Protecting and promoting the food and nutrition security in the Yobe State, Phase II, North Eastern Nigeria
‘Protecting and promoting the food and nutrition security in Yobe State, Phase II, North Eastern Nigeria’

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FINAL EVALUATION REPORT

Summary Table

Submitted by Othniel Yila
05 August 2017

Summary Table

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Protecting and promoting the food and nutrition security in Yobe State, Phase II, North-Eastern Nigeria</th>
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<td>June 30th, 2017 *(NCE July 31st 2017)</td>
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<td>Evaluation Dates</td>
<td>July 10th – August 08th, 2017</td>
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<th>Description</th>
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<tr>
<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance in Humanitarian Action</td>
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<td>CaLP</td>
<td>Cash Learning Partnership</td>
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<td>CV</td>
<td>Community Volunteers</td>
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<td>DAC</td>
<td>Development Assistance Committee</td>
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<tr>
<td>DG-ECHO</td>
<td>Directorate General - European Commission for Humanitarian Aid &amp; Civil Protection</td>
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<tr>
<td>DTM</td>
<td>Displacement Tracking Matrix</td>
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<td>ELA</td>
<td>Evaluation, Learning and Accountability</td>
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<td>Knowledge, Attitudes and Practices</td>
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<td>Mother to Mother Support Group</td>
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<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
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<td>Non-Governmental Organization</td>
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<td>OECD</td>
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<td>Post Distribution Monitoring</td>
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Acknowledgements

This evaluation benefited from the support of numerous people. The evaluator is grateful to the Action Against Hunger staff in Damaturu, Maiduguri and Abuja for the welcome and support they extended during the in-country evaluation mission in Nigeria. Thanks especially to Umukoro Mevayero for being an excellent host, for his collaboration and useful insights on the programme.

Furthermore, a special thanks goes to the Evaluation, Learning and Accountability (ELA) Unit staff - Action Against Hunger UK and Action Against Hunger staff at HQ level in New York for their support in planning and organising the evaluation, the various briefings and for clarifying data and records as necessary.

Special mention and sincere thanks go to Mariagni Ellina for assisting in data collection, workshop facilitation and report writing.

Thanks to Yoksa Mshelia – a PhD student at Kenyatta University, Nairobi who was all the way during the fieldwork and helped rapporteur some of the discussions. I sincerely thank him for his invaluable assistance and support.

Finally, thanks to all the project beneficiaries and stakeholders who took the time to meet and to share their thoughts on the programme. This evaluation is entirely based on their goodwill and openness.

Evaluator

Having worked and employed by various organizations - NGOs, policy research think thanks, and universities, Dr. Othniel Yila now works as an independent consultant based in Nairobi specialising in the design, monitoring and evaluation of development and humanitarian programming including food security interventions, social protection, livelihood diversification, cash transfers and climate change adaptation. He has over 18 years’ experience in the field, largely in sub-Saharan Africa, Southeast Asia and the South Pacific.

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Geographic classifications in Nigeria

<table>
<thead>
<tr>
<th>State</th>
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<tr>
<td>Local Government Area</td>
<td>States are divided into Local Government Areas (LGA)</td>
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<td>District</td>
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Executive Summary

This report presents the findings of an independent evaluation for the USAID/Food for Peace-funded project implemented by Action Against Hunger in Yobe State in April 2016 – July 2017. This project was aimed at improving the nutrition security and addressing the humanitarian crisis-affected populations in four Local Government Areas of Yobe State by addressing the food security of vulnerable households, especially women and children, through an integrated cash transfer scheme (increase immediate food consumption for food-insecure households) and behaviour change interventions (adoption of optimal infant/young child feeding practices by caregivers).

This evaluation uses the OECD-DAC guidelines and principles to assess the performance of the project according to a set of standardised criteria. Based on the findings, this report presents a set of recommendations and best practices to guide the implementation of future projects.

Design: The targeting and selection was felt as ‘equitable’ and ‘transparent’ by the beneficiaries and other stakeholders. The selection criteria are well harmonized with those of other actors involved in cash transfer intervention. The inclusion of gender aspects in the project design can be assessed as satisfactory, since gender was accounted for to some extent through the vulnerability criteria, and as a project component was specifically targeting women. The project’s logic is clearly devised and complies with FFP requirements, indicators are overall SMART with the sources of verification to provide stronger evidence based on measurement of progress and achievements, and assured the project’s regular monitoring and consistency. The project has a strong fully operational and thorough Monitoring and Evaluation (M&E) systems which strengthened implementation by ensuring transparency. Another strong element was the comprehensive accountability system, which facilitated problem-solving and enabled feedback, including feedback given anonymously. However, the project did not have a contingency plan and an exit strategy.

Relevance/Appropriateness: The relevance of Action Against Hunger response has been very high both from a geographical angle and from the perspective of the beneficiaries’ profile (assisting the most vulnerable). The two project components corresponded to the population’s priorities and hence set to achieve the expected results. The modalities have been relevant in adapting to current local emergency contexts and cultural traditions in the area and successfully addressing beneficiary needs (increase immediate food consumption) and adoption of Infant and Young Child Feeding (IYCF) practices by caregivers. However, the termination of the project during the lean period has left many beneficiaries in precarious food security conditions.

Coherence: Good working relationships between Action Against Hunger and State and non-state stakeholders created an enabling environment for learning and adaptation. Action Against Hunger’s role as an active member of the Cash Working Group (CWG) and the Food Security and Livelihoods Working Group (FSLWG) has influenced CWG progress from an information sharing platform towards discussion, coordination and joint decision-making. The project is overall coherent with the broader Action Against Hunger strategy and is widely integrated with other Action Against Hunger activities; project staff have a clear understanding of working towards a common goal, which goes beyond the specific project objectives.

Coverage: The selection of the final beneficiaries was done through a two-stage process of undertaking a household ‘census’ out of which the most vulnerable ones were selected based on set Food Security and Livelihood (FSL) sector agreed criteria, which portrays an appropriate targeting of beneficiaries. Although the needs far exceeded the funding available, the geographical coverage was fair while influenced by access and security constraints, and beneficiary selection was adequate and fair including gender-sensitive activities.

Efficiency: Action Against Hunger systems and processes are solid and consistently applied to the project. The smart-card system, despite lack of knowledge on the technological aspects, was positively perceived by the beneficiaries as it ensured privacy, security and control mechanisms
against fraud and corruption. Accessibility, security, queuing times and helpfulness of project staff at cash pay-points and food distribution points were all favourably evaluated by the beneficiaries. Amongst the key factors for the project’s efficiency is leadership skills and the appropriate delegation of individual staff responsibility: these allowed decisions to be taken at different levels thus contributing to team coordination and effective project management. In spite of the initial delays the project was implemented in accordance with the planned schedules.

**Effectiveness:** Overall, the project has achieved the specific objective of integrated cash transfer reaching 7,100 beneficiaries over 4,600 earlier targeted. Similarly, nutritional education has been effective in sharing knowledge and IYCF practices and at the same time strengthening links between the beneficiaries and health facilities.

**Sustainability:** There is the common understanding of an ‘emergency response’ project, hence the lack of an exit strategy. Nevertheless, there is a great need for supporting activities towards recovery and livelihoods. There are elements of sustainability evident in the Care groups model, but this needs additional support in order to thrive and to be more viable.

**Likelihood of Impact:** The project had an immediate effect as a life-saving and food security intervention. Although much of the cash went primarily to food, for some it has enabled increased spending on household goods, school fees and agricultural/livelihood inputs implying partial likelihood of impact of the cash transfer leading on to early recovery phase in some households. In addition, the effects in adopting the IYCF knowledge and practices were ‘seen’ and ‘felt’ by beneficiaries, otherwise stated and evidenced by healthier children compared to before the intervention.

**Conclusion**

The evaluation finds clear evidence that the integrated cash transfer in Yobe State achieved its objectives of meeting recipients’ food entitlements during the transfer period in a cost efficient way. The project’s technical design was adequate (in terms of being able to provide increased food security) and for its complementary component of behavioural change through promotion of proper nutrition practices - IYCF. Given that the project reached its objectives in a cost efficient manner, the integrated cash transfer scheme and increased adoption of IYCF practices by caregivers shows good potential for scaling up and replication. There is no doubt that given the added value of Action Against Hunger in Yobe State and the strong reputation which has been gained subsequently, there is a need to build upon what has been developed since April 2016 and for the organisation to provide the strongest possible leadership. The findings of this evaluation point to the conclusion that the cash transfers and IYCF were appropriate and effective, and may have had some wider positive impact.

**Recommendations**

**Short-term recommendations**

**To the M&E team:** Consider in data collection to include:

- Investigative methods that produce results about sensitive topics such as diversion, fraud and targeting errors. This is not limited to cash and food and should involve M&E experts that use conventional and unconventional means of collecting information.

- Include strong qualitative monitoring to understand nuanced issues related to the functioning of the disbursement such as prices, choice, and challenges with vendors and suggestions for improving the fares. There is a risk of setting a fixed price on the cost of the food basket, when prices, article selection and the number of traders can change along the way as those are not fixed prices but weighted prices based on a series of price monitoring of the commodity.
To the project team: Consider continuing to work with community volunteers as they are crucial in distribution implementation, supervision and monitoring.

To Action Against Hunger management: Enhance Action Against Hunger’s role in policy dialogue by using the current position and influence within the food security, agriculture, local development and nutrition sectors to promote greater synergy in tackling chronic food insecurity and undernutrition in Yobe State.

Long-term recommendations

To the M&E team:
Introduce indicators to more accurately measure outcomes, also in qualitative terms, in the projects’ results matrix. Currently, the indicators used in the projects’ results matrix are focused on the delivery of specific activities, such as number of people that received grants, average household Coping Strategy Index, average household dietary diversity score, % of households with improved household hunger scale, % of infants 0–5 months of age who are fed exclusively with breast milk etc. These do not provide information of how humanitarian emergencies have improved and if this can be sustained beyond the project. An example of such indicator is to look at the effects that cash transfers have on household relationships and the community dynamics pre and post the project.

To the project team:
• Design and beneficiary involvement such as:
  o Better explanation of the selection criteria process (while being cautious on how to share the exact criteria to avoid false information provided during registration)
  o Balance the ‘involvement’ of Community Leaders (they can confirm or facilitate, but not select)
• Continue to share lessons with cash transfer actors in the State and increase coordination of efforts where possible (i.e. areas of intervention, disbursement amounts).

To Action Against Hunger management:
• Capitalise on the good practices of the current project and ensure that all projects adhere to accepted best operational/implementation practices (through developing guidelines or sharing lessons learnt). These best operational/implementation practices should include, as a minimum, strict adherence to the principles and practices of due diligence, transparency, participation, and flexibility.
• Emergency interventions such as integrated cash transfer should include an explicit plan to achieve recovery and livelihood.
• Different cash amounts may be appropriate depending on household size which varies significantly in some communities; therefore, consider how best to allocate resources in different areas to account for the cases which diverge considerably from the ‘average household size’. This is something that could be piloted in the upcoming new short term projects
• Consider investing on the Care Groups model by allocation of more resources to reinforce sustainability and additional training for Lead Mothers and incentives for Community Volunteers. These resources relate to time invested by project staff to conduct visits and refresher trainings/activities, cover of transport/meals for volunteers, occasional material ‘gifts’ to Care Group participants (i.e. soap) that would be given irregularly to avoid creating dependencies.
• Consider taxing the vendors from source in compliance with the regulation of the Federal Inland Revenue Service (FIRS).
• On sustainability / Exit strategy for integrated cash transfer component

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1 This can include the in-country or HQ staff focusing not just on project implementation but also on strategy, donor engagement and technical aspects.
o Consider the introduction of Income Generating Activities (IGA) before the end of the project
o If not possible, a ‘closing’ or increased amount disbursement would be the best alternative before ending the project.
o Consider the timing of end of project (avoid lean season)
1. **Background Information**

1.1 **Rationale for the Project**

In May 2013, the Government of Nigeria declared a State of Emergency in Borno, Yobe and Adamawa, the three states affected the worst by the armed opposition groups’ insurgency. The insurgency continues to affect people in these areas although the situation is improved in 2017. Since the state of emergency, conflict has resulted in significant internal displacement. Additionally, these areas are vulnerable to natural disasters, communal clashes and pastoral conflicts; all culminating in an increase in Internally Displaced Persons (IDPs). According to the IOM’s report by March 2016, there were over 1.5 million internally displaced, with 139,550 being in Yobe. Nearly 823,000 people in Yobe were classified in crisis, emergency and famine situations. With the majority of IDPs previously subsiding on agrarian practices, the lack of access to food, land and inputs and increased burden on host communities has negatively affected food consumption and livelihoods, including crop production, constrained purchasing power and access to basic services. High levels of malnutrition in North East Nigeria have also been a major area for concern. The prevalence of Global Acute Malnutrition was within the critical/warning thresholds (between 10% and 15%) in Yobe and other states. Future improvements were expected to be affected by limited food access, low land cultivation, destruction of infrastructure and negative coping strategies that could have irreversible nutritional effects and reduce resilience to future shocks.

As a result to this crisis, the humanitarian needs for food assistance had increased in North East Nigeria. Food was the priority need expressed by 63% of IDP households and 83% of host-families, demonstrating food security needs critical to both IDPs and host communities. According to the Food security and Vulnerability survey in 2016 by FAO, in nearly all of the states, more than 10% of households had a poor or borderline Food Consumption Score (FCS). In Yobe the percentage of households with poor or borderline FCS was 42%. In all of the 16 states, at least 29% of households had a Household Dietary Diversity Score (HDDS) ≤4. The figure was 54% in Yobe state. Access to safe drinking water was very low in most states. What these results mean is that in the states with greater vulnerabilities, many households had to deplete livelihoods and assets to achieve some measure of food intake even if they are not food secure.

1.2 **Project Overview and Objectives**

In response to the needs of the crisis-affected areas, and based on the fact that Action Against Hunger had been already implementing various interventions in North East Nigeria since 2011, including a Food For Peace (FFP) project 01 July 2015 – 31 August 2016 (which consisted Phase I), the ‘Protecting and Promoting the Food and Nutrition Security in Yobe State, Phase II’ project came in place in April 2016 (initially planned for February 2016, with

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3 IOM DTM Nigeria Report Round VI, October 2015

4 Source: “AAHNG_Country Strategy”
an intended duration until 31st January 2017) through a USAID/FFP funding of 4,300,000 USD. The project goal was “to improve the nutrition security and address the humanitarian crisis-affected populations in four Local Government Areas of Yobe state by addressing the food security of vulnerable households, especially women and children, through an integrated cash transfer scheme and behaviour change interventions”.

The programme had two specific objectives:

- **Result 1**: To increase immediate food consumption for food-insecure households through cash transfers and humanitarian response; and
- **Result 2**: To increase the adoption of optimal infant/young child feeding practices by caregivers.

**Activities** to achieve these objectives included:

1. **For Result 1** (cash transfer): beneficiary registration as per defined vulnerability criteria, stakeholder sensitisation, baseline surveys, smart card distribution, training of traders/agents, participation in coordination meetings.
2. **For Result 2** (nutrition education): community volunteer training for IYCF, formation of Care Groups

A detailed list of activities can be found in the **project Logframe** in Annex 5.

**Implementation (including amendments to the original proposal)**

The project was implemented in 4 LGAs of Yobe State (out of the five in the original proposal), through cash transfer and food voucher distribution and Infant/Young Child Feeding (IYCF) education, originally targeting 4,600 Households. The specific modalities are outlined per LGA as follows:

**Since August 2016**

- **Damaturu**: Cash (unconditional but restricted) with nutrition education
  - 30% Food (soft condition on micronutrient containing foods) and 70% Food and Cash
  - Nutrition education (Care Groups)
- **Potiskum**: Cash (unconditional) with nutrition education
  - 100% unconditional/unrestricted Cash
  - Nutrition education (Care Groups)
- **Fune**: Cash (unconditional but restricted) with nutrition education
  - 100% food e-voucher (30% containing micronutrients and 70% other food items)
  - Nutrition education (Care Groups)

**Since December 2016**

- **Gujba**: Cash (unconditional) without nutrition education
  - 100% unconditional/unrestricted Cash

The project’s duration was 4th April 2016 – 31st July 2017 (one month NCE included). Due to some delays in the starting phase, cash transfers commenced later than planned (due to security and recruitment of staff).

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5 Gulani LGA, as well as Gujba, were included in the proposal as “expansion LGAs” and were subject to security situation improvements.

6 The original proposal indicates a starting date on 1st February 2016.
Action Against Hunger provided a monthly cash transfer of 17,000 NGN (approximately 47 USD) or the equivalent of food commodity vouchers for the same monetary value. This was based on the Food Security and Livelihoods Assessment of North Eastern Nigeria (2015), and using an average size of 9 people/household. This calculation estimated that the amount provided would cover an estimated 65% of the monthly household nutritional food needs. In order to limit the potential for dependency, Action Against Hunger aimed for food assistance to remain between 50 – 75% of household needs. In December 2016, the transfer amount was increased to 21,000 NGN and 2,500 targeted households were added from Gujba LGA, previously not included due to access issues. Eventually by the end of the project the total number of beneficiaries reached was 7,100 Households (63,000 individuals).

It is worth to note here that the programme is the first time that cash transfers have been used as a large-scale alternative to food aid in Yobe State and the first large-scale provision of cash transfers through smart cards. This makes it a useful source of learning for future cash programmes and for thinking more broadly about the role of cash transfers in future responses to emergencies and recovery in the State and beyond.

2. Evaluation Background

2.1 Purpose and scope of the evaluation

This evaluation exercise is implemented in addition to the project’s internal monitoring and as part of the Evaluation Plan as devised at the project’s proposal stage. It aims to provide an external independent assessment of the programme performance against the OECD-DAC criteria of Design, Relevance/Appropriateness, Coherence, Coverage, Efficiency, Effectiveness, Sustainability and Likelihood of Impact, as an exercise of accountability towards the donor and the beneficiaries at its final implementation stage. This is a performance one-group design evaluation, not including any comparison with non-beneficiary groups whilst looking at people before and after the intervention.

2.3.1 Overall Objective

The purpose of the evaluation, complying with the ToR, is to assess the overall performance of the project and to determine if the intervention has reached its intended outputs and objectives. In particular, it will assess to what extent (and the reasons why) the project’s outputs have ensured minimum dietary diversity and food intake at household and individual level.

Accordingly, this final evaluation will provide an overview of what can be learnt from this experience, and how to improve on-going projects and M&E. Also, the lessons learnt and identified good practices can support future project designs in Nigeria and elsewhere within Action against Hunger. They could potentially be scaled up in other contexts and facilitate the development of new strategies at a global level, as well as encourage learning across the Action against Hunger International network.
2.2 Key evaluation users

The evaluation will be useful to a broad range of Action Against Hunger’s internal and external stakeholders. The main stakeholders and users of the evaluation will be Action Against Hunger in-country Project Teams, Technical and Senior Management Teams, Technical Advisors/ Director in the HQ (USA), Ministry of Agriculture, State Nutrition Department, the National Emergency Management Agency (NEMA), the State Emergency Management Agency (SEMA), the State Ministry of Health (SMOH), World Food Programme (WFP), United Nations Children’s Fund (UNICEF) United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

Indirect users: Evaluation, Learning and Accountability (ELA) team at Action Against Hunger-UK, Action Against Hunger International Network, Donor USAID/FFP, and other donors, federal, regional and local governments, ministries, United Nations (UN) Agencies and Global Clusters, Non-Governmental Organisations (NGOs) and NGO Consortiums, as well as humanitarian learning platforms (such as ALNAP - Active Learning Network for Accountability and Performance).

The fieldwork for this evaluation was carried out in mid July 2017. All data and information sources, as well as the fieldwork schedule, are properly documented in the annexes of this report.

3. Methodology

The methodology for this final evaluation combines secondary data (desk review) and a mixed-method approach on primary data collection which comprises quantitative and qualitative type of information.

- The desk review included project documentation such as project proposal, baseline surveys and progress reports, monitoring data such as Post-Distribution Monitoring (PDM), as well as policy and guideline documents (on Food Security and Nutrition). The full list of documents can be found in Annex 3. The information contributed in the evaluators’ understanding of the context and project background but it was also used for the triangulation of information by the primary sources.
- The primary data collection took place over 10 days of data collection in Nigeria, which included Key Informant Interviews (KII), Focus Group Discussions (FGDs) and Household surveys (including training of enumerators).

3.1 Qualitative Data Collection

- Focus Group Discussions took place at 2 randomly selected communities in each of the four Local Government Authorities (LGAs) were the project was implemented. In total, 16 FGDs were conducted, equally distributed by male and female participants. The random sample was generated for communities with any number of registered households above 24 to ensure adequate number of participants.
• **Key Informant Interviews** were conducted with:
  a. Action Against Hunger staff (12), who were purposefully chosen to participate in interviews based on a predefined list provided.
  b. Project related informants (30) who were interviewed based on convenience and availability following visits to the randomly chosen communities: Cash and Food Vendors, Community Leaders & Volunteers, Community Development Officer (CDO), LGA Focal Persons, Lead Mothers in Care Groups, NGO representative.

The breakdown of participants is shown in the Table 1 below:

**Table 1: Data collection sources**

<table>
<thead>
<tr>
<th>LGA (Community name)</th>
<th>No. of Participants</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FGD (Men)</td>
<td>FGD (Women)</td>
<td>KII (Men)</td>
<td>KII (Women)</td>
</tr>
<tr>
<td><strong>Damaturu</strong> (1: Nayinawa, 2: Dikumari)</td>
<td>10</td>
<td>14</td>
<td>Community Leader (1)</td>
<td>CDO (1)</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>14</td>
<td>Cash Vendor (1)</td>
<td>LGA Nutrition Focal Person (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Food Vendor (1)</td>
<td>Lead Mother (2)</td>
</tr>
<tr>
<td><strong>Potiskum</strong> (1: Tandari 2: Army Barrack)</td>
<td>12</td>
<td>10</td>
<td>Community Leaders (5)</td>
<td>Lead Mother (1)</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>12</td>
<td>Cash Vendor (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LGA Nutrition Focal Person (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CDO (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Volunteer (2)</td>
<td></td>
</tr>
<tr>
<td><strong>Fune</strong> (1: Bakati Damagun 2: Ngazerma)</td>
<td>12</td>
<td>9</td>
<td>Community Leader (1)</td>
<td>Lead Mother (1)</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>11</td>
<td>Food Vendor (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LGA Nutrition Focal Person (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CDO (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Volunteer (1)</td>
<td></td>
</tr>
<tr>
<td><strong>Gujba</strong> (1: Fulatari 2: Ngomari)</td>
<td>13</td>
<td>15</td>
<td>Community Leaders (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>16</td>
<td>CDO (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Volunteers (2)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL No.</strong></td>
<td>86</td>
<td>101</td>
<td>24</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Fieldwork, July 2017
3.2 Quantitative Data collection

1. **Rationale/ Sampling**: Guided by the Terms of Reference but also in agreement with the Nigeria country team, the method used was random sampling. Ensuring a 95% confidence level and a 5% margin of error, 364 households were randomly selected (using cash transfer beneficiary lists Excel) from the registered 7,100 beneficiaries in the cash transfer modality.\(^7\) The sample size in each geographical unit (LGA) was proportional to the actual size of the beneficiary population in the four LGAs; this was verified through the project list of all registered households in the project. The sample was defined by the cash beneficiaries list but it included IYCF beneficiaries, based on the premise that Care Group participants were also cash transfer registered beneficiaries. A total of 36 caregivers responded to the survey. Although the Care Groups model was not implemented in Gujba LGA through the project under evaluation, the Mother to Mother support group model was being implemented in this LGA under DFID/UK Aid funding; as such, surveys were administered to beneficiaries in the same way as in other LGAs for comparison purposes.

2. **Tools**: The questionnaire included 2 sections, one specifically focused on cash transfer and Food Security indicators and one on IYCF and caregiving practices. The second section was only intended for Pregnant and Lactating Women (PLW) and caregivers. These questions were only administered for female respondents. The Household Questionnaire can be found in Annex VIII.

3. **Process**: Surveys covered beneficiaries at household (HH) level in all four LGAs. The structured questionnaire was developed by the lead consultant, was modified before being finalised and transferred in the Open Data Kit (ODK) form, which is used via phones and tablet for more efficient data collection and analysis. For the process of collecting the information directly from beneficiaries, Action Against Hunger recruited 10 enumerators who could speak the local language (Hausa) and who were trained by staff and the evaluators for 1.5 days. The questionnaire was pre-tested in the field before commencing the surveys. Enumerators were also supervised by Action Against Hunger staff during the surveying period (7 days).

3.3 Limitations

The following constraints have affected the evaluation data collection and methodology:

- The evaluation was conducted during the rainy/farming season and also in a time were previous IDPs were moving location or returning to their area of origin. This resulted in a lower response rate for the household surveys but fortunately the total planned number of beneficiaries was met.
- Due to time constraints or unavailability of participants the KIIIs did not include a SEMA/NEMA representative, nor a CRS interviewee and some Action Against Hunger staff that were initially planned for.

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\(^7\) In anticipation of the challenges in tracking beneficiaries (see “limitations”), a buffer list was added and the list of randomly selected households was updated from 364 initially to a total of 390 (30% buffer).
• The time spent in each community was sometimes limited due to security procedures therefore some of the Focus Group Discussions and KIIIs had to be cut short to allow for a sufficient number of times to be spent with all stakeholders.

4. Evaluation Findings

This section of the report documents findings from the evaluation mission and is intentionally structured to assess the programme according to the criteria of design, relevance/appropriateness, coherence, coverage, efficiency, effectiveness, sustainability and likelihood of impact. It seeks to provide a comprehensive overview of the findings in a logical manner, recognising that some findings relate to multiple criteria.

4.1 Design

Findings: The targeting and selection criteria that define vulnerability were mostly felt as ‘equitable’ and ‘transparent’ by the beneficiaries and other stakeholders, although it was not always clear to beneficiaries how the ‘cut-off’ was determined. The selection indicators are well harmonized with those of other actors involved in cash transfer intervention in the State. The inclusion of gender aspects in the project design can be assessed as satisfactory, addressed via vulnerability criteria and gender-specific activities such as Care Groups. The project’s logic is clearly devised and complies with FFP requirements, indicators are overall SMART with the sources of verification to provide stronger evidence based on measurement of progress and achievements, and assured the project’s regular monitoring and consistency. The project has a strong fully operational and thorough Monitoring and Evaluation (M&E) systems which formats were clear and relatively simple to use and because of this it generated useful information and strengthened implementation by ensuring transparency. Another strong element was the comprehensive beneficiary feedback system, which facilitated problem-solving and enabled feedback, including feedback given anonymously. However, the project did not have a contingency plan and transition strategy.

Design: A measure of whether the design is logical, allows for Results Based Management and includes a sustainability strategy involving local partners and beneficiaries

1. Are beneficiary’s needs (by sex and age) well identified and in which way? What was the level of beneficiary participation in project design?

Considering that the overall objective of the project is to improve the nutrition security and address the humanitarian crisis-affected populations in four Local Government Areas of Yobe State by improving food security of vulnerable households, especially women and children, through an integrated cash transfer scheme and behaviour change interventions, the main logframe indicators can be used for assessing the level of needs of the beneficiaries. The following baseline levels (according to the Action Against Hunger project
baseline survey August 2016) for the main FSL indicators have been measured (among selected beneficiaries):

- **Food Consumption Score (FCS):** 66% of households showing a poor level of consumption
- **Household Hunger Scale (HHS):** 45% of households suffering from severe hunger
- **Household Dietary Diversity Score (HDDS):** 71% of households with poor dietary diversity
- **Minimum Dietary Diversity Score (MDDS - < 5 children):** 91% of children with poor dietary diversity
- **Coping Strategy Index (CSI):** 52.5% of households with high levels of coping

All baseline indicators above stand to prove that the identified beneficiary households have genuinely been in need of an improvement in their food security situation as they are well far below the normal nutritional standards. These facts also prove that the household selection criteria for targeting were adequate and have been applied properly. The following set of household selection criteria had been applied: main characteristics of household head (age, disability), dependency ratio, income sources, debt situation of the households, HHS and FCS. The threshold definition for beneficiary selection was determined by budget constraints as the needs exceed the funding available.

In terms of beneficiary’s participation in project design, field interviews reveal that beneficiaries were involved only in the implementation phases, as a participatory assessment at proposal stage wasn’t conceived. Beneficiaries are overall satisfied of the operation; nevertheless, their involvement in the project design would have strengthened the effectiveness of project strategy improving understanding of communities’ needs and their habits. In any case, the integrated cash transfers and IYCF modalities have on the whole been extremely well-received by beneficiaries who are grateful for the opportunity by Action Against Hunger to allocate this much-needed resource according to their needs. In addition to improving consumption level, nutrition education is contributing to increased adoption of optimal infant/young child feeding practices by caregivers. During the FGD meetings, however, beneficiaries and community leaders claimed that they had not been included at all in the design of the project (e.g. definition of selection criteria as seen above or modalities for the disbursement: cash or food or a mix). This information has been disclosed to the evaluation team by the project management. The emergency context can justify to some extent the need for rapid design, but on the other hand it may have been a missed opportunity for community-led design given that there had been a preceding project phase.

2. **Is gender properly taken into account in project design?**

Project design was based on Action Against Hunger gender policy requirements. Accordingly, gender mainstreaming had been a guiding principle during implementation. The project design has made the best out of it with a high level of gender’s inclusion in the various approaches and activities. It is worth to point that the main element of positive gender discrimination in the project design was the sub-component of behaviour change intervention through the IYCF practices which targeted exclusively women beneficiaries. By the end of the project period in July 2017, 151 active care groups headed by a lead mother were on-going across Damaturu, Fune and Potiskum LGAs with the lead mother conducting
monthly counselling with targeted 2,177 Pregnant and Lactating Women (PLW). Thus, the inclusion of gender aspects in the project design can be assessed as satisfactory, guided by basic principles established in the current Action Against Hunger Gender Policy and toolkit (March 2014).

3. Are project objectives and indicators SMART? Are sources of verification realistic?

The project’s logical framework is solid and is clearly devised with vertical and horizontal logic linking the mandatory chapters of the document, and complies with FFP requirements employing the Objectively Verifiable Indicators (OVI). The project indicators are overall SMART with the sources of verification to provide stronger evidence based on measurement of progress and achievements, and assured the project’s regular monitoring and consistency. In addition, the large majority of the indicators are quantitative, which proved to be a valuable approach for the type of project (food security) and a context where other actors were using similar indicators, whilst qualitative/impact indicators were devised to monitor the behaviour change triggered with the action.

4. Is the design of the exit strategy realistic?

A common feature in most emergency programming is a lack of a feasible and timely exit strategy in the design. Given the emergency context and that majority of the intended beneficiaries are IDPs, an exit strategy could not be a viable option as at any unpredictable moment the beneficiaries may return to their original place of residence or be further displaced from the present location. Although the evaluator understands this view, an exit strategy is strongly recommended at any instance. The case in view is classic example where the majority of the IDPs have not returned back after more than 5 years and are looking forward to move their life beyond emergency within the host communities.

5. Is there a good design of the M&E system in place?

One of the core strengths of the project was the thorough monitoring system developed and implemented. The monitoring formats were clear and relatively simple to use and this strengthened implementation by ensuring transparency. Suffice to say that the efficiency, effectiveness and transparency of cash transfer programmes are highly dependent on close monitoring, and monitoring needs to take place at each step of the project process (from targeting and selection of beneficiaries to end of the disbursements). The findings suggest that the design of the M&E elements of the project was well thought out and was proved sound by the successful implementation of the project. In addition, lessons learned from previous cash transfer projects in the Borno State by Action Against Hunger seemed to have been considered in the project design, and proved to be of value to the M&E. While the project had impressive breadth and depth of M&E, and this can be considered a strength of the programme, the evaluator feels there are ways that it can be further improved to better understand outcomes. These can include strong qualitative monitoring aspects and investigative methods that produce results about sensitive topics such as diversion, fraud and targeting errors. Further explanations on these are given in the recommendations.
4.2 Relevance/Appropriateness

Relevance/Appropriateness: A measure of whether interventions are in line with local needs and priorities (as well as donor policies, thus increasing ownership, accountability, and cost-effectiveness)

Findings: The relevance of Action Against Hunger’s response has been very high both from a geographical angle and from the perspective of the beneficiaries’ profile (assisting the most vulnerable). The two project components corresponded to the priorities and needs of the population and hence set to achieve the expected results. They have been relevant in adapting to current local emergency contexts and cultural traditions. They have been successfully addressing beneficiary needs (increase immediate food consumption) and adoption of optimal infant/young child feeding practices by caregivers. However, the termination of the project during the lean period has left many beneficiaries in precarious food condition.

1. Were the actions undertaken relevant and appropriate given the local context and needs of the target population?

When looking at the relevance and appropriateness of Action Against Hunger response from a geographical perspective, it is important to have in perspective the comparative intensity of the humanitarian needs across different geographical areas as well as the different waves of displacement which occurred due to the Boko Haram insurgency.

The map below from IOM and attached table 2 (based on information extracted from IOM database as of 31 October 2015) gives an indication about the levels of IDPs density to be found in Borno (1,606,406; 72%) followed by Yobe (144,302; 6.5%) and Adamawa (135,605; 6%). Out of the 144,302 persons displaced by the conflict about 125,543 (87%) were residing in the 5 targeted local areas of Fune, Potiskum, Damaturu, Gujba and Gulani LGAs.
Table 2: State of displacement (overall)

<table>
<thead>
<tr>
<th>Current Location</th>
<th>IDP Individuals</th>
<th>IDP Households</th>
<th>Average HHs size</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUJA</td>
<td>12,628</td>
<td>1,914</td>
<td>6.6</td>
</tr>
<tr>
<td>ADAMAWA</td>
<td>135,605</td>
<td>18,225</td>
<td>7.4</td>
</tr>
<tr>
<td>BAUCHI</td>
<td>77,276</td>
<td>11,744</td>
<td>6.6</td>
</tr>
<tr>
<td>BORNO</td>
<td>1,606,406</td>
<td>218,671</td>
<td>7.3</td>
</tr>
<tr>
<td>GOMBE</td>
<td>27,025</td>
<td>6,220</td>
<td>4.3</td>
</tr>
<tr>
<td>KADUNA</td>
<td>42,247</td>
<td>5,644</td>
<td>7.5</td>
</tr>
<tr>
<td>NASARAWA</td>
<td>44,901</td>
<td>7,798</td>
<td>5.8</td>
</tr>
<tr>
<td>PLATEAU</td>
<td>91,511</td>
<td>15,639</td>
<td>5.8</td>
</tr>
<tr>
<td>TARABA</td>
<td>51,605</td>
<td>9,569</td>
<td>5.4</td>
</tr>
<tr>
<td>YOBE</td>
<td>144,302</td>
<td>23,513</td>
<td>6.1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2,233,506</strong></td>
<td><strong>318,937</strong></td>
<td><strong>7.0</strong></td>
</tr>
</tbody>
</table>

However, in order to assess the appropriateness of Action Against Hunger response, there is a need to better understand the nature of the humanitarian needs of the target population. According to the data collected during the registration exercise amongst the overall IDP population, 63% of the IDP households declared that food was their primary need while 10% put shelter as their first need and 6% NFIs. As for the host families, 83% of them declared that food was their primary need followed by NFIs (7%)\(^9\).

Table 3: Priority needs of IDPs and Host communities – October 2015

<table>
<thead>
<tr>
<th>Needs</th>
<th>IDP</th>
<th>Host</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>63%</td>
<td>83%</td>
</tr>
<tr>
<td>NFI</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Shelter improvement</td>
<td>10%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: IOM DTM Nigeria Report Round VI, October 2015 [https://nigeria.iom.int](https://nigeria.iom.int)

On nutrition situation in Yobe State, the 2015 SMART survey\(^{11}\) revealed critical levels of malnutrition across the State. According to the figures, 10.9% of children from 6 to 59 months were suffering from malnutrition, with severe acute malnutrition rate at 2% and a moderate malnutrition rate at 8.9%. At the same time, the North Eastern States had a lower global acute malnutrition rate i.e. 9.5%, with 2.6% of children screened suffering from severe acute malnutrition. Actions undertaken by the project have been highly relevant and appropriate in the sense of being the kind of action required to be able to achieve the expected results.

\(^8\)IOM DTM Nigeria Report Round VI, October 2015, available at [https://nigeria.iom.int](https://nigeria.iom.int)

\(^9\) 2,233,506 IDPs (352,840 households) were identified in Abuja, Adamawa, Bauchi, Borno, Gombe, Kaduna, Nasarawa, Plateau, Taraba and Yobe as of the end of October by IOM.

\(^10\)IOM DTM Nigeria Report Round VI, October 2015, available at [https://nigeria.iom.int](https://nigeria.iom.int)

\(^11\) SMART survey 2015 (preliminary results) conducted by FMOH with the support of UNICEF.
To reiterate, the programmes met the needs and priorities of the beneficiaries beyond what any of the stakeholders had anticipated. With integrated cash transfer scheme, beneficiaries are able to prioritize their needs in a way that no other relief intervention—food rations, food for work, seed fairs and vouchers, and livelihood fairs—is able to do. The integrated cash transfer scheme has empowered HHs in a way that has not occurred before. Men and women were able to use the cash and food, according to their HH needs.

2. *Was the assistance relevant and appropriate in relation to the practices / culture of the target population?*

One of the key indicators for the relevance and appropriateness of a project is the satisfaction of beneficiaries. In this case, the beneficiaries encountered during the evaluation were all extremely satisfied with the project. Irrespective of the cash or food or a mix of the two modalities received, beneficiaries overwhelmingly stated that the intervention had an extremely positive impact on their households living situation at the time. This indicates that interventions are broadly addressing the correct needs of vulnerable households.

The actions undertaken have been relevant and appropriate given their careful adaptation to local cultural practices. Consultations through FGDs and KII in intervention areas confirmed that food was a high priority. Segregated male and female beneficiary focus groups in all the 4 LGAs consistently stated that food was their top most important need prior to the intervention, because food is essential to survival and they had reduced their consumption or had difficulty meeting food needs. Host families expressed that food was needed owing to their sharing of food with IDPs, though those consulted did not rank food in first place as consistently as the IDP groups. Host families indicated that hosting IDPs also resulted in needs for household items, shelter and sanitation (i.e. latrines); IDPs stated that their other priority needs were household items, school fees and healthcare / medicines.

The food basket commodities\textsuperscript{12} were harmonised through coordination with other actors and the cash (or food equivalent) value was set in a range of 50-75% of household needs. This is an appropriate range linking with the rationale of reducing dependency. However, data from the June 2017 food basket calculator indicated this percentage to be at 56% of nutritionally adequate diet. This is in the lower end of the spectrum and underpins the information from beneficiary meetings, according to which several households found themselves in difficult conditions due to the lean season (combined with the end of cash disbursements).

Despite this issue, the evaluator believes integrated cash transfer to be a highly appropriate and relevant intervention with a commendable degree of flexibility. The main benefits of the interventions according to beneficiaries consulted were increased food consumption, increased diversity of foods, weight gain and improved children’s health.

In the sites visited, the cash only, food and cash and food only responses were appropriate because beneficiaries were able to access food that largely corresponded to their preferences. Likewise, the justifications behind the use of food or cash and food in some

\textsuperscript{12} Millet, rice, maize/cornmeal, groundnut, cowpea, cooking oil, iodized salt and sugar.
contexts and cash in others appear sensible and justified, based mainly on market capacity, security and the presence of financial institutions. Given the limited financial infrastructure, it is not surprising that food was done in only one of the intervention LGA (Fune). Action Against Hunger did food and cash in locations where market assessments found that local supplies were sufficient and people could access markets. The rationale for choosing integrated and IYCF cash transfers as a humanitarian response in the emergency stages was clearly justified given:

a) **Other assistance provided in the form of food and non-food items by other projects:** There were instances of humanitarian response by other humanitarian actors to the displacement caused by the insurgency and the vast majority of this support comprised maize, oil and other food packages. In the light of all of these other forms of humanitarian assistance, the evaluation believes it to be extremely appropriate for Action Against Hunger to have also piloted integrated cash transfers as a complementary measure in Yobe State. Statements from CDOs and Nutrition focal point persons during this evaluation indicated that they had witnessed significant post-distribution sale of emergency kits in particular, thus suggesting that in a number of cases the assistance being provided did not match beneficiary needs – of course one of the main advantages of cash transfers is that beneficiaries have the power to decide what they need most; cash is more flexible, fungible and transferable.

b) **Lower transaction costs:** The evaluation has observed that in addition to the fact that cash transfers offer beneficiaries empowerment through choice and therefore the ability to meet needs appropriately, cash transfers offer lower transaction costs (than distribution of food and non-food items). This was concurred by Action Against Hunger and CDO across the board with this programme.

c) **Cash transfers have been used as intended/in line with programme objectives:** No household confessed using the cash transfers for alcohol, cigarettes or other inappropriate uses and despite further questioning about this during focus group discussions, the evaluation could find no evidence to the contrary. Results from the household surveys indicate that the majority of households (85%) have spent money on food. Figure 2 shows three main expenditures for households during the integrated cash transfer. The findings stand to confirm the opinions by the majority of the FGD participants that the resources is devoted mainly towards meeting household food requirements as about 98% of the HH survey respondents ranked food as the number on the list of the expenditures during the intervention.

d) **Nutritional education:** This was appropriate in spreading the infant and young child feeding (IYCF) messages, strengthening at the same time the links among communities and health facilities and improving the use of the health services. It also guided beneficiaries in making the ‘right’ choices in terms of collecting or buying food that had increased nutritional value.

The cash grant has had a positive impact on the beneficiary households as it improved dietary diversity and allowed households to purchase much needed food and non-food items. The impact of the integrated cash transfer on all beneficiaries was multifaceted
and powerful. Most fundamentally, it saved lives and reduced suffering of the most vulnerable members of the communities. One man told the evaluation team: “without the cash transfer, my wife and I would have died”. The cash allowed people to improve their diets and nutrition, contributed to improving health conditions, and helped pay for immediate medical needs. Additionally, it helped to give beneficiaries a cushion or buffer against immediate demands on their assets. Such demands would have forced them into debt and into another turn in the downward spiral of food insecurity and poverty. After living on the edge of survival for years, owning livestock again gave some of the beneficiaries a great personal pride, as did being able to buy a clean new dress and/or buy clothes so their children could go to school.

**Fig. 2: Main household’s expenditures during the cash transfer intervention**

![Chart showing household’s expenditures during the cash transfer](source: Final evaluation HH survey July 2017)

3. **To what extent were the needs of beneficiaries and stakeholders taken into account during project implementation?**

Overall, the relevance of the integrated cash transfers and IYCF interventions was high and the evaluation concludes that the design of the programme took into account the context and needs of the vulnerable. There was no evidence to suggest that beneficiaries would have preferred a different approach, apart from some responses that indicated that some cash would have been appreciated (in cases where only food vouchers were available). The project performed well in the implementation of relevant and appropriate interventions by correctly identifying key stakeholders and needs and designing well-aligned interventions been able to properly address beneficiaries’ needs by reducing food insecurity and improving the health of PLW and children under the age of 5 years. In addition, the intervention complied with donor policies and priorities agreed upon in the project
proposal; deviations and changes (time schedule, services) were due to the dynamic conflict environment, in particular security considerations.

4.3 Coherence

Findings: Good working relationships between Action Against Hunger and State and non-State stakeholders created an enabling environment for learning and adaptation. Humanitarian actors delivering cash and food assistance also reported strong coordination – communicating lessons, sharing monitoring data and arriving at a common transfer value. Action Against Hunger role as an active member of the Cash Working Group (CWG) and the Food Security and Livelihoods Working Group (FSLWG) has influenced CWG progress from an information sharing platform towards discussion, coordination and joint decision-making. In addition, Action Against Hunger provided important knowledge, experience and guidance to the internal learning process of the CWG which has served to demonstrate the feasibility of continuing to use of biometric capture by other cash transfer actors. The project is overall coherent with the broader Action Against Hunger strategy and is widely integrated with other Action Against Hunger activities and project staff has a clear understanding of working towards a common goal, which goes beyond the specific project objectives.

Coherence: A measure of whether interventions are consistent with existing interventions, global and national policies and strategies to ensure consistency, maximize synergies and minimize duplication

1. Are other stakeholders informed or aware about the Action Against Hunger activities/approach/strategy of the project?

State and non-state stakeholders have been fully aware and informed of Action Against Hunger activities, their underlying approaches and strategies, through at least two official information channels. Action Against Hunger is an active member of the Cash Working Group (CWG) and the Food Security and Livelihoods Working Group (FSLWG). These two working groups meet regularly and frequently (at least every two weeks, or even weekly if required) in Abuja. There is a regular exchange of information between Abuja and Damaturu information sharing, discussion and decision-making.

Given that Action Against Hunger was one of the first INGOs in Yobe to start work in general, and more specifically with cash transfers, Action Against Hunger is a founding partner and leading member of both working groups. Most importantly, the CWG has made important progress in recent months, given its strategic significance as a coordination body for interventions between different stakeholders in the food emergency context in Damaturu. The CWG evolved progressively from an information sharing platform towards a coordination mechanism of interventions on the ground, and more recently progressed towards a platform of joint decision-making and the definition and future use of joint technical criteria for interventions such as uniform beneficiary selection criteria and the suggestion of minimum per household transfer amounts. Furthermore, the convenience of defining lump sum transfers per household (independently from the household size) or the possible adaptation to the household size (given certain maximum amounts of transfers)
and the possibility of a joint implementation of future market assessments and price monitoring exercises are currently under discussion in the CWG. These dynamics and the depth of thematic discussions convert the working groups into key structures for achieving high levels of coherence of Action Against Hunger’s work in Damaturu. The interview with a COOPI staff Mr. Sikulani Phikelele Programme Manager based in Damaturu affirmed satisfaction in terms of collaboration with Action Against Hunger in supporting CWG and FSLWG’s activities in Yobe State.

For the most part there was coherence among the nature of the needs, the types of interventions carried out and the result achieved. The transparent targeting process used by Action Against Hunger in selecting beneficiaries was an important aspect of building a coherent relationship with the stakeholders. In addition, the creative use of building social assets through collaborative engagement with community leaders has allowed the wide acceptance of the Action Against Hunger work in Yobe State.

The project has a strong community driven approach which is indeed relevant in the context of Yobe State given the role played by the local communities in hosting the IDPs while the access of the humanitarian actors was limited due to security constraints. Both the displaced and the local communities are thus worthy to be regarded as key actors in the assistance, taking into account resilience and coping strategies.

Action Against Hunger interplay with the stakeholders reflects the local system of relations, bonding the IDPs leaders with the community leaders, the LGAs and the State’s authorities. It emerged during the evaluation meetings that Action Against Hunger is also seen as the main actor in the theatre of operation for other international humanitarian actors due to its long lasting presence in the North East. Action Against Hunger is very positively respected and viewed by key external stakeholders including Government.

2. How have the activities of this project been integrated with other Action Against Hunger sectors/programmes in the operational area?

The level of integration between different sectors of intervention remains very strong and a lot is being done to fulfil different activities and to strengthen this integration. There is integration of different programmes at the operational level; this concretely translates in different sectors of intervention having a similar geographic area of intervention (LGA, district, or village level) and to a certain extent targeting the same communities and households and being able to report on it. Also, the different teams play a role in building and creating synergies between different sectors and keep each other informed of what they are doing. As a result, there is added value to be gained of a more integrated approach – both from a cost-effectiveness perspective and from an impact driven perspective. An example of such internal integration of Action Against Hunger activities from different projects are the additional WASH activities in Fune LGA and the Mother to Mother Support Groups in Gujba LGA (which come outside of FFP funds). In the case of Gujba, the nutrition education complements the existing projects in the same way as the original design of the FFP Phase 2, but through other sources of funding.
Furthermore, a considerable integration in terms of support functions has been observed. Most importantly, all different projects (working with decentralized M&E units) share a common M&E support structure based in Abuja. The cash transfer programme under evaluation has been designed based on the experience of a previous (similar cash transfer) project implemented in 2015 - 2016 in Borno State and has benefitted from this experience. Currently, Action Against Hunger has another multi-sector (nutrition and FSL) project under implementation in Gujba, which is benefitting from the nutrition component as well as from experiences made by the project under evaluation. Thus, learning experiences are being integrated across different projects and maximize learning opportunities for staff and the organisation as a whole.

3. Do project team members feel they are working towards a common goal with respect to other departments (Nutrition, WASH, Health)?

It was evident to this evaluation through interviews and personal observations that the team members clearly feel that they are working towards a common goal. This understanding is buttressed on the experiences from different projects implemented via the Damaturu field office covering different aspects of emergency situations (food security, health, WASH, livelihoods) in different communities. At the same time, also within individual projects, different aspects of a common goal are being covered. In this sense, for example within the project under evaluation, integrated transfers which aim to increase access to food and food security are being complemented with nutrition interventions (e.g. with capacity building and behavioural change communication to selected integrated cash transfer beneficiaries through IYCF practices).

At coordination level, one of the biggest strengths of the team in Damaturu has been linked with the fact that most members of the coordination team have already substantial experience with Action Against Hunger and – for a part of the team – have been already working together in other similar contexts. In general terms, there has been a tendency to transform constraints into opportunities and this is very much subject to the flexibility and solution driven team spirit of the senior management team. Lastly, a key factor observed, and which is related to staff motivation in working towards a common goal, is the existing leadership skills and the appropriate delegation of individual staff responsibility: this allowed decisions to be taken at different levels, thus contributing to team coordination and effective project management.

4.4 Coverage

Findings: The selection of the final beneficiaries was done through a two-stage process of undertaking a household ‘census’ out of which the most vulnerable ones were selected based on set FSL sector agreed criteria, which portrays an appropriate targeting of beneficiaries. Although the needs far exceeded the funding available, the geographical coverage was fair while influenced by access and security constraints, and beneficiary selection was adequate and fair including gender –sensitive activities. Nonetheless, the targeting strategy/criteria could be further explained to beneficiaries who did not understand the procedure. There were a few reported cases of duplication in Gujba LGA
with some of the cash beneficiaries getting both cash and food distributed by WFP and this calls for attention to minimize duplication.

Coverage: A measure of whether interventions succeed in reaching out to major population groups facing life-threatening circumstances, wherever they may be

1. Were the most-affected groups covered in spite of the limitation of the resources available?

Through FGDs and KIIs the evaluation established that the groups most in need have been reached by the project. This can be understood as a two-stage process, where the first stage (community and neighbourhood selection) ensures that the initial household census (registration) process already falls into a group of households in need, out of which again the ones in most need for assistance were then selected based on set FSL sector agreed criteria which portrays an appropriate targeting of beneficiaries.

This entire process is realistic for achieving a combination of local knowledge with regards to the actual living conditions (through SEMA and community leaders) and FSL sector agreed criteria (targeting criteria) based on objective information (survey information from the initial registry process), plus the application of a threshold (budget constraints also determined) for final beneficiary selection. This selection process eventually also included non-IDPs living in the host community, which also suffered from severe food insecurity. In other words, if severe food insecurity of host community households was confirmed, these have been admitted to the project. An informal ex-post beneficiary selection validation (through community leaders) provided the required legitimacy for ensuring acceptance of the selection and, more importantly, of the non-selected households (since these had already been expecting to be accepted as a beneficiary).

2. Was the geographical coverage of the project appropriate?

The geographic coverage was seen as highly appropriate as first and foremost the targeted areas were determined by the number of where most of the IDPs were. As pointed earlier, based on the IOM and OCHA report of 31 October 2015, out of the 144,302 persons displaced by the conflict about 125,543 (87%) were residing in the 5 targeted local areas of Fune, Potiskum, Damaturu, Gujba and Gulani LGAs. It also worth noting that eventually by the end of the project the total number of beneficiaries reached was 7,100 Households (63,000 individuals). Of the 7,100 household about 47% households reached were registered as IDPs while the rest were returnees and members of host communities. The
initial project proposal planned for a coverage of 41,400 beneficiaries which accounted for 21% of the most vulnerable population (according to a 2015 SMART survey preliminary results), which shows the extent of the needs at the time of conception of this phase of the project. Nevertheless, the satisfaction with the geographic coverage was affirmed by the government officials who were interviewed, pointing that SEMA and other relevant government stakeholders were impressed the number of people that Action Against Hunger was able to reach in the above LGAs.

3. How was the targeting understood or perceived by local communities?

As the scope of the evaluation covered only selected target groups of beneficiaries the views expressed may reflect only how the targeting was perceived by the beneficiaries as non-beneficiaries were not consulted on the course of the evaluation and this may not be reflection of perception by local communities.

Prior to the targeting, community leaders and local officials were informed about the project by Action Against Hunger. As mentioned earlier, the implementation of SEMA instructions regarding targeting decisions and the involvement of the community leaders for the identification of areas where most vulnerable IDPs are living within host communities, provided legitimacy and acceptance to the process; nevertheless, beneficiaries in FGDs have repeatedly mentioned to this evaluation that no clear and detailed explanation was provided by the project, which could help them to fully understand why some households have been selected meanwhile others have not been selected. The project management, however, indicated to the evaluation team that this information had been provided. The evaluation can conclude, in any case, that if this information had truly been fully provided, its content was apparently inadequate or not sufficiently understandable for beneficiaries, or the dissemination scope of this information was insufficient. The main challenge to be acknowledged is the concern of disclosing the exact evaluation criteria to communities, in fear of survey participants distorting their personal information to be selected in a project. However, a higher level of clarity particularly in terms of criteria than cannot easily be distorted (gender, disability, age) would help avoid confusions of whether they were selected on the basis of their IDP status only.

On this note, findings from the HH surveys reveal that more than half of the beneficiaries interviewed (66%) expressed that they were aware of the selection criteria (Figure 3). On the basis of why they got selected Figure 4 illustrates the reasons beneficiaries stated as to what they thought informed why they got selected for the cash transfers.

The information collected from the HH surveys and the FGDs uncovered the ‘shallow’ knowledge and understanding by the beneficiaries about the two-stage process employed by Action Against Hunger, with house to house registration of potential beneficiaries and the final stage when the most needed beneficiaries were then selected based on set FSL sector agreed criteria which portrays an appropriate targeting of beneficiaries. However, when probed further to respond on the equitability of beneficiary selection, 97% of the HHs surveyed they are satisfied with Action Against Hunger’s selection process.
When asked about their satisfaction with the behaviour of Action Against Hunger staff on the course of their duty, the survey responses reveal a great level of satisfaction reaching 96% (350 of 364 respondents). This actually stands to explain the cordial relationship between the Action Against Hunger project staff and the local communities in all the areas the evaluation was conducted.
4. Were gender and vulnerable populations within the target community considered in ACF’s assessment/identification of the beneficiaries and during the implementation of the project?

Gender concerns were taken into account in the project design during beneficiary selection stage and project implementation stage. The entire selection process was based on vulnerability criteria in which gender and disability are informing the persons to be targeted in the intervention. Thus, Action Against Hunger took appropriate and effective steps to ensure that women were actively engaged in the project. The evaluation also found that several women were able to control the receipt and utilisation of resources (cash or food) on behalf of their families. Sensitization and training included emphasis on female beneficiaries and reinforcement of the important role that women played as primary care givers to children, particularly with regard to their nutrition and health. Although the training had focus on women, community leaders and men/husbands are included in the sensitization. First and foremost, as confirmed at men FGDs, community leaders and men whose wives are involved in the IYCF informed the evaluation, that their consent was first sought as well as support for the IYCF programmes before their wives were contacted and became part of the intervention.

Action Against Hunger female staff were instrumental in reaching out to female beneficiaries. The project reports provided sex-disaggregated data. Specific activities to cater for the needs of women, particularly those during and after pregnancy, were included in the project design. Older people, were also considered via the vulnerability/selection criteria. Field interviews also revealed that specific needs of disabled persons and women are taken into account as there during distributions, priority was given to women and elderly to reduce their waiting time in a queue.

6. Did the project include special components for women; if so, were these systematically designed and monitored during implementation?

With regards to the project’s content, the behaviour change component focusing on PLW and under-five-year-olds through IYCF reflects the special emphasis on women. This modality was implemented among the cash women beneficiaries. Its performance and achieved results have been monitored during project implementation. Under this component all nutrition teams conduct a one-day meeting every month to review the next month’s key IYCF messages. Then the teams held a one-day training for the 167 lead mothers in the Care Groups on the IYCF behaviour to be implemented in that respective month. Each month, lead mothers conduct a monthly counselling with the targeted women (in total 2,177 PLW). The evaluation has not conducted a thorough assessment of the Care Groups Checklist Criteria as this went beyond the time and capacity available, but across FGDs with women a few elements came out fairly consistently in their responses: frequency of meetings (mostly once per month), the use of visual materials during sessions, supervision of meetings by Action Against Hunger staff and peer-to-peer health promotion being referenced as a main element and also highly desirable by women participants. Some Lead Mothers mentioned they would like to attend additional/ “refresher” trainings to increase their role effectiveness and their knowledge.
4.5 Efficiency

Findings: There has been proper allocation of resources to different uses (budget lines), in line with planned and authorized levels of expenditure; thus, the project has achieved beyond its set objectives. The smart-card system, despite lack of knowledge on the technological aspects, was positively perceived by the beneficiaries as it ensured privacy, security and control mechanisms against fraud and corruption. Accessibility, security, queuing times and helpfulness of project staff at cash pay-points and food distribution points were all favourably evaluated by the beneficiaries. Amongst the key factors for the project’s efficiency is leadership skills and the appropriate delegation of individual staff responsibility: these allowed decisions to be taken at different levels thus contributing to team coordination and effective project management. In spite of the initial delays the project was implemented in accordance with the planned schedules.

Efficiency: A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.

1. Were the resources properly allocated to reach the objectives?

In terms of allocation of budget lines, the distribution of personnel, equipment and direct implementation costs (supplies), these represent a reasonable share both in planning and execution amounts (see Table 4).

For the cash transfers, the resources allocated have resulted in prompt resolution of issues related to cash cards, registration and payments, along with increased food security for the selected households.

For the IYCF education, it was said that until May 2017, the spent rate was 48%, which could possibly indicate a need for additional investment in this activity.

Table 4a: Budget planning and execution as of June 30, 2017

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Budget line</th>
<th>Budget (US$)</th>
<th>Execution (US$)</th>
<th>Share of direct expenses in budget planning (%)</th>
<th>Share of direct expenses in budget execution (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>B3CA</td>
<td>868,121</td>
<td>588,074</td>
<td>15.7</td>
<td>15.6</td>
</tr>
<tr>
<td>Equipment Costs</td>
<td>B3CC</td>
<td>66,964</td>
<td>53,296</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Supplies (Programme Implementation Costs)</td>
<td>B3CD</td>
<td>2,562,790</td>
<td>2,990,542</td>
<td>80.0</td>
<td>79.5</td>
</tr>
<tr>
<td>Contractual</td>
<td>B3CE</td>
<td>89,524</td>
<td>73,475</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Other (office costs)</td>
<td></td>
<td>146,057</td>
<td>55,138</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Direct Expenses</td>
<td></td>
<td>3,736,856</td>
<td>3,760,526</td>
<td>100. (84.3 of the grand)</td>
<td>100. (84.3 of the grand)</td>
</tr>
</tbody>
</table>

Note: Budget execution as of June 30, 2017 was 100.6%.
Table 4b below shows the planned and the actual cost per beneficiary for the Cash Transfer and Food Voucher (FSL) activities. As illustrated, the actual cost per beneficiary was reduced compared to what planned, since an increased number of households/ beneficiaries were reached (and slight increased spent on activities). In a similar FFP funded cash transfer program implemented in Borno state from July 2015 to September 2016, the average total cost per individual beneficiary was $98.30. This is gotten from 9 transfers to the initial 5,250 HHs (46,200 individuals) targeted in the proposal and 6 transfers to 735 HHs (4,381 individuals). Exceeding both the number of beneficiaries and transfers was made possible by the decrease in value of the Naira against the dollar and the extensions.16

Table 4b: Cost per beneficiary calculation (FSL)

<table>
<thead>
<tr>
<th>FSL (cash transfer &amp; food voucher)</th>
<th>PLANNED</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total budget spent in USD</td>
<td>$ 4,300,000</td>
<td>$ 4,327,237</td>
</tr>
<tr>
<td>Total FSL implementation costs spent in USD</td>
<td>$ 2,494,614</td>
<td>$ 2,945,434.13</td>
</tr>
<tr>
<td>No of transfers</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(only 6 for Gujba LGA)</td>
</tr>
<tr>
<td>No of households</td>
<td>4,600</td>
<td>7,100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2,500 in Gujba LGA)</td>
</tr>
<tr>
<td>No of individuals</td>
<td>41,400</td>
<td>63,900</td>
</tr>
<tr>
<td>Cost per household (USD) – only for FSL activities</td>
<td>$ 542.307</td>
<td>$ 414.849</td>
</tr>
<tr>
<td>Cost per individual (USD) – only for FSL activities</td>
<td>$ 60.25</td>
<td>$ 46.09</td>
</tr>
</tbody>
</table>

14 Calculated by the percentage of indirect costs to direct costs.
15 A useful guide by DFID with existing TCTR indicators from other social transfer projects that could be used as a comparison can be accessed in the following link (see p. 12 & 34): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/204382/Guidance-value-for-money-social-transfers-25Mar2013.pdf
16 Based on information from the country team. To be noted that this project was implemented also with a Nutrition Component but different to Care Groups, which is Porridge Mums (generally much costlier in terms of implementation costs), which contribute to the higher cost/ beneficiary compared to FFP II in Yobe State.
<table>
<thead>
<tr>
<th>Cost per individual (USD) – TOTAL</th>
<th>$ 103.86</th>
<th>$ 67.72</th>
</tr>
</thead>
</table>

Sources: ‘AAH_Nigeria FFP_Yobe_PhaseII_Final Revision’, B3C Budget and spending (June 2017)

2. **How efficiently are the project implementers utilizing the project’s inputs to conduct activities (...)?**

The evaluation showed that the project implementation was based on efficient use of resources for the following reasons, which also constitute strengths of the project:

- Personnel were 15% of the direct implementation expenses although an important ‘input’ for running activities, sensitisation and monitoring. Still, the evaluation found that in some cases personnel resources could be increased to allow for reduced time in vendor payments (Finance posts) or increased reach in nutrition education (Community Development Officers or incentivising community volunteers).
- Office equipment is utilised effectively and often shared across other projects.
- The use of ODK platform and tablets for data collection increased the speed and accuracy of data collection and analysis.
- The reduction of the transaction cost (profit rate) for agents from 7% to 5% in this phase of the project (FFP II).
- The Red Rose services were lower in cost than those of similar providers, with a 2% facilitation fee.

3. **How efficient is the overall management setup of the project; or in other words, how is the suitability of management arrangements in place?**

Action Against Hunger had been currently implementing at least 6 projects in North East Nigeria in different sectors but with a focus on Nutrition/ FSL (cash transfers) and WaSH. Staff with a specific expertise are often assigned to work on more than one project (for instance, the M&E team) to maximise the resources available. However, this does not translate explicitly in an effort to centralise and analyse information for the same function coming from different projects. Quite positively, the implementation of more than one project in a specific area means that whenever a beneficiary registration process needs to go through, this does not need to be repeated for another project implemented in a similar timeframe, which increases efficiency.

4. **Is the project being implemented in the most efficient way compared to other eventual alternatives (e.g. cash transfer, inputs purchased and distributed, training and staff)?**

The cash assistance is implemented through different modalities in the four LGAs of Yobe state. Specifically, the use of cash cards was acknowledged by multiple stakeholders to be an efficient way of distributing cash, in terms of increased security and control of the mechanism, and also compared to alternatives such as mobile phone transfers, in which access to network and/or internet connection would be a prerequisite. It is important to mention that FFP II followed as a subsequent funding of the first phase, therefore some of the resources were already in place for the LGAs of Damaturu, Fune and Potiskum.
The training of staff is a critical part of the project since they are at the frontline of beneficiary interaction, support and complaint management. Based on Action Against Hunger staff interviews, there has been a good investment on capacity building, which should only be continued and further enhanced.

In terms of efficiency in relation to coordination with other projects, there seems to be some level of complementarity in terms of resources that are invested for different projects (such as opening and maintenance of field bases). However, it would be worth for Action Against Hunger to consider whether implementing different grants in the same areas is indeed the most efficient way of working, particularly in the case where there is donor flexibility in the sectors and objectives of the funds.17

4.6 Effectiveness

Finding: Project outputs have been sufficiently achieved and reached sufficiently high levels of quality. The achieved degree of change is higher for food security indicators, which are more closely under direct influence of the project outputs. The tensed security in Gujba was an obstacle at the beginning of the project, while an improved security situation towards the end of the project was favourable for the achievement of the project results. Evaluation findings suggest that the project would have benefitted from a bigger finance department to facilitate accounting procedures. In spite of being a department of recent constitution, the M&E unit has quickly managed to be fully operational and provide all required and robust information to the project. Control mechanisms against fraud and corruption are in place and have proved their capacity to work as expected and prevent improper events. The project has been able to adapt adequately to constraints.

Effectiveness: A measure of the extent to which the interventions’ objectives were achieved, or are expected to be achieved, taking into account their relative importance and illustrating the effectiveness of Action Against Hunger approach

1. What is the quality of the project outputs and/or project activities?

Result 1: Immediate food consumption is increased for food-insecure households through cash transfers and humanitarian response planning for 4,600. Thus, Action Against Hunger exceeded the overall target for this result by 2,500 households while even the transfer amount value was increased to N21,000 from N17,000 planned in the proposal (Table 5).

Result 2: Increased adoption of optimal infant/young child feeding practices by caregivers through (200 Care Group Formation; 200 Lead Mothers; 3000 PLWs participants in Monthly Counselling; 200 PLW and children <5 stabilize their nutritional status). By the end of the project period, Action Against Hunger has achieved as follows for Result 2: 167 Care Group were formed, 167 Lead Mothers, 2177 PLWs participants in Monthly Counselling and 200 PLW and children <5 stabilized their nutritional status. Considering that IYCF was not implemented in Gujba LGA (under this grant) due to access issues, Action Against Hunger

17 Recently implemented or ongoing projects at the time of the evaluation where funded by ECHO, OFDA, FFP, DFID, GAC, WFP in the same or similar areas of NE Nigeria.
rolled out the IYCF activities in the other 3 LGAs exceeding the original number targeted in these 3 LGAs, achieving over 100% goal (Table 5).

Thus, overall, Action Against Hunger has exceeded the targets on the integrated cash transfer (Result 1) and IYCF (Result 2) activities. In achieving these targets and objectives as shown in Table 4 Actions Against Hunger has made proper allocation of resources to different uses (budget lines), in line with planned and authorized levels of expenditure.

The project output indicators in relation to all project outcomes are impressive and largely on track based on the monthly monitoring reports as well as from the HH survey. Furthermore, it need to be pointed out that the community sensitisation undertaken by Action Against Hunger in the targeted communities for both the integrated cash transfer and IYCF at the beginning has contributed to the effectiveness of the project. These are observations fundamentally related to project quality and not the quantity of outputs.

When examining the achieved degree of improvement (reported in Table 5 below), important improvement can be observed for FCS, HHS, and HDDS (all of them under direct influence of the projects delivery); the IDDS and CSI show important improvements which nevertheless fall short off the previous set of indicators and the expectations (of this evaluation). For this evaluation, it is understandable that the CSI might not improve too strongly, since there are too many external factors that are not under the project’s control. The IDDS, which is however under control of the project, appears to have fallen behind its potential of improvement. The project should carry out further assessment and research to fully understand which might have been the obstacles for an additional improvement of the IDDS.

Table 5: Accomplishment of main logframe indicators and their goals

<table>
<thead>
<tr>
<th>Logframe Indicator</th>
<th>Indicator type</th>
<th>Baseline level</th>
<th>Final HH survey</th>
<th>Goal</th>
<th>Goal achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 600 HH have access to diversified food</td>
<td>Output</td>
<td>0 households assisted</td>
<td>7,100 HH assisted</td>
<td>4,600 HH assisted</td>
<td>YES</td>
</tr>
<tr>
<td>200 Care Group Formation</td>
<td>Output</td>
<td>0 Care Group Formation</td>
<td>167 Groups</td>
<td>200</td>
<td>YES</td>
</tr>
<tr>
<td>200 Lead Mothers</td>
<td>Output</td>
<td>0 Lead Mothers</td>
<td>167 Lead</td>
<td>200</td>
<td>YES</td>
</tr>
<tr>
<td>3000 PLWs participants in Monthly Counseling</td>
<td>Output</td>
<td>0 PLWs participants in Monthly Counseling</td>
<td>2177 PLW</td>
<td>3000</td>
<td>YES</td>
</tr>
<tr>
<td>200 PLW and children &lt;5 stabilize their nutritional status.</td>
<td>Output</td>
<td>0 PLW and children U5 assisted</td>
<td>200 PLW and children U5 assisted</td>
<td>200 PLW and children U5 assisted</td>
<td>YES</td>
</tr>
</tbody>
</table>

18 A goal is considered as being achieved if it has accomplished at least 90% of its expected value, according to the latest USAID Annual Report Results Guidelines from September 30, 2014, page 11.
19 Even though this does not add up to 90% for all the four locations, looking at the 3 LGAs where Care Groups were actually rolled-out, this is more than 100%.
20 ibid
21 ibid
### Food Consumption Score (FCS)

**Outcome**
- 66% of households showing a poor level of consumption
- 15% of households showing a poor level of consumption
- 75% of HHs experience improvement

**Household Hunger Scale (HHS)**

**Outcome**
- 45% of households suffering from severe hunger
- 29% of households suffering from severe hunger
- 70% of HHs experience improvement

**Household Dietary Diversity Score (HDDS)**

**Outcome**
- 71% of households with poor dietary diversity
- 17% of households with poor dietary diversity
- 70% of HHs experience improvement

**Individual Dietary Diversity Score (IDDS - < 5 children)**

**Outcome**
- 91% of children with poor dietary diversity
- 62% of children with poor dietary diversity
- 70% of HHs experience improvement

**Coping Strategy Index (CSI)**

**Outcome**
- 52.5% of households with high levels of coping
- 18% of households with high levels of coping
- 70% of HHs experience improvement

Source: ACF FFP project Yobe M&E department, data from baseline, PDM and HH surveys.

The Household Dietary Diversity Score (HDDS) attempts to capture the quality of diet by counting the number of different food groups that have been consumed in the household in a specified time period. Since the baselines, the average 24-hour HDDS climbed from 3.95 to 5.0 for beneficiary households.

Table 6 which illustrates the breakdown of scores in each category for the final evaluation shows that about 83% of all beneficiary households have a 24-hour HDDS that is “fair” or better (as opposed to just 30% and 37% at the time of the baselines survey and looking across the six PDM the proportion of households with a “good” or “very good” HDDS has continued to grow.

### Table 6: Household Dietary Diversity Score (HDDS)

<table>
<thead>
<tr>
<th>Status</th>
<th>Final Evaluation HH survey</th>
<th>Baseline Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aggregate (combined)</td>
<td>Gujba</td>
</tr>
<tr>
<td>Average HDDS Score</td>
<td>5.6</td>
<td>6.3</td>
</tr>
<tr>
<td>Under 4 food groups in past 24 hours</td>
<td>59</td>
<td>17%</td>
</tr>
<tr>
<td>4 or more food groups in past 24 hours</td>
<td>298</td>
<td>83%</td>
</tr>
</tbody>
</table>

Source Final evaluation HH survey July 2017 and Baseline Survey August 2016

### Household Hunger Scale (HHS)
The Household Hunger Scale (HHS) analysis shows that 29% of the households surveyed are suffering from severe hunger followed by 34% respondents in the moderate hunger threshold. The remaining 37% of respondents have little or no hunger. This is a great improvement when compared to the baseline data where 45% of the assessment respondents were suffering from severe hunger followed by 43% respondents in the moderate hunger threshold and the remaining 12% of respondents had little or no hunger. The analysis can be appreciated in view of the survey being conducted 3 months after the last transfer and been done during the lean period.

Table 7: Household Hunger Score (HHS)

<table>
<thead>
<tr>
<th>Status</th>
<th>Household survey</th>
<th>Baseline Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aggregate (combined)</td>
<td>Gujba</td>
</tr>
<tr>
<td>Little to no hunger in the household</td>
<td>135</td>
<td>37%</td>
</tr>
<tr>
<td>Moderate hunger in the household</td>
<td>123</td>
<td>34%</td>
</tr>
<tr>
<td>Severe hunger in the household</td>
<td>106</td>
<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td>364</td>
<td>100%</td>
</tr>
</tbody>
</table>

2. What are the main internal and external factors influencing the achievement or non-achievement of the intended outputs and objectives?

On the internal side, Action Against Hunger operational structures and implementation practices performed consistently well in the targeted 4 Local Government areas of Yobe State. The Evaluation found that Action Against Hunger was able to implement its intervention including both an FSL and a nutrition component while adhering at all times to high operational standards and sound implementation practices. Through FGDs and KII, five
characteristics of the organisation were identified as contributors to its sound operational structures and implementation practices: due diligence, transparency, participation, and flexibility. Each of these is discussed in greater detail below.

**Due diligence:** Action Against Hunger consistently implemented a rigorous and in-depth due diligence process before launching the integrated cash transfer intervention in Yobe State. This practice helped to ensure that Action Against Hunger’s intervention was well-designed and reflected the current security, market and social conditions. Examples of Action Against Hunger’s due diligence activities that illustrate this finding include:

- Prior to rolling the integrated cash transfer intervention Action Against Hunger conducted an assessment and community consultations of the selected communities before registration / targeting intended beneficiaries.
- During the inception period of the project, Action Against Hunger conducted a comprehensive baseline survey to document a reference point and to be able to determine progress and adjust project implementation, as well as to assess how to measure selected indicators and fine tune the systems for future measurement.

**Transparency:** Action Against Hunger adhered to a strict policy of transparency in all of its interventions in each sub-activity and following the donor guidelines. In doing so, Action Against Hunger sought to demonstrate that adhering to strict standards of transparency could work in Nigeria’s context where transparency was not common practice. Several quotes from interviewees demonstrate the above and are worth mentioning:

- “Money was managed with transparency.” Cash Vendor, Potiskum
- “The terms of the grant were clearly stated in the agreement with Action Against Hunger selection processes were also very transparent.” Food Vendor, Damaturu
- “The selection process was clean, fair and transparent, and the selection criteria were explained clearly in different fora.” Community Leader, Fune
- “The selection process was fair and transparent; beneficiaries were given clear directions, expectations, deliverables and timeframe.” Beneficiary, Fune

**Participation:** Action Against Hunger followed a highly participatory approach with its vendors, community leaders and volunteers to plan and implement interventions. Although these stakeholders were not directly involved in the project design, the selected views demonstrate the appreciation for being consulted and taken into account during the project:

- “Action Against Hunger’s main strength was its broad and comprehensive stakeholder engagement, which contributed to the sustainability of the project.” CDO - Damaturu
- “Action Against Hunger was always consulting with partners. Their approach minimized drawbacks, mainly as a result of consulting with its partners. Action Against Hunger created a harmonious working environment and ownership by the project.” Lead Mother, Gujba

**Flexibility:** Action Against Hunger adhered adopted a flexible approach and demonstrated on a number of occasions that it was prepared to adapt its implementation plans when faced with obstacles or in response to conditions on the ground. A good example of this is the adaptation of the cash transfer amount when the monetary value of the Naira dropped.
On the other hand, the main external factor that influenced the performance of the project implementation was the security situation in Yobe State; this explains the delay in the start of the intervention in Gujba LGA. The volatile security situation in all four LGAs also reduced working hours and days. However, on a few occasions Action Hunger has shown appropriate risk management approach. For instance, the senior management and ultimately the CD have shown sound capacity for appropriate risk management in regards to the necessary balance with programmatic priorities. In this case, whereas all NGOs were reluctant to work in Gujba after OCHA invited humanitarian actors to consider the enormous needs after it was redeemed from the insurgents, a decision was jointly taken at senior management level in Abuja and Damaturu. As a result, Action Against Hunger gained great credibility as the first NGO to reach returnees in Gujba LGA. Action Against Hunger was also the first to move to Gujba and start implementation throughout September 2016, while many others were still reluctant to operate in Gujba.

3. How effectively have the project performance and its output and objective indicators been monitored?

The project management was in charge of monitoring the progress of activity implementation. This task has been accomplished at a satisfactory level and documented with monthly activity progress reports. Monitoring of external conditions (e.g. market prices) and progress towards expected outcomes have been monitored at a satisfactory level through monthly PDM, implemented under the guidance of the Action Against Hunger M&E department.

4. How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked? What could be improved?

For the implementation of the transfers, Action Against Hunger has been using a commercial technological package under the brand name Redrose. This electronic payment management platform offers a package of different services (which can be tailored to the clients’ needs). This evaluation found that the elements of the technological package, provided all the required functions for beneficiary monitoring (disbursements), and in the case of using vouchers, the monitoring function for food purchase also ensures a full overview of the cash flow and disbursements, thus providing transparency regarding the use of funds. This transparency helps to reduce eventual events of fraud.

In detail, control mechanisms that allowed for increased security and transparency have included the following:

- Hardware devices to limit manually-led transactions: smart android device, Bluetooth printer
- Specification of documents and receipts necessary for validation of transactions and release of payment (Vendors contract)
- Smart cards or electronic vouchers with pre-designated recipients – use of photographs or biometric data decreased the opportunities for fraud and card trading. However, it

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22 https://www.redrosecps.com/
was mentioned by beneficiaries and staff that the quality of the pictures was often low so identification was not always possible.

- Open, toll-free, feedback phone line to report issues arising from cash distribution, use of devices, and other bottlenecks has facilitated open communication and resolution of problems. From a beneficiary and vendor point of view, the effectiveness and prompt response of Action Against Hunger staff, and specifically the Customer Relationship Management (CRM) team, in responding to complaints and reports, was almost unanimously acknowledged.

Another anti-fraud measure in the project is based on the fact that the money agents use their own resources for implementing the disbursements to the beneficiaries and get reimbursed by the project on a monthly basis (receiving only the exact amount of money which had been disbursed plus the handling fee which dropped from 7% to 5%).

5. How was the project team able to adapt to the constraints of the project?

The project’s most frequent adaptation strategy to constraints was the request of non-cost extensions (all of which have been accepted and implemented), in order to cope with implementation delays. Additionally, the project has been able to show its learning capacity and has improved over time (as already mentioned) the content and quality of its reporting system. The project has also been able to take additional initiatives in cases where minor constraints had been detected.

There is a dedicated hot line number for beneficiaries to report, also CRM officers conduct FGDs to collect beneficiary views on the implementation process (Quality and quantity) The mechanism is part of AAH accountability mechanism

6. To what extent does Action Against Hunger take part in the technical coordination mechanisms at all levels of project implementation?

Coordination was implemented through the CWG and the FSLWG, whose organizational structures and technical work have already been presented and discussed in the coherence chapter further above.

4.7 Sustainability

Findings: There is the common understanding of the project been an ‘emergency response’ project, hence the lack of an exit strategy. Nevertheless, there is a great need for supporting activities towards recovery and livelihoods. There are elements of sustainability evident in the Care groups model, but this needs additional support in order to thrive and to be more viable.

Sustainability: A measure of whether the benefits of an activity are likely to continue after donor funding has been withdrawn and project activities officially cease.

1. How and when does the project intend to withdraw its resources?

23 An administrative charge of about 3.1% is also charged by RedRose.
It is important to mention that the timeframe of the project was extended from its initial plan. Based on needs and situation assessments and flexible communication between Action Against Hunger and the donor, the project funding has been renewed or extended, including the current phase.\(^{24}\) In this context, the intention was for the project to end in the hope that other projects, particularly targeted to resilience and IGAs would lead to an early recovery phase—this is part of a strategy to complement activities and projects particularly in a case where the donor focuses mostly on responding to immediate life-saving interventions.

2. **What plans are in place to ensure that the achievements of the project are not jeopardized by the time the project phases out? Assess and evaluate ACF’s exit strategy.**

As per the project proposal, the intervention was intended to offer life-saving support to vulnerable households and particularly for the lean period (March-September 2016). At the time of project set up and early implementation there was a high level of uncertainty in how the situation would evolve in terms of security and extent of the affected communities’ emergency needs. Action Against Hunger recognised the need of supporting livelihoods in areas in which people would return and committed to monitor the situation in terms of food basket coverage and nutrition. Apart from committing to ongoing coordination with other actors, the project was not designed with a clear exit strategy as such; mainly due to uncertainty and the direction in which funding was intended (emergency response). The fact that the project (with a new timeframe until June/July 2017) would end during the new lean season, is considered a weak element of design/exit strategy, since the last cash transfer was completed without any follow up actions or additional support for beneficiaries to be able to sustain the improvement in food security and to avoid reverting back to negative coping strategies.

3. **Was the project assistance provided in a way that took account of the long term context?**

The project was set up with an orientation towards market strengthening which was supported by cash transfers and food vouchers provided through local vendors, in comparison with alternative approaches such as food / in-kind distributions. The emergency context was conflicting to longer term approaches. Nevertheless, the Care Groups/IYCF education component which is fit for a longer term or development type of projects, was appreciated by beneficiaries themselves as a ‘long sighted’ intervention that targets behaviour change, and can be sustained due to its impactful results.

4. **Did the partnership or local community-based organizations established at a local level contribute to the sustainability of the work?**

Action Against Hunger has gone quite far in terms of linking with community volunteers, leaders and LGA focal points to ensure acceptance and smooth project implementation. Since this is an emergency response project, and signs of government contribution to addressing the needs of these communities are quite weak, the involvement of

\(^{24}\) During the time of the evaluation, a new phase or extension of 7 months was pending and subject to FFP/USAID approval, so the project was very likely to continue (although in new areas of intervention).
NEMA/SEMA is not evident in terms of sustainability. As one of the evaluation limitations, the evaluators did not directly speak with and NEMA or SEMA representative to be able to get a direct view on this matter.

Particularly in the case of Care Groups, Action Against Hunger has been trying to link with community leaders (Bulama), as well as Nutrition Focal Points in the different LGAs, in order to inform about the model and encourage key community members and contacts to facilitate and promote this approach.

6. To what extent are the project results likely to be sustained in the long term?

Due to the fact that cash transfer support had already ended during the time of data collection (July 2017), evidence of reverting to less preferred food or testimonies of facing difficulties in terms of food security were recorded. Some outstanding cases of beneficiaries mentioned being able to save money and start some type of petty trade or other income-generating activity or business, which represents approximately 32% of total HH survey respondents (for small/petty trade).

Focus Group discussions with female beneficiaries and interviews with Lead mothers indicated that the Care Group model has positive signs of sustainability in the communities where it is currently implemented. Generally high levels of motivation from the mothers and volunteers were recorded, as well as their appreciation of the benefits of nutrition and hygiene education for themselves and their children. Nevertheless, interviewed volunteers mentioned the need for increased incentives or small ‘contributions’ from Action Against Hunger so that they are able to maintain their commitment to this work and perform tasks that require travel or require time contribution taken from other activities.

4.8 Likelihood of Impact

Findings: The project had an immediate effect as a life-saving and food security intervention. Although much of the cash went primarily to food, for some it has enabled increased spending on household goods, school fees and agricultural/livelihood inputs implying partial likelihood of impact of the cash transfer leading on to early recovery phase in some households. In addition, the effects in adopting the IYCF knowledge and practices were ‘seen’ and ‘felt’ by beneficiaries, otherwise stated and evidenced by healthier children compared to before the intervention.

Likelihood of impact: Early signs of positive and negative, primary and secondary, short, mid- and long-term effects produced by an intervention, directly or indirectly, intended or unintended

1. To what extent is the project contributing towards an improved food and nutrition security status of vulnerable households and IYCF?

25 45% of respondents in household surveys.
**Cash Transfer/Food vouchers:** The project had an apparent effect in addressing food insecurity of vulnerable households in the four targeted LGAs. The vast majority of beneficiaries stressed how important the cash assistance has been in them being able to access an increased variety of food types and increasing the number of meals (usually from 1 to 3) per day. In some cases, there was a ‘spill-over’ effect to the community due to the culture of sharing food and resources with other members in need, particularly for those not receiving any assistance. The differences between the different modalities of food voucher over cash and conditional or unconditional food items consumption do not seem to be significant in terms of food security and nutrition impact, although Gujba scores on HHDS and HHS are slightly higher.

**Care Groups/ IYCF education:** It was widely acknowledged by the community members that the nutrition related education can have a long-lasting effect on knowledge and practice. Exclusive breastfeeding for children up to 6 months of age was mentioned as a key area of change by which Care Group participants experienced benefits for themselves and their children (better health and stamina). Compared to the baseline nutrition Knowledge, Attitude and Practice (KAP) survey where the rate for exclusive breastfeeding was 26% for children 0-5 moths in Damaturu, Fune and Potiskum, the average rate for the three LGAs was 72% following the HH survey results. In Gujba alone, this was 58%. The Care Groups model for IYCF showed to have had apparent short and medium-term effects in PLW knowledge, attitude and practice. However, several beneficiaries expressed their desire to continue receiving trainings on a wider range of topics (including hygiene) and support from Action Against Hunger, in order to remain motivated and engages. Many were willing to spread the knowledge to new pregnant women or mothers, and few said they would like to take the role of Lead Mothers themselves.

> “After putting in practice the IYCF knowledge on exclusive breastfeeding, our children grow stronger and with less illnesses”.
>  
> *Women Focus Group, Potiskum*

**Unintended Results:** These include positive or negative effects that are not captured in the output/outcome level of the project design. They are derived from a (limited) number of interviews and discussions with stakeholders therefore they may only represent a partial picture.

**Cash agents and vendors:**

- Business empowerment: Some agents were able to grow their business because of increased profit and transactions, and through being known by more ‘customers’.

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26 Question refers to exclusive breastfeeding during the last 24 hours.
On the other hand, raising the ‘profile’ for vendors that seem to be wealthier than before could potentially put them in higher risk of assault or robbery. However, this is not the case for the majority of cash agents or vendors interviewed.

Some vendors said they had to resist the pressure of giving credit or advance payments to beneficiaries who were asking for it.

### Cash transfers

- Communities often have a strong culture of sharing resources, which meant that in some cases non-beneficiaries would be assisted by benefiting households. This culture may have eliminated tensions between beneficiaries and non-beneficiaries although some still may have existed: 95% of survey respondents said that control over cash did not create community-level conflicts, although 15% said other members of the community where ‘jealous’ of them receiving cash. In general, the project did not give signs of having affected the community cohesion as the provision of additional resources encouraged people to help others in the community as much as they could afford to.²⁷
- During the evaluation, there has not been an explicit observation or testimony of price inflation because of the cash distributed. However, there were scattered reports of vendors increasing the prices of goods but these were reported and dealt with by Action Against Hunger staff.

### IYCF education

- Even though beneficiaries claimed having increased knowledge in IYCF practices, there were few examples of women ‘confusing’ the scope of a Care Group and asking about topics outside nutrition (household hygiene, children care and education). Although it is possible these examples to be in a very small scale, Action Against Hunger should consider how the cash intervention may have influenced the perception of women in what type of support is intended through the Care Groups, and how IYCF can be strengthened or alternatively linked directly with other behaviour change approaches such as WASH activities (in order to harvest the momentum).

### 5. Conclusion

The evaluation finds clear evidence that the integrated cash transfer in Yobe State achieved its objectives of meeting recipients’ food needs in a cost-efficient way. All government officials, community leaders and humanitarian actors agreed with the targeting, implementation and impact of the integrated cash transfers and IYCF programmes in the targeted areas.

The cash grant has had a positive effect on the beneficiary households as it improved dietary diversity and allowed households to purchase much needed food and non-food

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²⁷ Obviously, several people who were not direct beneficiaries still asked if they be included in the project during the evaluation visits.
items. The impact of the integrated cash transfer on all beneficiaries was multifaceted and powerful. Most fundamentally, it saved lives and reduced suffering of the most vulnerable members of the communities. The cash allowed people to improve their diets and nutrition, contributed to improving health conditions, and helped pay for immediate medical needs. Additionally, it helped to give people a cushion or buffer against immediate demands on their assets. Such demands would have forced them into debt and into another turn in the downward spiral of food insecurity and poverty. After living on the edge of survival for years, owning livestock again gave people a great personal pride, as did being able to buy a clean new dress and/or buy clothes so their children could go to school.

The project’s technical design was adequate (in terms of being able to provide increased food security) and for its complementary component of nutritional learning and behavioural change through promotion of proper nutrition practices - IYCF. However, the evaluation suggests that additional thinking should be invested on relevant contingency plans and exit strategies to ensure that populations in need will not be left on precarious conditions upon project termination or should a significant change in context occurs.

Action Against Hunger’s operational structures and implementation practices performed well in the integrated cash transfer environment. The appropriateness of these structures and practices played a key role in the integrated cash transfer and IYCF success, both in terms of project implementation and results. In addition, the extensive due diligence work undertaken by Action Against Hunger prior to rolling out the interventions helped ensure, on one hand, that the reach of the interventions reflected the geographic, economic, social and other factors characterizing the expected beneficiaries. Action Against Hunger’s commitment to transparency and participation demonstrated that this approach works in Nigeria. It helped foster an environment of trust and cooperation among the programme’s sub-contractors, sub-grantees and beneficiaries, and it purchased goodwill that helped smooth over any rough patches. Therefore, even though implementation issues came up related to cash disbursements, smart cards, vendors’ services, these were adequately resolved by the project team.

Given that the project reached its objectives in a cost efficient manner, the integrated cash transfer scheme and increased adoption of optimal infant/young child feeding practices by caregivers shows good potential for scaling up and replication in similar contexts. It would be a missed opportunity not to build on the existing model, ensure the continuation of the current groups and continue motivating Community Volunteers and Lead Mother to spread the right messages.

As a result of the scope, the effectiveness and the relevance of the work being carried out, Action Against Hunger is now being recognized as one of the major humanitarian actors in Yobe State and in North East Nigeria more generally. This level of recognition was reached as from 2014 when Action Against Hunger became the first humanitarian actor to start work in Yobe State as the State has often been by-passed by humanitarian agencies/actors. Today a growing number of humanitarian actors have shown interest and are pitching their tents in supporting the overwhelming need following the trail and path set by Action Against Hunger in the State.
There is no doubt that given the added value of Action Against Hunger in Yobe State and the strong reputation which has been gained subsequently, there is a need to build upon what has been developed since April 2016 and for the organisation to provide the strongest possible leadership. The findings of this evaluation point to the conclusion that the cash transfers and IYCF were appropriate and effective, and may have had some wider positive impact.

6. Lessons Learnt and Good Practices

The primary lessons learned are summarized below. Some of the lessons learned are also reflected in recommendations.

• Action Against Hunger was open to new approaches that do not always rely on traditional relief practices, although it may require persistence, patience, education, and adherence to innovative practices in order to overcome initial scepticism, mistrust, or other obstacles. This was seen in the reluctance by beneficiaries in Gujba LGA to get their biometric data captured until there was clear explanation of the purpose and the process to be implemented (rumours were earlier peddled that the exercise had negative ulterior motive).

• Building relationships with public and private sector counterparts is critical both to generate support for the programme and its interventions and to facilitate implementation.

• Transparency in selecting beneficiaries, in awarding contracts and grants and in implementing interventions builds trust and goodwill, as does using participatory implementation methods. This is particularly needed in a context were conflicting interests may be reflected in the engagement of different stakeholders (community leaders, beneficiaries, non-beneficiaries, vendors, etc.), therefore clarity of information provided, expectation management and integrity of staff are crucial.

• Successful interventions such as the integrated cash transfer and IYCF rolled by Action Against Hunger in Yobe State require a combined in-depth due diligence with flexibility during implementation. Beneficiaries, vendors, community leaders, and other programme stakeholders will appreciate the flexibility, which will also help build trust and goodwill.

• Security management: The organization has assets in the knowledge of context, respect from the community, authorities and a high degree of bonds and acceptance among the population, ensuring holistic management of security with an appropriate and defined coordination chain and SOPs developed and well adhered to.

• The project has demonstrated the potential of integrated cash transfers in the post-conflict emergency context in Nigeria. It has clearly shown that there is enormous potential for the scaling-up of integrated cash transfers in Nigeria as a cost-efficient and
effective way of providing appropriate humanitarian relief in the post-conflict context. The programme has shown that by careful planning and the development of clear processes and guidelines which include close monitoring and supervision, it is possible to successfully address typical cash transfer risks in Nigeria. Based on the success of this programme other cash transfer organization are contemplating an increase in the ratio of integrated cash transfers in the State.

The project has created a set of very clear guidelines, processes and formats which addressed key risks and can be utilized by future integrated cash transfer programming initiatives: Action Against Hunger staff spent a fair amount of time at the beginning in designing a very clear plan of action for how the programme was going to work, what values the cash grants should have, and how beneficiaries should be equitably targeted and selected. The project also developed simple to use monitoring forms and this is essential for the success of any integrated cash transfer programme by ensuring transparency and accountability.

7. Recommendations

Based on the above findings and conclusions, evaluators offer the following recommendations:

**Short-term recommendations**

**To the M&E team:** Consider in data collection to include:
- Investigative methods that produce results about sensitive topics such as diversion, fraud and targeting errors. This is not limited to cash and food and should involve M&E experts that use conventional and unconventional means of collecting information.
- Include strong qualitative monitoring to understand nuanced issues related to the functioning of the disbursement such as prices, choice, and challenges with vendors and suggestions for improving the fairs. There is a risk of setting a fixed price on the cost of the food basket, when prices, article selection and the number of traders can change along the way.

**To the project team:** Consider continuing to work with community volunteers as they are crucial in distribution implementation, supervision and monitoring.

**To Action Against Hunger management:** Enhance Action Against Hunger’s role in policy dialogue by using the current position and influence within the food security, agriculture, local development and nutrition sectors to promote greater synergy in tackling chronic food insecurity and undernutrition in Yobe State.

**Long-term recommendations**

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28 This can include the in-country or HQ staff focusing not just on project implementation but also on strategy, donor engagement and technical aspects.
To the M&E team:
• Introduce indicators to more accurately measure outcomes, also in qualitative terms, in the projects’ results matrix. Currently, the indicators used in the projects’ results matrix are focused on the delivery of specific activities, such as number of people that received grants, average household Coping Strategy Index, average household dietary diversity score, % of households with improved household hunger scale, % of infants 0–5 months of age who are fed exclusively with breast milk etc. These do not provide information of how humanitarian emergencies have improved and if this can be sustained beyond the project. An example of such indicator is to look at the effects that cash transfers have on household relationships and the community dynamics pre and post the project.

To the project team:
• Design and beneficiary involvement such as:
  o Better explanation of the selection criteria process (while being cautious on how to share the exact criteria to avoid false information provided during registration)
  o Balance the ‘involvement’ of Community Leaders (they can confirm or facilitate, but not select)

• Continue to share lessons with cash transfer actors in the State and increase coordination of efforts where possible (i.e. areas of intervention, disbursement amounts).

To Action Against Hunger management:
• Capitalise on the good practices of the current project and ensure that all projects adhere to accepted best operational/implementation practices (through developing guidelines or sharing lessons learnt). These best operational/implementation practices should include, as a minimum, strict adherence to the principles and practices of due diligence, transparency, participation, and flexibility.

• Emergency interventions such as integrated cash transfer should include an explicit plan to achieve recovery and livelihood.

• Different cash amounts may be appropriate depending on household size which varies significantly in some communities; therefore, consider how best to allocate resources in different areas to account for the cases which diverge considerably from the ‘average household size’.

• Consider investing on the Care Groups model by allocation of more resources to reinforce sustainability and additional training for Lead Mothers and incentives for Community Volunteers. These resources relate to time invested by project staff to conduct visits and refresher trainings/activities, cover of transport/ meals for volunteers, occasional material ‘gifts’ to Care Group participants (i.e. soap) that would be given irregularly to avoid creating dependencies.
• Consider taxing the vendors from source in compliance with the regulation of the Federal Inland Revenue Service (FIRS).

• On sustainability / Exit strategy for integrated cash transfer component
  o Consider the introduction of Income Generating Activities (IGA) before the end of the project
  o If not possible, a ‘closing’ or increased amount disbursement would be the best alternative before ending the project.
  o Consider the timing of end of project (avoid lean season)
### Annex I: Good practice

<table>
<thead>
<tr>
<th>Title of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The use of innovative technologies for the disbursement of cash in Northern East Nigeria (Yobe State): smart cards &amp; biometric data</td>
</tr>
</tbody>
</table>

#### Innovative features and key characteristics

The project had as main component the implementation of cash transfers (including food e-vouchers) in four different Local Government Authorities (LGAs) to address immediate needs and improve food security of the selected households. Compared to other alternatives of disbursing cash, including mobile phones, Action Against Hunger chose to implement the distribution of cash cards with beneficiary identification details, including biometric data (fingerprints). This approach allowed for the unique identification of beneficiaries or their designated family members and increased effectiveness of cash disbursement while eliminating fraud and corruption of card use.

#### Background to the Good Practice

Cash transfer interventions can often be associated with increased protection risks and create gender-related tensions. Action Against Hunger had already been implementing a cash transfer-based project in Northern Eastern Nigeria prior to FFP Phase II, therefore the experience and lessons learned from that project were used to capitalize and build on the new interventions.

Action Against Hunger used the electronic cash transfers system OneSolution provided by Noble House/Red Rose to facilitate the cash transfers to beneficiaries. The hardware, which was hired from RedRose, included a smart android device and a bluetooth receipt printer, which were provided to money agents participating in the project. Smart cards were distributed to beneficiaries and included:

- Card/Beneficiary ID Number
- Name of Beneficiary
- Home Location/village
- Current LGA Location
- A photo for identification purposes (when possible).

Beneficiaries initially received a unique and secret PIN number for their cards. When the project was rolled-out in Gujba, biometric data were used as an (additional) alternative form of verification. Despite some technical issues that arose for a number of beneficiaries, the practice increased security in accessing cash. Compared to the use of PIN numbers, biometric data cannot be lost or forgotten by beneficiaries and are uniquely assigned.

#### Further explanation of the chosen good practice

The practice is fairly simple in conception but it requires specific technical equipment and the expertise and assurance of a competent provider that can handle the beneficiary data, as well as to be able to manage issues and complaints. It is advantageous compared to mobile phone technology in that it does not require regular network coverage or internet.
connection to be operated. As an innovative approach particularly for this context, there was a fair level of communication and sensitisation that was needed for communities and stakeholders, particularly to establish trust and explain the features of the system (for example, some beneficiaries thought their details were taken for medical examination). In some cases the use of fingerprints proved to be challenging for example when a person’s thumb impression was distorted and difficult to capture.

**Practical/Specific recommendations for roll out**

Electronic cashless transfers support increased security, allowing for flexibility in the modality choice and timing of collections, and limiting mass-congregating at distribution sites. Smart cards with the use of biometric data are the next step in terms of using advanced technology to identify card owners and limit fraud. Practically, the system requires a competent and trustworthy provider and needs to take into account beneficiary consent for obtaining personal information and to be able to ensure the safe storage and use of data. The (additional) time required for registration of cards to the respective beneficiary also may be a constraint in some emergency contexts.

**How could the Good Practice be developed further?**

The use of smart cards with biometric data is a practice to be considered for future interventions due to the advantages of this technology for secure transactions. Nevertheless, the context of the intervention need to be considered as applicability may vary in some cases; such ‘innovative’ approaches may not be acknowledged or easily understood by some communities (or stakeholders), therefore sensitisation and prompt resolution of technical issues are essential. In addition, data protection need to be considered in the selection of cash transfer system providers. Lastly, human resources, in other words the staff that will be dealing with registration and ‘customer service’ support, need to be sufficient and adequately trained.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rating (1 low, 5 high)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>X</td>
<td>The project’s logic is clearly devised and complies with FFP requirements, indicators are overall SMART. Strong M&amp;E system - comprehensively designed and professionally managed - generated useful information. Beneficiary involvement in the design could be enhanced given this was a second phase of the intervention. Although lacks exit strategy, this was in conformity with the donor requirements.</td>
</tr>
<tr>
<td>Relevance/Appropriateness</td>
<td>X</td>
<td>Highly relevant intervention modalities that were and adequately adapted to the local emergency context</td>
</tr>
<tr>
<td>Coherence</td>
<td>X</td>
<td>Project activities were coordinated with local stakeholders. Some duplication issues could be further investigated.</td>
</tr>
<tr>
<td>Coverage</td>
<td>X</td>
<td>Although the needs far exceeded the funding available, the geographical coverage was adequate and beneficiary selection was adequate and fair with good gender component properly included among the project beneficiaries. Nonetheless, the targeting strategy/criteria could be further explained to beneficiaries who did not fully understand the procedure</td>
</tr>
<tr>
<td>Efficiency</td>
<td>X</td>
<td>High cost-efficiency – although some additional staff resources could be considered (e.g. Finance and M&amp;E). Proper allocation of resources to different use (budget lines), in line with planned and authorized levels of expenditure. Negotiation of handling fee for money agents from 7% to 5% seems to appropriate as vendors still willing to continue In spite the delay in the start of the project it implemented properly in line the planned schedules</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>X</td>
<td>Project has achieved its objectives. Prompt resolution of issues and good follow up of cases Smart-card was very positively perceived, as it ensured privacy, security and control mechanisms against fraud and corruption. Accessibility, security, queuing times and helpfulness of project staff at cash pay-points and food distribution points were all favourably evaluated by cash and food beneficiaries.</td>
</tr>
<tr>
<td>Sustainability</td>
<td>X</td>
<td>Common understanding of an ‘emergency response’ project in case of the Integrated cash transfer. However there is likelihood of</td>
</tr>
</tbody>
</table>
sustainability for the Care groups’ model but need additional support. Lack of exit strategy, Nevertheless, some supporting activities could be considered.

Likelihood of Impact | X | Immediate effect as a life-saving and food security intervention, there is apparent effects and adoption in knowledge and practices for IYCF – Change is ‘seen’ and ‘felt’ by beneficiaries. Partial likelihood of impact of cash transfer. leading on to early recovery phase

Guidance for rating the evaluation criteria:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsatisfactory</td>
<td>Performance was consistently below expectations in most areas of enquiry related to the evaluation criteria. Overall performance in relation to the evaluation criteria is not satisfactory due to serious gaps in some of the areas. Significant improvement is needed. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these areas.</td>
</tr>
<tr>
<td>2. Improvement needed</td>
<td>Performance did not consistently meet expectations in some areas of enquiry – performance failed to meet expectations in one or more essential areas of enquiry. Some improvements are needed in one or more of these. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these key areas.</td>
</tr>
<tr>
<td>3. On average meets expectations</td>
<td>On average, performance met expectations in all essential areas of enquiry and the overall quality of work was acceptable. Eventual recommendations over potential areas for improvement are outlined in the evaluation report.</td>
</tr>
<tr>
<td>4. Meets expectations</td>
<td>Performance consistently met expectations in all essential areas of enquiry, and the overall quality of work was fairly good. The most critical expectations were met.</td>
</tr>
<tr>
<td>5. Exceptional</td>
<td>Performance consistently met expectations due to high quality of work performed in all essential areas of enquiry, resulting in an overall quality of work that was remarkable.</td>
</tr>
</tbody>
</table>
### Annex III: List of Project Documents Reviewed

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Action Against Hunger Evaluation Policy and Guideline</td>
<td></td>
</tr>
<tr>
<td>Action Against Hunger Gender Policy</td>
<td></td>
</tr>
<tr>
<td>Action Against Hunger Nigeria_Cash_Transfer SoP Nigeria 2016</td>
<td></td>
</tr>
<tr>
<td>Project Proposal (FFP Submission Package)</td>
<td></td>
</tr>
<tr>
<td>Action Against Hunger-NG_Project ME Plan and Calendar - Yobe State</td>
<td></td>
</tr>
<tr>
<td>Price_Monitoring Nigeria-Yobe</td>
<td></td>
</tr>
<tr>
<td>Q1, Annual Results Report, Q3 Reports</td>
<td></td>
</tr>
<tr>
<td>Appendix AAH Nigeria Risks and Controls Cash Transfer Program Sept 2015</td>
<td></td>
</tr>
<tr>
<td>Project Baseline survey report , PDMs reports</td>
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</tr>
<tr>
<td>Project Baseline survey report</td>
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<tr>
<td>PDM questionnaire template</td>
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<tr>
<td>AAHNG-Country Strategy</td>
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<tr>
<td>Activity Progress Reports</td>
<td></td>
</tr>
<tr>
<td>• E2B September 2016</td>
<td></td>
</tr>
<tr>
<td>• B3C December 2016 (only narrative)</td>
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</tr>
<tr>
<td>B3C June 2016 (only narrative)</td>
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<tr>
<td>Care Groups</td>
<td></td>
</tr>
<tr>
<td>• A Reference Guide for Practitioners</td>
<td></td>
</tr>
<tr>
<td>• Minimum criteria checklist</td>
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</tr>
<tr>
<td>Vendor contract</td>
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</tr>
<tr>
<td>End of Project workshop minutes</td>
<td></td>
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<tr>
<td>Nutrition Case Study</td>
<td></td>
</tr>
<tr>
<td>Beneficiary data base</td>
<td></td>
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<tr>
<td>Post Distribution Monitoring reports</td>
<td></td>
</tr>
<tr>
<td>Price Monitoring data for the Project and food basket calculator (2 documents)</td>
<td></td>
</tr>
<tr>
<td>Quarterly and Annual Results Report (4 documents)</td>
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</tr>
<tr>
<td>Qualitative and quantitative Activity Progress Reports (APR) for March and June 2017. (4 documents)</td>
<td></td>
</tr>
<tr>
<td>Amad Khan’s presentation on Project Overview from the stakeholders workshop (1 document)</td>
<td></td>
</tr>
<tr>
<td>PDM reports from first to seventh cycle (10 documents)</td>
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<tr>
<td>Budget spending (latest update/ June 2017) – (1 document)</td>
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## Annex IV: List of people interviewed

### Internal

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Jul</td>
<td>Olivier Madrelle</td>
<td>Head of Department - Finance</td>
<td>Abuja</td>
</tr>
<tr>
<td>10 Jul</td>
<td>Abdulkadir Abdulrauf Toyin</td>
<td>Deputy HOD - Nutrition</td>
<td>Abuja</td>
</tr>
<tr>
<td>10 Jul</td>
<td>Awoyinka Kolawole</td>
<td>Deputy HOD – FSL</td>
<td>Abuja</td>
</tr>
<tr>
<td>10 Jul</td>
<td>Yannick Pouchalan</td>
<td>Country Director</td>
<td>Abuja</td>
</tr>
<tr>
<td>11 Jul</td>
<td>Jose Estuar</td>
<td>FFP Programs Manager</td>
<td>Maiduguri</td>
</tr>
<tr>
<td>11 Jul</td>
<td>Ann Reiner</td>
<td>Deputy Country Director Humanitarian</td>
<td>Maiduguri</td>
</tr>
<tr>
<td>11 Jul</td>
<td>Justin Maliro Kabuyaya</td>
<td>Regional Nutrition &amp; Health Coordinator</td>
<td>Maiduguri</td>
</tr>
<tr>
<td>14 Jul</td>
<td>Ibrahim Garba Babatunde</td>
<td>Cash DPM</td>
<td>Damaturu</td>
</tr>
<tr>
<td>14 Jul</td>
<td>Jabati Mathew</td>
<td>Field Coordinator</td>
<td>Damaturu</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Umukoro Maveyero</td>
<td>Deputy HOD - M&amp;E</td>
<td>Abuja</td>
</tr>
<tr>
<td>17 Jul</td>
<td>Amad Khan</td>
<td>Cash Program Manager</td>
<td>Damaturu</td>
</tr>
<tr>
<td>19 Jul</td>
<td>Brett Collins</td>
<td>Regional M&amp;E Coordinator</td>
<td>Maiduguri</td>
</tr>
<tr>
<td>19 Jul</td>
<td>Ghafar Alabi</td>
<td>Acting Finance Manager</td>
<td>Damaturu</td>
</tr>
<tr>
<td>19 Jul</td>
<td>Henry Okoli</td>
<td>M&amp;E PM</td>
<td>Damaturu</td>
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### External

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Position and Organisation</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>15 Jul</td>
<td>Laraba Adams</td>
<td>Community Development Officer</td>
<td>Damaturu</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Saratu Joshua</td>
<td>Cash Vendor</td>
<td>Damaturu</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Victoria Musa</td>
<td>Cash Vendor</td>
<td>Damaturu</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Alhaji Ibrahim Yaugararega</td>
<td>Food Vendor</td>
<td>Damaturu</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Bala Pada</td>
<td>Tandari - Community Leader</td>
<td>Potiskum</td>
</tr>
<tr>
<td>16 Jul</td>
<td>Mallam Abubakar Majewa</td>
<td>Army Barrack - Community Leader</td>
<td>Potiskum</td>
</tr>
<tr>
<td>16 Jul</td>
<td>Moh Lawan Idris</td>
<td>Community Development Officer</td>
<td>Potiskum</td>
</tr>
<tr>
<td>16 Jul</td>
<td>Abdullahi A. Mohammed</td>
<td>Cash Vendor</td>
<td>Potiskum</td>
</tr>
<tr>
<td>16 Jul</td>
<td>Adamu Umar Garba</td>
<td>Community Volunteers</td>
<td>Potiskum</td>
</tr>
<tr>
<td>16 Jul</td>
<td>Abdullahi Umar Isa</td>
<td>Community Volunteers</td>
<td>Potiskum</td>
</tr>
<tr>
<td>17 Jul</td>
<td>Alhaji Mohammed Mai Yahaya</td>
<td>Community Leader - Bakati Damagun</td>
<td>Fune</td>
</tr>
<tr>
<td>17 Jul</td>
<td>Suleiman Zanna</td>
<td>Community Leader - Ngazerma</td>
<td>Fune</td>
</tr>
<tr>
<td>17 Jul</td>
<td>Alhaji Mohammed Mai Gombe</td>
<td>Food Vendor</td>
<td>Fune</td>
</tr>
<tr>
<td>17 Jul</td>
<td>Abba Mohammed</td>
<td>Community Volunteer</td>
<td>Fune</td>
</tr>
<tr>
<td>18 Jul</td>
<td>Lawan Abubakar Adamu</td>
<td>Community Leader - Fulatari</td>
<td>Gujba</td>
</tr>
<tr>
<td>18 Jul</td>
<td>Mohammed Sule Goma</td>
<td>Community Leader - Ngomari</td>
<td>Gujba</td>
</tr>
<tr>
<td>18 Jul</td>
<td>Modu Wami</td>
<td>Community Development Officer</td>
<td>Gujba</td>
</tr>
<tr>
<td>18 Jul</td>
<td>Ahmed Mohammed Kambari</td>
<td>Community Volunteer</td>
<td>Gujba</td>
</tr>
<tr>
<td>18 Jul</td>
<td>Abubakar Mohammed Shuwa</td>
<td>Community Volunteer</td>
<td>Gujba</td>
</tr>
<tr>
<td>19 Jul</td>
<td>Sikulani Phikelele</td>
<td>Programme Manager COOPI</td>
<td>Damaturu</td>
</tr>
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</table>
## Annex V: Fieldwork agenda

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon, 03 Jul 2017</td>
<td>Travel to Abuja</td>
<td>Bamako / Abuja</td>
</tr>
<tr>
<td>Mon, 10 Jul 2017</td>
<td>In country interviews with project staff in Abuja</td>
<td>Abuja</td>
</tr>
<tr>
<td>Tue, 11 Jul 2017</td>
<td>Travel to Maiduguri</td>
<td>Maiduguri</td>
</tr>
<tr>
<td>Wed, 12 Jul 2017</td>
<td>Travel to Damaturu</td>
<td>Damaturu</td>
</tr>
<tr>
<td>Thu, 13 Jul 2017</td>
<td>Training of Enumerators</td>
<td>Damaturu</td>
</tr>
<tr>
<td>Fri, 14 Jul 2017</td>
<td>Training of Enumerators Pre-testing of questionnaires Interviews with</td>
<td>Damaturu</td>
</tr>
<tr>
<td></td>
<td>project staff in Damaturu</td>
<td></td>
</tr>
<tr>
<td>Sat, 15 Jul 2017</td>
<td>FDS, KII and Beneficiary HH Survey</td>
<td>Damaturu</td>
</tr>
<tr>
<td>Sun, 16 Jul 2017</td>
<td>Travel to Potiskum, FDS, KII and Beneficiary HH Survey</td>
<td>Damaturu / Potiskum</td>
</tr>
<tr>
<td>Mon, 17 Jul 2017</td>
<td>Travel to Fune FDS, KII and Beneficiary HH Survey</td>
<td>Damaturu / Fune</td>
</tr>
<tr>
<td>Tue, 18 Jul 2017</td>
<td>Travel to Gujba FDS, KII and Beneficiary HH Survey Interviews with project</td>
<td>Damaturu / Gujba</td>
</tr>
<tr>
<td></td>
<td>staff in Damaturu</td>
<td></td>
</tr>
<tr>
<td>Wed, 19 Jul 2017</td>
<td>Interviews with project staff in Damaturu Analysis of preliminary results</td>
<td>Damaturu</td>
</tr>
<tr>
<td></td>
<td>and debriefing preparation</td>
<td></td>
</tr>
<tr>
<td>Thu, 20 Jul 2017</td>
<td>Project debriefing in Damaturu</td>
<td>Damaturu/Maiduguri</td>
</tr>
<tr>
<td>Fri, 20 Jul 2017</td>
<td>Travel to Maiduguri</td>
<td>Maiduguri/Abuja</td>
</tr>
<tr>
<td>Fri, 20 Jul 2017</td>
<td>ACF/USAID Debriefing</td>
<td>Abuja</td>
</tr>
<tr>
<td>Tue, 26 Jul 2017</td>
<td>Departure</td>
<td>Abuja / Bamako</td>
</tr>
<tr>
<td>Wed, 02 Aug 2017</td>
<td>Remote ACF HQ UK debriefing</td>
<td>Bamako</td>
</tr>
</tbody>
</table>
### Annex VI: Detailed Evaluation Work Plan

#### Work Schedule for 'Nigeria B3C' Evaluation (Total Work Days 24)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Month</th>
<th>Activity</th>
<th># Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed</td>
<td>21</td>
<td>Jun</td>
<td>Evaluation briefing with ACF-UK ELA and desk review, Briefings with the HQ</td>
<td>0.5</td>
</tr>
<tr>
<td>Wed</td>
<td>29</td>
<td>Jun</td>
<td>Desk review, preparation of field work and prepare <strong>Inception Report</strong></td>
<td>1</td>
</tr>
<tr>
<td>Thur</td>
<td>30</td>
<td>Jun</td>
<td>Desk review, preparation of field work and submission of <strong>Inception Report</strong></td>
<td>1</td>
</tr>
<tr>
<td>Mon</td>
<td>03</td>
<td>Jul</td>
<td>Travel to the field</td>
<td></td>
</tr>
<tr>
<td>Thur</td>
<td>06</td>
<td>Jul</td>
<td>Revision of Inception Report</td>
<td>1</td>
</tr>
<tr>
<td>Fri</td>
<td>07</td>
<td>Jul</td>
<td>Revision of Inception Report</td>
<td>1</td>
</tr>
<tr>
<td>Mon</td>
<td>10</td>
<td>Jul</td>
<td>In country interviews with project staff in Abuja Security Briefing</td>
<td>1</td>
</tr>
<tr>
<td>Tue</td>
<td>11</td>
<td>July</td>
<td>Travel to Maiduguri</td>
<td>1</td>
</tr>
<tr>
<td>Wed</td>
<td>12</td>
<td>July</td>
<td>In country interviews with project staff in Maiduguri</td>
<td>1</td>
</tr>
<tr>
<td>Thu</td>
<td>13</td>
<td>Jul</td>
<td>Training of Enumerators</td>
<td>1</td>
</tr>
<tr>
<td>Fri</td>
<td>14</td>
<td>Jul</td>
<td>Training of Enumerators, Pre-testing of questionnaires, Interviews with project staff in Damaturu</td>
<td>1</td>
</tr>
<tr>
<td>Sat</td>
<td>15</td>
<td>July</td>
<td>Field work, collection and analysis of secondary data &amp; meeting with stakeholders</td>
<td>1</td>
</tr>
<tr>
<td>Sun</td>
<td>16</td>
<td>July</td>
<td>Field work, collection and analysis of secondary data &amp; meeting with stakeholders</td>
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<tr>
<td>Mon</td>
<td>17</td>
<td>Jul</td>
<td>Field work, collection and analysis of secondary data &amp; meeting with stakeholders</td>
<td>1</td>
</tr>
<tr>
<td>Tue</td>
<td>18</td>
<td>Jul</td>
<td>Field work, collection and analysis of secondary data &amp; meeting with stakeholders</td>
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</tr>
<tr>
<td>Wed</td>
<td>19</td>
<td>Jul</td>
<td>Interviews with project staff in Damaturu</td>
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<tr>
<td>Thu</td>
<td>20</td>
<td>July</td>
<td>Stakeholders Workshop in Damaturu</td>
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<tr>
<td>Fri</td>
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<td>Jul</td>
<td>Travel back from the field</td>
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<tr>
<td>Mon</td>
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<td>Jul</td>
<td>Data Analysis and preparation of the first draft report</td>
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<tr>
<td>Tue</td>
<td>01</td>
<td>Aug</td>
<td>Data Analysis and preparation of the first draft report</td>
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<tr>
<td>Wed</td>
<td>02</td>
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<td>Evaluation debriefing with ELA ACF-UK and debriefing HQ</td>
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<tr>
<td>Thu</td>
<td>03</td>
<td>Aug</td>
<td>Data Analysis and preparation of the first draft report</td>
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<tr>
<td>Fri</td>
<td>04</td>
<td>Aug</td>
<td>Data Analysis and preparation of the first draft report</td>
<td>1</td>
</tr>
<tr>
<td>Wed</td>
<td>09</td>
<td>Aug</td>
<td>ACF-UK: Quality check and initial review by ELA, circulate draft report to key stakeholders, consolidate comments of</td>
<td></td>
</tr>
<tr>
<td>Thu</td>
<td>10</td>
<td>Aug</td>
<td></td>
<td></td>
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<tr>
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<td>11</td>
<td>Aug</td>
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<td></td>
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<tr>
<td>Sat</td>
<td>12</td>
<td>Aug</td>
<td></td>
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<tr>
<td>Sun</td>
<td>13</td>
<td>Aug</td>
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</tr>
<tr>
<td>Day</td>
<td>Date</td>
<td>Month</td>
<td>Activity</td>
<td># Days</td>
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</tr>
<tr>
<td>Mon</td>
<td>14</td>
<td>Aug</td>
<td>Finalization of the report on the basis of Field, HQ, and ACF-UK comments</td>
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<tr>
<td>Tue</td>
<td>15</td>
<td>Aug</td>
<td>Finalization of the report on the basis of Field, HQ, and ACF-UK comments</td>
<td>1</td>
</tr>
<tr>
<td>Mon</td>
<td>21</td>
<td>Aug</td>
<td>Finalization of the report on the basis of Field, HQ, and ACF-UK comments</td>
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<tr>
<td>Wed</td>
<td>23</td>
<td>Aug</td>
<td>Submission of Final Report</td>
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</tr>
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<td><strong>Total Days</strong></td>
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<td></td>
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<td><strong>Days travelling</strong></td>
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<table>
<thead>
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<th>Day</th>
<th>Date</th>
<th>Month</th>
<th>Activity</th>
<th># Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed</td>
<td>21</td>
<td>Jun</td>
<td>Evaluation briefing with ACF-UK ELA and desk review,</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Briefings with the HQ</td>
<td></td>
</tr>
<tr>
<td>Wed</td>
<td>29</td>
<td>Jun</td>
<td>Desk review, preparation of field work and prepare <strong>Inception Report</strong></td>
<td>1</td>
</tr>
<tr>
<td>Thur</td>
<td>30</td>
<td>Jun</td>
<td>Desk review, preparation of field work and submission of</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Inception Report</strong></td>
<td></td>
</tr>
<tr>
<td>Mon</td>
<td>03</td>
<td>Jul</td>
<td>Travel to the field</td>
<td>1</td>
</tr>
<tr>
<td>Thur</td>
<td>06</td>
<td>Jul</td>
<td>Revision of Inception Report</td>
<td></td>
</tr>
<tr>
<td>Fri</td>
<td>07</td>
<td>Jul</td>
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<td>08</td>
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<tr>
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<tr>
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<td></td>
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<td><strong>Days travelling</strong></td>
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Annex VII: Evaluation Matrix

The following Evaluation Matrix indicates which data collection instrument will be used to answer the evaluation questions. The table aims to show whether there is sufficient triangulation between different data sources.

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Evaluation Questions and sub-questions</th>
<th>Sub-Questions</th>
<th>Data collection Methods</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| Design              | Are beneficiaries needs (by sex and age) well identified and in which way? What was the level of beneficiary participation in project design? | - Review of selection criteria and thresholds for targeting  
- Level of involvement and contribution of local authorities and communities (disaggregated by age and sex) in project design | FGD | - Beneficiaries (men/women)  
KII | - Head of community  
SSI | - GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)  
- AAH team  
Document review | Baseline and End-line surveys  
- AAH monitoring & activity reports  
- Periodic internal reports  
- Project log-frame, detailed budget and work-plan  
- Project proposal including comments and answers from AAH |
|                     | Is gender properly taken into account in project design? | - Existence of gender sensitive indicators in the M&E plan | SSI | - AAH team  
Document review | Baseline and End-line surveys  
- AAH monitoring & activity reports  
- AAH registration and Distribution Reports - PDM report  
- End-line KAP  
- Periodic internal reports  
- Project log-frame, detailed budget and work plan  
- Project proposal including comments and answers from AAH  
- AAH Gender Policy and Gender Toolkit |
|                     | Is the design of the exit strategy realistic? | - Existence and quality of an exit strategy  
- Number and type of risks regarding exit | SSI | - GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group) |
Is there a good design of the M&E system in place?
Was the M&E system appropriate and did the AAH take into account monitoring results and feedback during implementation?
Was the design of the programme appropriate to achieve the objectives, including the use of cash transfers and the complementarity with optimal infant/young child feeding practices by caregivers?
Were protection risks considered in the design of the programme?
Were the actions undertaken relevant and

- Other INGOs
- AAH team

Document review
- Baseline and End-line surveys
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- End-line KAP
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

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Were the actions undertaken relevant and

- Other INGOs
- AAH team

Document review
- Baseline and End-line surveys
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- End-line KAP
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
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Was the design of the programme appropriate to achieve the objectives, including the use of cash transfers and the complementarity with optimal infant/young child feeding practices by caregivers?
Were protection risks considered in the design of the programme?
Were the actions undertaken relevant and

- Other INGOs
- AAH team

Document review
- Baseline and End-line surveys
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- End-line KAP
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

SSI
- AAH team

Document review
- Project Proposal
- Baseline study
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- Periodic internal reports

SSI
- AAH team

Document review
- Project Proposal
- Baseline study
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- Periodic internal reports

SSI
- AAH team

Document review
- Project Proposal
- Baseline study
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- Periodic internal reports

SSI
- AAH team

Document review
- Project Proposal
- Baseline study
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- Periodic internal reports

FGD
- Beneficiaries (men/women)

SSI
- Head of community
<table>
<thead>
<tr>
<th>Relevance/ Appropriateness</th>
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<tbody>
<tr>
<td><strong>Was the assistance relevant and appropriate in relation to the practices / culture of the target population?</strong></td>
</tr>
<tr>
<td>- Communities' and beneficiaries level of satisfaction regarding project activities' design</td>
</tr>
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<td>FGD</td>
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<td>SSI</td>
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<td>Document review</td>
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<tr>
<td><strong>To what extent were the needs of beneficiaries and stakeholders taken in to account in project implementation?</strong></td>
</tr>
<tr>
<td>- Extent to which activities implemented during the project addressed beneficiaries (disaggregated by sex and age) and stakeholders' needs</td>
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<td>FGD</td>
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<td>Document review</td>
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</table>
Was the targeting approach appropriate, including the linking of cash transfers with targeting to IDPs? Did the cash transfer interventions and optimal infant/young child feeding practices succeed in reaching the most vulnerable people? Did the provision of cash transfers (as opposed to other forms of assistance) appear to influence the targeting process (at both the geographic and household levels)?

Are other stakeholders informed or aware about AAH activities/approach/strategy of the project?

How have activities of this project been integrated with other AAH sectors/programmes in the operational area?

- Level of awareness of other stakeholders about AAH activities/approach/strategy of the project

- Complementary / overlap level between project activities and others humanitarian projects in Maiduguri district

- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH
- AAH team

- Head of community
- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
- Other INGOs

- AAH monitoring & activity reports
- Periodic internal reports
- Beneficiaries (men/women)

- Head of community
- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
- Other INGOs
- AAH team
<table>
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<tr>
<th>Coverage</th>
<th>Document review</th>
<th>SSI</th>
<th>FGD</th>
<th>KII</th>
<th>SSI</th>
<th>Document review</th>
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<tbody>
<tr>
<td>Do project team members feel they are working towards a common goal with respect to other departments (Nutrition and Health)?</td>
<td>- AAH monitoring &amp; activity reports - AAH registration and Distribution Reports - PDM report - Periodic internal reports - Project log-frame, detailed budget and work-plan - Project proposal including comments and answers from AAH</td>
<td>- AAH team</td>
<td>- Level of appropriation of AAH goals and mandate in Nigeria by project team - Level of coordination between AAH departments</td>
<td>- Estimated proportion of vulnerable households reached by the project activities within selected villages - proportion of villages covered by the project in Maiduguri district - Level of adequacy of affected groups selection criteria</td>
<td>- Beneficiaries (men/women) - Head of community</td>
<td>- AAH monitoring &amp; activity reports - AAH registration and Distribution Reports - PDM report - Periodic internal reports - Project log-frame, detailed budget and work-plan - Project proposal including comments and answers from AAH</td>
</tr>
<tr>
<td>Were the most affected groups covered with the limitation of the resources available?</td>
<td>- AAH monitoring &amp; activity reports - AAH registration and Distribution Reports - PDM report - Periodic internal reports - Project log-frame, detailed budget and work-plan - Project proposal including comments and answers from AAH</td>
<td>- AAH team</td>
<td>- Extent to which village selection enabled to reach project's objectives - Level of adequacy of zones of intervention selection criteria</td>
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<td>Was the geographical coverage of the project appropriate?</td>
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<td>Were beneficiaries correctly and fairly</td>
<td>- Level of correspondence between targeting process’ objectives and actual beneficiaries</td>
<td>SSI</td>
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56
identified and targeted?

- Projects' and beneficiaries level of satisfaction regarding beneficiaries selection

- Existence and quality of a strategy to include women and vulnerable people in project activities

How the targeting was understood or perceived by local communities?

- Communities' and beneficiaries level of satisfaction regarding beneficiaries selection

- Existence and quality of a strategy to include women and vulnerable people in project activities

Were gender and vulnerable populations within the target community considered in AAH’s assessment/identification of the beneficiary and in the implementation of the project?

- Existence of gender-sensitive indicators in the M&E plan

Did the project include special components for women, if so; were these systematically designed and monitored during implementation?

- Description of outputs produced by the project - Variation between expected outputs and achieved outputs - Level of satisfaction of beneficiaries regarding project outputs

What is the quality of the project outputs and/or project activities?

- Baseline study - AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

- Beneficiaries (men/women)

- Head of community

- AAH team

- Baseline and End-line surveys
- AAH monitoring & activity reports - Impact survey
- AAH registration and Distribution Reports
- PDM report - End-line KAP
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

- AAH gender policy and gender toolkit
- AAH team

- Baseline and End-line surveys
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- PDM report - End-line KAP - Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

- Beneficiaries (men/women)

- Head of community
- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
- AAH team

- AAH monitoring & activity reports
- AAH registration and Distribution Reports
Effectiveness

What are the major internal and external factors influencing the achievement or non-achievement of the intended outputs and objectives?

- Number and types of factors (including internally the links between use of inputs/processes/outputs) which have affected/promoted objectives’ achievement

KII

SSI

- Head of community

- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)

- Other INGOs

- AAH team

- Document review

- AAH monitoring & activity reports

- Periodic internal reports

- Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

How effectively have the project performance and its outputs and objectives’ indicators been monitored?

- Quality of the monitoring process at activities and outputs levels

- Extent to which the management team use data and findings from monitoring, to take better informed decisions

KII

SSI

- Head of community

- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)

- AAH team

- Document review

- Baseline and End-line surveys

- AAH monitoring & activity reports

- AAH registration and Distribution Reports

- PDM report

- End-line KAP

- Periodic internal reports

- Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked? What could

- Existence and quality of an anti-fraud strategy

- Quality of the anti-fraud strategy implementation - Level of awareness of beneficiaries regarding the feedback mechanism

FGD

SSI

- Beneficiaries (men/women)

- Head of community

- Other INGOs

- AAH team

- Cash vendors and food traders

Document

- AAH monitoring & activity reports
be improved?

How was the project team able to adapt to the constraints of the project? What changes occurred as a result of the cash transfers? Were recipients able to purchase the goods and services that they needed? Were they able to access their cash transfers with relative ease? Were they able to spend the cash transfers with relative ease?

What type of assistance would beneficiaries have preferred and why (e.g. cash, voucher, in-kind, combination, other types of programmes)?

What steps were taken by the implementing Agency (AAH) to ensure that its responses were coordinated with other organizations and local PDM report?

- Capacity level of project team to adapt to external and internal factors which could have impacted project objective achievement

- Document review
  - AAH registration and Distribution Reports
  - PDM report
  - Periodic internal reports
  - Project log-frame, detailed budget and work-plan
  - Project proposal including comments and answers from AAH

- SSI
  - AAH team
- FGD
  - Beneficiaries (men/women)
- SSI
  - AAH team
  - Cash vendors and food traders
- Document review
  - AAH monitoring & activity reports
  - PDM report
  - Periodic internal reports
  - Project log-frame, detailed budget and work-plan
  - Project proposal including comments and answers from AAH

- FGD
  - Beneficiaries (men/women)
- SSI
  - AAH team
  - Cash vendors and food traders
- Document review
  - AAH monitoring & activity reports
  - AAH registration and Distribution Reports

- SSI
  - GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
  - Other INGOs
  - AAH team
- Document review
  - AAH registration and Distribution Reports
| Efficiency |
|---|---|
| **To what extent does AAH take part in technical coordination mechanism at all level of project implementation?** | - Description of coordination mechanisms involved during the project implementation |
| **Were the resources properly allocated to reach the objectives?** | - Comparison between proposed budget and actual expenses per budget line |
| | - Comparison between actual activities expenses and other costs |
| | - Communities' level of satisfaction regarding activities implementation |
| **How efficiently are the project implementers utilizing the project’s inputs to conduct activities and achieve the project’s intended results?** | - Correlation between actual costs and achieved results |
| **How efficient is the overall management set up of the project; or in other words, how is the suitability of management** | - Efficiency in terms of allocated roles, and established communications |

**SSI**
- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
- Other INGOs
- AAH team

**Document review**
- AAH monitoring & activity reports
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
- Project proposal including comments and answers from AAH

**FGD**
- Beneficiaries (men/women)

**SSI**
- Head of community
- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)
- AAH team

**Document review**
- AAH monitoring & activity reports
- AAH registration and Distribution Reports
- Periodic internal reports
- Project log-frame, detailed budget and work-plan
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**SSI**
- AAH team

**Document review**
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arrangements in place?
- Is the project being implemented in the most efficient way compared to other eventual alternatives (e.g. cash transfer, inputs purchased and distributed, training and staff)?

- Comparison between approaches recommended by donors and other stakeholders

SSI

- Project proposal including comments and answers from AAH

- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)

- Other INGOs

- AAH team

Document review

- Baseline and End-line surveys

- AAH monitoring & activity reports

- Impact survey

- AAH registration and Distribution Reports

- PDM report

- End-line KAP

- Periodic internal reports

- Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

- Head of community

KII

SSI

- GoN and other stakeholders (NEMA, SEMA, Cash working group, FSL working group)

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Document review

- AAH monitoring & activity reports

- Periodic internal reports - Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

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Document review

- AAH monitoring & activity reports

- Periodic internal reports - Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

- AAH team

Document review

- AAH monitoring & activity reports - Periodic internal reports - Project log-frame, detailed budget and work-plan

Sustainability

- How and when does the project intend to withdraw its resources?

- Description of the exit strategy

KII

SSI

- AAH team

Document review

- AAH monitoring & activity reports

- Periodic internal reports - Project log-frame, detailed budget and work-plan

- Project proposal including comments and answers from AAH

- Head of community

KII

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- Project proposal including comments and answers from AAH

- AAH team

Document review

- AAH monitoring & activity reports - Periodic internal reports - Project log-frame, detailed budget and work-plan
<table>
<thead>
<tr>
<th>Question</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the project assistance provided in a way that took account of the long term context?</td>
<td>- Existence and quality of a sustainability strategy - Number and types of risks regarding results' sustainability identified</td>
</tr>
<tr>
<td>How suitable are these plans and are they being implemented?</td>
<td>- Number and types of risks regarding results' sustainability identified and mitigated during project implementation</td>
</tr>
<tr>
<td>Did the partnership or local community based organizations established at local level contribute to the sustainability of the work?</td>
<td>- Level of involvement and contribution of local NGOs and partners during project implementation - Financial and technical capacities of local CBOs and partners to keep investing in project's results</td>
</tr>
<tr>
<td>To what extent are the project results likely to be sustained in the long term?</td>
<td>- Communities' perceptions on results' sustainability</td>
</tr>
</tbody>
</table>

**Data Sources:**
- SSI
- FGD
- KII
- Baseline and End-line surveys
- AAH monitoring & activity reports
- Impact survey - End-line KAP
- Periodic internal reports
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<table>
<thead>
<tr>
<th><strong>Likelihood of Impact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is the project contributing to improved food and nutrition security status of vulnerable households? What does the comparison between baseline and end-line suggest? Were there any evident impacts (positive or negative) on the local economy, non-beneficiaries, community relations and intra-household relations?</td>
</tr>
</tbody>
</table>

- Comparison between baseline and end-line indicators - Community perception of their food security status regarding project implementation and other factors
- Price ceiling for each food item (determined through a dialogue between vendors and beneficiaries)

<table>
<thead>
<tr>
<th>Method</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>- Baseline and End-line surveys</td>
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</tr>
<tr>
<td>- End-line KAP</td>
<td>- Periodic internal reports</td>
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</tbody>
</table>

| What types of traders benefited from the intervention (e.g. small, medium, large; how many; from local areas, etc.)? |

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<td>- Periodic internal reports</td>
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</table>

| Has the programme created any challenges or opportunities for |

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<td>- End-line KAP</td>
<td>- Periodic internal reports</td>
</tr>
</tbody>
</table>
contributes to the safety of recipients?

Has the programme created any problems for people who face constraints related to gender, age, health status, etc.? 

| Document Review | working group, FSL working group) - Other INGOs - AAH team - Baseline and End-line surveys - AAH monitoring & activity reports - Impact survey - End-line KAP - Periodic internal reports |
# Household Questionnaire

**Questionnaire Interviewer:** ______________________________ **Date of Interview:** -----/07/2017

<table>
<thead>
<tr>
<th>Questionnaire No</th>
<th>[ __ __ __ ]</th>
<th>Beneficiary ID No: [ __ __ __ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGA Name</td>
<td>[____________]</td>
<td>Settlement Name [_________]</td>
</tr>
</tbody>
</table>

## 1.0 GENERAL HOUSEHOLD CHARACTERISTICS

1.1: Age group of Interviewee

- [1] Under 18 years
- [2] 18 – 24 years
- [3] 25 – 34 years
- [4] 35 – 64 years
- [5] Over 65 years

1.2: Gender of Interviewee

- [1] Male
- [2] Female

1.3: Gender of household head

- [1] Male
- [2] Female

1.4: Age group of household head

- [1] Under 18 years
- [2] 18 – 24 years
- [3] 25 – 34 years
- [4] 35 – 64 years
- [5] Over 65 years

1.5: If the respondent is NOT the head of the household, what is their relationship to the household head? (SELECT ONLY ONE)

- [1] Spouse
- [2] Son/daughter (adult above 18 years)
- [3] Parent/grandparent/other relatives
- [4] Uncle/aunt/niece/nephew
- [5] Other relation living in household

1.6: Highest level of education of household head

- [1] None
- [2] Primary Level
- [3] Secondary level
- [4] Tertiary level

1.7: Total no. of people regularly staying in the house in the past 3 months

- [__ __ ]

1.8: No. of children under five years in the household

- [__ __ ]

1.9: Are you an IDP or from this community?

- [1] IDP
- [2] Host Community

1.10: For how long have you stayed in your current location?

- [1] 6 months – 1 year
- [2] 1 year – 2 years
- [3] 2 years – 3 years
- [4] Over 3 years

1.11: Which best describes your household status?

- [1] Normally resident in this area
- [2] Moved here due to drought
- [3] Moved here due to conflict
- [4] Other reasons

1.12 How many family members?

<table>
<thead>
<tr>
<th>a. 0-5 months</th>
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</thead>
<tbody>
<tr>
<td>b. 6-23 months</td>
</tr>
<tr>
<td>c. Male under 5 years old</td>
</tr>
<tr>
<td>d. Female under 5 years old</td>
</tr>
<tr>
<td>e. Male between 5 and 18 years old</td>
</tr>
<tr>
<td>f. Female between 5 and 18 years old</td>
</tr>
<tr>
<td>g. Adult male between 18 and 59 years old</td>
</tr>
<tr>
<td>h. Adult female between 18 and 59 years old</td>
</tr>
<tr>
<td>i. Elderly male over 60 years old</td>
</tr>
<tr>
<td>j. Elderly female over 60 years old</td>
</tr>
</tbody>
</table>

Do you have people in your household with the following characteristics?

- a) Elderly people (60 years and above)
- b) Pregnant woman (Visibly pregnant)
- c) Lactating woman (child under 2)
- d) Physical/Mental/Sensory disabled person
- e) Child Headed household
- f) None of the above

### 2.0: HOUSEHOLD INCOME AND LIVELIHOOD

#### 2.1: What was/is your household’s usual source of livelihood?

- [1] No source of income
- [2] Crop sales
- [3] Livestock sales
- [4] Salary
- [5] Remittance
- [6] Cash Transfer
- [7] Borrowing/loans
- [8] Small trade / Petty trade
- [9] Skilled trade/artisan
- [10] Begging
- [12] Firewood/coal
- [14] Fishing
- [15] Other livestock products
- [16] Block making
- [17] Natural Resources
- [18] Other_________

#### 2.2: What were your household’s three (3) main sources of income last month?

- [1] No source of income
- [2] Crop sales
- [3] Livestock sales
- [4] Salary
- [5] Remittance
- [6] Cash Transfer
- [7] Borrowing/loans
- [8] Small trade / Petty trade
- [9] Skilled trade/artisan
- [10] Begging
- [12] Firewood/coal
- [14] Fishing
- [15] Other livestock products
- [16] Block making
- [17] Natural Resources
- [18] Other_________

#### 2.3: Before enrolment in the Cash transfer project, what were your three (3) main sources of income?

- [1] No source of income
- [2] Crop sales
- [3] Livestock sales
- [4] Salary
- [5] Remittance
- [6] Cash Transfer
- [7] Borrowing/loans
- [8] Small trade / Petty trade
- [9] Skilled trade/artisan
- [10] Begging
- [12] Firewood/coal
- [14] Fishing
2.4: What are the household's expenditures?
1. Food
2. Water
3. Rent
4. Fuel
5. House equipment purchase
6. Clothes
7. Agricultural inputs
8. Livestock
9. Health services
10. Education
11. Social expenses (wedding, funerals)
12. Other productive assets: tools, machinery
13. Other (please specify)

[1] Main expenditure __________________
[2] Second main expenditure __________________
[3] Third main expenditure __________________

2.5: How many people contributed to your household income last month? [ __ __ ]

2.6: What was your estimated total household income last month? [ __ __ __ ] Nigerian Naira

2.7: How does your current income compare to the previous month?
1. Higher
2. Similar
3. Lower
4. Don't know

2.8: How does your expenditure in the last month compare to the previous month? (circle answer)
1. Higher
2. Similar
3. Lower
4. Don't know

2.9: If your expenditure is higher, can you explain why?

2.10: During the last month, to cover the family's expenditure, did your family have to do any of the following?
1. Sell non-productive assets (e.g. jewellery)
2. Send family member(s) to work as casual labourer(s)
3. Purchase less agricultural inputs
4. Beg
5. Take out or mortgage
6. Sell harvest early and at a reduced price
7. Sell productive assets (female livestock, tools, land etc)
8. Stop education/health expenditures
9. Reduce all expenses
10. Send at least one member abroad for job

2.11: Does your family currently owe any debts?

a. If yes, how much debt in local currency? [ __ __ __ ] Nigerian Naira
b. If yes, how much debt in terms of Maize? [ __ __ __ ] Kg

2.12: How much did your family spend on food last week? [ __ __ __ __ __ __ __ __ ] Nigerian Naira

2.13: Did the debt exist before the start of the project? [1] Yes
2.14: If yes, how much was it before the project? [ __ __ __ __ __ __ __ __ ] Nigerian Naira

2.15: Which of the following have you or members of your household received from other NGOs or projects in the past month?

- [1] Cash transfer
- [2] Cash for work
- [3] Food voucher
- [5] Water
- [6] Non Food Items
- [8] CSB (Boorash)+ Oil+ Beans
- [9] Rice + Oil + Beans
- [10] Other _____________________________

2.16: During the past three months, did the household experience food deficits (i.e. days where HH food needs were significantly unfilled)?

- [1] Never
- [2] Occasionally
- [3] Often

2.17: If there were frequent days of food shortage, how did the household most often cope? ..........[mark (x) for all that apply]]

- [1] Rely on less preferred and less expensive foods
- [2] Borrow food from a friend/relative/neighbour
- [3] Limit portion size at mealtimes
- [4] Restrict consumption by adults in order for small children to eat
- [5] Reduce number of meals eaten in a day
- [6] Purchase food on credit
- [7] Gather wild food, hunt or harvest immature crops
- [8] Consume seed stock held for next season
- [9] Send household members to eat elsewhere
- [10] Send household members to beg
- [11] Limit portion size at mealtimes
- [12] Feed working members at the expense of the non-working members
- [13] Skip entire days without eating

3. **ACCESS TO FOOD AND COPING STRATEGIES**

3.1: Currently, how many meals are eaten daily by the following HH members?

| HH members aged between 6-59 months (solid food only) | 1 meal |
| HH members aged Under 5 | 2 meals |
| HH members aged 5 to 18 | 3 meals |
| HH members aged 19-60 | 4 meals |
| HH members aged Over 60 | More than 4 meals |

3.2: Which of the following food items/groups have you or anyone else in your HH eaten yesterday (in the last 24 hours) during the day and at night?

| a. Cereals (maize porridge, rice, sorghum, millet pasta, bread, rice or other) | [1] Yes |
| b. Roots and tubers (cassava, potatoes, sweet potatoes or other) | [2] No |
| c. Pulses/legumes/nuts (beans, peas, chick peas or other) | |
| d. Vegetables and leaves | |
| e. Fruit | |
| f. Meat, poultry, offal (beef, goat, lamb, poultry) | |
### 3.3: How did the household access food in the last 7 days?

1. Cash transfer from AAH
2. Produce own food
3. Sale of produce to buy food
4. Food Assistance
5. Income from labour used to buy food
6. Sale of food assistance to buy other food
7. Borrow to buy food
8. Sale of assets to buy food
9. Food gifts from family/friends/neighbours

### 3.4: During the last 7 days, have there been times when your household did not have enough food or not enough money to buy food?

- [ ] Yes
- [ ] No

### 3.5: In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of lack of resources to get food?

- [ ] Yes
- [ ] No

### 3.6: How often did this happen in the past [4 weeks/30 days]?

- [ ] Rarely
- [ ] Sometimes
- [ ] Often

### 3.7: In the past [4 weeks/30 days], did you or any household member go to sleep at night hungry because there was not enough food?

- [ ] Yes
- [ ] No

### 3.8: How often did this happen in the past [4 weeks/30 days]?

- [ ] Rarely
- [ ] Sometimes
- [ ] Often

### 3.9: In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food?

- [ ] Yes
- [ ] No

### 3.10: How often did this happen in the past [4 weeks/30 days]?

- [ ] Rarely
- [ ] Sometimes
- [ ] Often

### 3.11: For those borrowing, how much do you have to borrow in the last 7 days to buy food?

[ ____ _______ ] Nigerian Naira

### 4.0 CASH TRANSFER SPECIFIC

#### 4.1: Are you aware of the selection criteria used by AAH to choose your household as a beneficiary?

- [ ] Yes
- [ ] No [Skip Qn. 3.2]

#### 4.2: Do you know the criteria adopted to select beneficiaries?

- [ ] Full Information on criteria
- [ ] Partially known
- [ ] No information

#### 4.3: If yes, Why were you selected?

- [ ] Elderly
- [ ] Pregnant/Lactating
- [ ] Recently arrived IDP
- [ ] Female Headed HH
- [ ] Child headed household
- [ ] Disabled person
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>project’s beneficiaries?</td>
<td></td>
</tr>
<tr>
<td>4.5: Were you given <strong>full information</strong> about what you are entitled to</td>
<td>[1] Yes [2] No</td>
</tr>
<tr>
<td>in an open manner? (Ask: <em>amount, where, frequency...</em>)</td>
<td></td>
</tr>
<tr>
<td>4.7: How much cash in Nigerian Naira did you receive?</td>
<td>[ __ __ ___ ]</td>
</tr>
<tr>
<td>4.9: Are you satisfied with the behavior of AHH staff while dealing with you?</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>4.10: Do you know about the AAH compliant response feedback toll free line?</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>4.11: Have you shared your complaints/feedback about AAH’s program in your location?</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>4.13: If yes, which of these have you used in the past to channel your complaint?</td>
<td>1. AAH staff on the ground 2. AAH toll free CRM 3. Community leaders 4. Community Volunteers 5. Others (Please Specify)</td>
</tr>
<tr>
<td>4.14: How would you describe your satisfaction level with the following?</td>
<td>1=Very satisfied 2=Satisfied 3=Neither satisfied nor dissatisfied 4= Dissatisfied 5=Very dissatisfied</td>
</tr>
<tr>
<td>a. Distribution of the smart cards</td>
<td>If dissatisfied, why?</td>
</tr>
<tr>
<td>b. Timing of the distribution</td>
<td></td>
</tr>
<tr>
<td>c. Use of the Smart Card</td>
<td></td>
</tr>
<tr>
<td>Transfer received? (circle answer)</td>
<td></td>
</tr>
<tr>
<td>4.17: Was the amount received sufficient to cover your basic needs in the</td>
<td>[1] Yes [2] No</td>
</tr>
</tbody>
</table>
4.18: Out of the cash transferred, how much did your household spend on the following;

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Food _____</td>
</tr>
<tr>
<td>2.</td>
<td>Debt Repayment _____</td>
</tr>
<tr>
<td>3.</td>
<td>Clothing/Shoes _____</td>
</tr>
<tr>
<td>4.</td>
<td>Saved _____</td>
</tr>
<tr>
<td>5.</td>
<td>Business investment _____</td>
</tr>
<tr>
<td>6.</td>
<td>Transport _____</td>
</tr>
<tr>
<td>7.</td>
<td>Rent/Shelter _____</td>
</tr>
<tr>
<td>8.</td>
<td>Water _____</td>
</tr>
<tr>
<td>9.</td>
<td>School Fees _____</td>
</tr>
<tr>
<td>10.</td>
<td>Gift/Share _____</td>
</tr>
<tr>
<td>11.</td>
<td>Livestock _____</td>
</tr>
<tr>
<td>12.</td>
<td>Household Items _____</td>
</tr>
<tr>
<td>13.</td>
<td>Medical _____</td>
</tr>
<tr>
<td>14.</td>
<td>Agricultural inputs _____</td>
</tr>
<tr>
<td>15.</td>
<td>Firewood _____</td>
</tr>
</tbody>
</table>

4.19: Have you encountered any problem while processing/accessing the cash?

- [ ] Yes
- [ ] No

4.20: What was the nature of the problem?

-----------------------------------------------------------
-----------------------------------------------------------

4.21: Are you aware of any mechanisms to report any complaint on this project?

- [ ] Yes
- [ ] No

4.22: In your opinion, what should be done to improve the cash transfer process?

- [ ] More Agents
- [ ] More Cash
- [ ] More frequent transfers
- [ ] Other: ___________________________

4.23: Are other members of the community jealous of you because of the cash transfer?

- [ ] Yes
- [ ] No

4.24: Has control over cash caused conflict within your household?

- [ ] Yes
- [ ] No

4.25: Has the cash transfer project addressed your immediate needs

- [ ] Yes
- [ ] No

4.26: Has control over cash caused conflict within your household?

- [ ] Yes
- [ ] No

4.27: If yes, what has it addressed?

- [ ] Food
- [ ] Clothing
- [ ] Shelter
- [ ] Other: ___________________________
- [ ] Not Applicable

4.28: If no, what has it not addressed?

- [ ] Food
- [ ] Clothing
- [ ] Shelter
- [ ] Other: ___________________________
- [ ] Not Applicable

4.29: Given options, which alternative to Cash Transfer would you prefer?

- [ ] Food voucher
- [ ] Food for Work
- [ ] Business grants
- [ ] Other: ___________________________

4.27: If yes, what has it addressed?

- [ ] Food
- [ ] Clothing
- [ ] Shelter
- [ ] Other: ___________________________
- [ ] Not Applicable

4.28: If no, what has it not addressed?

- [ ] Food
- [ ] Clothing
- [ ] Shelter
- [ ] Other: ___________________________
- [ ] Not Applicable

4.29: Given options, which alternative to Cash Transfer would you prefer?

- [ ] Food voucher
- [ ] Food for Work
- [ ] Business grants
- [ ] Other: ___________________________
4.30. What tangible benefit/success story/testimony of how the project has impacted you or your household?

4.31: What do you feel were the overall benefits of the project? (Please list)
1.  
2.  
3.  

4.32: What would suggest changing to make AAH's support better? (Please list)
1.  
2.  
3.  

Household Questionnaire for IYCF

**General Characteristics**

1.1: How many family members?

| 0-5 months | 6-23 months |

**IMPORTANT: SELECT THE YOUNGEST CHILD IN THE HOUSEHOLD BASED ON THE INFORMATION GIVEN IN Q1. NAME OF THE YOUNGEST CHILD:**
__________________________________________________________

1.2: Relationship of the respondent with [NAME]

| 1=Mothers  | 2=Grandmother  | 3=Older sister  | 4=Other relative  | 5=Other (Specify) |

1.3: Are you currently pregnant or lactating?

| 1=Pregnant  | 2=Lactating  | 3=Pregnant & Lactating  | 4=Not pregnant / Not Lactating |

1.4: What is your marital status?

| 1=Single  | 2=Married  | 3=Divorced  | 4=Widowed |

1.5: If married, are you in polygamous arrangement? [Does your husband have more than one wife?]

| 1=Yes  | 2=No |

1.6: What is the highest level of education that you have completed?

| 1=No formal education  | 2=Quranic school  | 3=Primary school  | 4=Secondary/High school  | 5=Tertiary  | 6=Other (Specify) |

1.7: How many pregnancies have you had? ASK ONLY IF THE RESPONDENT IS THE MOTHER OF [NAME]

____________________

1.8: many of your own children are still alive? ASK ONLY IF THE RESPONDENT IS THE MOTHER OF [NAME]

____________________

1.9: Among your own children who are alive, is the youngest? [Please write the name of the youngest child based on the answer provided in Q1]

____________________ Name

1.10: What is birth number is the child among all your living children?

____________________
<table>
<thead>
<tr>
<th>ASK ONLY IF THE RESPONDEDNT IS THE MOTHER OF [NAME]</th>
<th></th>
</tr>
</thead>
</table>
| 1.11: What is the sex of [NAME]                     | 1=Male  
2=Female |
| 1.12: Where was the child [NAME] born?              | 1=In the hospital, clinic, health centre  
2=In the home  
3=In the midwife’s home  
4=Other (specify)  
98=Don’t Know |

2 EXCLUSIVE BREASTFEEDING  
IMPORTANT: ONLY ASK MOTHERS WITH CHILDREN AGED 0-6 MONTHS OLD

| 2.1: During day and night yesterday, what did you give to your child  
MULTIPLE RESPONSES  
GIVE MOTHER TIME TO MENTION WHAT SHE GAVE TO THE CHILD.  
TICK APPROPRIATELY  
Separate module for EBF | 1. Breast milk |__|  
2. Plain water |__|  
3. Sugar or glucose water |__|  
4. Gripe water |__|  
5. Sugar, salt water solution |__|  
6. Fruit juice |__|  
7. Infant formula (eg Milk powder) |__|  
8. Tea infusion |__|  
9. Honey |__|  
10. Milk from cow /camel/goats |__|  
11. Porridge |__|  
12. Other (Specify) |__| |
| 2.2: For how long after birth should a child be given breast milk alone without giving any other food? | 1=6 months  
2=Other (Specify)  
98=Don’t Know |

3. OTHER BREASTFEEDING PRACTICES

| 3.1: Was [NAME] ever breastfed? | 1=Yes→3.3  
2=No  
3=Don’t Know |
| 3.2: What was the main reason why [NAME] never breastfed? | 1=Baby ill  
2=Baby unable to suckle  
3=Baby refused to suckle  
4=Mother refused  
5=Spouse refused  
6=Mother was sick  
7=No/inadequate breast milk  
8=Mother was away  
9=Mother died  
10=Sore/cracked nipples  
11=Advice by health professional  
12=Advice by other person  
13=Baby incubated/in nursery  
14=Other (Specify)  
98=Don’t Know |

| 3.3: long after birth did you put [NAME] to the breast?  
ASK ONLY IF THE RESPONDEDNT IS THE MOTHER OF [NAME]  
IF IMMEDIATE, WRITE 1  
IF LESS 1 HOUR, WRITE 2  
IF MORE THAN ONE HOUR BUT LESS THAN 24 HOURS, WRITE 3  
IF MORE THAN 1 DAY, WRITE 4 | 1=Immediately→3.5  
2=Within one hour after birth→3.5  
3=Hours  
4=Days |
| 3.4: What was the main reason why you did not put child to breast immediately or within one hour after birth? | 1=Baby ill  
2=Baby unable to suckle |
3.5: Was (NAME) fed colostrum (the first yellowish milk)? [EXPLAIN THAT COLOSTRUM IS THE BREAST MILK THE FIRST FEW DAYS AFTER BIRTH]

1=Yes  
2=No  
98=Don’t Know

3.6: If not fed colostrum, what was the main reason for not feeding your baby on colostrum?  
ASK ONLY IF THE RESPONDE NTN IS THE MOTHER OF [NAME]

1=It is dirty milk  
2=Not satisfying/sufficient  
3=Mother needs to rest  
4=Other (Specify)

3.7: How long after birth should a new born be put to breast?

1=Immediately or within an hour after birth  
2=After one hour after birth but before 24 hours  
3=After a day (24 hours)  
98=Don’t Know

3.8: Which container did (NAME) drink from?  
MULTIPLE RESPONSES POSSIBLE TICK APPROPRIATELY

1. Bottle with nipple/teat  
2. Cup with spout  
3. Cup with cover  
4. Cup with no cover only  
5. Cup/ bowl and spoon  
6. Feeding with palm/hands  
7. Gourd  
8. Other (specify)

3.9: Is [NAME] still breastfeeding?

1=Yes  
2=No  
98=Don’t Know

3.10: Was [NAME] breastfed yesterday during the day or at night?

1=Yes  
2=No  
98=Don’t Know

3.11: Yesterday was [NAME] breastfed whenever he/she wanted or on fixed schedule

1=Whenever child wanted  
2=On a fixed schedule

3.12: For how many months did the [NAME] breastfeed? USE THE UNITS THAT HAVE BEEN GIVEN BY THE RESPONDE NTN

Days  
Weeks  
Months  
98=Don’t Know

3.13: What was the main reason why [NAME] stopped breastfeeding?

1=Baby ill  
2=Baby unable to suckle  
3=Baby refused to suckle  
4=Mother refused  
5=Spouse refused  
6=Mother was sick
### 3.14: Yesterday during the day or night did [NAME] drink anything from a container

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  → 4.1</td>
</tr>
<tr>
<td>98</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

### 3.15: Which container did (NAME) drink from?

**MULTIPLE RESPONSES POSSIBLE**

**TICK APPROPRIATELY**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
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<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### 4. COMPLEMENTARY FEEDING PRACTICES

**IF A CHILD IS LESS THAN 6 MONTHS OLD, DO NOT ADMINSITER THIS SECTION**

#### 4.1: Did [NAME] eat any solid, semi-solid, or soft foods yesterday during the day or at night?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  → 4.3</td>
</tr>
<tr>
<td>98</td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

#### 4.2: How many times did [NAME] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

#### 4.3: At what age in MONTHS did you start feeding solid/semi-solid food to [NAME]?

#### 4.4: If you started feeding [NAME] with solid/semi-solid food before 6 months of age, what is the main reason?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was not available to breastfeed (had to go work or attend to business)</td>
</tr>
<tr>
<td>2</td>
<td>No sufficient milk coming from the breast</td>
</tr>
<tr>
<td>3</td>
<td>Was advised to introduce other foods before 6 months</td>
</tr>
<tr>
<td>4</td>
<td>I was sick and was not able to breastfeed well</td>
</tr>
<tr>
<td>5</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

### 5. Maternal Diet Diversity (Pregnant/Lactating Women) MDD-W

#### 5.1: Please describe what items you have consumed in the past 24 hours out of those listed below:

*Detailed food items list for each food group developed during enumerator training*

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Code</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Other Vitamin A Rich Vegetables or fruits</td>
<td>[1] Yes [2] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 6. Breastfeeding Knowledge, Attitude, Practice (0-6 months of age)
Repeat for each Child 0-6 months of age in Household

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Condition</th>
</tr>
</thead>
</table>
| 6.1: What is the age of the child in months?                             | 1. 0 - 1 month  
2. 2 - 3 months  
3. 4 - 5 months              | If Q10=child 0-6 months > 0                                              |
| 6.2: Did you attend the IYCF training?                                  | 1. Yes  
2. No                                                                 | All                                                                      |
| 6.3: Was (Child’s name) breastfed yesterday during the day or night? (past 24 hours) | 1. Yes  
2. No                                                                 | All                                                                      |
| 6.4: Have you fed any other liquids in the past 24 hours as well?        | 1. Yes  
2. No                                                                 | If Q10=child 0-6 months > 0                                              |
| 6.5: If yes, what was given to them in the last 24 hours aside from breast milk? *Updated during training for local items available | 1. Tin milk  
2. Infant formula  
3. Powdered or fresh animal milk  
4. Yoghurt  
5. Water  
6. Other                   | If Q6.4=yes                                                             |
| 6.6: If other, please specify text                                       |                                                                        | If Q6.5=other                                                           |
| 6.7: If yes, why did you feed them something else?                       | 1. Not enough breastmilk  
2. Baby crying too much  
3. Work  
4. Customs and beliefs of not feeding a first child  
5. Mother is sick  
6. Other              | If Q6.4=yes                                                             |
| 6.8: If other, please specify text                                       |                                                                        | If Q6.7=other                                                           |
| 6.9: How important do you think it is to give your child only breast milk from birth to 6 months of age? | 1. Very important  
2. Slightly important  
3. Not very important  
4. Not important at all | All                                                                     |
| 6.10: What are some of the benefits of exclusive breastfeeding of your child? (Do not provide answers) (Multiple) | 1. Easy for the baby to digest  
2. Protects against infections  
3. Contains all the nutrients the baby needs  
4. Encourages bonding between mother and baby  
5. Helps delay a new pregnancy  
6. Protect mother’s health  
7. It is inexpensive/cheap | All                                                                     |
| 6.11: For how long after birth should a child be given breast milk alone without giving any other food? | 1=6 months  
2=Other (Specify)  
3=Don’t Know                  | If Q11=child 6-23 months > 0                                             |

### 7. Complementary Feeding & Breastfeeding (6-23 month child only)
Repeat Section for Each Child 6-23 months in Household

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1: What is the specific age, in months, of the child?</td>
<td>Integer (6-23)</td>
<td>If Q11=child 6-23 months &gt; 0</td>
</tr>
</tbody>
</table>
| 7.2: Was (Child’s name) breastfed yesterday during the day or night? (past 24 hours) | 1. Yes  
2. No                                                                 | If Q11=child 6-23 months > 0                                             |
| 7.3: At what age did you start to feed (child’s name) solid or semi-solid foods? | 1. Less than 6 months of age  
2. More than 6 months of age  
3. Have not fed my child solid or semi-solid foods | If Q11=child 6-23 months > 0                                             |
| 7.4: Have you received any information about feeding your baby on solid and semi-solid food? | 1. Yes  
2. No                                                                 | If Q11=child 6-23 months > 0                                             |
7.5: Where did you hear information on feeding?
1. Mother
2. Father
3. Grandmother
4. Health worker
5. Mother support groups/care groups
6. Other

If Q7.4=yes

7.6: If other, specify
Text
If Q7.5=other

7.7: What is the specific age, in months, of the child?
Integer (6-23)
If Q11=child 6-23 months > 0

7.8: Was (Child's name) breastfed yesterday during the day or night? (past 24 hours)
1. Yes
2. No
If Q11=child 6-23 months > 0

7.9: At what age did you start to feed (child's name) solid or semi-solid foods?
1. Less than 6 months of age
2. More than 6 months of age
3. Have not fed my child solid or semi-solid foods
If Q11=child 6-23 months > 0

7.10: Have you received any information about feeding your baby on solid and semi-solid food?
1. Yes
2. No
If Q11=child 6-23 months > 0

7.11: Where did you hear information on feeding?
1. Mother
2. Father
3. Grandmother
4. Health worker
5. Mother support groups/care groups
6. Other

If Q7.10=yes

7.12: If other, specify
Text
If Q7.11=other

8. Minimum Diet Diversity for Child 6-23 months of age only

8.1: Please describe what items your child has consumed in the past 24 hours out of those listed below:
*Detailed food items list for each food group developed during enumerator training

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Starchy Staple Foods</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Beans, Peas, and Legumes, Nuts and Seeds</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Dairy (Milk, Yoghurt, Cheese)</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Flesh Foods (meat, fish, poultry and liver/organ meats)</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Eggs</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Vitamin A Rich Vegetables &amp; Fruits</td>
<td>1 = Yes 0 = No</td>
</tr>
<tr>
<td>Any Other Vegetables or fruits</td>
<td>1 = Yes 0 = No</td>
</tr>
</tbody>
</table>

Calculated % of children 6-23 months with > 4 food groups in past 24 hours

Minimum Meal Frequency (Child 6-23 Months of age)

8.2: How many times did this child eat solid, semi-solid or soft foods in the past 24 hours?
1. Once
2. Twice
3. Three times
4. Four times or more
If Q7.2=yes

8.3: How many times did this child eat solid, semi-solid or soft foods in the past 24 hours? (Including milk feeds for non-breastfed children)
1. Once
2. Twice
3. Three times
4. Four times or more
If Q7.2=no

8.4: How many times did the non-breastfed child have milk feeds (Infant formula, milk, or yoghurt, in the past 24 hours?  
1. Once
2. Twice
3. Three times
4. Four times or more
If Q7.2=no

9. Maternal Nutrition

9.1: During the pregnancy or and after giving birth, have you taken the following?
1. Iron tablets/syrup?
2. Folic acid tablets?
3. Combined iron and folic?
<table>
<thead>
<tr>
<th>9.2: If supplements taken, did you take the full prescribed dose of micro-nutrients that you were given?</th>
<th>4. Multiple Micronutrient tablets?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Iron tablets/syrup?</td>
<td></td>
</tr>
<tr>
<td>2. Folic acid tablets?</td>
<td></td>
</tr>
<tr>
<td>3. Combined iron and folic?</td>
<td></td>
</tr>
<tr>
<td>4. Multiple Micronutrient tablets?</td>
<td></td>
</tr>
</tbody>
</table>
Annex IX: Focus Group Discussion – Integrated Cash Transfer Beneficiaries

Semi-Structured Questions to Integrated Cash Transfer Beneficiaries

DESIGN

Are beneficiaries needs (by sex and age) well identified and in which way? What was the level of beneficiary participation in project design?

- What was your situation 12 months ago?
- What were your most important needs?
- Do you think that youths and elders had specific needs? Of which sort?
- Did AAH ask you how they could help to face this situation?

RELEVANCE / APPROPRIATENESS

Were the actions undertaken relevant and appropriate given the local context and needs of the target population?

- Do you think that cash transfers were relevant to face this situation? Why?
- What else could AAH has done to help vulnerable people to face the post-crisis?

Was the assistance relevant and appropriate in relation to the practices / culture of the target population?

- Have you felt uncomfortable with some activities' implementation? Why?
- What would be your advice to AAH to make people more comfortable with similar projects?

To what extent were the needs of beneficiaries and stakeholders take in to account in project implementation?

- Did the activities implemented address your needs?

COHERENCE

How activities of this project have been integrated with other AAH sectors/programmes in the operational area?

- Have you received any kind of support from other projects?

COVERAGE

Were the most affected groups covered with the limitation of the resources available?

- Do you think that this project has supported the people the
- What criteria should be taken into account to select vulnerable people?

How the targeting was understood or perceived by local communities?

- How did AAH select beneficiaries for this project?
- What do you think about this selection process?
EFFICIENCY

Were the resources properly allocated to reach the objectives?
- Do you think that the activities were implemented correctly?
- What could be improved in the way activities have been implemented?
- Were there any delays in payment? If yes, what were these? Were there any challenges in collecting the payment and how could these be mitigated?

EFFECTIVENESS

What is the quality of the project outputs and/or project activities?
- What were AAH activities during the last months?
- How much cash have you received from AAH during the last months?
- What do you think about Cash Transfer and IYCF?
- What could be done to improve the Cash Transfer and IYCF activities?
- What do you think about the nutrition trainings?
- How could these trainings be improved?
- Have you experienced any trouble with cash transfers?

How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked? What could be improved?
- In case of an anomaly with a cash transfer, what can you do?
- Is it easy to complain if something is wrong with your transfer? What could be improved to help people who need to complain?
- Have you been contacted during the project to check that your transfer was fine? How many times?

SUSTAINABILITY

Did the partnership or local community based organizations established at local level contribute to the sustainability of the work?
- Was your community involved in the activities implementation?
- What are the main constraints for the IYCF to keep functioning?
- How will your community contribute to face these constraints?

LIKELIHOOD OF IMPACT

To what extent is the project contributing to improved socio-economic impact on the food and nutrition security status of vulnerable households? What does the comparison between baseline and end-line suggest?
- Do you see a difference in your access to diversified food?
- What are the main constraints for you to access enough food?
- What are the main constraints for you to access diversified food?
## Annex X: Focus Group Discussion – IYCF Beneficiaries

### FGD Checklist - for women who had participated in IYCF programme

<table>
<thead>
<tr>
<th>No.</th>
<th>Themes/Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q_1</td>
<td>What is the IYCF programme?</td>
<td>• What do you understand by this programme that is aimed to improve child nutrition from birth to two years?</td>
</tr>
</tbody>
</table>
| Q_2 | Can you describe to me how the IYCF programme works in your community and about your experiences in the programme Can you describe to me how the IYCF programme works in your community and about your experiences in the programme | • Last time when you went to the IYCF programme in the health facilities did you attend a group session or one-on-one counselling?  
• What did you learn during the session?  
• What did you think about the teaching methods and materials used to teach you about improving child nutrition? What did you like? What do some women dislike about the way they are taught?  
• Comparing the one-on- one counselling or support groups – where do you learn the most about IYCF: why?  
• Is there any referral from facility IYCF sessions to join a community IYCF session?  
• What support is required from the fathers, husbands and men in the households to attend IYCF? From other members of the household or community?  
• What changes would you recommend to improve the IYCF services in your community?  
• What would you like to learn that is not currently being taught?  
• How can the performance of HWs who provide IYCF services be improved?  
• What could be done to motivate more women to join the IYCF programme? |
| Q_3 | Can you describe to me how the IYCF programme works in your community and about your experiences in the programme | • Have you received one-on-one counselling or group sessions in the IYCF programme with the CVs in your community?  
• Last time when you attended an IYCF session in your community what did you learn?  
• What did you think about the teaching methods and materials used by CVs in the community to teach you about improving infant nutrition? What did you like? What do some women dislike about the way they are taught by CVs?  
• How did you hear of the programme in the community?  
• How were you selected into the IYCF programme that is held in the community?  
• After you were enrolled in the IYCF programme in the community? Where do you go for the sessions? How often did you attend the sessions?  
• What are the reason(s) you would miss attending IYCF sessions in the community?  
• What are the reason(s) you would stop attending IYCF sessions?  
• Comparing the one-on- one counselling of support groups – |
<table>
<thead>
<tr>
<th>Q_4</th>
<th>What is your opinion about exclusive breastfeeding? What is your opinion about exclusive breastfeeding?</th>
</tr>
</thead>
</table>
|     | What is exclusive breastfeeding?  
|     | • What are the common breastfeeding practices in your community within the first 6 months of life?  
|     | • When did you introduce water to your most recent child?  
|     | • When did you feed your most recent child food other than breast milk?  
|     | • When did you feed your most recent child herbal drinks? What about other drinks (including prayer drinks)?  
|     | • What differences are there, when feeding male and the female children, in the timing of introduction of water, herbal drinks, other drinks, and food other than breast milk?  
|     | • Which exclusive breastfeeding recommendations promoted by the IYCF programme have you been able to follow? And why?  
|     | • Which exclusive breastfeeding recommendations promoted by the IYCF programme have some women not been able to follow? Why could they not follow them?  
|     | • What changes are needed to overcome these challenges preventing women from exclusive breastfeeding? What or who influences women’s ability to follow the exclusive breastfeeding recommendations promoted by the IYCF programme?  
|     | • What support do women need to practice exclusive breastfeeding? Probe on cultural practices that influence or support the mother. |

<table>
<thead>
<tr>
<th>Q_5</th>
<th>What is your opinion about complementary feeding?</th>
</tr>
</thead>
</table>
|     | What is complementary feeding?  
|     | • What messages have you heard and from who?  
|     | • What messages, if any, have you followed (Legumes, animal source foods, Fruits and vegetables, fats and oils)? Which ones and why?  
|     | • What message have you not been able to follow (Legumes, animal source foods, Fruits and vegetables, fats and oils)? Why didn’t you follow them?  
|     | • What and who influences your ability to follow the messages about feeding your child?  
|     | • Why is it important for women to follow good complementary practices?  
|     | • What differences are there, in complementary feeding practices, for male and the female children? Why?  
|     | • What support do women need to follow the complementary feeding recommendations? Probe on cultural practices that influence or support the mother. |
Annex XI: Key Informant Interview – Action Against Hunger Staff

Semi-Structured Questions to AAH Staff

DESIGN

Are beneficiaries needs (by sex and age) well identified and in which way? What was the level of beneficiary participation in project design?
- Could you explain what were the needs of the targeted population during the last 15 months?
- What were the specific needs of women? Youths? Elders?
- How did AAH identify these needs?

Is gender properly taken into account in project design?
- How did AAH ensure that this project would address women's specific needs?

Is the design of the exit strategy realistic?
- What is the exit strategy of the project?

Are project objectives and indicators SMART? Are sources of verification realistic?
- Could you explain the theory of change behind the project logframe?
- Could you explain why did you choose the indicators of the M&E plan?

Is there a good design of the M&E system in place?
- What are the data collection tools related to the M&E plan? Who is in charge of collecting this information?
- What is your sampling design strategy to collect this information?
- What were the periods of data collection for each indicator?
- Who is in charge of data entry? How is stored this information?
- Who is in charge of data analysis? Of reporting?

RELEVANCE / APPROPRIATENESS

Were the actions undertaken relevant and appropriate given the local context and needs of the target population?
- Do you think that the intervention was appropriate regarding local context?
- Was a non-conditional cash transfer appropriate to the context in Yobe State?
- What, if any, is a more appropriate approach for future cash transfers in Yobe State in both emergency and development contexts?

Was the assistance relevant and appropriate in relation to the practices / culture of the target population?
- Do you think that the intervention was appropriate regarding local customs?

To what extent were the needs of beneficiaries and stakeholders take in to account in project implementation?
• Did the implementation of planned activities was relevant to address beneficiaries’ needs?
• Did the activities actually address women’s, youths and elders’ specific needs?
• Did the field team detect inconsistencies between planned activities and actual implementation possibilities? If yes, of which sort?

COHERENCE

Do project team members feel they are working towards a common goal with respect to other departments (Nutrition, WASH, Health)?
• What are AAH’s goals in Nigeria?
• How did this project contribute to AAH’s goals in Nigeria?
• How did the project team coordinate with other AAH departments?

How activities of this project have been integrated with other AAH sectors/programmes in the operational area?
• What are the other AAH projects in Yobe State?
• What are the other humanitarian projects in Yobe State?
• What are the other AAH projects in the targeted LGAs?
• What are the common objectives between these projects?

COVERAGE

Were the most affected groups covered with the limitation of the resources available?
• How many of LGAs in Yobe State are targeted by similar projects from AAH or other stakeholders?
• What are the beneficiary selection criteria?
• How did AAH ensure that these criteria cover the actual vulnerable groups?

Was the geographical coverage of the project appropriate?
• How did AAH choose the LGAs for this intervention?
• Do you think that some other LGAs should have been included in this intervention? Why?

Were beneficiaries correctly and fairly identified and targeted?
• How did AAH ensure that beneficiaries were the ones targeted by the intervention?

How the targeting was understood or perceived by local communities?
• Did AAH receive feedbacks on selection process? Of which sorts?

Were gender and vulnerable populations with in the target community considered in AAH’s assessment/identification of the beneficiary and in the implementation of the project?
• How did AAH include gender and age criteria in the selection process?

Did the project include special components for women, if so; were these systematically designed and monitored during implementation?
• What were women-specific activities of the projects?
• How were these activities monitored?

EFFICIENCY

Were the resources properly allocated to reach the objectives?
• Was the budget design appropriate to implement the planned activities?
• Did the project team have to modify some budget lines in order to reach the project’s objectives?

How efficiently are the project implementers utilizing the project’s inputs to conduct activities and achieve the project’s intended results?
• Did AAH experience unexpected or higher cost during the project implementation?
• How could AAH have decreased implementation costs?
• How were decisions taken during project implementation? Could you give an example?
• How could this decision process be improved?

Is the project being implemented in the most efficient way compared to other eventual alternatives (e.g. cash transfer, inputs purchased and distributed, training and staff)?
• Why AAH chose to distribute cash instead of food for example?
• What could be a way to achieve similar results with lower implementation costs?

Are the project activities being implemented as planned and scheduled?
• Did the activities implementation experience delays?
• What were the reasons of this delay? What were the decisions taken?
• Was there any evidence of misuse of funds by either implementers or beneficiaries?

EFFECTIVENESS

What is the quality of the project outputs and/or project activities?
• What are the results of this project?
• Are all the output targets reached?
• What do you think about quality of activities and outputs? Could it be improved?

What are the major internal and external factors influencing the achievement or non-achievement of the intended outputs and objectives?
• What were the reasons for not-reaching some objectives?
• Did any factors help AAH to reach some objectives?

How effectively have the project performance and its outputs and objectives’ indicators being monitored? Did the project management use the collected data to take timely decision regarding activities’ implementation?
• How did the project manager monitor activities' implementation?
• How did the project manager monitor activities' outputs?
• How did the project manager monitor activities' outcomes?
• Was this reporting useful to manage the project implementation? Please give an example

How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked? What could be improved?
  • How did AAH manage to limit frauds during the project implementation?
  • What are the gaps of this system?

How was the project team able to adapt to the constraints of the project?
  • What were the main difficulties during project implementation?
  • How did the project team adapt to this situation?
  • What are team's needs in terms of capacity building?

What steps were taken by the implementing Agency (AAH) to ensure
  • How does AAH coordinate its actions with other stakeholders?

What its responses were coordinated with other organizations and local authorities?
  • Is this coordination satisfying? Why?

To what extent does AAH take part in technical coordination mechanism at all level of project implementation?
  • On the technical side of the project implementation, how this project was coordinated with other stakeholders? What steps were taken by the implementing Agency (AAH) to ensure

SUSTAINABILITY

Did the partnership or local community based organizations established at local level contribute to the sustainability of the work?
  • How were local partners involved in the project implementation?
  • How were local partners involved in the follow-up of the project’s results?

To what extent are the project results likely to be sustained in the long term?
  • What risks have been mitigated regarding the project exit strategy

What plans are in place to ensure that the achievements of the project are not jeopardized by the time of project phase out?
  • What precautions have been taken to ensure that project’s results will be sustainable?

How suitable are these plans and are they being implemented?
  • What risks have been mitigated regarding project’s results sustainability?

How and when does the project intend to withdraw its resources?
  • How AAH plans to end this project?
LIKELIHOOD OF IMPACT

To what extent is the project contributing to improved socio-economic impact on the food and nutrition security status of vulnerable households? What does the comparison between baseline and end-line suggest?

- What are the effects of the project’s results on the food and nutrition security status of targeted households?
- Has there been an increase on household livelihood security?
- What were the varying social and economic effects of the various “cash transfers” projects on individuals, communities, gender groups, age groups, and local institutions?
Annex XII: Key Informant Interview – Integrated Cash Transfer

Key Informant Guide (Cash Transfer)

1. How transparent was the selection process for beneficiaries? Transfer agents? Were the community leaders involved, community members and other stakeholders?

2. In your opinion, how efficient is the cash transfer project in reaching targeted beneficiaries?

3. Considering the available options in Yobe State, was the most cost effective method applied in ensuring the cash is transferred to the beneficiaries at minimal cost? What alternatives would you propose?

4. Currently, which challenges are faced by the beneficiaries while trying to access the cash?

5. What improvements should be put in place by the money AAH transfer to ensure the beneficiaries get better services?

6. What alternative options should AAH develop to ensure smooth transition from over dependence on cash transfers to being self-reliance?

7. What do you think AAH should put in place that would give a more sustainable/lasting solution to the current situation especially for those depending on the cash transfers?

8. In your opinion, to what extent does the cash transfer mechanism benefit target groups (most vulnerable in the community?)

9. To what extent has the project achieved its objective of providing livelihood security to the most vulnerable in the community?

10. How has the cash transfer contributed to/improved the economy of the households or community? *Probe for practical examples?*

11. Considering the current situation in Yobe State, how relevant/appropriate/suitable was the cash transfer project?
Key Informant Guide (IYCF)

1. In your opinion, how appropriate is the optimal infant/young child project in reaching targeted beneficiaries as compared to other alternatives like providing dry food rations?

2. What challenges do the beneficiaries face when trying to access meals from the wet feeding kitchens?

3. What improvements can be made at the IYCF feeding centers to ensure the beneficiaries get better service at the centers?

4. What alternative options should AAH and other stakeholders develop to ensure smooth transition from over dependence on IYCF centers to being self-reliant?

5. What do you think AAH and other stakeholders should do in this place that would give a lasting solution to the current situation and for PLW accessing food at the kitchens?

6. Do you think IYCF is a dignified/appropriate way of providing to the PLW in our community? If yes, why? If no, why not?

7. Given same resources, what else similar or different would you implement to ensure the elderly, children, and other vulnerable members of the community are food secure?

8. In your opinion, to what extent do the IYCF benefit the targeted groups (most vulnerable in the community?)

9. In your opinion, has the partnership between AAH and MoH on IYCF worked? If so, what has worked well? -If not, what has not worked well and what can be done to make it work better in future?

10. To what extent has the project intervention conformed to the needs and priorities of target groups? -Policies of AAH? USAID?

11. Considering the current situation in Yobe State, how relevant/ appropriate/ suitable was the IYCF project?

12. How do you compare AAH’s with other IYCF interventions being undertaken by other actors?
13. Have there been any changes in the number of PLW coming to the centers in the last three months or six months? What in your opinion are the reasons for the change (increase or decrease?)

14. What general information can you tell me about IYCF intervention by AAH?
Annex IVX: Key Informant Interview – IYCF Lead Mothers

Semi-structured Interview – IYCF Lead Mothers

What is the IYCF programme? Tell us about the work you do for the IYCF programme
- What do you understand by this program that is aimed to improve child nutrition from birth to two years?
- What do you do in the IYCF programme
- What do you find interesting/ works well?
- What do you find challenging?
- What support do you receive in performing these activities?
- What additional support do you think will enable you to better perform the IYCF activities?

Could you tell us about IYCF sessions you have with women?
- Which type of sessions do you have with women in the community?
- How do you select participants into the programme/ who are they?
- How often do you hold these sessions in a month?
- Where do the sessions take place?
- How many people are usually present per support group (SG) session/ or sessions with men? What usually happens when you have more than the required number of participants during a SG?
- Comparing the one-on-one counselling of support groups – which do you think works best: why? Probe on which is more frequent/common
- Do you refer women who attend your sessions to the health facilities? Why do you refer them?

What is your opinion about the topics/messages given and mode of delivery of the IYCF sessions? What works well and what are the challenges?
- What is your opinion about the topics/messages given and mode of delivery of the IYCF sessions? What works well and what are the challenges?
- What topics/messages do you focus on during the IYCF counselling sessions (individual or group)? Do these topics differ with each visit/session?
- How do you decide which topics/messages to cover during an IYCF counselling session (individual or group)?
- What are your opinions about the topics/messages i.e., what is important/realistic for mothers to put into practice? What is less important to cover?
- How many sessions should an individual have before they complete the full IYCF counselling programme?
What teaching materials and methods are used to deliver the messages; what works well/does not work well?

What is your understanding of exclusive breastfeeding?
- How important is it for women to exclusively breastfeed?
- Which exclusive breastfeeding messages might some Lead Mothers not agree with? Why?
- What are the challenges for women to practice exclusive breastfeeding? Probe on beliefs, people or cultural practices that influence the mother.
- Suggest solutions to the challenges.

What is your opinion about complementary feeding?
- What is complementary feeding?
- How important is it for women to follow good complementary practices?
- Which complementary feeding messages might some Lead Mothers not agree with? Why?
- What changes are difficult to put into practice and why? (Legumes, animal source foods, Fruits and vegetables, fats and oils)

What is your opinion about the training you received to run IYCF sessions?
- What training are you given?
- How often do you get trained?
- When last were you trained?
- Is there anything you were trained to do that is impractical and why is it impractical?
- What things does the CV position require you to do that you were not trained for?
- What changes would you recommend to strengthen the training programme?

What is your opinion about the supervision you receive?
- Who supervises your work, for IYCF, and what is your opinion about the supervision?
- How does it work?
- When were last supervised?
- What things does the CV position require you to do that you do not have sufficient guidance, supervision and support to do well?
- What changes would you recommend to improve supervision in the IYCF

How well are you able to combine your role as Lead Mother and your normal day to day activities?
- What do you see as its main challenges?
- What are the things you do not find the time to do as a Lead Mother?
- How manageable is your workload as a Lead Mother?
- What aspects of your life are disrupted by your activities as a Lead Mother?
- What do you think can be done to address these challenges? To help you improve your performance as a community volunteer?
Annex XV: Terms of Reference (ToR)

TERMS OF REFERENCE

For the Independent Final Evaluation of Action Against Hunger’s project

‘Protecting and promoting the food and nutrition security in Yobe State, Phase II, North-Eastern Nigeria’

Project and Evaluation Summary Table

<table>
<thead>
<tr>
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<td>AAH:</td>
<td>Action Against Hunger</td>
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<td>ALNAP:</td>
<td>Active Learning Network for Accountability and Performance in Humanitarian Action</td>
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<td>Development Assistance Committee</td>
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<td>DTM:</td>
<td>Displacement Tracking Matrix</td>
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<td>ELA:</td>
<td>Evaluation, Learning and Accountability</td>
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<td>Global Acute Malnutrition</td>
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<td>Household Dietary Diversity Score</td>
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<td>LGA:</td>
<td>Local Government Area</td>
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<td>Mid-Upper Arm Circumference</td>
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<td>Pregnant and Lactating Women</td>
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1. PROJECT BACKGROUND

1.1. Map of Project Area

Food For Peace Cash Assistance Yobe

1.2. Rationale for the Project

In May 2013, the Government of Nigeria declared a State of Emergency in Borno, Yobe and Adamawa, the three states affected the worst by the Armed opposition groups insurgency. The insurgency continues to affect people in these areas with the number of deaths attributed to Armed opposition groups increasing by 317% last year.\(^29\) Since the state of emergency, conflict has resulted in significant internal displacement. Additionally, these areas are vulnerable to natural disasters, communal clashes and pastoral conflicts—all culminating in an increase in internally displaced persons (IDPs). According to the IOM’s January 2017 Displacement Tracking Matrix, there is an estimated 1,899,830 IDPs with the highest numbers being in Borno (1,506,170), followed by Adamawa (147,528) and Yobe (112,269). Over 90% of IDPs are living in host communities and have been displaced in these communities for over a year because of the insurgency. With the majority of IDPs previously subsiding on agrarian practices, the lack of access to food, land and inputs and increased burden on host communities has negatively affected food consumption and livelihoods,

\(^{29}\) 2015 Global Terrorism Index
including crop production, constrained purchasing power and access to basic services. Based on analysis from the recent Cadre Harmonisé report, the combined number of the affected population by crises is over eight million, with 3.3 million of these people in need of food assistance. Both Borno and Yobe state are classified in crisis (IPC Phase III), with 1.9 million and 800,000 people respectively categorized in crisis. Furthermore, nearly 600,000 people in Borno and nearly 200,000 people in Yobe are classified in emergency and famine situations. This comprehensive analysis provides timely data of the significant number of people in need of immediate humanitarian assistance. These emergency needs are compounded by an already existing high level of poverty in these states prior to the insurgency. High levels of malnutrition in Northeast Nigeria are also a major area for concern. Currently, the prevalence of Global Acute Malnutrition is between the critical/warning thresholds (between 10% and 15%) in Yobe and Borno and future improvements could be affected by limited food access, low land cultivation, destruction of infrastructure and negative coping strategies that can have irreversible nutritional effects and reduce resilience to future shocks.

From the IOM assessment, 52% of the IDP population are female, and 57% are children under the age of 18, with over half of them being 5 years or younger. Within households interviewed, the dependency ratio is quite high with dependents (less than 18 or older than 60) making up 65% of the household. Household sizes ranged from 10-14, which mean 7-8 people need support. Women and children are invariably over-represented among the most vulnerable categories with at least 32% of IDP households headed by women and 42% of IDP women pregnant and lactating, requiring special nutrition support to meet their food needs. Further, women-headed households with no adult males and high dependent ratios are vulnerable to seeking negative coping strategies, including forgoing meals and relying on children to earn income (29% of assessed households).

Although ongoing harvest from October and December 2015 may improve food availability slightly, below-average production will continue and household stocks will not be able to meet minimal food needs. Additionally, the most vulnerable populations will have a difficult time rebounding from the multiplier effect of under-performing in food consumption, livelihoods and nutrition indicators, along with destruction of infrastructure and crops in areas of return.

With over 3 million people in the North East in need of food assistance, the humanitarian needs for food assistance have increased. Food continues to be the priority need expressed by 63% of IDP households and 83% of host-families, demonstrating food security needs are critical to both IDPs and host communities. In Yobe State, the number of IDPs is lower than in Borno State but their needs remain very high. It is clear that there are more needs than AAH is able to cover with the existing FFP allocation, especially for those households and families arriving or returning most recently in Damaturu. For example, in Maisandari District in Damaturu, the District Head reported to the AAH field team that 700 IDP households migrated between November 2014 and July 2015. The current project is providing support to only 170 households, demonstrating coverage gaps to IDPs in need of assistance. The total number of households reached under the current FFP project is 3,000. Additionally, AAH is providing cash assistance to 1,030 HHs in Fika LGA and 1,200 HHs in Bade LGA through DFID and French Embassy-funded grants. AAH is coordinating with other partners in these LGAs and for all of Yobe state to ensure maximization of coverage. However, with close to 200,000

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31 “Cadre Harmonisé for Identifying Risk Areas and Vulnerable Populations in The Sahel and West Africa” is a comprehensive analytic framework to national and regional food crisis prevention and management systems that takes into account food and nutrition security outcome indicators, along with the impact of contributing factors. The Cadre Harmonisé team included CILS, FEWS NET, FAO, WFP, the Ministry of Agriculture, Federal and State MDAs, UN agencies, INGOs, and civil society and utilized meta-analysis procedures sequenced in five steps: 1 data inventory 2 data analysis 3-4: FEWS-Net classification and estimations of affected population and 5 validation and communication of results
32 The Oxford Poverty and Human Development Initiative, 2015
33 IOM DTM Nigeria Report Round VI, October 2015
34 Food Security and Livelihoods Assessment in NE Nigeria 2015
35 IOM DTM Nigeria Report Round VI, October 2015
people categorized with emergency needs, there is a critical need to increase support in Yobe to ensure coverage for the most vulnerable population.

According to DTM Report, IDPs presence is changed from Round 12 (124,706 individuals) to Round 13 (112,269 individuals) in Yobe state with a difference of 12,437 individuals. This trend shows that particularly among the large number of IDPs return to their LGAs of origin or moved to another area to restart farming. The vast majority of IDPs (97%) were displaced because of the insurgency; 3% were displaced due to communal clashes in the areas assessed. Adamawa, Borno and Yobe states accounted for the majority of people displaced due to the Boko Haram conflict. IDPs returning to their place of usual residence, before the insurgency began, is a growing trend. The LGAs visited to assess the number of returnees during Round XIII included seven LGAs in Adamawa (Gombi, Hong, Madagali, Maiha, Michika, Mubi North and Mubi South), 14 in Borno (Askira/Uba, Bayo, Biu, Dikwa, Gubio, Gwoza, Hawul, Kaga, Konduga, Mafa, Magumeri, Monguno, Ngala and Nganzai), and two in Yobe (Gujba and Gulani). Most returnees were from Adamawa (61%), followed by Borno (36%) and Yobe (3%). Food continues to be the biggest unfulfilled need of more than half of the displaced people surveyed, in camps and host communities. A high of 66% people cited food as their biggest unmet need in this round, an increase from the 49.5% in the last DTM assessment.

According to Food security and Vulnerability survey 2016 by FAO shows that in nearly all of the states, more than 10% of households had a poor or borderline food consumption score (FCS). In 7 states the percentage of households with poor or borderline FCS was more than 20%, reaching a high of 42% and 43% in Yobe and Borno States respectively. In all of the 16 states, at least 29% of households had HDDS ≤4. In Kebbi State, it was 53%, and 54% in both Borno and Yobe States. Access to safe drinking water was very low in most states. Less than 40% of households had access to improved drinking water sources overall. What these results mean is that in the states with greater vulnerabilities, many households had to deplete livelihoods and assets to achieve some measure of food intake even if they are not food secure. Food Consumption Scores (FCS) were especially poor in Borno and Yobe States. In these two states, little more than half of the households (57.1% and 57.9% respectively) had an acceptable food consumption score in the 24 hours preceding the FSVS. In Borno, more than 26% of households had poor FCS, whereas in Yobe, it was 18%. The situation with HDDS was worse than that of FCS. In Borno and Yobe States, only 46% of the households had a HDDS greater than 4 food groups. However, whereas 11% of the households in Yobe had consumed ≤2 food groups, in Borno it was 17%. Household Hunger Scale in Adamawa, Taraba, and Yobe States, around 20% of households reported moderate hunger; while in Borno State, 33% of households reported moderate hunger. Nevertheless, severe hunger was not prevalent, with <2% of households in all the states. Further, many households have already engaged in crises or emergency livelihood-based coping strategies and some no longer have any livelihoods or assets to deplete. Already in Borno State, 20% of the households had no livelihood source.

1.3. Project Objectives
To improve the nutrition security and address the humanitarian crisis-affected populations in four Local Government Areas of Yobe state by addressing the food security of vulnerable households, especially women and children, through an integrated cash transfer scheme and behavior change interventions

The program has two specific objectives:

1. To increase immediate food consumption for food-insecure households through cash transfers and humanitarian response; and
2. To increase the adoption of optimal infant/young child feeding practices by caregivers.

A detailed list of activities can be found in the project logframe in the Annex I.

1.4. Project Current Status

Project has two modalities including cash transfer and promotion of proper nutrition practices. The project is being implemented in four LGAs, namely Gujba, Damaturu, Potiskum and Fune. Due to issues of insecurity activities have only recently started in Gujba. Initially, AAH has been implementing activities from the beginning of the project with a target of 4,600 households (HHs) in three LGAs as Damaturu, Potiskum and Fune LGAs whose received their seventh monthly cash transfer of 21,000 Naira. Till date, six PDMs are completed whereas the seventh PDM is planned in the third week of February 2017.

The fourth LGA Gujba has been targeted for project interventions since September 2016 after improvement in security situation of LGA. The monthly cash transfer activity is now ongoing and the second monthly cash transfer was credited in January on 2500 HH smart cards with a 21000 Naira. Two monthly rounds are remaining as planned in the second half of February and first half of March 2017. One PDM has been completed while the second PDM is planned in third week of February 2017.

Monthly care group formation is ongoing and 151 care groups are now active across Damaturu, Fune and Potiskum. All nutrition teams conduct a one-day meeting every month to review the next month’s key IYCF messages. Then the team holds a one-day training for the 151 lead mothers from each care groups on the IYCF behavior to be implemented in that respective month. Each month, lead mothers conduct a monthly counselling with targeted 1910 PLWs.

2. PURPOSE AND OBJECTIVES OF THE EVALUATION

2.1. Rational for the Evaluation

This evaluation is conducted as an exercise of accountability towards the donor and the beneficiaries. It is also expected to assess the effect of the project and to better understand the strengths and weaknesses of the intervention. The evaluation will draw lessons learnt and make operational and strategic recommendations that can be used to inform the direction of future interventions to address food security needs of IDPs and vulnerable host communities.

2.2. Objectives of the Evaluation

The purpose of the evaluation is to assess the overall performance of the project and to determine if the intervention has reached its intended outputs and objectives. In particular, it will assess to what extent (and the reasons why) the project’s outputs have ensured minimum dietary diversity and food intake at household and individual level.

2.3. Users of the Evaluation

Direct users: Action Against Hunger field teams, Technical and Senior Management Teams, Action Against Hunger Technical Advisors/ Director in the HQ (NY), Ministry of Agriculture, State Nutrition Department, NEMA/SEMA, WFP, UNOCHA, ELA unit Action Against Hunger UK.
Indirect users: Action Against Hunger International Network, Donor USAID/FFP, and other donors, federal, regional and local governments, ministries, UN agencies and Global Clusters, NGOs and NGO Consortiums as well as humanitarian learning platforms (such as ALNAP).

2.4. Use of the Evaluation
The final evaluation will provide an overview of what can be learnt from this experience, and how to improve on-going projects and M&E. Also, the lessons learnt and identified good practices can support future project designs in Nigeria and elsewhere within Action Against Hunger. They could potentially be scaled up in other contexts and facilitate the development of new strategies at a global level, as well as encourage learning across the Action Against Hunger International network.

3. EVALUATION SCOPE

3.1. Elements covered by the evaluation
The evaluation will focus on the entire project funded by USAID. It will cover selected sites (out of the 11 sites), looking at different levels of the intervention (community level, district level, and national level) and at the links between those levels. It will also cover all selected target groups of beneficiaries and will examine the implementation of all activities and the degree of achievement of all outputs and objectives.

Finally, the evaluation should provide key recommendations towards sustainability, if relevant. Moreover, it will identify and recommend potential exit strategies.

3.2. Cross-cutting issues
Throughout the evaluation process, gender concerns should be addressed in line with the Action Against Hunger Gender Policy. All data should be sex-disaggregated and different needs of women, and men and of marginalised groups targeted by the project should be considered throughout the evaluation process. Moreover, the community participation should be emphasised and how Action Against Hunger ensures that communities were involved throughout the programme cycle.

4. EVALUATION CRITERIA AND QUESTIONS

As per Action Against Hunger’s Evaluation Policy and Guidelines, Action Against Hunger adheres to the Organisation for Economic Co-operation and Development Assistance Committee (DAC) criteria for evaluating its projects.

Specifically, Action Against Hunger uses the following criteria: Relevance/Appropriateness, Coherence, Coverage, Efficiency, Effectiveness, Sustainability and Likelihood of Impact. To the latter list Action Against Hunger adds an additional criterion, Design. Action Against Hunger also promotes a systematic analysis of the monitoring system in place within the aforementioned criteria.

Evaluation questions have been developed to help the evaluator assess the project against these criteria (Refer to Annex II). The evaluator may adapt the evaluation criteria and questions, but any fundamental changes should be agreed between the ELA at Action Against Hunger UK and the evaluator and reflected in the inception report.

37 http://www.alnap.org/resource/6199
38 The criterion has been rephrased to “Likelihood of Impact” as a thorough impact assessment is linked to the estimation of attribution, which can only be measured through experimental or quasi experimental evaluation designs. The evaluation design for carrying out a performance evaluation would not be suitable to determine the effects attributed to the project.
All independent external evaluations are expected to use DAC criteria in data analysis and reporting. In particular, the evaluator must complete the DAC criteria rating table (Refer to Annex III) and include it as part of the final evaluation report.

5. EVALUATION DESIGN AND METHODOLOGY

This is a one-group design evaluation, examining a single intervention, without including any comparison with units (people, communities, etc.) that did not participate in the intervention. This evaluation is also expected to look at units participating in the program “before and after” the intervention has been in operation.

Outlined below is the suggested methodological approach for the evaluator to collect quantitative and qualitative data and the chronological steps of the evaluation process. The evaluator will to the extent possible develop data gathering instruments and methods which allow collecting sex-disaggregated data. The instruments need to make provision for the triangulation of data where possible.

5.1. Evaluation Briefing
Prior to the evaluation taking place, the evaluator is expected to attend an evaluation technical briefing with the ELA Action Against Hunger UK. Briefings by telephone must be agreed in advance.

5.2. Action Against Hunger HQ Briefing
As part of the evaluation, the evaluator will interview HQ stakeholders to get preliminary information about the project being evaluated. Briefings by telephone must be agreed in advance.

5.3. Desk review
The evaluator will undertake a desk review of project materials, including the project documents and proposals, progress reports, outputs of the project (such as publications, communication materials, videos, recording etc.), results of any internal planning process and relevant materials from secondary sources (Annex IV).

5.4. Inception Report
At the end of the desk review period and before the field mission, the evaluator will prepare a brief inception report based on the format provided. The report will be written in English and will include the following sections:

- Key elements of the Terms of Reference (TORs) to demonstrate that the evaluator will adhere to the TORs;
- The methodological approach to the evaluation include an evaluation matrix in annex to specify how the evaluator will collect data to answer the evaluation questions, pointing out the limitations to the methodology if any and the choice of sites per field visit;
- A detailed evaluation workplan and;
- Statement of adherence to Action Against Hunger Evaluation Policy and outline the evaluation report format.

The inception report will be discussed and approved by the ELA in Action Against Hunger UK and shared with stakeholders.
5.5. Field Mission

Primary data collection techniques
As part of the evaluation, the evaluator will interview key project stakeholders (expatriate/national project staff, local/national representatives, local authorities, humanitarian agencies, or donor representatives) as per the list in Annex V. The evaluator will use the most suitable format for these interviews as detailed in the inception report. The evaluator is also expected to collect information directly from beneficiaries. Towards enriching triangulation, if budget and timeframe allows, the evaluator could also conduct Focus Group Discussions with relevant stakeholder (such as beneficiaries, non-beneficiaries, key informants – health workers, teachers and leaders) and household surveys.

Field visits
The evaluator will visit the project sites and the facilities provided to the beneficiaries (if any) according to select methods described in the inception report.

Secondary data collection techniques: Desk review
The evaluator will further review complementary documents and collect project monitoring data or of any other relevant statistical data.

Debriefing and stakeholders workshop
The evaluator shall facilitate a learning workshop in country to present preliminary findings of the evaluation to the project and key stakeholders (including Local, National actors and implementing partners actors); to gather feedback on the findings and build consensus on recommendations; to develop action-oriented workshop statements on lessons learned and proposed improvements for the future.

5.6. Evaluation Report
The evaluation report shall follow the following format and be written in English:

- **Cover Page**;
- **Summary Table** to follow template provided
- **Table of Contents**
- **List of acronyms**
- **Executive Summary** must be a standalone summary, describing the intervention, main findings of the evaluation, and conclusions and recommendations. This will be no more than 2 pages in length
- **Background Information**
- **Methodology** describe the methodology used, provide evidence of triangulation of data and presents limitations to the methodology
- **Findings** includes overall assessment of the project against the evaluation criteria, responds to the evaluation questions, all findings are backed up by evidence, cross-cutting issues are mainstreamed and; unintended and unexpected outcomes are also discussed
- **Conclusions** are formulated by synthesizing the main findings into statements of merit and worth, judgements are fair, impartial, and consistent with the findings
- **Lessons Learnt and Good Practices** present lessons that can be applied elsewhere to improve project performance, outcome, or impact and; identify good practices: successful practices from those lessons which are worthy of replication; further develop on one specific good practice to be showcased in the template provided in Annex VI
- **Recommendations** should be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the action, and of the resources available to implement it both locally. They should follow logically from conclusions, lessons learned and good practices. The report must specify who
needs to take what action and when. Recommendations need to be presented by order of priority

- **Annexes** should be listed and numbered and must include the following: Good practice template (annex VI), Evaluation Criteria Rating Table (annex III), list of documents for the desk review (annex IV), list of persons interviewed (annex V), data collection instrument, evaluation TORs

The whole report shall not be longer than 30 pages, 50 pages including annexes. The draft report should be submitted no later than 10 calendar days after departure from the field. The final report will be submitted no later than the end date of the consultancy contract. Annexes to the report will be accepted in the working language of the country and project subject to the evaluation.

**5.7. Debriefing with ELA Action Against Hunger UK**
The evaluator should provide a debriefing to the ELA in Action Against Hunger UK to discuss any issues related to the quality of the evaluation report.

**5.8. Debriefing with Action Against Hunger HQ**
The evaluator should provide a debriefing with the relevant Action Against Hunger HQ on her/his draft evaluation report, and on the main findings, conclusions and recommendations of the evaluation. Relevant comments should be incorporated in the final report.

**6. KEY DELIVERABLES**

The following are the evaluation outputs the evaluator will deliver to the ELA in Action Against Hunger UK:

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception Report</td>
<td>29.06.2017</td>
</tr>
<tr>
<td>Stakeholders workshop</td>
<td>21.07.2017</td>
</tr>
<tr>
<td>Final Evaluation Report</td>
<td>11.08.2017</td>
</tr>
</tbody>
</table>

*All outputs must be submitted in English and under Word Document format.*

The quality of the inception report and the evaluation report will be assessed by the ELA in Action Against Hunger UK.

The evaluator is expected to follow the format, structure and length as defined under section 5.4 and 5.6 above.

**7. MANAGEMENT ARRANGEMENTS AND WORKPLAN**

These evaluation TORs have been developed in a participatory manner, by the ELA in Action Against Hunger UK based on inputs from relevant stakeholders.

The evaluator will directly report to the ELA in Action Against Hunger UK. The evaluator will submit all the evaluation outputs directly and only to the ELA in Action Against Hunger UK. The ELA in Action Against Hunger UK will do a quality check (ensure required elements are there) and decide whether the report is ready for sharing. The ELA will forward a copy to key stakeholders for comments on factual issues and for clarifications. The ELA will consolidate the comments and send these to the
evaluator by date agreed between the ELA and the evaluator or as soon as the comments are received from stakeholders. The evaluator will consider all comments to finalize report and will submit it to the ELA who will then officially forward to relevant stakeholders.

Once the evaluation is completed the ELA Action Against Hunger UK will prepare the management response follow-up form to track implementation of the recommendations outlined in the evaluation report. A review of the follow-up process will be undertaken six months after the publication of the evaluation report.

### 7.1. Tentative Workplan

**NOTE:** Consultants are expected to work 6 days a week (either Sundays/Fridays or whatever day the field office has off will not be paid) during their consultancy contract.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Evaluator Working Days</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation briefing with ELA Action Against Hunger UK</td>
<td>0.25</td>
<td>26.06.2017</td>
</tr>
<tr>
<td>Briefings with HQ</td>
<td>0.25</td>
<td>26.06.2017</td>
</tr>
<tr>
<td>Desk review, preparation of field work and prepare <strong>Inception Report</strong></td>
<td>3</td>
<td>27-29.06.2017</td>
</tr>
<tr>
<td>Travel to the field</td>
<td>1</td>
<td>10.07.2017</td>
</tr>
<tr>
<td>In country interviews with project staff</td>
<td>1</td>
<td>11.07.2017</td>
</tr>
<tr>
<td>Field work, collection and analysis of secondary data &amp; meeting with stakeholders</td>
<td>9</td>
<td>12-20.07.2017</td>
</tr>
<tr>
<td>Stakeholders Workshop in country</td>
<td>1</td>
<td>21.07.2017</td>
</tr>
<tr>
<td>Travel back from the Nigeria</td>
<td>1</td>
<td>22.07.2017</td>
</tr>
<tr>
<td>Evaluation debriefing with ELA Action Against Hunger UK</td>
<td>0.25</td>
<td>24.07.2017</td>
</tr>
<tr>
<td>Evaluation debriefing with HQ</td>
<td>0.25</td>
<td>24.07.2017</td>
</tr>
<tr>
<td><strong>Draft Report</strong></td>
<td>5</td>
<td>25.07.-31.07.2017</td>
</tr>
<tr>
<td>Action Against Hunger UK: Quality check and initial review by ELA, circulate draft report to key stakeholders, consolidate comments of stakeholders and send to evaluator</td>
<td>Min. 8</td>
<td>31.07.-08.08.2017</td>
</tr>
<tr>
<td><strong>Final report</strong> on the basis of stakeholders, Mission, HQ, and Action Against Hunger UK comments</td>
<td>2</td>
<td>09.08.-11.08.2017</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

### 7.2. Profile of the evaluator

The evaluation will be carried out by an international evaluation consultant with the following profile:

- Knowledge in Food Security and Livelihood sector with particular experience on cash-based-interventions, agriculture, nutrition security and nutrition
- Significant field experience in the evaluation of humanitarian / development projects;
- Relevant degree / equivalent experience related to the evaluation to be undertaken;
- Significant experience in coordination, design, implementation, monitoring and evaluation of programmes;
- Good communications skills and experience of workshop facilitation;
- Ability to write clear and useful reports (may be required to produce examples of previous work);
- Fluent in English;
• Understanding of donor requirements (USAID);
• Ability to manage the available time and resources and to work to tight deadlines;
• Independence from the parties involved.

8. LEGAL AND ETHICAL MATTERS

The ownership of the draft and final documentation belong to the agency and the funding donor exclusively. The document, or publication related to it, will not be shared with anybody except Action Against Hunger before the delivery by Action Against Hunger of the final document to the donor.

Action Against Hunger is to be the main addressee of the evaluation and its results might impact on both operational and technical strategies. This being said, Action Against Hunger is likely to share the results of the evaluation with the following groups:
• Donor(s)
• Governmental partners
• Various co-ordination bodies

For independent evaluations, it is important that the consultant does not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation.

8.1. Intellectual Property Rights
All documentation related to the Assignment (whether or not in the course of your duties) shall remain the sole and exclusive property of the Charity.

9. ANNEXES TO THE TORs

   I. Project Logframe
   II. Evaluation Criteria and Detailed Evaluation Questions
   III. Evaluation Criteria Table
   IV. List of Project documents for the desk review
   V. List of people to be interviewed
   VI. Good Practice Template
### Title of the Action
Protecting and promoting Food and Nutrition security in Yobe State, North-Eastern Nigeria, Phase II

### Goal/Principal Objective
Improved nutrition security and humanitarian needs addressed for crisis-affected populations in Yobe state, Nigeria

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators* Max. 200 for each OVI</th>
<th>Target Value Max. 40 for each target value</th>
<th>Sources of Verification* Max. 200 for each source of verification</th>
<th>Risks and Assumptions * Max. 3800</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO OVI 1: Average household Coping Strategy Index</td>
<td></td>
<td>SO1.1: Baseline and Endline survey, PDM</td>
<td></td>
</tr>
<tr>
<td>SO OVI 2: Average household dietary diversity score</td>
<td>70%</td>
<td>SO1.2: Baseline and Endline survey, PDM</td>
<td></td>
</tr>
<tr>
<td>SO OVI 3: % of households with improved household hunger scale</td>
<td>70%</td>
<td>SO1.3: Baseline and Endline survey, PDM</td>
<td></td>
</tr>
<tr>
<td>SO OVI 4: % of infants 0–5 months of age who are fed exclusively with breast milk</td>
<td>22%</td>
<td>SO1.4: KAP, Baseline and Endline survey</td>
<td></td>
</tr>
</tbody>
</table>

### Purpose/Specific Objective
Food security of vulnerable households, especially of women and children, is improved through integrated cash transfer scheme and behaviour change interventions

### Preconditions
Security prevails in the project area
- Free & direct access to beneficiaries
- Appropriation and active participation from beneficiaries
- Markets are functional and accessible

### Results
<table>
<thead>
<tr>
<th>Short description* Max. 400 per for each result</th>
<th>Objectively Verifiable Indicators* Max. 200 for each OVI</th>
<th>Target Value Max. 40 for each target value</th>
<th>Sources of Verification* Max. 200 for each source of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate food consumption is increased for food-insecure households through cash transfers</td>
<td>Food Consumption Score (FCS)</td>
<td>70%</td>
<td>Baseline and Endline Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PDM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Final Evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># and % of households able to cover their</td>
<td>Baseline and Endline Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>
and humanitarian response planning

<table>
<thead>
<tr>
<th>and humanitarian response planning</th>
<th>immediate food needs</th>
<th>PDM Final Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of targeted HHs who are satisfied with the quantity and quality of food supply</td>
<td>80%</td>
<td>Baseline and Endline Survey</td>
</tr>
<tr>
<td># of updated food baskets monitoring market prices.</td>
<td>12</td>
<td>Food security cluster meeting</td>
</tr>
</tbody>
</table>

**R2**

Increased adoption of optimal infant/young child feeding practices by caregivers

<table>
<thead>
<tr>
<th>Increased adoption of optimal infant/young child feeding practices by caregivers</th>
<th>Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk)</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of caregivers who can state at least 3 key benefits of exclusive breastfeeding</td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

**R1 Activities Short description**

- Beneficiaries registration as per vulnerability criteria, Humanitarian market assessment, selection of traders based on access and meeting minimum criteria market assessment
- Stakeholders sensitization including beneficiaries, traders, state ministries and community leaders and committees on program, beneficiary rights, and improved nutrition behaviors
- Smart cards distribution, Provide electronic devices and training to traders, agents
- Conduct baseline, KAP, PDMs and end line monitoring, Participation in coordination meetings

**R2 Activities Short description**

- Provide refresher training to community volunteers on IYCF-E, malnutrition assessments, Support community volunteers to provide appropriate counseling to pregnant women and mothers with children under 2 years
- Formation of care-giver support groups in host communities and IDP camps, Enrollment and follow up of mother/baby pair needing breast-feeding support, Community sensitization to ensure optimal IYCF practices, Promote nutrition behaviors during voucher distribution
- Thorough barrier analysis identify three behaviors to promote, Conduct surveillance as needed to assess changing dynamics and adjust distribution accordingly
Annex II: Evaluation Criteria and Detailed Questions

To assess the project against each evaluation criteria, the evaluator will respond to the following evaluation questions:

**Design:** A measure of whether the design is logical, allows for Results Base Management and include a sustainability strategy involving local partners and beneficiaries

- Are beneficiaries needs (by sex and age) well identified and in which way? What was the level of beneficiary participation in project design?
- Is gender properly taken into account in project design?
- Are project objectives and indicators SMART? Are sources of verification realistic?
- Is the design of the exit strategy realistic?
- Is there a good design of the M&E system in place?

**Relevance/Appropriateness:** A measure of whether interventions are in line with local needs and priorities (as well as donor policies, thus increasing ownership, accountability, and cost-effectiveness)

- Were the actions undertaken relevant and appropriate given the local context and needs of the target population?
- Was the assistance relevant and appropriate in relation to the practices / culture of the target population?
- To what extent were the needs of beneficiaries and stakeholders taken in to account in project implementation?

**Coherence:** A measure of whether interventions are consistent with existing interventions, global and national policies and strategies to ensure consistency, maximize synergies and minimize duplication

- Are other stakeholders informed or aware about Action Against Hunger activities/approach/strategy of the project?
- How have activities of this project been integrated with other Action Against Hunger sectors/ programs in the operational area?
- Do project team members feel they are working towards a common goal with respect to other departments (Nutrition, Health)?

**A measure of whether interventions meet the need to reach major population groups facing life threatening suffering wherever they are**

- Were the most affected groups covered with the limitation of the resources available?
- Was the geographical coverage of the project appropriate?
- Were beneficiaries correctly and fairly identified and targeted?
- How was the targeting understood or perceived by local communities?
- Were gender and vulnerable populations within the target community considered in Action Against Hunger’s assessment/identification of the beneficiary and in the implementation of the project?
- Did the project include special components for women, if so; were these systematically designed and monitored during implementation?

**Efficiency:** A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.

- Were the resources properly allocated to reach the objectives?
- How efficiently are the project implementers utilizing the project’s inputs to conduct activities and achieve the project’s intended results?
- How efficient is the overall management set up of the project; or in other words, how is the suitability of management arrangements in place?
• Is the project being implemented in the most efficient way compared to other eventual alternatives (e.g. cash transfer, inputs purchased and distributed, training and staff)?
• Are the project activities being implemented as planned and scheduled?

Effectiveness: A measure of the extent to which the interventions’ objectives were achieved, or are expected to be achieved, taking into account their relative importance and illustrating the effectiveness of Action Against Hunger approach
  • What is the quality of the project outputs and/or project activities?
  • What are the major internal and external factors influencing the achievement or non-achievement of the intended outputs and objectives?
  • How effectively have the project performance and its outputs and objectives’ indicators been monitored?
  • How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked? What could be improved?
  • How was the project team able to adapt to the constraints of the project?
  • What steps were taken by the implementing Agency (Action Against Hunger) to ensure that its responses were coordinated with other organizations and local authorities?
  • To what extent does Action Against Hunger take part in technical coordination mechanism at all level of project implementation?

Sustainability: A measure of whether the benefits of an activity are likely to continue after donor funding has been withdrawn and project activities officially cease.
  • How and when does the project intend to withdraw its resources?
  • What plans are in place to ensure that the achievements of the project are not jeopardized by the time of project phase out? Assess and evaluate Action Against Hunger’s exit strategy.
  • Was the project assistance provided in a way that took account of the long term context?
  • How suitable are these plans and are they being implemented?
  • Did the partnership or local community based organizations established at local level contribute to the sustainability of the work?
  • To what extent are the project results likely to be sustained in the long term?

Likelihood of impact: Early signs of positive and negative, primary and secondary, short, mid and long-term effects produced by an intervention, directly or indirectly, intended or unintended
  • To what extent is the project contributing to improved food and nutrition security status of vulnerable households? What does the comparison between baseline and endline suggest?
### Annex III: Evaluation Criteria Table

The evaluator will be expected to use the following table to rank the performance of the overall intervention using the DAC criteria. The table should be included in annex of the evaluation report.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rating (1 low, 5 high)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Relevance/Appropriateness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coherence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustainability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood of Impact</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Guidance for rating the evaluation criteria:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsatisfactory</td>
<td>Performance was <strong>consistently below expectations</strong> in most areas of enquiry related to the evaluation criteria. Overall performance in relation to the evaluation criteria is not satisfactory due to serious gaps in some of the areas. Significant improvement is needed. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these areas.</td>
</tr>
<tr>
<td>2. Improvement needed</td>
<td>Performance <strong>did not consistently meet expectations in some areas of enquiry</strong>—performance failed to meet expectations in one or more essential areas of enquiry. Some improvements are needed in one or more of these. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these key areas.</td>
</tr>
<tr>
<td>3. On average meets expectations</td>
<td>On average, performance <strong>met expectations</strong> in all essential areas of enquiry and the overall quality of work was acceptable. Eventual recommendations over potential areas for improvement are outlined in the evaluation report.</td>
</tr>
<tr>
<td>4. Meets expectations</td>
<td>Performance <strong>consistently met expectations</strong> in all essential areas of enquiry, and the overall quality of work was fairly good. The most critical expectations were met.</td>
</tr>
<tr>
<td>5. Exceptional</td>
<td>Performance <strong>consistently met expectations</strong> due to high quality of work performed in all essential areas of enquiry, resulting in an overall quality of work that was remarkable.</td>
</tr>
</tbody>
</table>
Annex IV: List of Project documents for the desk review

The following documents will be reviewed by the evaluator during the desk review phase:\(^{39}\):

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Against Hunger Evaluation Policy and Guideline</td>
</tr>
<tr>
<td>Action Against Hunger Gender Policy</td>
</tr>
<tr>
<td>Action Against Hunger LogAdmin CBI Guideline 2012 and Annexes</td>
</tr>
<tr>
<td>Action Against Hunger_Nigeria_Cash_Transfer SoP Nigeria 2016</td>
</tr>
<tr>
<td>Project Proposal (FFP Submission Package)</td>
</tr>
<tr>
<td>Action Against Hunger-NG_Project ME Plan and Calendar - Yobe State</td>
</tr>
<tr>
<td>Price_Monitoring Nigeria-Yobe</td>
</tr>
<tr>
<td>Q1, Annual Results Report, Q3 Reports</td>
</tr>
<tr>
<td>Appendix AAH Nigeria Risks and Controls Cash Transfer Program Sept 2015</td>
</tr>
<tr>
<td>Project Baseline survey report, PDMs reports</td>
</tr>
</tbody>
</table>

\(^{39}\) This list is non-exhaustive.
Annex V: List of people to be interviewed

The evaluator will interview the following stakeholders:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Organisation</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Reiner</td>
<td>DCD-Humanitarian Program</td>
<td><a href="mailto:dcd-hum.ng@acf-international.org">dcd-hum.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Oliver Madrelle</td>
<td>Finance Coordinator</td>
<td><a href="mailto:Admin.ng@acf-international.org">Admin.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Matthew Jabati</td>
<td>Field Coordinator</td>
<td><a href="mailto:fieldco-da.ng@acf-international.org">fieldco-da.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Adama Diarrassouba</td>
<td>Logistic Coordinator</td>
<td><a href="mailto:Logco.ng@acf-international.org">Logco.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Yannick Pouchalan</td>
<td>Country Director</td>
<td><a href="mailto:cd.ng@acf-international.org">cd.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Dominic Oyugi</td>
<td>M&amp;E Coordinator</td>
<td><a href="mailto:Maeco.ng@acf-international.org">Maeco.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Jose Estuar</td>
<td>Food Security and Livelihoods Coordinator</td>
<td><a href="mailto:fslco.ng@acf-international.org">fslco.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Fahad Zeeshan</td>
<td>Nutrition Coordinator</td>
<td><a href="mailto:nutco.ng@acf-international.org">nutco.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Amad Khan</td>
<td>Cash Program Manager</td>
<td><a href="mailto:cashpm-da.ng@acf-international.org">cashpm-da.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Ibrahim Babatunde</td>
<td>Cash Deputy Program Manager</td>
<td><a href="mailto:cashdpm-da.ng@acf-international.org">cashdpm-da.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Afomachukwu Okafor</td>
<td>M&amp;E Deputy Program Manager</td>
<td><a href="mailto:mandedpm-da.ng@acf-international.org">mandedpm-da.ng@acf-international.org</a></td>
</tr>
<tr>
<td>Abdul Gafar</td>
<td>Finance Officer</td>
<td><a href="mailto:finoff-da.ng@acf-international.org">finoff-da.ng@acf-international.org</a></td>
</tr>
</tbody>
</table>

External (Details will be shared in the field)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Organisation</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGA Officials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture Development Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant International Organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list is non-exhaustive.
Annex VI: Good Practice Template

The evaluation is expected to provide one (1) key example of Good Practice from the project. This example should relate to the technical area of intervention, either in terms of processes or systems, and should be potentially applicable to other contexts where Action Against Hunger operates. This example of Good Practice should be presented in the Executive Summary and the Main Body of the report.

<table>
<thead>
<tr>
<th>Title of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Max. 30 words)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovative Features &amp; Key Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>(What makes the selected practice different?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>(What was the rationale behind the good practice? What factors/ideas/developments/events lead to this particular practice being adopted? Why and how was it preferable to other alternatives?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Further explanation of chosen Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Elaborate on the features of the good practice chosen. How did the practice work in reality? What did it entail? How was it received by the local communities? What were some of its more important/relevant features? What made it unique?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practical/Specific Recommendations for Roll Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>(How can the selected practice be replicated more widely? Can this practice be replicated (in part or in full) by other Action Against Hunger programmes? What would it take at practical level? What would it take at policy level?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How could the Good Practice be developed further?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Outline what steps should be taken for the practice to be improved and for the mission to further capitalise on this good practice)</td>
</tr>
</tbody>
</table>