-----------|----------|---------|-----------|
|  | < 1 hour | 2 hours | > 2 hours | < 1 hour | 2 hours | > 2 hours |
| PDM 1  | 70%      | 20%     | 10%       | 52%      | 27%     | 22%       |
| PDM 2  | 63%      | 31%     | 6%        | 53%      | 35%     | 12%       |
| PDM 3  | 67%      | 25%     | 8%        | 51%      | 34%     | 15%       |

<sup>49</sup> The PDMs were panel surveys.

91. Almost half of the households indicated that they waited for more than two hours at the distribution sites before getting to the registration. There was some reduction in the wait time between the first two distributions and the last distribution where the cash distribution was separated from the distribution of blanket feeding by at least one day. There was particularly concern about SC's distribution procedures during the first round. Based on feedback from monitoring visits, SC modified its approach and added additional tables and issued distribution. Furthermore, additional tables were set up to ensure a more smooth distribution.

92. Finally, it should be noted that all surveyed households indicated that they did not pay any commissions for receiving cash.

### **2.3.3 PROJECT COORDINATION**

93. In the beginning of the Project, UNICEF organized bi-monthly coordination meetings with participation of CARE, SC, and WFP in Niamey to discuss practical implementation issues. After the second distribution it was decided to invite the focal point for the Project from the CCA steering committee. Considering the importance of national ownership in general, and particularly in a Project that includes capacity development of national and local stakeholders, the Evaluation considers it critical that national and local stakeholders be involved in Project coordination and management through all phases. Moreover, the involvement of national stakeholders is in line with the principles of good humanitarian donorship and makes particularly sense for protracted crises in countries with functional national and local authorities, such as Niger. Participation of national and local stakeholders would most likely also have facilitated better understanding and agreement of the basic principles of the Project, including compensation of local authorities for participating in Project activities. During the Evaluation, several stakeholders referred to some tensions within the Project over compensation of staff members from CRSs and CRs. Greater involvement of staff from these institutions from the initial identification and design of the Project might have limited the potential for such tensions. Likewise, some of the challenges observed by CCA steering committee members during the Evaluation, such as exclusion and inclusion errors in the beneficiary lists were explained by the lack of involvement of the CSRs for the verification of these lists. It should be noted, though, that greater involvement of the national and local authorities in the identification and design could have resulted in some additional time required for the initial phases of the Project and thus before the cash could have been transferred.

94. The Project document states that the role of the CRs and CSRs would include participation in targeting, regular supervision, and awareness raising activities. The Evaluation found that the CRs and CSRs have mainly assisted in the regular supervisions during distribution while their participation in targeting has been limited. The awareness raising activities for beneficiaries were organized and implemented by CARE and SC directly without active participation of the CRs and CSRs. During the Evaluation, CSR members pointed to the important role they could play in terms of awareness raising having greater impact as local authorizes compared to the impact of outside agencies. That they were in fact supposed to have participated in the awareness raising activities according to the Project document seems not to be clear to any of the partners.

95. Linked to the coordination challenges, it was noted that an apparent parallel monitoring structure developed during the Project implementation with the CCA led steering committee organizing their own monitoring missions parallel to the ones by UNICEF project administration and management. Field staff noticed that the many different supervision entities for the distribution caused confusion and were time consuming for the implementing organizations.

### **2.3.4 MONITORING OF THE CASH DISTRIBUTION**

96. According to the Project document, a baseline would be developed based on a survey of a small sample of targeted households ahead of the first distribution and surveys were to take place after the second and third distribution. It is not clear why the Project document does not suggest a survey after the first distribution. The baseline was never established before the first distribution due to lack of time and the urgency of starting the cash transfers. In the end, UNICEF decided to profit from the first PDM to establish a baseline. The beneficiaries were thus asked some recall questions; e.g. about the use of the BF without protection in form of cash or protection rations. The recall period would be around a week. Considering the importance of a baseline the Evaluation considers that this was a positive adjustment to the circumstances.

97. A total of 1,200 households were sampled in the three departments for PDM surveys; 600 households having received protection rations and 600 having received cash. The three PDMs were carried out by INS using questionnaires that were based on questionnaires being used for PDMs in other similar projects. Overall, the questionnaires cover a wealth of detailed information about the beneficiaries, and the effectiveness and efficiency of the distribution of cash to protect BF. As mentioned earlier, the PDM questionnaires are relatively long leaving some risks about the accuracy in the answers for the last parts of the questionnaires and the risk of a survey fatigue by the beneficiaries. Moreover, while all the questions can potentially provide some interesting information it might have been useful to apply a more minimalistic approach identifying for each question how the answers will be used and by whom. This is particularly important since the Project is an emergency operation. The more detailed questionnaires should be saved for more research oriented projects. Moreover, some questions can be seen as ambiguous. E.g., beneficiaries were asked about changes in their food regime compared to previous years. Normally, it is considered as prudent to use a maximum of 7 days recall in household surveys.

98. The first round of PDMs was challenged by the difficulties in obtaining the distribution lists of beneficiaries Maradi in a timely manner. It is not clear to the Evaluation what caused the delays. Some of the problems might be linked to initial miscommunication and different understandings of the roles and responsibilities of the different stakeholders involved in the Project implementation. As noted in the project cooperation agreement, SC had planned to carry out the PDMs as well as general monitoring as part of their activities and the requests from INS to provide beneficiary lists might have caused some confusion. UNICEF and CCA's monitoring of Project implementation and the preliminary results from PDM1 allowed improving some of the initial challenges linked to the cash distributions in the field. E.g., the wait time for the beneficiaries was reduced and the distribution lists of the beneficiaries were made available in a timely manner to INS for the PDM.

99. The use of an experienced and independent institution like INS to undertake the PDMs has proven to be a positive approach. First of all, INS has benefitted from its long collaboration with institutions such as UNICEF for organization of quantitative surveys and censuses and INS provides reliable quantitative statistical analyses. Secondly, INS is carrying out PDMs for other institutions as well and has standardized procedures, which not only is important for the current operations but also builds national capacity for operating future cash transfers. Moreover, while the Evaluation has some concerns about frequent use of surveys for assessing household behavior, a comparison of PDM results with the sub-projects' internal assessments shows important differences. E.g., as part of CARE's internal monitoring of cash transfers small surveys were carried out through discussions with groups of beneficiaries. The survey after the second cash distribution showed that 93% of the households used the BF exclusively for children from 6 to 23 months. Compared to this, the second PDM report showed that 60% of the households in Tahoua having received cash used the BF exclusively for children from 6 to 23 months. This seems to confirm the importance of an independent institution for monitoring.

100. Likewise, the use of SIMA for independent market assessments was a positive approach allowing for efficient surveys that follow a national and even regional standard. For SC's operations in Tessaoua, SIMA was recruited to facilitate the preparation and analysis of the market data collected by SC's field team<sup>50</sup>. The first analysis after the September distribution raised some concerns about the quality of the input provided from the field; e.g., used weight was not indicated for the food products being surveyed and out of four communes, SIMA only received information for three. While SIMA was able to draw some conclusions about the impact of cash transfers on the local markets, the experience seems to indicate the advantage of having a professional institution responsible for the all phases in the market surveys.

101. While the PDMs and Market Surveys have been useful for the final Evaluation, their timeliness could be improved. The final report of PDM1 was finalized at the end of November while the reports for PDM2 and PDM3 were still not available mid-January. The preliminary Market Survey Reports were also publicized too late in the process to be useful for Project monitoring and general management. E.g. the preliminary reports on the market impact from the first round of distribution were only finalized by end of November for Tahoua and beginning of December for Maradi. At the end of the Project, focus group discussions were organized to assess communities' perception about the Project and INS was sub-contracted to undertake and analyze these discussions. As a national statistical institution, INS has little experience with focus groups and the institution decided to recruit sociologists and other staff with experience from focus group work, e.g. from NGOs. The discussions took place during the second week of December and covered a total of 240 community members of whom 164 were women. The results from the focus groups seem to indicate some challenges in distinguishing the UNICEF cash Project from other cash projects and the blanket feeding in general. Again, the timeliness of the results is a concern. The Evaluation was only provided with a synthesis of the discussions and a list of key ideas expressed.

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<sup>50</sup> SC applied the cooperation agreement with SIMA that had been used for other SC cash operations. Through the agreement SIMA is responsible for the preparation of guidelines, questionnaires and other tools for the market surveys and two days training for SC in addition to the final analysis.

### **2.3.5 LOCAL PARTNERS**

102. Both CARE and SC had recent experience in handling cash transfers in the departments where the Project was intervening; work that had been implemented with support from local partners. Overall, the experience showed that there was limited availability of local partners with the capacity to handle the cash, including delivery of the cash for distribution. At the design phase of the Project, CARE raised the issue that the commission paid for the cash handling might be considered as usury; a practice that is forbidden in Islam and which would further limit the availability of local partners.

103. In CARE's previous cash transfer projects in Tahoua, local authorities participated in the cash handling. However, with new authorities CARE decided to recruit a micro-finance institution in Koni and local traders in Illéla. In Tessaoua, SC recruited a group of local traders for the cash transfer who would then work with a local NGO.

104. SC's experience in Tessaoua confirmed CARE's suggestion that usury might constitute a challenge for recruiting local cash handlers. In fact, the group of traders that SC had recruited and who handled the cash for the first two rounds of distribution fell apart because of concern about the possibility of usury. SC decided to handle the cash themselves for the last round of distribution.

105. CARE and SC provided introduction to cash transfer principles for the cash handlers in addition to providing some training on the procedures. The training of the micro-finance institution seems to provide some investment for future local capacity for cash handling while the availability and interest of traders in the future seems more volatile. Based on the Project's experience, it is likely that finding local cash handlers with the capacity and interest in handling large amount of cash will be a major challenge for future emergency cash transfer projects as well.

106. Finally, it should be noted that the cash handlers were informed about the day of the cash distribution with a 24 hours notice. This short notice led to constraints in withdrawal of sufficiently large amounts of cash from the banks and resulted in frequent interruptions in the distribution and additional transportation costs for the cash handlers. The challenge is similar the Evaluation's general concerns about the lack of sufficient predictability for the beneficiaries. The Evaluation recognizes, though, that the premises for the cash transfer Project were tightly linked to the BF distribution. Hence, the limited predictability of the BF distribution days had a great impact on the predictability of the cash transfers.

### **2.3.6 TARGETING AND INCLUSION AND EXCLUSION ERRORS**

107. Considering the Project's direct objective in terms of protecting BF, the targeting applied by the Project was conditioned by the targeting of the BF. After some concerns raised by beneficiaries, community leaders, and local authorities, SC and CARE invested in a revision of the BF beneficiary lists to exclude obvious inclusion errors. The revision of the beneficiary lists was done in collaboration with community leaders. In addition, SC made special efforts to ensure that the beneficiary lists did not include households already benefitting from SC's other cash distribution activities. While problems related to the BF targeting are beyond the control of the Project, it is important to

recognize some of the main challenges. As noted by WFP<sup>51</sup>, there was great concern about the definition of number of acute malnourished children between 6 and 23 months. Part of this problem was due to the general lack of baselines and reliable data and the outdated census as well as the very high level of chronic malnutrition leading to inclusion of children who might be older than 24 months. When the BF operation started in May 2010, it was estimated that there would be around 500,000 children of 6 to 23 months in the food insecure rural communities that were identified in the joint food security assessment mission in April<sup>52</sup>. However, feedback from implementing partners of the BF operation showed a great discrepancy between the estimated number of beneficiaries and the actual number of children between 6 and 23 months in the food insecure communities. There are many reasons for the differences, including the fact that estimated numbers of beneficiaries are based on extrapolations from the last census in 2001 and that BF targeting was initially based on the vaccination cards, which many children did not have. It is difficult to assess the exact levels of exclusions but field staff reported estimated levels above 20% during the Evaluation. While it is clear that these estimations are based on general perceptions, there seems to be a general agreement that the exclusion levels continued to be high throughout the Project mainly because of lack of official registration of the children. Realizing the high level of exclusion, SC tried to mitigate the challenge using the lists of children admitted to the therapeutic feeding centers (CRENIs) to update the distribution lists. According to SC's field staff, this reduced the level of exclusion from above 30% to 20%. The challenge related to children without birth or health certificates was also raised as a major concern during the focus group discussions in the communities.

108. For inclusion errors, the very high level of chronic malnutrition in the targeted communities with typical rates of 60% results in many more children over two years of age being shorter than the maximum admission height. The admission height was slightly lowered during the BF operations but with the risk of excluding non-stunted children at risk in the targeted age group. Another contributing factor to inclusion errors is the high mobility rate of residents along the border between Niger and Nigeria. This leads to a high influx of mothers and children from Nigeria, which further challenges the correct targeting. During the 2005 nutritional crisis, INGOs in Maradi estimated that 18% of the children admitted to the intensive feeding centers in the south came from Nigeria. Moreover, monitoring reports have noticed that some women registered as beneficiaries on the lists could not be identified in the villages. While not an inclusion error, several of the partners in the Project have noticed that the beneficiaries include households that are considered to be relatively well-off such as teachers and community leaders. This will by definition happen when blanket feeding is being applied. The fact that it is being mentioned by Project partners could reflect poor understanding of the Project approach, including the targeting.

109. There were several inclusion and exclusion errors observed during the Project that could have been avoided with better planning and probably better use of experience from similar cash distributions. During Project implementation in Tahoua, the field teams

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<sup>51</sup> WFP (2010) "Explanation of Targeted Beneficiary Figures for Blanket Supplementary Feeding and Protection Ration", World Food Programme, Niamey.

<sup>52</sup> INS (2010) "Enquête sur la Sécurité Alimentaire des Ménages au Niger (Avril 2010): Résumé Exécutif (Mai 2010)" with participation of the Government, UN agencies, FEWS NET, and EU. Institut National de la Statistique, Niamey.

were faced with households holding several beneficiary cards for BF reflecting more than one child in the targeted age group. It also reflects that the BF is targeted to the child and not the household as is the case for the cash and protection rations with one grant per household. In addition to twins, the high fecundity rate in Niger leads to many households with more than one child in the age group 6 to 23 months and it highlights some of the operational challenges linked to the pegging of the cash transfer to the BF. Likewise, during the monitoring visits of the Project Steering committee it was noted that some women who responded to the targeting criteria had been excluded as their name was the same as others on the list. While some of these exclusion errors were not corrected immediately, some update of the beneficiary lists took place before the third distribution. E.g., to replace absentees SC included additional households with children that were apparent acute malnourished<sup>53</sup>.

## **2.4 IMPACT**

### **2.4.1 SEVERE ACUTE MALNUTRITION**

110. Nutritional status is often considered one of the best outcome indicators for livelihood security since it captures multiple dimensions such as access to food, healthcare, sanitation, and education. Moreover, both acute and chronic malnutrition are relative simple to measure. However, the complex nature of malnutrition also makes it difficult to measure the impact of a single factor except for well-planned research projects. For typical emergency cash transfer initiatives, it will be very difficult to single out the impact of cash on acute malnutrition and eliminate other factors. This challenge is recognized in the revised Sphere Standards<sup>54</sup> that recommends monitoring of coverage, accessibility, and number of rations provided. This is also in line with the Project logical framework that does not suggest nutritional indicators for the Project's direct outputs but only for the overall impact indicator, defined in terms of severe acute malnutrition (SAM) rates.

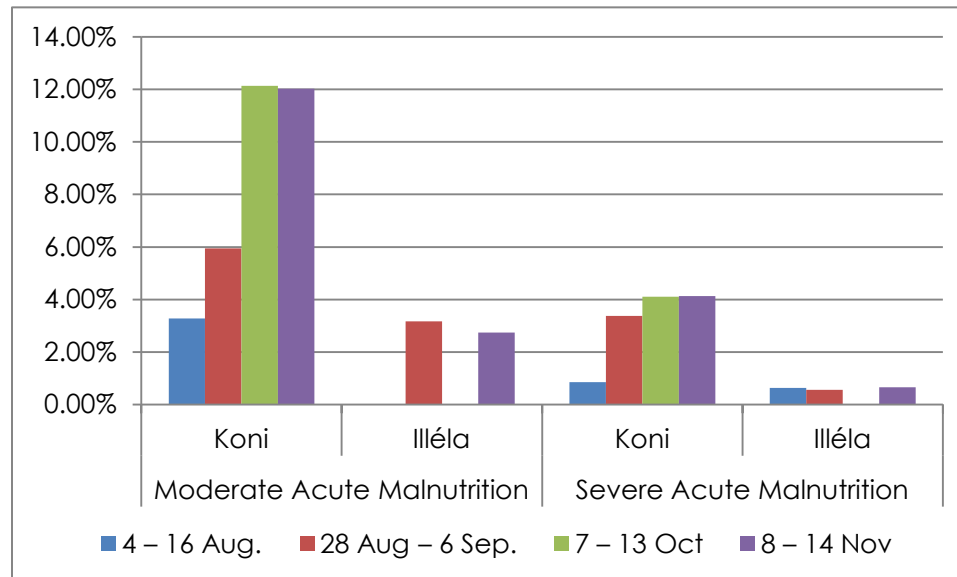
111. For the monitoring of the blanket feeding distributions, acute malnutrition rates were monitored through the use of MUAC (Mid Upper Arm Circumference). While the data are not specific for UNICEF distributions and include both BF with cash protection and BF with protection ration, the BF nutrition monitoring shows a general deterioration in the levels of severe acute malnutrition levels in Tahoua, particularly in Koni despite the assistance provided and the general improvement in food security in the area.

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<sup>53</sup> Identified through MUAC being red to yellow.

<sup>54</sup> Scheduled for 2011.

## Moderate and Acute Malnutrition rates among children of 6 to 23 months targeted for BF



Source: Monthly Activity Reports from NGOs ISCV and ADL involved in BF distribution

112. The national nutritional surveys prepared by INS in June and October 2010<sup>55</sup> show similar deteriorations in the levels of severe acute malnutrition among the children of 6 to 23 months as shown earlier in section 2.1.1. The general deterioration in severe acute malnutrition among the children of 6 to 23 months is most likely a combination of various factors, particularly the malaria epidemic in Niger in the same period. In fact, the number of malaria cases doubled in that period compared to the same period in 2009 with has serous impacts on children already weakened from malnutrition.

### 2.4.2 AWARENESS RAISING NUTRITION

113. As planned, CARE and SC organized awareness raising events for the mothers immediately before the cash distributions. Various means were used, including awareness raising gatherings during distributions and radio spots. In addition, awareness raising messages were posted at health centers and health staff was briefed on key messages.

114. The messages centered on food hygiene, use of bed nets, exclusive breastfeeding up to six months of age, complementary feeding from six months, use of BF, and advise on cash transfers as a means for protection of the blanket feeding rations. The PDMs on the other hand asked the women about their participation in awareness raising around the following issues: how to prepare the CSB distributed as blanket feeding (corn-soy-blend), how long the preparation can last after being cooked, food diversity, use of the cash to protect the blanket feeding, and others. It is not clear to the Evaluation why there would be a difference in the messages provided and the messages suggested in the PDMs.

<sup>55</sup> INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Mai/Juin 2010" Institut National de Statistique, Niamey and INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Octobre – Novembre 2010 - Note Définitive de Synthèse" Institut National de Statistique, Niamey.

115. According to the three PDMs, more than 90% of women had participated in awareness raising about how to prepare the CSB, its shelf life, and the use of the cash for protection of the blanket feeding. Fewer women - around 70% - indicated that they had been sensitized about food diversity. There was some improvement, though, from the first PDM where just over half of the women had received information on food diversity and about 70% (lower in Maradi) indicated that they had learned about how to use the cash. During the Evaluation, it was noticed that some of the field staff understood the meaning of dietary diversification as diversity within a food group, e.g. millet being replaced by rice.

116. The percentage of women who indicate that they have understood the messages very well remained at around 70% for the three PDMs while around 25% indicated that they understood the messages well. Apparently, there was a slightly better understanding of the messages in Maradi than in Tahoua, which could be linked to more exposure to nutritional awareness raising over the last years. In fact, it was noted that the concept of acute malnutrition of children was seen as 'thinness versus chubby' and that there is a general awareness about the links with illness and lack of food; for instance expressed as 'empty breasts'. However, qualitative aspects of feeding such as micronutrients and protein seem less well-known among the women. Still, as mentioned earlier the questions about awareness raising came at the end of the questionnaire, which poses some challenges with regard to the reliability of the answers. Moreover, the questions were very general leaving room for many different interpretations. E.g., while the awareness raising focused on several topics the appreciation of the understanding was captured in one general question "Have you understood the key message" and offering three alternative answers: 'very well', 'well', 'not understood'.

117. During Project implementation, it was recognized that the awareness raising messages to the 'protection of BF' beneficiaries would have to be different than the messages for the pregnant and breastfeeding women. Hence, it was realized that the two groups should be separated not only for awareness raising but also for the distribution itself. There was no special monitoring, though, of the sensitization of the pregnant and breastfeeding women.

118. The Evaluation finds, that it is positive that messages about nutritional behavior be repeated and the Evaluation also recognizes that it is limited what a short-term project such as the cash transfer Project can achieve in terms of behavior change. However, the problem goes deeper both in terms of nutritional information and in terms of monitoring. The experience in the Sahel over the last decade shows that nutritional behavior of many caregivers is not so much a result of lack of awareness as it is about general constraints. E.g., many women in Niger are overburdened and will have little time to prepare special meals for part of their children. Similarly, in many cultures it is not well accepted to use a gift like the blanket feeding for a small group of the households. There is also a big difference between understanding a message and understanding the impact of the message. What many people see as a result of malnutrition is lower growth, which in itself is not seen as a problem. The implications in terms of cognitive development is often more difficult to understand. Over the years, UNICEF has been a lead agency in a number of initiatives to improve nutritional communication. Most of these initiatives look at projects with a longer time-span than three months, but it might be useful to link specific initiatives such as the cash transfer Project to more general communication initiatives.

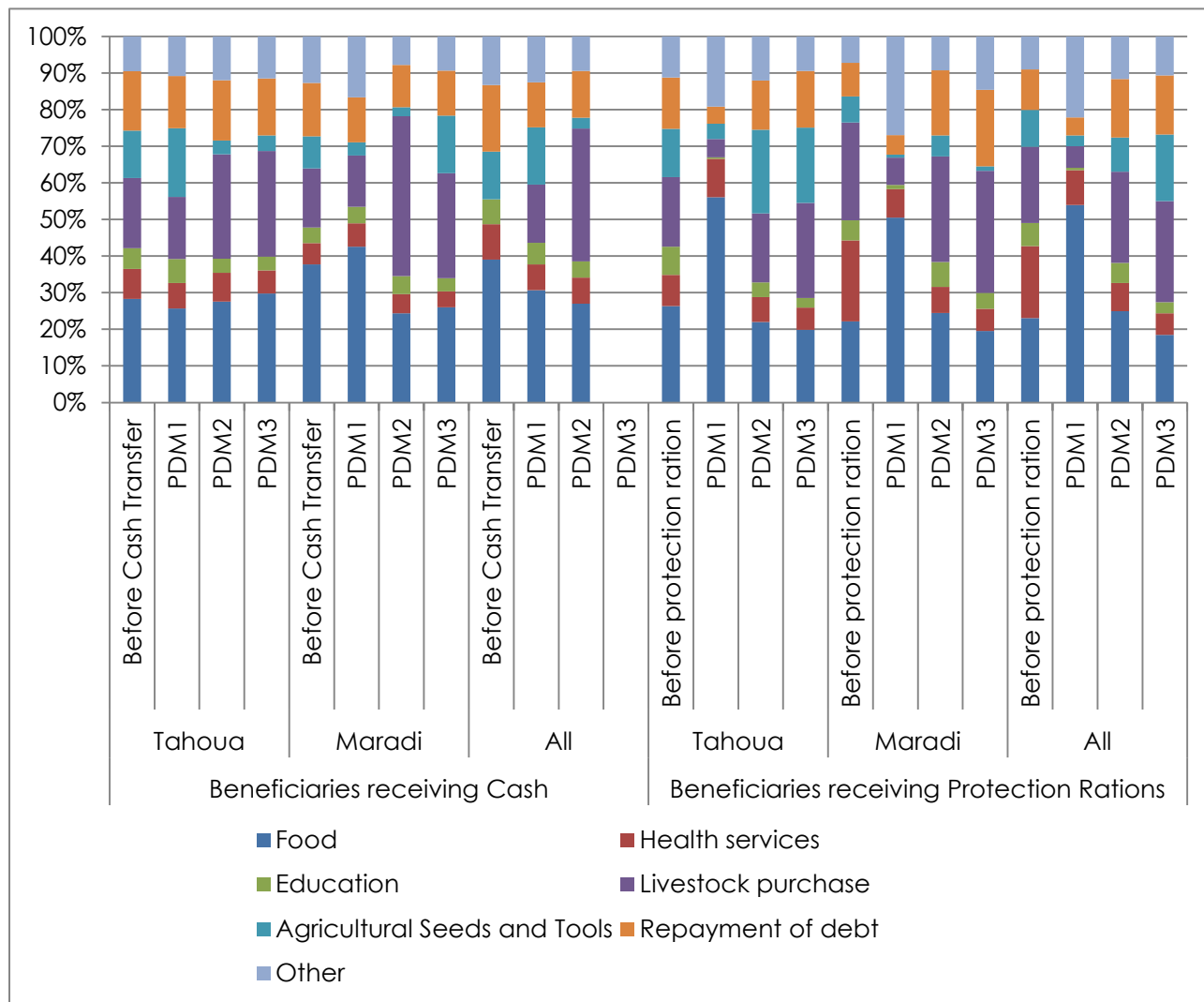
### 2.4.3 HOUSEHOLD FOOD SECURITY IMPACT

119. During the focus group discussions with community members, participants highlighted that the blanket feeding and cash operations had significantly improved the living conditions in the beneficiary households. Moreover, the cash is seen as a more dignified and empowering aid delivery mechanism than traditional goods. It was also noted that the Project had promoted school attendance. Some of the other cited impacts were an increase in the number of daily meals and greater attention to protecting the blanket feeding as shown in section 2.2 and 2-3. Moreover, household debt had decreased according to the beneficiaries. This is particularly important as the PDMs showed that more than one third of household expenditures in Tahoua is used on repaying loans while it is one quarter in Maradi. The PDMs, though, indicated that these expenditures remained stable throughout the three rounds of distribution. Likewise, no significant changes could be observed when comparing with the baseline.

Summary of main outcomes of the focus group discussions when beneficiaries were asked about the changes in the households that have taken place as a result of the cash received:

- Access to food in increased quality and quantity;
- Improved living conditions of households with respect to health and hygiene;
- Improved health of children;
- Greater use of health services, especially for antenatal and childhood immunization.

Monthly Expense Patterns before and after Cash and Protection Ration Distributions



120. While the general perception was that the cash had been used primarily to buy food and other essential items for the households, it was also noticed that some of the cash was redistributed within the communities. According to the PDMs the amount of the cash shared with other community members is limited, though, and was estimated to around 5% after the second distribution and below 2% after the third distribution. If anything, the slight decrease might reflect the general livelihood improvement, and hence less need for social redistribution. The first PDM showed a reduction in the coping strategy index<sup>56</sup> from 16 to 4 for both cash and protection ration households reflecting an improvement in the food security level. However, as mentioned earlier the first distribution took place after the end of the hunger period and when households were less vulnerable. After the second distribution there seems to be a further improvement

<sup>56</sup> The coping strategy index is based on a 7-day recall of the following 6 strategies: 1/Eat less preferred and cheaper food, 2/Borrow food from relatives, neighbors or friends, 3/Reduce the amount consumed during meals, 4/Reduce the amount consumed by adults for the benefit of children, 5/Reduce the amount consumed by children for the benefit of the adults, and 6/Reduce the number of meals per day.

while it was deteriorating after the third distribution with an overall coping index for the cash group of 14. It should also be noted that the coping index in general shows great variation.<sup>57</sup> The available data do not allow identifying the exact impact of the cash and protection rations on the improvement of the coping strategy index and further research would be needed.

121. Issues related to food consumption were added for the second and third PDM. However, without baseline data, this information is difficult to interpret and hence no meaningful assessment of the Project's impact on food consumption, including food diversity could not be done.

## **2.4.4 MARKET IMPACT**

122. The market analyses that SIMA prepared for the cash transfer activities in Tahoua were in principle based on data from the seven markets that SIMA is monitoring as part of the regular market monitoring system. Comparisons were made to data collected two weeks prior and two weeks after the distributions. For the first round cash transfers the survey was only carried out in three markets. Considering that, the first round of distributions in September coincided with the harvest important price developments were to be expected. A decrease of 35% in the price of millet was observed in the period around harvest in 2005 while the price decrease after the first cash distribution was 27%.<sup>58</sup> There is therefore no reason to believe that the cash distributions would have had any impact on the prices on the markets. Subsequent post-distribution market analyses in Tahoua did not show any negative impact on the market either. This finding was confirmed in discussions that the Evaluation had with traders and others with knowledge of the prices on the main markets. Rather, most anecdotal experience indicates that the cash has been positive for the secondary markets. What remains unanswered is the impact on the small village markets.

123. Similarly, for the analyses in Tessaoua, SIMA concluded that the cash distributions had had positive impacts on the secondary markets. In total, nine secondary markets were being monitored. Those are all markets where it is possible to buy 100 kg bags of millet. There is no special information about small markets and outlets at village level, which would be the markets that women would frequent. Still, SIMA concluded that the cash injection had promoted the secondary markets.

## **2.5 SUSTAINABILITY AND CONNECTIVITY**

### **2.5.1 CAPACITY DEVELOPMENT OF NATIONAL AND LOCAL AUTHORITIES**

124. The Project's second output is defined in terms of the capacity of national stakeholders to have the skill set required for coordination, targeting, and monitoring of emergency cash transfers. More specifically, the target group was defined as the Food Crisis Prevention and Mitigation Mechanism (DNP-GCA) at central, regional (CR), and sub-regional (CSR) levels. The indicators for the objective are number of persons trained

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<sup>57</sup> The 95% confidence level of the overall coping index for the cash distributions in Tahoua and Maradi after the third distribution was -1,7 to 30,0 for an average of 14,4.

<sup>58</sup> SIMA (2010) "Suivi des Marchés Agricoles – Synthèse de Septembre 2010" Report for Koni and Illéla.

and who have made a field visit, and number of field visits made by the CRs and CSRs. It was never specified against what the capacity development output should be measured; i.e. what skills are necessary for the different national partners in order to be able to implement a cash transfer operation. Or put in another way, what does it mean for the DNP GSA “to have the skills for coordination, targeting and monitoring cash transfers in emergencies.”

125. After its first monitoring visit to Maradi and Tahoua in October 2010, the DNP GSA Project Steering committee raised the issue about the need for capacity development of the CRSs and CRs in order to allow them to play their monitoring role. UNICEF recognized the challenge that the capacity development activities had mainly been planned as a workshop event at the end of the Project. UNICEF therefore requested CARE and SC to draft Terms of Reference together with the CSRs for training of CSRs on cash transfer operations. At the end of October, workshops were organized for CSRs and RCs on the principles of cash transfer, targeting, and monitoring applied in the Project. While these activities were appreciated by the local DNP GSA members, both local and central DNP GSA members expressed concern to the Evaluation about the capacity for managing and taking full responsibility for a cash transfer operation. However, it still remains unclear what exactly this capacity would require for different stakeholders. It is important to note that there is little, if any, material available to help establish the characteristics of necessary skill sets for different national stakeholders when it comes to operating emergency cash transfers. E.g., while various agencies such as Save the Children and Oxfam have publicized valuable guidelines on cash transfers in general there is little practical guidelines or even identification of what are the minimum skills required of the various partners in a cash transfer operation. Closely linked is the lack of capacity assessment tools for cash transfer operations to facilitate the design of capacity development activities.

126. The Evaluation did not come around any information about the planned capacity development for CRSs and CRs in Zinder and Diffa as Project originally planned for. Considering the challenges in implementing capacity development activities, this seems to be a prudent modification of the original plans.

127. Finally, it should be noted that the Evaluation did not receive exact data on CR and CRS members' number field visits. It is always a challenge for short-time emergency interventions to do any meaningful capacity development and similarly difficult to identify relevant indicators. The two quantitative indicators chosen for the Project's capacity development activities are typical for many humanitarian interventions but of little value when it comes to assessing capacity development skills.

## **2.5.2 CONNECTIVITY**

128. There are various initiatives in Niger with the potential of ensuring immediate continuation of the cash transfer activities. WFP decided in November to fund cash distribution to protect blanket feeding to 35,000 households in Maradi, Tahoua, and Zinder, although not to the same communes covered by the Project. Due to the improvement in the food security after the harvest it was decided to lower the amount of money transferred to 15,000 FCFA per household. There would be two distributions: November

and December. There are no plans for any specific follow-up in the communes covered by the Project.

129. The World Bank is launching a social safety net project in Niger implemented by the CCA under the same steering committee as the UNICEF cash project. The first phase of the project, described as a pilot, will be implemented in minor scale and foresees a distribution of 10,000 FCFA per household monthly for 18 months in four departments, including Illéla department in Tahoua. The targeting is based on INS information on nominal income. It is expected that the project will be scaled up to a country-wide five-year project from 2012.

130. Data from the 2010 campaign shows an excellent harvest with the greatest surplus in 20 years on a national level for cereal and cash crops as well as fodder production. Overall, the 2010 harvest was 60% higher than in 2009<sup>59</sup> and fodder production increased by 250%. There are still pockets of food deficit though. While the harvest has improved the food security situation somewhat, assets have to be rebuilt in most households to reestablish livelihoods and cash transfers will still be necessary in 2011.

### 3. CONCLUSIONS

131. The Project has had a positive impact on the protection of blanket feeding. The cash transfer modality allowed a swift response to the food security emergency. In summary, the Project has contributed to the right food at the right people at the right time; i.e. that the needs of children under two and pregnant and breastfeeding women, or the needs of the '1,000 day challenge' group are met.

132. Critical for the success of the Project has been the partnership of organizations with substantive technical and local experience whether national institutions such as DNP-GSA, SIMA, or INS, INGOs such as CARE and SC, or UN agencies, particularly UNICEF and WFP. Moreover, the partnership builds on existing trust among the different partners from former and ongoing collaboration.

133. The Project has had positive impact on the understanding of cash transfer as an implementation tool to complement other response mechanisms to food insecurity. However, there are still no clear agreements of what skills and capacity is needed to participate effectively in cash operations. This challenge is not unique for this Emergency Cash Transfer Project but corresponds to a general concern about the lack of guidelines that can be applied in multi-stakeholder emergency cash transfer projects, which seeks to strengthen national capacity.

134. The Project implementation has been challenged by the limited capacity and interest of local NGOs and the private sector to participate in cash handling.

135. As the Cash Project was a test, a number of procedures were new and probably more time consuming because of that. Over the three distributions, an increased efficiency could also be observed; e.g., time used for organizing the distributions decreased.

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<sup>59</sup> GIEWS (2011) "Special Report – Inter-Agency Crop and Food Security Assessment Mission to Niger" Food and Agriculture Organisation, Rome.

136. While beneficiaries are satisfied with the cash transfers, a majority of households would prefer to receive food or a combination of food and cash instead of cash alone. This in spite of the increasing purchasing power of the cash during the Project.

137. Overall, there were no significant differences in the performance, effectiveness, and efficiency of the two different protection mechanisms: cash and protection rations with respect to the contributing to the objective of the Project, i.e. protection of the blanket feeding.

138. Some targeting challenges still need to be addressed; including how to ensure that unregistered children will be integrated. The challenge is not unique to the Project but is of special importance for this type of operation.

139. The application of a single amount of cash to all households does not take into account the great variation in household size in the Project areas. This leads to an obvious unequal support to different households with regarding to coverage of the households' food purchases.

140. Important investment has been put in the monitoring of the distribution. While the monitoring has generated a number of interesting information their use for project management has not been optimized.

141. While the Project has made a deliberate effort to distribute the cash to women, the consequences on the role of women of the Project implementation modalities has not been sufficiently addressed; e.g., the distribution of large banknotes cannot be used on the local market that women will typically use.

142. The Project has complemented the distribution of cash with awareness raising activities. Most of these activities tend to repeat messages that have been the focus of nutrition programs since 2005. While the repetition can be positive, the Project is not likely to have an impact on the food behavior in the households except for the use of blanket feeding exclusively for children of 6 to 23 months of age.

## 4. RECOMMENDATIONS

143. UNICEF should include the cash transfer modality as an option for comparative response analysis in its emergency response analysis. General funding guidelines should be prepared.

144. UNICEF should work together with partners in Niger to promote harmonization of cash transfer initiatives, including targeting principles, definition of amount to be transferred taking into account different household sizes and needs, and monitoring structures.

145. For future responses, UNICEF should consider greater use of options for the beneficiaries, particularly offering a mix of food and cash if feasible.

146. In collaboration with other international partners in Niger, UNICEF should promote general capacity development of the skills for national partners to identify, development, implement, and monitor emergency cash transfers. Special attention should be

given to identification of the skill set required for different national stakeholders and development of guidelines for quick capacity assessments. Moreover, attention should be given to identify local partners that can ensure the cash handling.

147. In collaboration with other partners in Niger, UNICEF should take initiative to simplify the monitoring and evaluation structure of emergency cash transfers, including identification of a minimum level of indicators and development of modalities to ensure greater participation of communities in monitoring and evaluation.

148. Project management of future emergency cash transfer initiatives should be based on monitoring, including post distribution monitoring and market surveys. This will require greater timeliness of surveys, which would be facilitated by the recommended simplification of the monitoring instruments.

149. UNICEF should make greater use of existing gender expertise and make proper analysis of potential gender impact from the different Project activities.

150. To promote early response in slow-onset emergencies, UNICEF should take initiative to ensure that existing information systems on food security provide proper information determine when a cash transfer intervention is appropriate.

151. To strengthen the impact of awareness raising activities, UNICEF should make greater use of its in-house expertise on nutritional communication to design and implement awareness raising components in cash transfer projects.

152. To strengthen coordination, harmonization, and promote the understanding of the modality of emergency cash transfer, a special website should be established from the beginning of cash transfer projects with all project related information available; e.g. PDMs, SIMA reports, and reports from monitoring visits.

## 5. ANNEXES

### 5.1 TERMS OF REFERENCE

#### TERMS OF REFERENCE – EXTERNAL EVALUATION OF UNICEF’S CASH TRANSFER PROJECT IN NIGER SEPTEMBER 2010

##### I. Background

Following poor crops in 2009-2010 in Niger, the vulnerability survey conducted in April 2010 revealed that 7.1 million people (48 per cent of Niger’s population) faced a situation of food insecurity. The results of the national nutrition survey in June 2010 revealed an alarming situation, with malnutrition prevalence over the emergency threshold of 15 per cent. In the regions of Maradi and Tahoua, GAM rates reached 19.7 per cent and 15.8 per cent respectively.

In response to this crisis the Government of Niger and its partners started implementing in April 2010 a response plan that included the distribution of blanket feeding rations to 500,000 children under two nationwide. The plan has been revised in June to enhance the coverage of the blanket feeding distributions to up to 900,000 children under two. Blanket feeding distributions have been implemented within the framework of a partnership between the Government of Niger, WFP, UNICEF and partner NGOs. From the Government’s side, the ‘Comite de Pilotage’ coordinates the whole project in a general manner. The ‘Celulle de Crise Alimentaire (CCA)’ is the focal point of the project for coordination, implementation and monitoring purposes. It works in close coordination with the ‘Direction de la Nutrition’, with SAP and with CIC.

Monitoring of the blanket feeding project revealed that because of the very precarious general nutritional situation, the whole household tended to eat the blanket feeding ration of the under two child. To ensure the protection of the blanket feeding ration, the Government with partners decided to distribute protection rations to families having children under two and receiving the blanket feeding. Within this general framework, the Government with UNICEF decided to implement in selected departments in Niger a cash transfer project, as an alternative to the protection ration distributions.

The cash transfer project is being implemented for the benefit of around 20,000 households in eight communes of the Konni and Illela districts of Tahoua region by CARE, and for around 10,000 households in three communes of the Tessaoua district of Maradi region by Save the Children, for a period of three months starting with August 2010 until October 2010. This period corresponds to the end of the ‘lean season’ in the selected areas of Niger. The geographical targeting was done according to four criteria: the GAM in selected areas had to be higher than 15 per cent, the selected communes were already benefitting of blanket feeding interventions, mar-

kets in the selected areas were functional, and experienced operators were available for the cash transfer operation. Given the emergency context, cash transfers were unconditional, but sensitization sessions have been organized to inform beneficiaries on the effective use of the blanket feeding rations and the purpose of the cash transfer.

The amount transferred is of 20,000 FCFA per household with one or more children under two. This amount is the equivalent in cash of the protection rations distributed in other areas of Niger by WFP as a protection to blanket feeding rations. Like the protection rations, it covers about 50 per cent of the food needs of an average household with seven members for a period of one month.

The cash transfer project has a very important capacity building component, to enable the government structures of the DNGPCA to coordinate, implement and monitor in the future similar projects if need arises.

## **II. Purpose of the evaluation**

The objective of the evaluation is to assess the efficiency, effectiveness and sustainability of cash transfers by UNICEF and partners in the emergency response in Niger in 2010.

## **III. Deliverables**

1. Based on the desk review of existing documents, preliminary paper for the food security conference, outlining first conclusions regarding the relevance of the project, main lessons learned and the challenges and orientations for scaling-up of such an initiative.
2. Final evaluation report (i) answering the main questions of the evaluation, (ii) outlining main lessons learned during the planning, implementation and monitoring phases of the project. and (iii) proposing future directions.

## **IV. Methodology**

### **a. Learning objectives of the evaluation**

#### **1. Assessing the efficiency of cash as a complement to blanket feeding rations**

- Assessing to what extent the logistics and rapidity of implementation of the cash transfer project allowed to protect the blanket feeding rations in households
- Assessing the timely implementation of the cash distributions in correlation with blanket feeding distribution as well as the quality of the distribution process (including security/protection issues for the beneficiaries)
- Assessing the cost-effectiveness of the cash transfer as opposed to protection rations, including direct and indirect costs, and the cost per child

- Assessing the contribution of the project to the government capacity development: how effective was the Government's role and what are the main challenges in terms of national capacity building for cash transfer
- Analysing coordination of the cash stakeholders in Niger- planning, implementation and monitoring of the project, including the project's coherence with the humanitarian policy and coordination done with other humanitarian actors.
- Identifying aspects of the project that could be improved

## **2. Assessing the effectiveness of the cash assistance as an emergency intervention to inform the technical guidance**

- Assessing the effectiveness of beneficiary targeting and the degree of inclusion of (vulnerable) children between 6 and 23 months in the project
- Mapping out the main use of the cash by beneficiary households
- Comparatively assessing the quality of the diet for both children and household members in households receiving cash and protection rations
- Analysing the experience of the beneficiaries, including their preferences on modes of assistance delivery (i.e. would they prefer to receive cash or food, and why?)
- Assessing the influence of cash transfer on the beneficiaries' lives, i.e. on how the choices of coping strategies evolved during the project
- Assessing food market behaviours during project implementation

## **3. Assessing the sustainability of the cash transfer project**

- Assessing the sustainability of the project (in terms of funding, capacity and motivation of the government, etc)
- Assessing whether the cash transfer project can be replicated in the future on a larger scale in Niger as part of national preparedness, and identifying the conditions that need to be fulfilled in case of scale-up

## **4. Assessing the use of gender and Human Rights Based approaches**

- Assessing the human right-sensitive aspect of the project in its design and implementation
- Assessing the gender sensitive aspect of the project through the approach used (distribution of cash directly to women). Was the implementation of the project conducive to women empowerment - Was the project gender-sensitive in its design and implementation approach

The evaluation results will inform future programming decisions both at Niger country office and organization level, such as the possible scale up of the programme in coming years if need-

ed. The key users of the evaluation report are key decision makers within UNICEF at HQ, regional and country levels and the Government of Niger.

#### **b. Existing information sources for the evaluation**

The evaluator will make full use of the following documents, which will be made available upon his / her arrival to UNICEF Niger of during his / her stay in the country:

1. The reports of the three rounds of post-distribution monitoring (PDM) conducted after each round of cash distribution. PDM reports contain data on the following indicators: the socio-economic profile of beneficiary households, their income sources and expenses; their survival strategies in times of food crisis; their migration patterns in the context of the crisis; their preferences for assistance (cash or protection rations); access to humanitarian assistance for the past six months; efficiency of the blanket feeding and cash distribution processes and beneficiary perceptions of the distribution process; the utilization of the blanket feeding ration in cash and protection ration contexts; utilization of the cash received; understanding of sensitization messages.
2. The findings of the focus groups with stakeholders conducted after the three rounds of cash distribution by UNICEF in mid-November in partnership with Institut National de la Statistique (INS). Focus group reports will contain *inter alia* data on the security of beneficiaries during and after cash distribution, effectiveness of the targeting methods used, exclusion .s, preferences of beneficiary households for cash or protection ration and reasons for their preferences, reasons for using the cash received for buying things other than food, stakeholder's understanding and appreciation of the project, perceptions of the beneficiary households about themselves in terms of regained dignity, necessary coping strategies such as migration etc.
3. The monthly and final reports on the market survey regarding the impact of cash transfers on the functioning of markets in the project area
4. Trip reports of the monitoring visits conducted by project staff and consultants, and monthly activity reports of the two cash transfer project consultants
5. Reports of CCA and other government partners, and of partner NGOs on project implementation
6. Preliminary reports of the nutrition survey

#### **c. Other information required**

The evaluation will use the following approaches:

- Interviews with UNICEF project staff, CARE and Save the Children (SC-UK) project staff, members of the government-led DNP-GCA at the central, regional and sub-regional level, including CCA, SAP, CIC, as well as Direction de la Nutrition, INS, SIMA.

- Focus groups with key stakeholders on the perceived impact of the cash transfer project on the local economy (functioning of markets, comparison with situations when food is delivered instead of cash, etc)
- If additional quantitative and qualitative surveys need to be conducted to determine the impact of the project on the nutritional status of children, to determine with more precision spending patterns of the cash received and food consumption patterns, this will be determined upon the arrival of the evaluator.

## V. Qualifications of the evaluators

The evaluation will be conducted by a team of two international consultants.

Consultant 1:

- At least a master’s degree in planning, monitoring and evaluation, economics or social sciences
- At least 8 years of documented experience in evaluation of emergency programmes, including cash transfer projects, preferably with a link to nutrition
- Knowledge of cash transfer and nutrition programmes in crisis context
- Knowledge of cost benefits analysis for cash transfer programmes
- Extensive experience in working with governments, UN (UNICEF experience preferred), local authorities, beneficiaries
- Demonstrated analytical, writing and computer skills
- Excellent knowledge of English and French

Consultant 2:

- At least a master’s degree in health economics with a good knowledge in nutritional and food security aspects
- At least 8 years of documented experience in evaluation of emergency programmes, including cash transfer projects, preferably with a link to nutrition
- Knowledge of cash transfer and nutrition programmes in crisis context
- Extensive experience in working with governments, UN (UNICEF experience preferred), local authorities, beneficiaries
- Demonstrated analytical, writing and computer skills
- Excellent knowledge of English and French

## VI. Timeframe

| Activity                  | Deadline        |
|---------------------------|-----------------|
| Deadline for applications | 18 October 2010 |

|  |                  |
|--|------------------|
| Start of the evaluation  | 15 November 2010 |
| Finalization of preliminary paper for the food security conference | 30 November 2010 |
| End of field work  | 10 December 2010 |
| Final evaluation paper finalized                                   | 31 December 2010 |

**Responsable de la demande : Chef de section PSE-PS**

Ousmane Niang

Signature

Date

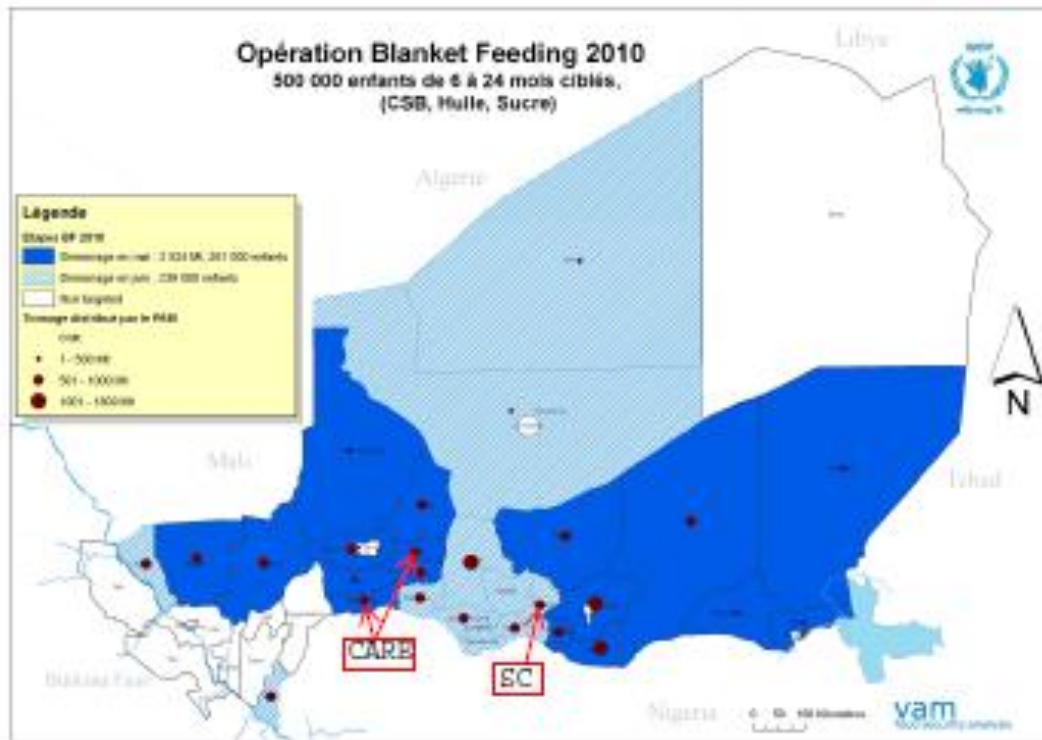
**Approbation par le Représentant Adjoint**

Isselmou Boukhary

Signature

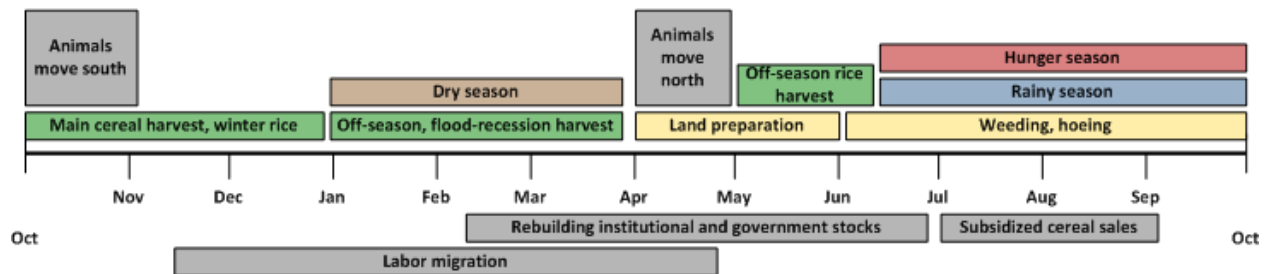
Date

## 5.2 GENERAL BLANKET FEEDING OPERATION AND THE CASH TRANSFER PROJECT AREA



Source: VAM / WFP – [www.ochaonline.un.org](http://www.ochaonline.un.org) with modifications of the authors.

## 5.3 AGRICULTURAL PRODUCTION CALENDAR IN NIGER



Source: FEWS NET at [www.fews.net](http://www.fews.net)

## 5.4 PROJECT LOGICAL FRAMEWORK

| ACTIVITY DESCRIPTION | Performance Indicators | Means of Verification | Assumptions And Risks |
|----------------------|------------------------|-----------------------|-----------------------|
|----------------------|------------------------|-----------------------|-----------------------|

| ACTIVITY DESCRIPTION   | Performance Indicators   | Means of Verification   | Assumptions And Risks  |
|--|--|---|--|
| <p><b>Goal / Impact</b></p> <p>The nutritional status of children under 2 is improved in targeted areas</p>  | <p>Severe acute malnutrition rates</p>   | <p>Nutritional Surveys in the targeted area</p> <p>Evaluation Report</p>      |  |
| <p><b>Direct Objective</b></p> <p>32,000 households with children under two in targeted areas, using the blanket feeding for the benefit of these children.</p>  | <p>% of children consuming distributed BF rations</p> <p>% of households eating an adequate number of meals per day</p>                                  | <p>Monthly monitoring reports</p>   | <p>Adequate rainfall for good crop</p> <p>Markets can absorb the distributed cash BF distribution made in time</p> |
| <p><b>Outputs</b></p> <p><b>Output 1:</b> 32 000 households in the target areas receive monthly cash transfers of 20,000 FCFA over 3 months</p>  | <p>Number of households having received cash transfers in a timely manner</p>  | <p>Progress Reports</p> <p>Quantitative and Qualitative Evaluation Report</p> | <p>The money distributed is used to buy food</p>   |
| <p><b>Output 2:</b> DNP/GCA structures at central level (CCA, SAP ICC), the Department of Nutrition, and the sub-regional and regional committees in the target areas have the skills for coordination, targeting and monitoring cash transfer in emergencies.</p> | <p>Number of persons who are trained and who have made a field visit.</p> <p>Number of field visits made by the regional and sub-regional committees</p> | <p>Progress Reports</p>   | <p>The CCA members are available for training and monitoring visits to the field.</p>                              |

| ACTIVITY DESCRIPTION  | Performance Indicators | Means of Verification | Assumptions And Risks         |
|---|------------------------|-----------------------|-------------------------------|
| <b>Activities</b>   |                        |                       | <b>Input</b>                  |
| 1.1. Arrange for the transfer of cash from August to October.   |                        |                       | Protocol with NGOs            |
| 1.2. Organize information sessions and awareness raising on proper use of cash transfers.   |                        |                       | Two international consultants |
| 1.3. Training of NGOs on cash transfers   |                        |                       |                               |
| 1.4. Organize a training session of the CCA, the SAP and the regional and sub-regional committees on targeting and M & E (60 persons) |                        |                       | Advance to the CCA            |
| 1.5. Organize data collection for monitoring indicators   |                        |                       |                               |
| 2.1. Provide logistical support for national coordination of cash   |                        |                       | Purchases of Equipment        |
| 2.2. Support the operation of the steering committee  |                        |                       |                               |
| 2.3. Organize a lessons-learned workshop to share experiences of project  |                        |                       |                               |
| 2.4. Organize the market monitoring with the SIMA   |                        |                       |                               |

## 5.5 INDICATIVE BUDGET

| ACTIVITIES  | NUMBER   | Total                |                  |
|---|----------|----------------------|------------------|
|   |          | FCFA                 | US\$             |
| <b>A. Cash transfer (1 +2)</b>  |          | <b>2,412,000,000</b> | <b>6,994,800</b> |
| 1. Organize 3 rounds of cash transfer to 32,000 households with children under 2 and pregnant and breastfeeding women                       | 3 rounds | 2,000,000,000        | 5,800,000        |
| 2. Overall operating costs (2.1 +2.2)   |          | 412,000,000          | 1,194,800        |
| 2.1. Total operational costs for transfers  |          | 350,000,000          | 1,015,000        |
| <i>Organize the targeting and identification of beneficiaries (with the regional and sub-regional committees)</i>                           |          |                      |                  |
| <i>Organize information sessions and education for proper use of transfers (with the regional committees and sub-regional)</i>              |          |                      |                  |
| <i>NGOs organize training on cash</i>   |          |                      |                  |
| <i>Organize a training session at the CCA, the SAP and four regional committees and 3 sub-regional targeting and M &amp; E (60 persons)</i> |          |                      |                  |
| <i>Two supervision missions per month (6 total)</i>   | 6        |                      |                  |
| 2.2. Operational Cost of Project Coordination (CCA)   |          | 62,000,000           | 179,800          |
| <i>Provide logistical support for national coordination of cash</i>   | 1        | 27,000,000           | 78,300           |

| ACTIVITIES   | NUMBER | Total                |                  |
|--|--------|----------------------|------------------|
|  |        | FCFA                 | US\$             |
| Coordination and Support to Project  |        | 5,000,000            | 14,500           |
| Support to the operation of the steering committee (fuel, per diems and central level) |        | 5,000,000            | 14,500           |
| Organize a lessons-learned workshop to share experiences of project                    |        | 9,000,000            | 26,100           |
| Organize the monitoring of contracts with the SIMA                                     |        | 16,000,000           | 46,400           |
| <b>B. Monitoring and evaluation and funding (1 +2 +3)</b>                              |        | <b>150,000,000</b>   | <b>435,000</b>   |
| 1. Human Resources (2 international consultants)                                       | 2      | 40,000,000           | <b>116,000</b>   |
| 2. Final evaluation  |        | 20,000,000           | <b>58,000</b>    |
| 3. Data collection   | 2      | 90,000,000           | <b>261,000</b>   |
| <b>Total Project Cost (A + B)</b>  |        | <b>2,562,000,000</b> | <b>7,429,800</b> |

## 5.6 RESOURCE PERSONS FOR THE EVALUATION

| NAME                             | INSTITUTION                    | FUNCTION  | PHONE          | EMAIL                     |
|----------------------------------|--------------------------------|---|----------------|---------------------------|
| <b>Niamey</b>                    |                                |   |                |                           |
| Ibrahim Soumaila                 | INS                            | Ingénieur Statisticien<br>Economiste  | +227 9697 5088 | ibrahim-dangouna@yahoo.fr |
| Souleymane Alzouma et son équipe | INS                            |   |                |                           |
| Dr Amina Yaya                    | Ministère de la santé publique | Responsable de la Division Nutrition, point focal CCA pour le projet cash transfert |                |                           |
| Guido Cornale                    | UNICEF Niger                   | Représentant  |                |                           |
| Isselmou Boukhary                | UNICEF Niger                   | Représentant ad-joint   |                |                           |
| Guido Cornale                    | UNICEF Niger                   | Représentant  | +227 2072 2840 | gcornale@unicef.org       |
| Claire Mariani                   | UNICEF New York                |   |                |                           |
| Ousmane Niang                    | UNICEF Niger                   | Responsable de la section politique sociale   |                |                           |
| Eric-Alain Ategbou               | UNICEF Niger                   | Responsable de la section nutrition   | +227 9005 5836 |                           |
| FALL Mouhamédine                 | UNICEF Maradi                  | Représentant  |                |                           |
| Moustapha Chetima                | UNICEF Maradi                  | Rural Development   | +227 9697 0392 | cmoustapha@unicef.org     |

| NAME                      | INSTITUTION                      | FUNCTION  | PHONE            | EMAIL                               |
|---------------------------|----------------------------------|---|------------------|-------------------------------------|
| Séverine Courtiol         | Save the Children UK Niamey      | Program Director  | +227 9019 3844   | pppdm@savethechildrenniger.org      |
| Jessica Petitprez         | Save the Children UK Niamey      | Coordinatrice Sécurité Alimentaire et Moyens d'existence                  | +227 9019 3847   | Same.coord@savethechildrenniger.org |
| Stéphane Petitprez        | Care Niamey                      | Représentant  |                  |                                     |
| Ceren Gurkan              | WFP Rome                         | Analyste des marchés  | +39 06 6513 3558 | Ceren.gurkan@wfp.org                |
| Lawan Tahirou             | WFP Niamey                       | VAM Coordinator   | +227 96990374    | Lawan.Tahirou@wfp.org               |
| Giorgi Dolioze            | WFP Niamey                       | Program Officer   |                  | Giorgi.dolidze@wfp.org              |
| Laouali Mahamadou Ibrahim | FEWS NET                         | Regional Representative   | +227 9697 7011   | librahim@fewsn.net                  |
| Sadou Garba Djibrilla     | SIMA                             | IT Manager  | +227 9646 0372   | djibrilsad@yahoo.fr                 |
| Laouali Addoh Sani        | SIMA                             | Coordinator   | +227 9688 1070   | Siaos1@yahoo.fr                     |
| Mamane Gambo              | SIMA                             | Responsible Market Monitoring   | +227 9689 5986   | simc@intnet.ne                      |
| <b>TAHOUA</b>             |                                  |   |                  |                                     |
| Ismail Abdoulaye          | Care Koni                        | Coordinateur programme cash   |                  |                                     |
| Nourredine Pereira        | Care Koni                        | coordinateur régional des urgences  |                  |                                     |
| Dr Ali DOUMOUSSA          | Care Koni                        | Responsable mobilisation sociale et communication                         |                  |                                     |
| Youssef MOUSSA            | Care Koni                        | responsable suivi et évaluation du projet cash                            |                  |                                     |
| Zahairou Mamane Sani      | Care Koni                        | Administrateur du bureau régional   |                  |                                     |
| Illa ALMAJIRE             | Care Koni                        | coordinateur programme sécurité alimentaire et nutrition (programme SYAP) |                  |                                     |
| Care Koni                 | 5 membres d'une équipe technique |   |                  |                                     |
| Hambaly Bouweyse,         | ONG ISCV                         | coordinateur BF   |                  |                                     |
| Mahmadou DJIBO            | ONG ISCV                         | chargé des opérations terrain   |                  |                                     |
| Mr Almou MALIKI           | Commerçant Illéla                | Distributeur du cash  |                  |                                     |
| ISSA Zachari              | IMF Asusu Koni                   | chef de guichet, distributeur du cash                                     |                  |                                     |

| NAME   | INSTITUTION                              | FUNCTION  | PHONE    | EMAIL |
|--|--|---|----------|-------|
|  |  | pour Koni   |          |       |
|  | ONG ADL                                  |   |          |       |
|  | Village d'IFRINFAWANE                    | Chef de village, comité de plainte, équipe de distribution (agent de Care, agent d'Asusu, CSR), femmes bénéficiaires et non bénéficiaires |          |       |
| <b>TMARADI</b>   |  |   |          |       |
| AMIROU Abdoulaye   | Préfecture de Tessaoua                   | Préfet de Tessaoua  |          |       |
| Ali MAHAMANE   | CRAGCA                                   | point focal   |          |       |
| SADOU Saley, Secrétaire général de la préfecture de Tessaoua | Préfecture de Tessaoua                   | Secrétaire général  |          |       |
| Dr HALADOU   | Direction régionale de la santé publique | médecin chef de district Tessaoua   |          |       |
| Aghali Zenoise Mousa   | CSR Tessaoua DDE/LCD                     | Head  | 90636248 |       |
| Hamisou Adaman   | CSR Tessaoua                             |   |          |       |
| Thiam Mawa   | Save the Children Tessaoua               | Responsable de terrain Maradi   |          |       |
| ISSA Ibrahima  | Save the Children Tessaoua               | coordonnateur des programmes de sécurité alimentaire  |          |       |
| Salif MOUKELA,   | Save the Children Tessaoua               | responsable Blanket feeding   |          |       |
| Dr Sékou COUDE   | Save the Children Tessaoua               | responsable programme santé nutrition   |          |       |
| Amadou HUSSEIN   | ONG Goulbi                               | Chargé de programme   |          |       |
| Sani ILLOU   | ONG Goulbi                               | Secrétaire exécutif   |          |       |
| Ai Maïdama   | CSI Barguichiri                          | Infirmier Major et infirmière   |          |       |
| El'Hadj Mahama SANI SOULEY                                   | Commerçant à Maradi                      | Agent distributeur pour le cash à Tessaoua  |          |       |

| NAME | INSTITUTION              | FUNCTION                            | PHONE | EMAIL |
|------|--------------------------|-------------------------------------|-------|-------|
|      | Village de Guidan Zigaou | Chef de village et groupe de femmes |       |       |

## 5.7 EVALUATION MATRIX

### Relevance

Was the 3-month Cash transfer mechanism relevant to respond to the alarming global acute malnutrition(GAM) rates in Tahoua and Maradi in 2010?

### Efficiency

Is Cash transfer the most efficient delivery mechanism to protect blanket feeding?

### Effectiveness

Has the project met the needs of direct beneficiaries? (households and national and local authorities)?

### Impact

What is the potential impact of the project on malnutrition among breastfeeding/pregnant women, children below 24 months, and households?

### Sustainability

Do local stakeholders (Local and central government authorities, private sector) have the capacity to implement cash transfers as an emergency response to nutritional crisis?

| SUB-QUESTIONS  | INDICATORS   | PRIMARY SOURCES OF INFORMATION                           |
|--|--|--|
| <b><i>Was the 3-month Cash transfer mechanism relevant to respond to the alarming global acute malnutrition(GAM) rates in Tahoua and Maradi in 2010?</i></b> |  |  |
| Is the objective of the cash distribution clear to all stakeholders?   | Stakeholders' answer to specific question about the objective                                | Focus groups - individual interviews                     |
| Were beneficiaries involved in the design of the project, including the decision to go for cash alone?   | Documented description of project design   | Focus groups - individual interviews - project documents |
| Is the problem statement shared with beneficiaries?  | Stakeholders' answer to specific question about the objective                                | Focus groups - individual interviews                     |
| Do key stakeholders understand the project as a pilot? And if so what do they see that should be piloted?  | Documented description of pilot<br><br>Stakeholders' description of follow-up to the project | Focus groups - individual interviews - project documents |

| SUB-QUESTIONS  | INDICATORS   | PRIMARY SOURCES OF INFORMATION   |
|--|--|--|
| What other feasible options were considered?   | Documented description of design phase   | Project documents<br>Individual interviews                                       |
| Is it an emergency or rather a protracted crisis more linked to failed development than anything else?   | History of malnutrition and poverty in project locations   | National / local surveys and interviews with implementing partners               |
| <b><i>Is the response package relevant irrespective of the crisis being an emergency in a protracted crisis / failed development?</i></b>                  |  |  |
| Was required infrastructure and cash handlers available?   | Input available at start-up  | Project documents -<br>Progress reports -<br>Interviews                          |
| Is the geographical targeting relevant?  | Documented needs of project areas  | National and local surveys   |
| Is it relevant to have unified response to all locations and households?   | Size of households – variation<br><br>Malnutrition levels in different locations<br><br>Market prices in different locations   | National and local surveys   |
| Are the market accessible and with supply of food needed for a diversified food basket?  | Typical distance to markets<br><br>Supply of local markets<br><br>Price trends at local markets  | SIMA surveys<br><br>Focus groups<br><br>Monitoring reports                       |
| <b><i>Is Cash transfer the most efficient delivery mechanism to protect blanket feeding?</i></b>   |  |  |
| Cost-efficiency compared to protection rations?  | Estimated costs per household (direct + indirect transaction costs such as staff time for involved stakeholders - alternative value of time)                                     | Project documents<br>Progress reports<br><br>Comparison with other Cash projects |
| Has an accountability / complain institution been established – are beneficiaries aware of that institution – how do they see it – when would they use it? | Documented description of the accountability institution and its use<br><br>Document description of information about accountability institution<br><br>Beneficiaries' awareness | Focus Groups and individual interviews   |
| Does the targeting prevent exclusions?   | Documented exclu-  | Focus Groups and indi-   |

| SUB-QUESTIONS  | INDICATORS  | PRIMARY SOURCES OF INFORMATION  |
|--|---|---|
|  | sions   | vidual interviews   |
| How are markets being monitored - are all markets used by beneficiaries being monitored?   | Markets monitored vs. markets used  | Focus Groups and individual interviews<br><br>SIMA reports and interviews with SIMA |
| Was training of SIMA efficient?  | SIMA staff understanding of Cash Project info needs                               | Interviews with SIMA  |
| How were cash facilitators trained? Was last-ing capacity development being aimed for?   | Cash facilitators' understanding of Cash Project<br><br>Cash facilitators' plans  | Interviews with Cash Facilitators<br><br>Interviews with implementing organizations |
| What are the main bottlenecks in the cash transfer process - is enough attention paid  | Description of the money flow   | Focus groups and individual interviews with all stakeholder groups                  |
| How much time is used to fill out the questionnaires post distribution? Are beneficiaries able to stay focused until the end? What is really required? | Estimated time required   | Interviews with monitoring staff  |
| How is the project coordinated with other key Cash stakeholders? INGOs? National authorities?  | Coordination mechanisms where the Project participates                            | Interviews with implementing organizations  |
| Was monitoring relevant and has results been used?   | Monitoring results vis-à-vis expected project outputs                             | Monitoring reports<br><br>Interviews with INS staff                                 |
| Was training of monitoring participants efficient?   | Monitoring participants' understanding of Project objectives and expected outputs | Monitoring reports<br><br>Interviews with INS staff                                 |
| Is the monitoring system relevant for the objective of the Project?  | Nutritional and morbidity data  | Monitoring reports<br><br>Interviews with implementing agencies                     |
| <b><i>Has the project met the needs of direct beneficiaries? (households and national and local authorities)?</i></b>                                  |   |   |
| Would beneficiaries choose / prefer other options – at other times of the year?  | Documented preferred option   | Baseline and monitoring reports<br><br>Focus groups                                 |
| Is the distribution frequency optimal for different stakeholders?  | Documented preferred option   | Focus groups  |

| SUB-QUESTIONS   | INDICATORS  | PRIMARY SOURCES OF INFORMATION                                 |
|---|---|--|
| How are beneficiaries informed about the day of cash distribution – how is the day chosen – is it a convenient day of the week for the beneficiaries?   | Information / communication strategy<br><br>Beneficiaries' knowledge of distribution day<br><br>Beneficiaries' preferred day of the week for distribution | Baseline and monitoring reports<br><br>Focus groups            |
| How was the calculation of the amount per households done? Is it OK to have the same amount for all households irrespective of size? What are the perspectives on the size of the different stakeholders? | Documented description of the amount distributed<br><br>Characteristics of the beneficiary households (variations)  | Baseline and monitoring reports<br><br>Focus groups            |
| Stakeholder groups' understanding of malnutrition: CARE and SC field staff members, CARE and SC headquarter members?, beneficiaries, community leaders,   | Definition of malnutrition and its causes   | Interviews with different stakeholder groups                   |
| Does the use of Cash protects BF and the households from hunger?  | GAM and SAM<br><br>Use of cash  | Monitoring reports<br><br>Focus groups                         |
| <b><i>Impact of the project on malnutrition among breastfeeding women and children below 24 months?</i></b>   |   |  |
| Changes in dietary consumption patterns before and after the cash distribution (number of meals per day, diversity) – did the cash distribution come timely?  | Food diversification<br><br>GAM and SAM rates   | Monitoring reports<br><br>Focus groups                         |
| What are the impacts on non-direct beneficiaries?   | Price trends  | SIMA surveys<br><br>Interviews with local authorities          |
| Impact on gender relationships?   | Changes within households in use of money   | Focus groups   |
| Does the cash Project impacts community relations   | Stigmatism<br><br>Conflicts   | Focus groups<br><br>Interviews with local authorities          |
| What is the impact of the Cash distribution on breastfeeding for under and over six months?   | Use of breastfeeding  | Focus groups<br><br>Surveys                                    |
| <b><i>Do local stakeholders (Local and central government authorities, private sector) have the capacity to implement cash transfers as an emergency response to nutritional crisis?</i></b>              |   |  |
| Have sustainability issues been considered?   | Exit strategies   | Project documents<br><br>Interviews with implementing agencies |
| Will SIMA monitor local markets in the future?  | SIMA plans of work  | Interviews with SIMA   |

| SUB-QUESTIONS                 | INDICATORS                                  | PRIMARY SOURCES OF INFORMATION  |
|-------------------------------|---|---|
|                               |   | staff   |
| Can the project be scaled up? | Technical and financial resources available | Individual interviews with local and national authorities, and implementing organizations |

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## 5.8 DEFINITIONS USED IN THE EVALUATION FOR SPECIFIC CONCEPTS

In order to avoid unnecessary confusion, the Evaluation has applied the following definitions for common concepts used in the Evaluation. The Evaluation recognizes that there are many other definitions that might be valid for other circumstances.

|                    |  |
|--------------------|--|
| Accessibility      | The extent to which project activities can be reached / obtained by targeted beneficiaries; e.g. knowledge about the possibilities to participate, location of distributions, etc.   |
| Activity           | Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs.  |
| Acute Malnutrition | Weight for height below normal standards. Also referred to as wasting. Most statistics only refer to children between 6 and 59 months of age. Project focuses on the '1,000 days': from fetus through 24 months.   |
| Advocacy           | Any attempt to persuade another side to agree to one's demands: e.g. UNICEF and CARE / SC's attempt to draw more attention to malnutrition.  |
| Baseline           | The reference situation against which changes can be assessed such as changes and impact resulting from the cash distribution.   |
| Blanket Feeding    | Food aid to a large at risk group; e.g. all children below the age of five irrespective of the nutritional status of specific children or the socio-economic conditions of the households. Blanket feeding is typically used for supplementary feeding programs. |

|   |  |
|---|--|
| Capacity Development / Building / Strengthening | The process by which individuals, groups, organizations, institutions and countries develop, enhance and organize their systems, resources and knowledge, all reflected in their abilities, individually and collectively, to perform functions, solve problems and achieve objectives.  |
| Cash Transfer                                   | <p>“The provision of money to individuals or households, either as emergency relief intended to meet their basic needs for food and non-food items, or services, or to buy assets essential for the recovery of their livelihoods.” (DG ECHO)</p> <p>“The use of cash or ‘near cash’, such as vouchers, as a programme response to increase access to goods and services, including as an alternative to in-kind distributions.” (Jaspars, S. et al. – UNICEF).</p>  |
| Chronic Malnutrition                            | Height for age below normal standards. Also referred to as stunting. Most statistics only refers to children between 6 and 59 months of age.   |
| Coherence                                       | The extent to which activities of different actors are complementary or contradictory.   |
| Communication                                   | The process of transmitting information in a way that will be understood and thus communication goes beyond simple information dissemination. To ensure that the information will be understood any communication should be based on a good knowledge of the context of the target group, in terms of values, priorities, resources, capacities, etc. Communication becomes even more important, and takes on added dimensions when it involves inter-cultural or inter-organizational communication, which is the context for the Cash project. |
| Coping Strategy Index                           | A composite indicator behavioral responses to food insecurity and is used as a proxy to assess food security based on a 7-day recall of the number of days a certain strategy has been applied such as reducing the number of meals per day.   |
| Consultation                                    | A process that finds out what targeted stakeholders think about specific activities, projects, or approaches. Focus groups, questionnaires, and interviews are common consultation techniques.   |

|                  |   |
|------------------|---|
| Coordination     | The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives   |
| Effectiveness    | The extent to which the intervention's planned outputs and outcomes were achieved. Measuring effectiveness means taking the perspectives of the target groups into account. Use of qualitative indicators is critical, as they are closer to a number of the changes aimed for, including complex conditions such as food security and livelihood improvements. Moreover, qualitative indicators are closer to the vision of the target groups. |
| Efficiency       | A measure of how economically resources / inputs (funds, expertise, time, etc.) are converted into outputs and results. Quantitative indicators are appropriate for most efficiency measures.   |
| Evaluability     | Extent to which an activity or a program can be evaluated in a reliable and credible fashion. Evaluability assessments refer to early reviews of basic parameters to ascertain whether the design of activities / projects / programs properly allows for later evaluations including verifiable outputs and outcomes and applied processes.  |
| Exclusion Error  | People who comply with the targeting criteria; e.g. households with children between 6 and 23 months, but who fail to receive assistance.   |
| Exit Strategy    | A plan describing how the project / program intends to withdraw its support while ensuring that the achievements obtained during the project / program will not be jeopardized and that the development processes initiated will continue. Ideally, an exit strategy should include scenarios to address most likely post-project / program situations.   |
| Food Safety Nets | Subset of Social Safety Nets aiming at a minimum amount of food consumption and / or to protection of households against shocks to food security. (FAO).  |

|                  |   |
|------------------|---|
| Food Security    | “Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (World Food Summit, 1996). Food security consists of four key elements: access, availability, utilization, and stability. Food security includes nutrition.   |
| Harmonization    | The process through which two or more parties apply consistency in their procedures, rules, and regulations for specific activities.  |
| Impact           | Positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, organizational, political, environmental, technical, or of other types. The Evaluation recognizes that the Cash project is an emergency response and that impacts are not likely to have manifested yet. Still, observations and interviews with the different stakeholders, including village committees, local and national authorities, and CARE / SC field staff should allow an assessment of likely positive and negative impacts of the project. |
| Inclusion Errors | People receiving assistance although they do not comply with the targeting criteria.  |
| Livelihood       | Combination of the resources used and the activities undertaken in order to live. The resources might consist of individual skills and abilities (human capital), land, savings and equipment (natural, financial and physical capital, respectively) and formal support groups or informal networks that assist in the activities being undertaken.  |
| Malnutrition     | Nutritional deficiencies as a result of too few calories in the food intake and / or inadequate food uptake in the body typically because of diarrheal and respiratory diseases, malaria and epidemics such as measles.   |
| Needs Assessment | Identification of required interventions to achieve the stated objectives of the program / project based on a comprehensive evaluation of the baseline situation.   |
| Objective        | Precise and concrete target of an intervention such as a specific activity, a project, a program, or a policy.  |

|                    |   |
|--------------------|---|
| Outcome            | The likely effects of different levels of the Cash project.   |
| Output             | The products and services resulting from the completion of project activities.  |
| Ownership          | The targeted stakeholders such as communities local and national authorities exercise effective leadership over the project activities. Ownership is closely linked to effective participation, which should allow only to implement activities that have been identified as priorities by the targeted stakeholders.       |
| Participation      | Participation is about including targeted stakeholders in decision-making processes, including identifying needs and solutions and be actively involved in project and program design, implementation, and monitoring and evaluation. Common participatory techniques include facilitated community meetings and workshops. |
| Relevance          | The extent to which the objectives of an intervention are consistent with stakeholders' requirements.   |
| Representativeness | The extent to which a certain sample shares characteristics of a larger group; e.g. a household might be representative for a larger group of households sharing the same livelihood system.  |
| Social Safety Nets | Cash or in-kind transfer programs aiming at poverty reduction by wealth redistribution and / or protection of households against income shocks.   |
| Stakeholders       | Agencies, organizations, groups, or individuals who have a direct or indirect role and interest in the objectives and implementation of the Cash project and its evaluation.  |

Sustainability

The continuation of the outputs and outcomes post-project / post-program. As the Evaluation takes place either at the end of project activities or in the immediate aftermath, sustainability is evaluated as the probably of continuation of project generated outputs and outcomes within a longer-term framework, including the continuation of the capacity development activities.

Voucher

"Vouchers provide access to pre-defined commodities or services. They can be exchanged in designated shops or in fairs and markets. The vouchers may be denominated either in cash, commodity or service value. These are described respectively as value-based, commodity-based or service-based vouchers. Combined vouchers also exist" (DG ECHO).

## 5.9 CHRONIC AND ACUTE MALNUTRITION LEVELS 2005 – 2010

|  |      |                |             | GLOBAL CHRONIC MALNUTRITION |        |        | GLOBAL AND SEVERE ACUTE MALNUTRITION |        |        |        |        |        |
|--|------|----------------|-------------|-----------------------------|--------|--------|--------------------------------------|--------|--------|--------|--------|--------|
|  |      |                |             | NIGER                       | TAHOUA | MARADI | NIGER                                |        | TAHOUA |        | MARADI |        |
|  | Year | Time of Survey | Age Group   |                             |        |        | Global                               | Severe | Global | Severe | Global | Severe |
| UNICEF Rapid Nutritional Survey <sup>60</sup>                                    | 2005 | Sep - Oct      | 6-59 months | 50.1                        | 46.6   | 60.1   | 15.1                                 | 1.6    | 17.9   | 1.8    | 16.0   | 2.3    |
| Demographic and Health Survey / Multiple Indicators Cluster Survey <sup>61</sup> | 2006 | Jan - Apr      | 6-59 months | 50.0                        | 46.7   | 62.2   | 10.3                                 | 1.5    | 10.3   | 1.5    | 11.6   | 1.0    |
| Government of Niger National Nutritional Survey - June 2007 <sup>62</sup>        | 2007 | Jun            | 6-59 months | 43.5                        | 36.7   | 56.0   | 12.3                                 | 2.5    | 7.9    | 1.5    | 14.5   | 4.0    |
| Government of Niger National Nutritional Survey - June 2008                      | 2008 | Jun - Jul      | 6-59 months | 39.3                        | 38.8   | 47.7   | 11.6                                 | 2.8    | 9.4    | 2.2    | 11.7   | 3.6    |

<sup>60</sup> INS (2008) "Rapport d'Enquête Nationale Nutrition et Survie de l'Enfant - Niger, Juin/Juillet 2008" Institut National de Statistique, Niamey

<sup>61</sup> UNICEF – MEASURE/DHS (2007) "Enquête Démographique et de Santé et à Indicateurs Multiples EDSN/MICS-III 2006", MEASURE – DHS, Calverton

<sup>62</sup> INS (2008) "Rapport d'Enquête Nationale Nutrition et Survie de l'Enfant - Niger, Juin/Juillet 2008" Institut National de Statistique, Niamey

|  |      |                |              | GLOBAL CHRONIC MALNUTRITION |        |        | GLOBAL AND SEVERE ACUTE MALNUTRITION |        |        |        |        |        |
|--|------|----------------|--------------|-----------------------------|--------|--------|--------------------------------------|--------|--------|--------|--------|--------|
|  |      |                |              | NIGER                       | TAHOUA | MARADI | NIGER                                |        | TAHOUA |        | MARADI |        |
|  | Year | Time of Survey | Age Group    |                             |        |        | Global                               | Severe | Global | Severe | Global | Severe |
| <b>Government of Niger National Nutritional Survey - June 2009<sup>63</sup></b>    | 2009 | Jun            | 6-59 months  |                             |        |        | 12.3                                 | 2.1    | 10.9   | 1.6    | 13.1   | 1.8    |
| <b>Government of Niger National Nutritional Survey - June 2010<sup>64</sup></b>    | 2010 | Mai - Jun      | 6-59 months  | 48.1                        | 41.7   | 58.4   | 16.7                                 | 3.2    | 15.8   | 2.8    | 19.7   | 3.9    |
|  |      |                | 6-23 months  | 48.3                        | 41.9   | 55.6   | 26.3                                 | 5.9    | 22.1   | 4.7    | 36.4   | 8.1    |
|  |      |                | 24-59 months | 47.9                        | 41.5   | 59.7   | 11.8                                 | 1.8    | 12.6   | 1.8    | 12.4   | 2.0    |
| <b>Government of Niger National Nutritional Survey - October 2010<sup>65</sup></b> | 2010 | Oct - Nov      | 6-59 months  | 46.9                        | 44.7   | 59.0   | 15.5                                 | 3.2    | 16.5   | 3.2    | 15.5   | 4.3    |
|  |      |                | 6-23 months  | 50.1                        | 50.9   | 61.8   | 26.5                                 | 7.0    | 27.1   | 7.1    | 29.4   | 10.0   |
|  |      |                | 24-59 months | 45.1                        | 41.3   | 57.6   | 9.6                                  | 1.2    | 11.0   | 1.1    | 8.3    | 1.4    |

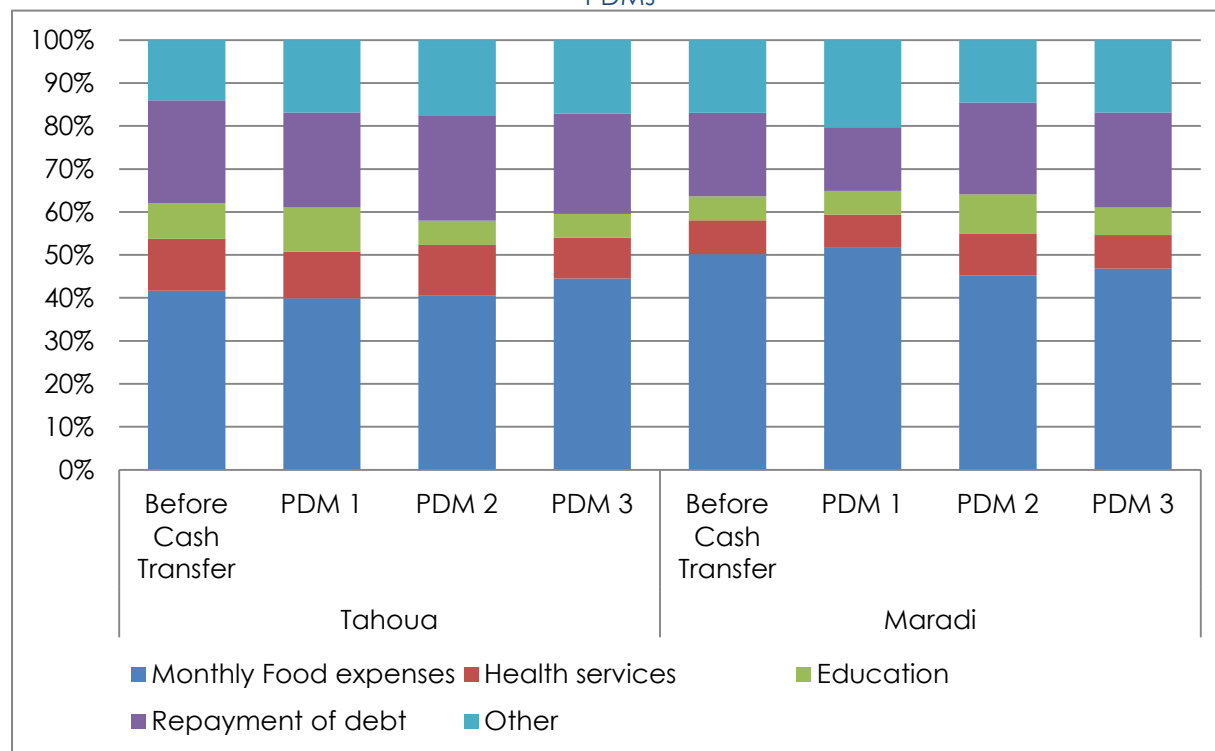
<sup>63</sup> INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Mai/June 2010" Institut National de Statistique, Niamey

<sup>64</sup> Ibid

<sup>65</sup> INS (2010) "Enquête Nutrition des Enfants de 6 à 59 mois - Niger, Octobre – Novembre 2010 - Note Définitive de Synthèse" Institut National de Statistique, Niamey

## 5.10 MONTHLY EXPENSE PATTERNS IN HOUSEHOLDS HAVING RECEIVED CASH TRANSFERS

All recorded monthly household expenses excluding expenses for production according to the PDMs



## 5.11 BRIEF INTRODUCTION TO EXPERIENCE WITH CASH TRANSFERS TO RESPOND TO FOOD INSECURITY

Since the 1990s, Latin American and Asian countries have implemented cash transfers as part of social safety nets, including food safety nets. The programs generally target poor and vulnerable households who commit to invest in the human capital of their children, for instance through use of basic social infrastructure such as health<sup>66</sup> and education. It is assumed, furthermore, that the transferred cash will free up money allowing poor households to invest in food security in general and stimulate demand. A 2009 evaluation of conditional cash transfers in developing countries<sup>67</sup> concluded that the transfers generally have been successful in reducing poverty and improving health and education of children. While the transfers have increased the likelihood that households will take their children for preventive health checkups, this has not always led to better child nutritional status.

Over the last decade, various forms of cash transfers have been applied in low-income developing countries in Sub-Saharan Africa; particularly through small-scale activities. These initiatives are often referred to as pilot projects although it is not always clear what is being piloted. The activities are typically designed to replace or complement

<sup>66</sup> Health is an important part of nutrition and as such an important component of food security.

<sup>67</sup> Fiszbein, A. & Schady, N. (2009) "Conditional Cash Transfers: Reducing Present and Future Poverty" World Bank, Washington D.C.

food aid and have multiple objectives focusing on livelihoods and extreme poverty. These cash transfers are mostly implemented for short time periods and while they will often respond to emergency needs, they are not necessarily seen as emergency interventions<sup>68</sup>.

Although cash transfers for emergency responses is still seen as a rather recent approach Gore reminds us in a 2006 UNICEF publication<sup>69</sup> that it was already used under India's Famine Codes in 1880. Likewise, UNICEF participated in cash transfer programs in response to the 1985 famine in Ethiopia. Since then, UNICEF as other humanitarian and development agencies have increasingly been using cash transfers for emergency responses; e.g. in response to caregivers of Tsunami-orphaned children in Indonesia. In an overview of UNICEF's experience with the use of cash transfers for emergencies, Jaspars et al. (2007)<sup>70</sup> suggest that under the right circumstances cash transfers can promote UNICEF's overall agenda. The authors conclude that in emergencies, cash transfers should ideally be linked to social protection schemes to ensure sustainability and likewise cash transfers for emergencies should be part of social protection to ensure the capacity for quick responses. Jaspars et al. also highlight that cash transfers for emergencies should only be considered as one among other responses and that cash cannot replace emergency goods and services.

In spite of the increased use of cash transfers, many development and humanitarian actors have had some reluctance to embrace the use of cash transfers. Their concerns include risks of corruption, negative impacts on the local markets, and general security issues. Other less directly expressed concerns have included the suspicion that cash receivers will use cash on items that the reluctant agencies do not consider of utmost importance for survival and livelihood improvements; that cash will negatively affect the role of women; and that donors will not be forthcoming with funding. Moreover, many often see major crises as leading to dysfunctional markets and infrastructure for money transactions, which would inhibit cash transfers.

Many of the concerns have been addressed in project specific and global assessments of experience and lessons-learned that have followed the increased interest in cash transfers<sup>71</sup>. Overall, the various assessments and general studies have proven that most concerns do not play out in actual implementation of cash transfer projects and programs. USAID, for instance, found that after the January 2010 devastating earthquake in Haiti, markets in metropolitan Port au Prince were functional within a couple of weeks. Generally, the experience shows that for the beneficiaries the advantages of cash transfers can be summarized in choice, dignity, and empowerment while for the aid organizations the advantages are mainly identified in terms of efficiency and effectiveness. Moreover, it has been shown that cash fuels the local economy, has a multiplier effect, and revitalizes the local markets. Still, many project evaluations show that it

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<sup>68</sup> Jaspars et al. (2007) concludes that cash transfers have been mostly used for slow-onset emergencies such as drought.

<sup>69</sup> Gore, R. (2006) "Cash Transfers in Emergencies - A Review drawing upon the Tsunami and other Experiences", UNICEF, Bangkok

<sup>70</sup> Jaspars, S. et al. (2007) "A Review of UNICEF's Role in Cash Transfers to Emergency Affected Populations", EMOPS. UNICEF, New York

<sup>71</sup> The Overseas Development Institute (ODI) launched in 2005 a three year research project on Cash and Vouchers in emergencies [www.odi.org.uk/work/projects/details.asp?id=875&title=cash-vouchers-emergencies#resources](http://www.odi.org.uk/work/projects/details.asp?id=875&title=cash-vouchers-emergencies#resources). The website includes references to many of the recent assessments of the use of cash for emergencies.

is not always clear why cash transfer has been chosen as delivery mechanism for aid and alternatives are not always being analyzed. An evaluation of the use of cash transfers to rebuild livelihoods of households affected by the post-election conflict in Kenya in 2008<sup>72</sup>, for instance, shows that the nature of interventions were more influenced by the donor's interest to launch a cash transfer programs than results from field assessments.

Harvey (2007)<sup>73</sup> warns against the tendency of comparing cash-based responses with in-kind assistance based on theoretical information and generalizations. Rather, advantages and disadvantages of each approach are context-specific. Moreover, when comparing the cost-effectiveness for instance of cash transfers with food distribution it should be noted that some of the major cost arguments for using cash focus on the sharply reduced costs for the response agencies. However, parts of the costs will often be transferred to the beneficiaries who will have to travel to buy food and who will therefore often have additional transportation costs for both getting the cash and for purchasing food. An evaluation of Concern Worldwide's cash distribution to households affected by post-election violence in Kenya in 2008<sup>74</sup> estimates that households spent 17% of the cash distributed on transport. Overall, though, cost-benefit analyses are still limited and most evaluations of emergency cash transfer projects typically put a disclaimer on the cost-efficiency assessments on the basis of insufficient time and data. Moreover, because of the small-scale nature of most emergency cash transfers the costs for facilitating the transfer and ensure required monitoring are relatively high. In a 2006 study on payment mechanisms in social safety nets<sup>75</sup> prepared for DFID<sup>76</sup> it is noted that in large well-established schemes such as the ones in Brazil and Mexico, the direct distribution costs are typically 2 to 4% of total payouts, which will often be half of the total administrative costs.

For agricultural based livelihoods, timing of the cash distributions is often identified as critical for the effectiveness and efficiency. In an Oxfam evaluation on the use of vouchers in Niger and Mali in 2005<sup>77</sup>, communities reported that their needs were highest in June but that distributions should start in May to avoid asset depletion. On the other hand, a 2010 evaluation of distribution of vouchers in Niger<sup>78</sup> to improve livelihoods and food security it is noted that the distribution in August, September, and October promoted livelihood recovery and allowed for a joyful Ramadan.

Overall, the lessons-learned show that cash transfers for emergency responses require flexible and reliable systems to allow immediate and secure transfer of the money to the right people. For many this also means that under many circumstances there needs to be greater acceptance of targeting errors, particularly inclusion errors that would not

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<sup>72</sup> Nicholson, N. (2009) "Lessons Learned from the Post Election Violence Early Recovery Programme in Kenya 2008 - 2009" Save the Children UK, Nairobi.

<sup>73</sup> Harvey, P. (2007) \*Cash-Based Responses in Emergencies\* Overseas Development Institute, London.

<sup>74</sup> Brewin, M. (2008) "Evaluation of Concern Kenya's Kerio Valley Cash Transfer Pilot (KVCTP)", Concern Worldwide, [www.concern.net](http://www.concern.net)

<sup>75</sup> Bankable Frontier Associates (2006) 'Scoping Report on the Payment of Social Transfers through the Financial System', Boston MA: Bankable Frontier Associates, produced for DFID

<sup>76</sup> UK Department For International Development.

<sup>77</sup> Pietzsch, S. (2005) "Voucher for Work - An Option for Emergencies" A programme evaluation in Niger and Mali, Oxfam, Oxford.

<sup>78</sup> Dolphin, H. et al. (2010) "Real Time Evaluation - Project ADVANCE Niger" Catholic Relief Services, Niamey.

be accepted for long-term projects. It also means that the means of delivery are not necessarily the most cost-effective in the long term.

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