

Evaluation of the Social Safety Nets Programme

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1. Executive Summary

This report outlines the findings and recommendations of an evaluation of the Social Safety Nets (SSN) project which was undertaken in May 2018.

Since 2005, the ICRC psychological / health department has assisted Survivor/victims of sexual violence through support to a number of MHPSS structures which provide urgent medical care and psycho social support. While this support helps to address the trauma resulting from incidents of sexual violence, these women also have to endure severe social stigma leading to rejection by their families and communities and leaving them and their children socially isolated and destitute. This leads to negative coping mechanisms, which in turn puts them at risk of further violence.

The SSN model is intended to break this cycle by enabling Survivor/victims to “reintegrate” into their community through support to rebuild their social and economic capital; regain their dignity and self-respect and reduce the stigma of being abandoned by their family/husband due to sexual violence.

The ICRC developed an integrated approach to socio-economic reintegration through recurrent, predictable and reliable payments to Survivor/victims of sexual violence who are identified as particularly vulnerable. Survivor/victims are selected based on referrals from ICRC supported MHPSS services which offer psycho-social support survivors/victims of violence. The SSN support includes an unconditional cash grant along with some training and support for income generation and financial management.

The pilot project targeted 100 survivors/victims of sexual violence and ran from November 2014 to December 2015, lasting 16 months with a three-month inception phase, an 11-month implementation phase, and a two-month closing phase. Grant recipients received four cash transfers two months apart through two local cooperatives as well as sessions on money management, and income generating activities.

BRC then financed a second project phase (November 2016 to April 2018), which assisted 500 Survivor/victims/victims of sexual violence from six localities in four priority zones with a cash transfer of 500 USD. The grants were transferred both through savings and credit cooperatives and through mobile money transfers using the leading mobile money agent in country. The programme managed a five-fold increase in grant recipients by phasing with two groups of 250 beneficiaries in two overlapping seven-month cycles.

The overall purpose of this evaluation was to review the outcomes and impact of the ICRC/BRC Social and Economic Safety Net programme, to review the procedures and modalities used, and to make recommendations for future implementation and replication. (See Appendix 2 for full ToR).

The data collection was qualitative from interviews and focus groups with a range of participants. Security issues disrupted plans to visit one zone but two other zones were visited. Some phone interviews were conducted with grant participants and focal points in zones not visited.

Overall the project has had a clear positive impact on the lives and livelihoods of the grant recipients and their families. The grant, alongside support, information and training has helped them to make choices and to take action to improve their lives. The evaluation after the pilot in 2015, suggested that outcomes were sustainable and that the women and their families had a greater resilience to shocks. During the current evaluation, some women had examples of how they had managed to sustain their businesses through different crises such as fire or floods. There were a few examples where the shock *had* affected the household economy for example by women having to use their savings to re-start the business.

One of the project indicators was the proportion of beneficiaries targeted who declare an improvement in their socio-economic situation within their community by the end of the project. Post-distribution monitoring among 69 participants showed that 87% felt that they were accepted/integrated by their family. Monthly average revenue per household had also improved as had the Essential Household Item score and the Food Diversity score. There

had been a decrease in the use of negative coping strategies. Household debt had decreased from 76% of the sample to 11%.

There were positive results for re-integration into society, but women also talked about how they had coping mechanisms so as not to be recognised as a participant in the project and therefore a survivor/victim of sexual violence.

The SSN Model was evaluated for efficiency and replicability especially in the context of protracted conflict. It was felt that the model needs to build in better contingency and flexibility to accommodate the high likelihood of external delays.

The use of cooperatives and mobile money for cash transfers was assessed and the conclusion seems to be that, the use of cooperatives has proved to be more efficient than mobile money. This could have been due to limited service coverage in the province.

Grant recipients were selected from lists supplied by the ICRC MHPSS support services with some criteria for selection. The MHPSS support service staff are not involved in any stage of selection and do not work on the project, so confidentiality is assured. The evaluation team propose that more consistent and objective criteria such as the Household Economy Analysis (HEA) be used as this produces good data on vulnerability that could be used alongside the project criteria.

The amount received is considered adequate, but the transfer periods need to be adjusted as according to the last distribution monitoring, participants wanted to receive the first instalment immediately at the time of discharge from the MHPSS support service. Seasonality and especially the lean season should be taken into account when planning distribution. It is recognised that this may not always be feasible.

The actual running of the project was also reviewed. The current monitoring system was considered adequate but there are recommendations to consider different livelihood tools for assessing outcomes. Communication and documentation were highlighted as issues to be addressed. As far as staff was concerned, some of the Focal Points are men even though they are working with vulnerable survivors/victims. This is due to the small pool of candidates and women applicants not always meeting the criteria.

During the evaluation there was a great deal of discussion of protection risks but overall except for one incident, protection has been handled well. The evaluation team did hear of an incident through various versions highlighting the fact that careful documentation is important and more discretion is needed. Measures are in place to maintain a level of confidentiality and discretion but internally to ICRC, confidentiality worked less well.

One of the points raised about this project is that although survivors/victims of sexual violence are supported, there is no component to reduce or prevent the violence happening in the first place.

Recommendations for expansion and replication of the Social Safety Nets model to other contexts and /or with other vulnerable groups

Overall recommendation: Continue with and expand the model in the current context. The model could also be introduced in other contexts of protracted conflict where survivors/victims require support as well as with other vulnerable groups in need of support

In order to replicate this model, the following recommendations are suggested:

- Develop guidance and/or standard operating procedures to guide introduction and expansion in a new context – how to adapt to different contexts and to different groups. Part of the guidance should be about talking to and listening to the vulnerable groups with whom the project will be implemented to ensure that design is appropriate and effective
- Build flexibility more proactively into the model rather than reacting to unplanned events (which are to be expected in a complex conflict contexts)
- Keep the focus on supporting positive outcomes for vulnerable people trying break out of negative cycles of destitution and become more financially autonomous with better socio-economic integration.
- Compliment the approach with other protection work
- Better planning when replicating the model for example planning for a longer period (three years), carrying out a good assessment and feasibility study, having contextualized SOPs
- Having a clear outcome objective as to what the end result should be: women's socio-economic status the same as it was pre-incidence or compared to other women in the community. Consider resilience and how to measure it
- Ensure field officers have sufficient knowledge of technical as well as working with vulnerable groups
- Focal points - Do not recruit focal points from the same organizations from which grant recipients are referred, employ women, make sure they can work with vulnerable groups and monitor closely with zero tolerance messaging
- The model aims to rehabilitate survivors/victims not to address SV prevention – something that might be considered in another programme

Summary of specific recommendations for continuation

- For future projects establish a specific objective or intended outcome which is SMART and which assesses whether the grant recipients achieve a level of socio economic integration which takes them out of extreme poverty as defined using objective measures such as recent household economic analysis (HEA). Resilience indicators and outcomes should also be included.
- A feasibility study for the use of mobile money should be incorporated into the zone selection.
- Consider operating in areas where there is not an ICRC supported MHPSS service in order to increase the options for continuing to give cash grants to survivors/victims.

- Consent for referral should be sought from patients before they are discharged from MHPSS service MHPSS service to speed up the process
- Speed up the process by having a shorter time between discharge and referral and getting permission and copies of ID card copies at the first meeting with grant recipients
- Quantitative and evidence-based vulnerability criteria that are locally relevant exist and should be used in selection of participants – the HEA vulnerability criteria or criteria used by other actors in the area could also be considered
- For decision-making around cash amounts – do a market analysis first, assess market prices on an ongoing basis, consider a shorter period between tranches and take into account seasonal calendars when planning timing of transfers
- Develop an encashment plan at least two weeks prior to the transfer with the partners which can be delivered easily to ensure that a sufficient amount of funds are available at Kiosque sites in the field and in USD as pre-agreed in the contracts
- Assume some recipients will be unfamiliar with phones and problems may arise
- Design training that is appropriate to the participants' learning needs and educational experience
- Introduce training on sexual and reproductive health and more training on nutrition and dietary diversity
- Broaden the pool from which FPs can be recruited in order to minimize links with the MHPSS service provider and maximize opportunities to recruit women
- Selection of focal points through the ICRC supported MHPSS provider does appear to present a risk for the programme especially because the focal points are recruited from the same organisation that runs the MHPSS service.
- Greater separation from the ICRC supported MHPSS services and trialling other referral mechanisms and /or recruiting focal points from outside of the MHPSS services MHPSS service organisations
- Further separate the ICRC supported MHPSS services from the project including recruiting focal points through other organisations and piloting other referral mechanisms
- Partnerships with NGOs working with SGBV.
- Make sure that ICRC internal communication and information sharing happens early and is consistent.
- Maintain training and reinforcement about confidentiality amongst the beneficiaries and the focal points
- Take same care with regards to bringing candidates together during assessment as with the distributions to ensure minimum visibility
- Communicate with key community actors in general terms in advance to minimise issues
- Ensure that whatever referral mechanism is used that medical confidentiality is respected

Acronyms

BRC	British Red Cross
CEA	Community Engagement and Accountability
CFA	Swiss francs
CSI	Coping Strategy Index
ECOSEC	Economic Security
EHI	Essential Household Items
HDDS	Household Dietary Diversity Score
HEA	Household Economy Analysis

ICRC	International Committee of the Red Cross
IGA	Income-generating Activity
FEWSNET	Famine Early Warnings Network
FO	Field officer
FP	Focal Point
MEB	Minimum Expenditure Basket
MHPSS	Maternal Health and Psychosocial support
PDM	Post Distribution Monitoring
SGBV/SV	Sexual and Gender-based Violence/Sexual Violence
SOP	Standard Operation Procedures
SSN	Social Safety Nets
USAID	United States Aid
USD	United States Dollar
VSLA	Village Savings and Loan Association

2. Introduction

This report outlines the findings and recommendations of an evaluation of the Social Safety Nets (SSN) project which was undertaken in May 2018.

Since 2005, with the support of the BRC, the ICRC psychological / health department has assisted survivors/victims of sexual violence through support to a number of MHPSS services which provide urgent medical care and psycho social support. While this support helps to address the trauma resulting from incidents of sexual violence, these women also have to endure severe social stigma leading to rejection by their families and communities and leaving them and their children socially isolated and destitute. This leads to negative coping mechanisms, which in turn puts them at risk of further violence.

The SSN model is intended to break this cycle by enabling survivors/victims to “reintegrate” into their community through support to rebuild their social capital; regain their dignity and self-respect and reduce the stigma of being abandoned by their family/husband due to sexual violence. The support includes an unconditional cash grant along with some training and support for income generation and financial management.

The ICRC developed an integrated approach to socio-economic reintegration through recurrent, predictable and reliable payments to survivors/victims of sexual violence who are identified as particularly vulnerable. Survivors/victims are selected based on referrals from ICRC supported MHPSS services which offer psycho-social support to survivors/victims and other victims of violence. This project is a departure in some ways to how ICRC has worked to date, it is an approach more geared to longer term impact on a vulnerable population in the context of a complex protracted conflict.

The pilot project ran from November 2014 to December 2015, lasting 16 months with a three-month inception phase; an 11-month implementation phase; and a two month closing phase for a total cost of CHF 290,000 (£203,000). The project, implemented in four zones assisted 100 people directly: 85 survivors/victims of sexual violence and 15 other vulnerable heads of household from the community. Grant recipients received four cash transfers two months apart through two local cooperatives as well as sessions on money management, and income generating activities.

The pilot was evaluated in May 2016 with a conclusion that it was “*a complete success for the socio-economic reintegration and building up the resilience of the beneficiaries*”. The evaluators assessed that “*with proper planning, cash transfer, project discretion and beneficiary confidentiality (the project) can be established and maintained*”. However, it was noted that the project had not built ICRC capacity to implement similar projects and that grant recipients were not linked to external resources that might lead to self-reliance.

The evaluators envisaged potential for a scale up to 50% of the caseload from the ICRC-supported MHPSS Services and estimated that this could result in higher economic efficiency in particular if the programme could run without a dedicated delegate and more delegation of responsibilities to Field Officers and Focal Points.

Recommendations for replication included:

- Replicating at scale successfully in other locations required institutionalisation of procedures and tools
- Introduction of a seven-month cycle continuous enrolment process
- Optimisation of the monitoring process to include more beneficiary technical support
- Intensification of grantee training, especially with the inclusion of information on health/hygiene/nutrition to give the project a public image and divert attention from the SV-cash component.

Following on from this evaluation, BRC financed a second project phase (November 2016 to April 2018) which assisted 500 survivors/victims of sexual violence from six localities in four priority zones with a cash transfer of 500 USD. Despite delays and challenges the project distributed the full amount to all 500 (with one exception being the death of grant recipient; the remainder of the grant was given to her family). Year two of the programme adopted most of the evaluation recommendations although it retained a dedicated delegate) and did not invest in developing and standardising SOPs.

The objective for year two was for *“500 women survivors/victims of violence, discharged from ICRC-supported MHPSS services, to have returned to their socio-economic status as pre-incident by granting USD 500 in a series of payments to each through savings and credit cooperatives in the form of productive social safety nets”*. The cash was transferred in three instalments; two of 150 USD and one of 200 USD. The first instalment was intended to deal with emergency needs and the two following instalments were intended as a productive element to support the women to build up assets and income generation activities.

The grants were transferred both through savings and credit cooperatives and through mobile money transfers. This introduced a new mini pilot to year two as the use of mobile money was simultaneously tested and implemented in all project zones.

By 10 April 2018 all grant recipients had received a transfer of 500 USD. There was only one reported example of problematic use of the money (which was dealt with by transferring the money to the woman’s daughter with her consent). The programme managed a five-fold increase in grant recipients by phasing with two groups of 250 beneficiaries in two overlapping seven-month cycles.

There were some challenges and delays relating to the cash transfer modalities, in particular to do with the introduction of a mobile money partnership and issues with actual or alleged malpractice and fraud, which delayed or impeded transfers in one zone.

3. Evaluation Purpose and objectives

The overall purpose of the evaluation was to review the outcomes and impact of the ICRC/BRC Social and Economic Safety Net programme and make recommendations for future implementation and replication. (See Appendix 2 for full ToR)

The main areas covered in the review include:

- The relevance and appropriateness of the intervention
- Effectiveness and cost effectiveness
- The efficiency of the programme
- The sustainability of the intervention
- Protection aspects
- The impact of the intervention since the pilot phase
- Scope for extension or replication elsewhere

Review audience

The primary audience for this review is the British Red Cross, the ICRC EcoSec Department in and Geneva, Protection Department and Health Department.

4. Methodology

The evaluation took a utilization-focused approach in order to be of immediate practical use to respective audiences for continuation, expansion and replication of the Social Safety Nets model.

The team drew on project documentation for a desk review including post-distribution monitoring, baseline and endline data to inform the approach to and later triangulate findings from a three-week visit to the project area. Initial findings informed the evaluation framework (summarized in Appendix 3) and the topic guide for interviews and focus groups. This desk review was supplemented as further documents were received during the evaluation.

Data collection was qualitative in order to elicit the concerns, priorities and experiences of grant recipients and those implementing or supporting the implementation of the project. Focus groups were held with project recipients and with health and protection teams. Interviews were held with ICRC key stakeholders and focal points supporting the project as well as financial provider partners. The extreme confidentiality built into the project limited the evaluation to these groups as any community based activity would have risked raising the profile of the project and the grant recipients. No questions related to the traumatic event experienced by the survivors/victims were asked and sensitive issues were avoided. Measures were taken to ensure confidentiality during data collection and reporting.

Topic guides for interviews and focus groups were reviewed with the project delegate and health and protection staff in ICRC delegations prior to finalizing interview questions and methods. The focus group discussions guides were adapted as and when it was appropriate to do so.

Focus group (10-12 women in each) and key informants were selected from:

- a range of locations
- Users of mobile money for cash transfers
- Users of Cooperatives for cash transfers
- A small number of pilot project participants

Quantitative data from post distribution monitoring, baselines and endlines was used to compare results during the life of the programme

Security issues disrupted plans to one zone but two zones were visited. Some phone interviews were conducted with grant recipients and focal points.

4.2 Limitations of the methodology

Due to the high level of confidentiality and sensitivity of this project, the decision was made to use ICRC staff as interpreters. The Project Officers interpreted for the BRC members of the evaluation team in interviews and focus groups¹. This was counter balanced to some degree by the presence of a member from ICRC who conducted some interviews and co- led the focus groups.

Observation suggests that the presence and in the case of phone interviews mediation, by project officers had the advantage of making participants feel less nervous, but also almost certainly inhibited the expression of some views where these might reflect badly on the project officers who are clearly valued and respected by the grant recipients.

Due to the level of confidentiality within which the project operates it was not possible to talk to the wider community including community leaders. Visits to women's homes was also not possible. There could have been some bias towards selecting women who were doing well but this was not proven.

5. Findings

5.1 Impact on the lives and livelihoods of women and their families

The project has had a clear positive impact on the lives and livelihoods of the grant recipients and their families. The grant alongside support, information and training has enabled them to make certain subsequent choices and actions.

Some of the outcomes which contribute to impact in the women's lives were:

- Increased and diversified income
- More meals per day
- Improved living conditions – household goods or building own house
- Ownership of assets – land, house or livestock
- Children in school
- Debts repaid
- Able to save and manage productive debt
- Knowledge and skills about money management and income generation
- Social reintegration
- Improved levels of self-confidence as a result of all of the above which in turn enables the above
- No longer resorting to negative coping strategies

In 2015, the evaluation suggested that the outcomes were sustainable and that the women and their families had some/greater resilience to shocks than would have been the case after the incident but before receiving the grant. During the current evaluation, some of these women reported that they had managed to sustain their businesses and some degree of family stability through crises that have occurred since the project started. Despite the crises (for example losing a home to fire or the floods in April 2018), they feel

they now have capital, assets and income generating activities (IGA) strategies to help them weather each storm. They felt they can stay in business and keep their children in school. This is a significant difference to the hand to mouth existence prior to the grant.

However, there are also set-backs as in the examples below and it is important to remember that not only are these women often female-headed households but that the area in which they live means are prone to numerous shocks.

Case study 1

One grant recipient had a small business selling maize and beans. This went well and the business grew. But then one day when she was at the market her house was burgled and they took the money she had left there which was 300 USD. She didn't know what to do. She borrowed some money from a family member and used that to restart her commercial activities. She could also continue to pay school fees and meet the food and health needs of the family. She will need to pay back the debt but with her business and her field she can still meet the need of the family including rent, schooling and health.

She didn't continue to save at the cooperative. She thought about doing it but the money was stolen before she did anything.

Case study 2

Another recipient saw changes in her life as a result of the grant. Her family ate well and were clothed. She had started a business selling maize and beans. Life has continued well until the floods in 2018 which resulted in her house collapsing. She had to draw out all her savings from the cooperative to deal with that. Now her account is empty.

She is currently doing less selling but if it continues to go well then she will start saving again. Her six children are still in school. She has health problems so she has to pay for treatment and work less than she used to.

There are also examples of where households were not able to mitigate the effects of a disaster

Case study 3

Another woman explained that initially she started a small business selling food products in particular tomatoes. But that didn't work all that well so now she is selling sweet potatoes and that seems to work better. She invested in her fields but all of her produce rotted because of the floods. She lost much of her agricultural produce.

Before the floods she kept some money in the cooperative but now she can't save because she needs the money to invest in her commercial activities. So she is using her savings due to the lost harvest.

What's more she is currently finding it difficult to source sweet potatoes as there are problems with damage to the roads and a collapsed bridge which mean there is less transport. The state of the road is damaging business.

The monitoring data, and interviews and focus group data discussions suggest that despite these setbacks, the grants do support resilience and that there is the potential to sustain the immediate gains from the grant into the following years.

A number of factors contribute to this:

- The women have developed knowledge about savings and credit and now have some capital to enable them to save and apply that knowledge. This means that they can make longer term plans as well as having a safety net
- They have an understanding of income generation strategies and options and the importance of diversification
- They have growing confidence in using mobile money and/or cooperatives and/or VSLAs
- They have growing confidence in making decisions for themselves
- all of this contributes to greater socio-economic reintegration because they are part of the local economy

Example 4

At the end of the pilot project one woman had a field where she grew vegetables and a small home shop. Prior to the assistance she was doing some very small commerce but with the assistance she increased her business. People started to notice and then started to ask questions and to ask for things. Initially she believed they had good intentions but then she began to realise that they were checking on her. At one point there was an attempt to break into her property.

She no longer felt secure and decided to close the shop. She liquidated her stock and invested money in more fields that meant she had food for her family and could pay school fees. She started to take the produce to market. This was less profitable than her old business and for a little while they ate less well. But things improved when she started to rent out sections of her fields to others. Being in poor health and unable to cultivate the fields herself she has to pay others. For now she doesn't want an additional activity because she doesn't want the visibility that comes with it. She doesn't want to take risks. She tried to not show that things were going well this time. Stopping the shop and investing more in the fields meant that she was less visible. As she says "with the fields you meet your needs but with the shop I had a little bit more money."

The developments in skills and understanding from training and accompaniment during the process help to enable the grant recipients to grow their small businesses. The women interviewed for the evaluation demonstrated that they had developed skills and capacities in money management and micro business development, leading to greater self-confidence. They talked about their strategies for choosing particular IGAs and for diversifying income, and for the choices they made for how they spent money (housing versus livestock for example) and their approach to and reasons for, saving money.

The positive changes in their lives reported by women included paying for healthcare; keeping children in school; purchase of livestock; starting a business; paying off debts and "being able to eat three times a day."

Example 5

A 25 year old woman at a workshop who has 3 children said that she now has a house and she has a trade. She has learned how to sew and make clothes and she has been able to improve the level of household goods and clothing. She has been able to send her kids to school and pay medical fees and they can eat proper food three times a day.

Focus group participants were asked about advice they might give to a woman who was just starting out and getting ready to receive the first installment of the grant. Management

was seen as important, both for a business and for money and therefore advice was about making good use of the training:

“The only really important piece of advice is to follow the training about how to manage money so that she can leave the life she has behind and reach another.” Or “To learn how to invest and save and protect herself. We learned that through this project”.

Diversity of activities was also seen as important:

“You need to have several activities, agriculture, livestock, and savings - that way you can resist problems and shocks. It’s important to diversify” or as one person said, making sure *“you choose an activity that is really profitable.”*

It was important to make priorities and not to buy to impress: *“Spend money on priorities not on things that show that you have money,”* or on luxuries such as *“jewellery and pretty things”* especially if this meant children did not go to school and the neighbours started to talk about it. It was about *“being discreet don’t be ostentatious.”*

There were definitely things women should not do such as *“being wasteful”* and not being well-dressed as *“this attracts men”* and then they *“take advantage”*. Keeping ones dignity was seen as important. Even within the family, it was necessary to take care because if children *“see things are going well they might start wasting money.”*

ICRC staff (working on the project or close to it) also identified improvements to lives and livelihoods which reflect those shared by the grant recipients. One senior manager said *“From a management perspective the project has had a positive impact. It has been overwhelmingly positive for the people involved.”* Focal points and ICRC staff stressed that the grant had enabled many recipients to gain a degree of independence with control over their income and some areas of decision-making.

The work was described by some as a much needed compliment to the other protection work supporting survivors/victims of sexual violence through psycho social support. At the end of this support delivered through the MHPSS servicewomen were not able to address or move on from the difficulties because of the socio-economic consequences of the violence and this project has served as a way of addressing that need.

Finally, it is not possible to draw conclusions about the economic impact that the project may have had (positive or negative) on the wider communities where these women live. However, given the small numbers in each locality it is unlikely to have any impact on local markets, as although the cash distributed was not insignificant, the widespread locations of the women, and the consequent low cash influx are not likely to influence market prices. Although in some places, where most women initially opted for very similar IGAs (charcoal and fire wood) there could have been a negative both for the women and for others in the business.

As demonstrated by the HEA reports, the livelihoods of the areas in which the project operates are largely the same, although the variety of income sources and level of income vary with levels of wealth within the communities. As such, the women have adopted livelihoods activities that are typical of the area and have diversified their income by selecting different activities which will bring profits at different periods of the year. Although there may have been some competition in places like it is unlikely that the women’s choice of income-generation activities had a negative impact on the local economies.

5.2 Project contribution to the socio economic reintegration of survivor/victims of sexual violence

The specific objective for the project was:

Between September 2016 and December 2017, 500 women victims of sexual violence, discharged from ICRC-supported MHPSS services, returned to their socio-economic status as it was before the incident, through the granting of USD 500 to each through savings and credit cooperatives in the form of productive social safety nets.

The evaluation team felt that they were unable to assess this progress against this objective because:

- they were not able to verify the situation of the grant recipient prior to the incident that they experienced
- Many of the women were not heads of households prior to the incident so the situation is not comparable
- Only data post-incident exists

The team argue that this is not a particularly useful objective in terms of assessing the progress for these women. If the objective of the programme is to enable the grant recipients to achieve and sustain a level of economic and social wellbeing that takes them out of destitution then it would be more useful to assess this against local norms: how these women are faring compared to others in their communities.

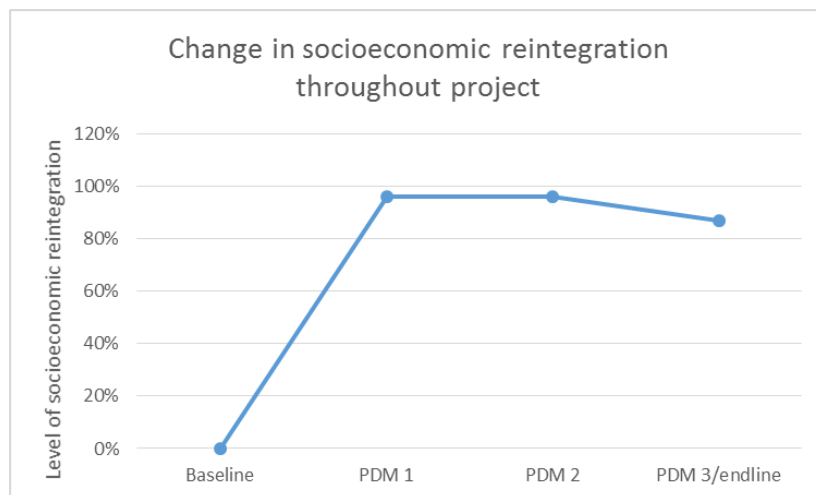
In this evaluation the Household Economic Analysis (HEA) assessments undertaken in late 2017 were used as a benchmark to evaluate the situation of these women.

There appears to be a clear pattern of how the money was used: the first transfer was primarily used in most cases to meet immediate needs, for which a number of recipients were in debt. The second and third transfer were used to purchase land, small livestock, and capital assets. Sometimes a part of the second transfer was saved until the third transfer arrived in order to purchase larger assets.

The findings of the post-distribution monitoring (PDM) reports were analyzed against the prevailing seasonal factors during the time of data collection in order to provide a fuller explanation of the results.

5.2.1 Indicator 1: Socio-economic situation within the community

One of the project indicators was the proportion of beneficiaries targeted who declare an improvement in their socio-economic situation within their community has improved by the end of the project. Post-distribution monitoring among 69 participants showed that 87% felt that they were accepted/integrated by their family. The diagram below shows the difference between baseline, endline and PDMs.



There is an unexplained dip from 96% perceived reintegration to 87% following the receipt of the second transfer. In the interviews and focus group discussions undertaken during this evaluation, almost all women described a consistently positive change in their socioeconomic circumstances since the beginning of the transfers.

An additional indicator of socioeconomic reintegration – which was taken at both the base line and endline – is the level of income following transfers. Beneficiaries' level of income has, on average, increased tenfold from the baseline, demonstrating the effectiveness of the transfer on meeting the objective of increased income (figure 2).

A principal reason for the increased levels of socioeconomic reintegration and increased income is that the grant recipients have greater financial autonomy.

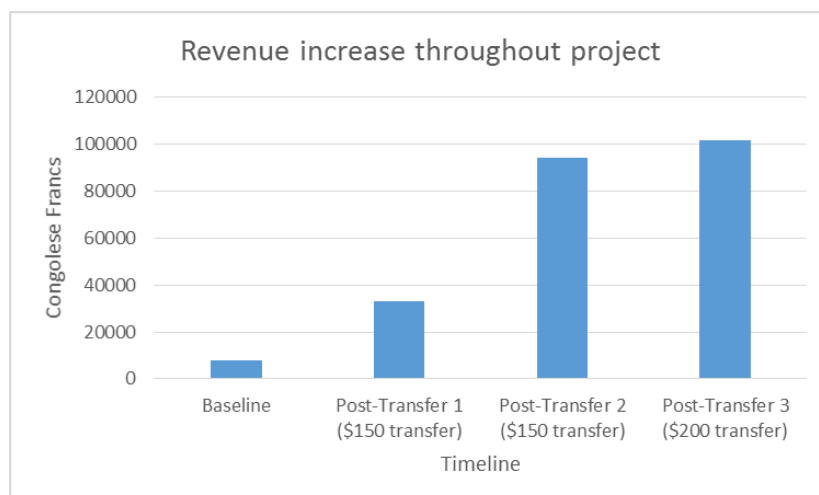


Figure 2. Average revenue amounts over the assistance period based on main sources of monthly income for 69 respondents

Prior to assistance the average monthly revenue of the respondents was around five USD per month. At the endline it was 62 USD. The comparatively small increase in revenue from the baseline to the first transfer can be explained by the fact that in most cases the majority of this transfer was used to meet immediate needs – including food, medicine, school fees, and shelter hence income would not rise significantly until after the following transfer. On average, income – comprised of a combination of small commerce and agriculture/livestock-rearing – increased steadily towards the end of the project.

Additionally, the post distribution monitoring (PDM) was conducted during the lean season – a period of the year when staple food prices and health expenditures are high. As such, it is possible that the level of income following the first transfer was additionally impacted by what normally happens to households during the lean season.

This finding was confirmed during the interviews and focus groups, where most respondents stated that they used the first transfer to meet their immediate needs, the second and part of the third to invest in their livelihoods, and the third to continue investing, and also to save money.

Average monthly household revenue at the end of the project was \$64. Within the context—and without taking into account the seasonal fluctuation in income – these women are earning roughly what a ‘poor’ household in livelihood zones earns per month. This suggests that the grant recipient’s incomes are not rising too dramatically in comparison with what is contextually relevant. This is critical to these women’s social reintegration, as the women who participated in the evaluation process raised the concern that they were perceived as becoming wealthier suddenly after they were ostracized, creating suspicion within communities. As women explained in the focus groups: “spend money on priorities not on things that show you have money.”

5.2.2 Indicator 2: Proportion of beneficiaries who by the end of the project have an essential household items (EHI) score higher than the threshold level (10)

By the end of the project 15% of recipients had an EHI score lower than 10 compared to 45% at the start of the project.

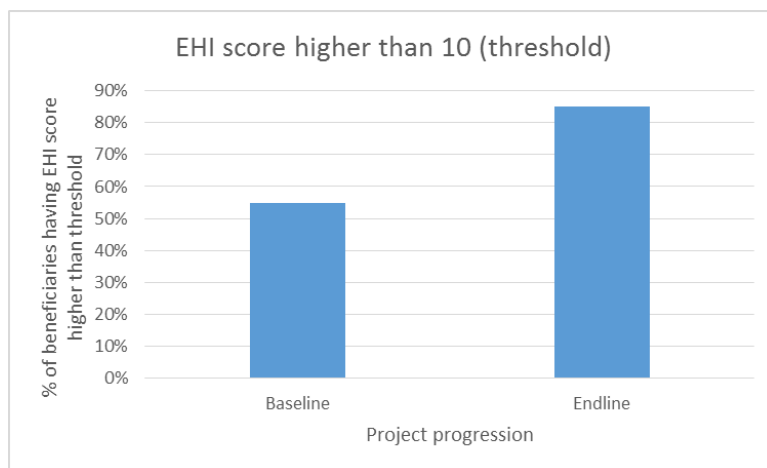


Figure 3

A household’s material living conditions is one indication of their overall level of wellbeing, and satisfaction with life. An increased ability to invest in durable and productive assets demonstrates that these women have been able to not only meet their essential needs, but this to invest in their future. Across the course of the transfers, the proportion of beneficiaries having an EHI score of above 10 (the threshold for poverty) increased by 30%. This demonstrates that most cash recipients were using the second and third transfers to invest in their livelihood activities, by purchasing assets.

Some examples of investments from the final PDM include sewing machines, agricultural land, construction sites, small commerce, and livestock. The HEA analysis for both

livelihood zones notes that among the characteristics of better off and middle income households land and livestock are important as assets².

In addition to being able to improve the physical assets of the household, the women have demonstrably invested in things that will be of long-term benefit. This could indicate that households will be more resilient in the future.

5.2.3 Indicator 3: Proportion of households whose food diversity score is above the threshold level by the end of the project

By the end of the project 42% of beneficiaries had a food diversity score higher than 6 compared to 0% at the start of the project. (Target 100%)

The adequacy of a household's diet can indicate not only whether a household is materially and nutritionally secure, but also their general level of physical wellbeing. The Household Dietary Diversity Score (HDDS) – based on 'the number of different food groups consumed over a given reference period'³ – calculates how diversified a household's diet is, according to the number of food groups from which they consume. The HDDS can be considered a proxy indicator for a household's socioeconomic wellbeing.⁴

Due to the time involved to complete an in-depth HDDS survey with beneficiaries, this step was only completed at the baseline and endline levels for the project. As a proxy for the HDDS in between the baseline and endline, the project team used the Coping Strategies Index (CSI)⁵ and the number of meals consumed per day to evaluate progress against this food security indicator. The analysis of PDM data for HDDS and CSI demonstrates an overall decrease in the use of negative coping strategies, and an increase in the number of meals consumed per day.

The coping strategies and their weighting – as used by the project team – are displayed in the table below. The choice and weighting of the coping strategies is unclear. For instance, there is no clear explanation for why a consumption-related indicator such as *limiting the quantity of food per meal* is weighted less heavily – indicating that it is less severe – than *borrowing food* or *buying food on credit*. For future iterations of the project, it would be useful to decide on a) which indicators are most relevant given the context, and b) how their weighting corresponds to the other indicators of food security in use for monitoring. This should be clarified prior to the beginning of the next project.

³ Bilinsky, P, and A. Swindale. (2006) *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide, Version 2: September 2006*. Food and Nutrition Technical Assistance (FANTA), and USAID.

⁴ The higher the score a household has, the more diverse their diet. The threshold for consumption of an 'average' diet is a score of six. A score of less than four indicates that an 'emergency' threshold has been exceeded.

⁵ The Coping Strategies Index measures households' behaviour when they cannot access enough food⁵ during a given recall period, usually a week. The CSI calculates a household's relative food security score based on questions that judge both the frequency and the severity of the coping strategies in which they engage. It is important that locally-appropriate coping strategies are analysed, in order to provide the correct basis on which to assess households' level of food security.

Coping strategy	Weighting
Eating less preferred foods	1
Borrowing food	2
Buying food on credit	2
Eating seeds intended for the next planting season	1
Limiting the quantity of food per meal	1
Reducing the number of meals per day	1
Limiting what adults eat in favour of children	3

Figure 4

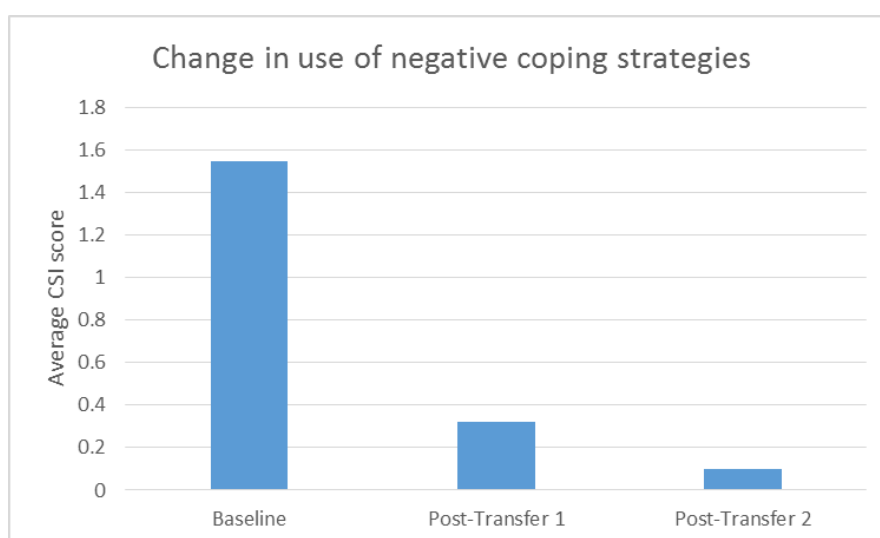


Figure 5

Figure 5 shows the overall decrease in the use of negative coping strategies between the baseline and the PDM following the second transfer. The baseline data was done during the lean season, when households depend more heavily on all coping strategies so could be expected to be high.

The 2018 harvest had started by the time that households were receiving the second transfer and thus both income and food consumption would have increased during this period.

It is not possible to disaggregate the data per coping strategy, which would provide valuable information on the change in the type of coping strategies used. However, the reduction in the use of negative coping strategies overall is in itself a positive sign that households have – thanks to the transfers – a sufficient buffer to not need to rely on potentially damaging coping strategies..

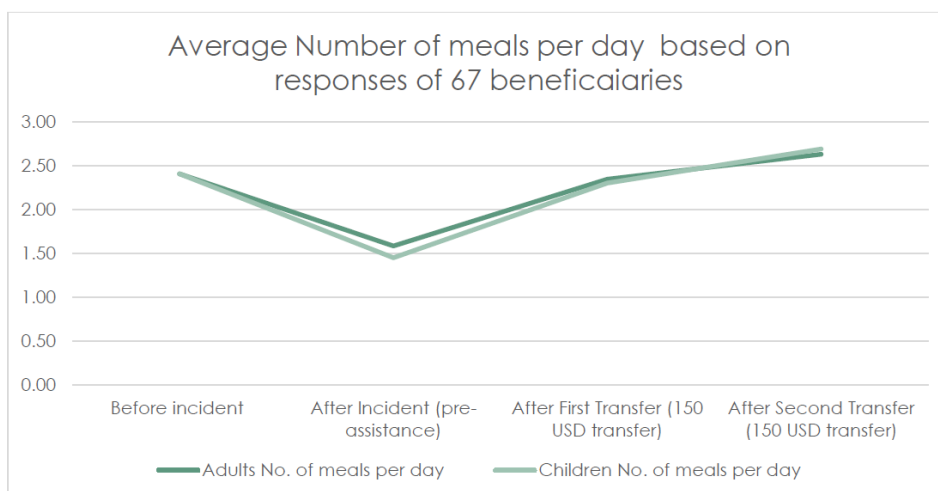


Figure 6

Figure 6 taken from the second PDM report, shows that after receiving the first transfer, households increased the number of meals consumed per day. Although some households are still consuming fewer than three meals per day, their adoption of negative coping strategies has decreased, and their dietary diversity has increased. As one woman in a focus group said; *"you need to have several activities, agriculture, livestock, and savings – that way you can resist problems and shocks. It is important to diversify."* Others did feel that they could serve their children three meals, which were *"varied and diverse."*

Indeed, it is questionable whether consuming three meals per day is typical of any poor or even middle income household. However, as is evidenced by the HEA reports, most households, including the very poor are meeting their kilocalorie needs during an 'average' year – a reference period during which households' level of income and food consumption can be considered to be normal and acceptable.

The proportion of beneficiaries whose HDDS score at the end of the project was above the threshold of 6 was 42%: less than half. Based on an analysis of the endline HDDS data, it is clear that the main food groups from which households are consuming are roots/tubers, dark green leafy veg, oils and fats, and spices/condiments. There are fewer positive responses for the food groups that indicate significant dietary diversity such as fruits, dairy, and meat. No market monitoring was conducted for the project and as such, it is not clear whether households did not purchase these items because of expense, or for other reasons. These scores would put beneficiary households at the endline within either the 'very poor' or the 'poor' wealth group according to the HEA, after receiving the three transfers. This consumption pattern is typical of poorer – and indeed some better off – households in agricultural areas. It is clear that an increased level of income has not directly translated into significantly improved nutritional diversity outcomes.

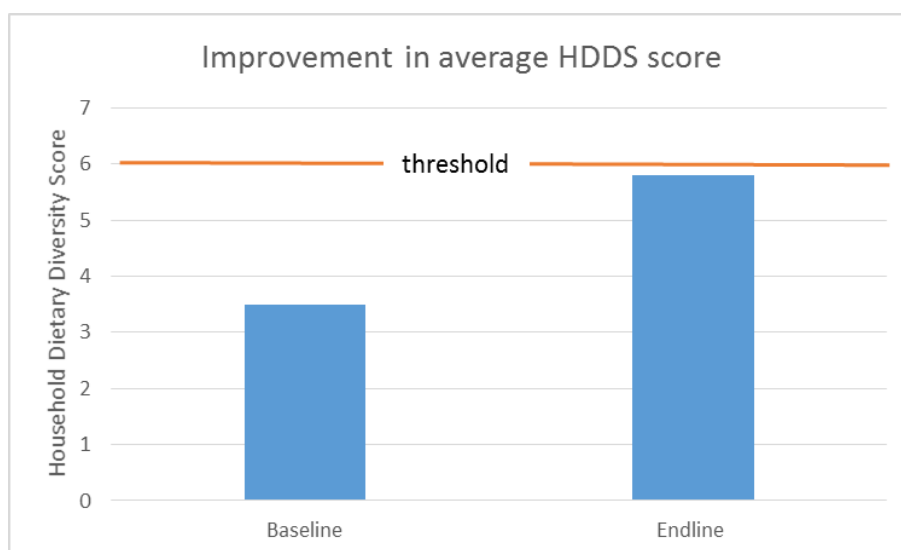


Figure 7

This result could stem from a number of factors. Firstly, although households would likely be able to consume a more diverse diet as a result of increased disposable income, cultural preferences and normal food habits are difficult to change. Secondly, it is possible that the women preferred to prioritise meeting only essential – i.e., energy – needs for food, and invest their transfers in income-generating activities and savings. This notion is substantiated by the significant increase in income post-transfers and the relatively low change in both dietary diversity and the number of meals consumed per day across the transfer period.

Moreover, it is also questionable whether it is possible for households who are so heavily dependent on staple food purchase to meet their basic food needs to experience a truly diverse diet. Within the schema of the HEA, these women have progressed from being very poor to either poor or middle (and in some cases, better off).

Nonetheless, an improved dietary diversity is an important outcome in and of itself, as it indicates that a household has increased its social standing. An improved diet has ramifications for children’s growth, development, and ability to attend school, as well as for breastfeeding mothers.

5.2.4 Indicator 4: Proportion of beneficiaries whose debt level has decreased by at least 80% by the end of the project

At the start of the project 76% of the sample were in debt. This decreased to 11% by the end of the project. The average amount of debt at baseline was 33,969 CFA, or 23 USD (in November 2017). The main reasons for indebtedness at the start of the project were food, schooling, and medical expenses. However the levels of debt did not decrease significantly for those who remained in debt.

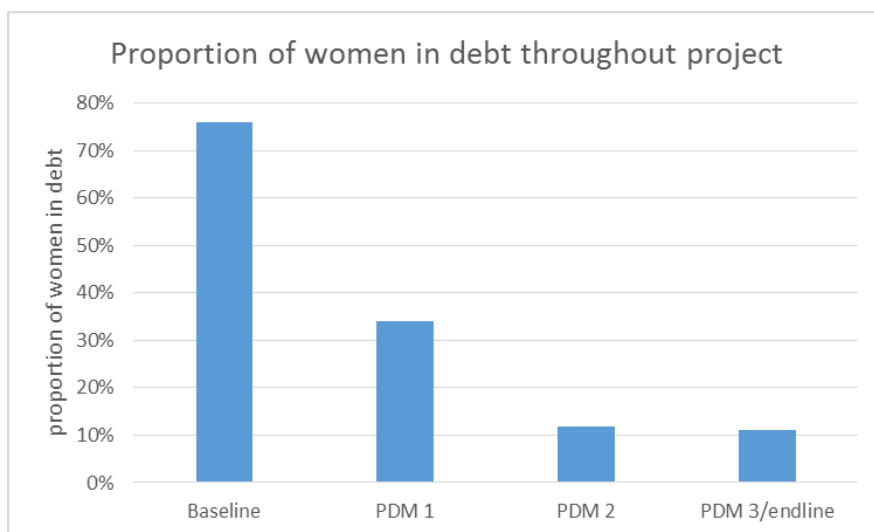


Figure 8

Although the target level of 100% reduction in indebtedness has not been achieved, the overall level of indebtedness has reduced by over 80%. For those women who are still in debt, the main reasons – according to the evaluation interviews and focus groups – are because of investments for livelihoods. Given that the final PDM/endline was undertaken shortly after the final transfer was distributed, it is likely that grant recipients had yet to receive a return on their investment, hence the relatively unchanged level of debt. This is substantiated by the fact that, although the proportion of women indebted decreased across the project, the average amount of debt remained similar. The table below demonstrates the contradictory decrease in indebtedness compared with the relatively stable level of debt.

Average Level of Debt	% of beneficiaries claiming they have debt
33,969	76.5%
45,678	33.8%
39,719	11.9%
39,882	11%

Figure 9

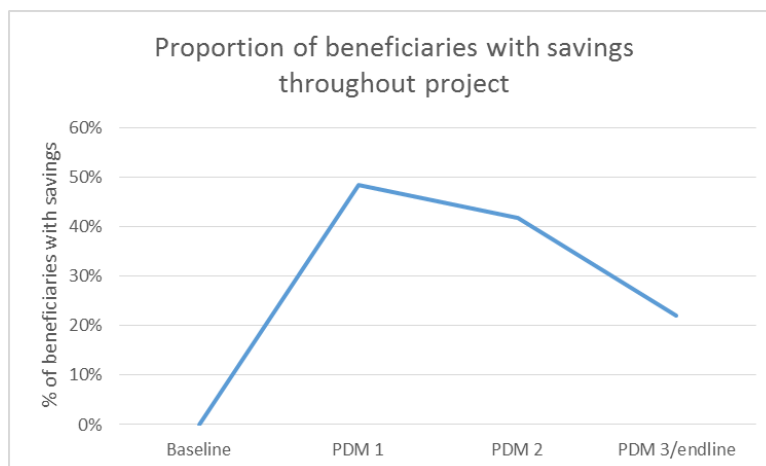
Based on the analysis of the third PDM, and the information gathered during the evaluation interviews and focus groups discussions, a number of women who mentioned being in debt were purchasing livelihood assets on credit, in anticipation of the receipt of their final transfer.

The fact that many of the women are investing in assets suggests that their livelihoods are becoming sustainable. This type of investment indicates that these women have sufficient resources to be able to invest without jeopardizing their ability to meet their essential needs.

5.2.5 Indicator 5: Proportion of beneficiaries who have increased access to physical capital assets

Target 100% Baseline 0%, PDM1 48.5%, PDM2 41.8%, Endline 22%

The information gathered during the interviews and focus group discussions points to a definite increase in the assets owned by grant recipients. Women talked about buying goats or “buying a field and having enough capital to run a small business.” The increase in the Essential Household Goods Score (Indicator 2) substantiates this. The graph below demonstrates the change over time in the proportion of recipients with savings.



It is plausible that the reduction in the percentage of beneficiaries with access to savings is due to beneficiaries using the money they had saved throughout the duration of the project to purchase assets. Indeed, this is substantiated both by the beneficiaries testimonies during the evaluation interviews, and also by the monitoring data which reveals the principal investments for these livelihood choices are the purchase of land and seeds, livestock and livestock drugs, and merchandise and a market stall, respectively⁶.

The significant increase in the practice of livestock rearing indicates that the women perceive having livestock as not only a valuable livelihoods source, but also as an investment and an asset. For many rural households who own few livestock they are a potential source of income and of food, but most importantly they are an investment. They can be sold when times are difficult, to help meet household needs. This use of the animals purchased was highlighted during some of the interviews and focus groups with recipients.

The reduction in the number of women with savings, and the significant increase in asset-intensive livelihoods sources indicates that the women have been enabled to increase their access to physical capital and assets.

As noted in the HEA reports, the principal difference between poorer and wealthier households is access to capital, including savings and loans. Prior to receiving assistance, the women had few assets and were barely able to meet their basic needs.

The interviews from both 2015 and 2017 included a range of attitudes and practices regarding the issue of credit. Any correlation between the cohort and an increased use of credit was not detected. Grant recipients from both years reported taking credit and/or joining Village Savings and Loan Associations (VSLAs) in which they were able to receive interest and take credit. This pattern could not be checked across the cohort, but some women who lived in more remote areas mentioned that options to save were more difficult because of the distances to travel, and they opted to keep their capital in assets such as livestock or stock for their business.

The provision of a social safety net using a cash modality has allowed the women to meet their essential needs, develop livelihoods activities, invest, and even save money. During

⁶ This is not an exhaustive list of the assets required for each type of activity. This is intended to give an overview of the types of assets that would require investment.

interviews with both 2015 and 2017 recipients, it was evident that the women themselves have sought opportunities to expand their financial capacities. They have done this through a variety of means, including in a few cases starting to use mobile money and moving away from Cooperatives to VSLAs from which they received interest on the money they invested.

When asked, the women noted that they were inspired to look for credit and savings options both of their own volition, and because of the training they received. The women should be encouraged to explore the VSLA options in their locale, in order to maximize the gains from their livelihoods, and also to permit further reintegration into their communities. Adhering to these groups within their communities did not appear arouse much suspicion, given how few women are selected from each community and a number of women mentioned using the VSLA not just as a means to save and get credit but also as cover for the visible improvements in their lives resulting from the cash grant.

5.3 Family changes and social reintegration

Consistently women reported improved social reintegration including but also enabled by their children attending school. They highlighted engagement with the wider community through commerce, better health and presentation leading to being more respected by others, family invitations being offered where previously they were excluded, and interactions with neighbors often including being able to lend or share food whereas before they were having to always ask others for food or other basics. Women also reported improved personal confidence and ability to cope. There was also mention of valuing independence. One woman mentioned being able to afford more than two sets of clothes: one for field work and one for best.

A woman in a focus group explained that previously when she went to the river to do washing, she felt left out and had to ask others to lend her soap. Now she felt they were more considerate towards her. Others mentioned being “better accepted” and taking part in community meetings with other women. When discussing increased confidence, one woman said “before I was too afraid and questioned myself every day.” She talked about “feeling free” because she could meet her basic needs.

5.4 Building resilience and recovering from shocks

The purpose of a social safety net is to provide its vulnerable people with a basis from which they can support themselves to thrive and become self-supporting. While this social safety net project has not specifically aimed at resilience, it has had the effect of enabling the grant recipients to develop sustainable and diversified livelihoods. In other words, a social safety net should have resilience as its core aim.

It is too early to establish whether 2017 grant recipients will maintain resilience to shocks although some evidence from the 2015 recipients suggests that the model does enable women and their families to recover from or meet basic needs during future shocks. The ability of some of these recipients to cope with local hazards such as flooding and fires while still being able to meet basic needs is a strong indicator that the project has contributed to resilience among its recipients.

There were some examples where women had struggled to recover such as Example 3 where a woman invested in fields but lost all her produce due to flooding. *“She is using her savings due to the lost harvest” and is also finding it difficult to source sweet potatoes as there are problems with damage to the roads and a collapsed bridge which mean there is less transport.* Overall though, the results are positive. However, the evidence is limited and therefore cannot be generalised. A quantitative look back study in five years would be useful to determine whether resilience really is an outcome of this project.

5.5 Impact on addressing SGBV

Given the limitations of access that are outlined above in the methodology section, it is difficult to establish any wider implications that the project might have positive or negative in relation to prevention or stigmatization.

Something to consider in further evaluation and research would be around any potential change in attitudes as a result of women reintegrating and rehabilitating after an incident. While there is a very thorough approach to discretion and confidentiality in this project to protect the women there is also a likelihood that they are known to have experienced sexual violence, at least in their home villages and with families and neighbors as this is why they were stigmatized and rejected in the first place. Does their example change attitudes?

It was not able to ascertain whether there could be a negative impact where women might make false claims if they see that women who have experienced sexual violence are receiving grants. This can only be assessed where confidentiality has been broken. In one area where this was the case there was also a reported increase in cases and some were deemed to be false. The team were unable to visit that area, speak with the MHPSS service staff who reported this or to establish if other factors (such as a reduction in the presence of the UN peacekeeping force in the area around the same time) could have also contributed to the increase. This is something that should be closely monitored.

The project aim is to rehabilitate survivors/victims not to address sexual violence prevention. As these women's situation improves they might be less at risk of violence but they in turn employ women to work in their fields for example, who along with many women remain highly vulnerable to sexual violence. The project did not appear to be well integrated with other SGBV prevention activities and this is something that the ICRC and BRC should consider going forward in the partnership on addressing SGBV.

6. The SSN Model

Different components of the model were assessed in order to improve impact and efficiency in the context of protracted conflict. This evaluation also looked at replicability of the model.

Given the unpredictability of the unstable working environment, the model needs to build in better contingency and flexibility to accommodate the high likelihood of external circumstances causing delays. For example the disbursement of grants was delayed for some months due to a security travel ban. This is not unusual in the zones where the project operates and should be built into the planning rather than treating any changes in context as delays in delivery when they are unavoidable, common place contextual factors. Evidence from both the pilot and year two suggest that more realistic lead-in times are needed to recruit teams and also to establish relationships with service providers.

6.1 Selection of zones

At the start of the 2017-18 funding period more zones were added.

6.1.1 Criteria for selection

There does not appear to be standardised operating procedures (SOPs) including criteria and process for selecting zones. One important criteria to date has been the presence of an ICRC supported MHPSS services. This is both currently the only means for identifying survivors/victims who may qualify for the project and also a source of information about the scale of need in particular zones.

Linking the project so strongly to ICRC supported MHSS services does restrict the number of zones. It also is not an exportable model beyond the current implementation area. It is recommended that other options for referral are explored to allow wider options for supporting survivors/victims where there are high rates of cases irrespective of the presence of ICRC supported MHPSS services.

A zone also needs to have a viable financial service provider that can support cash transfers. This can be a well-functioning savings and credit cooperative or a mobile money option. This was not systematically considered in establishing the project for year two where the use of mobile money appears to have been an afterthought given the absence of cooperatives in some areas. A feasibility study would have highlighted this constraint.

Otherwise decisions around zone selection are multifaceted to do with wider protection issues, access and security and other ICRC operations in the area. They need to be assessed on a case by case basis and be attentive to changes in a volatile context.

The current selection did take into consideration the need for discretion by ensuring that the grant recipients could be dispersed across the zone and transfers can take place in discrete locations in peri-urban areas. Dispersal of recipients to different zones assists the confidentiality aspects of the programme. It would be difficult to identify a pattern in a community even if you were aware that someone was receiving support from ICRC.

The general principle has been that the project does not return to a zone where it has operated in order to mitigate risks of visibility of the project leading to re-stigmatisation or safety risks. The pilot suggested that it would be possible to return to a peri-urban area where discretion would be easier to manage and in 2017/2018 the project did return to one zone where it operated without incident. This type of return should be considered in the future.

The model below proposed during the pilot should be re-considered. This approach could reduce visibility and could work well combined with a shorter time period between discharge from the MHPSS service and referral.

Assumption: 10 cases/m, 5 enrolled												
Phases ↓ // Month →	1	2	3	4	5	6	7	8	9	10	11	12
enrolment	5	5	5	5	5	5	5	5	5	5	5	5
Transfer #1		5	5	5	5	5	5	5	5	5	5	5
follow up #1			5	5	5	5	5	5	5	5	5	5
Transfer #2				5	5	5	5	5	5	5	5	5
follow up #2					5	5	5	5	5	5	5	5
Transfer #3						5	5	5	5	5	5	5
follow up #3-graduation							5	5	5	5	5	5
FO caseload / CH	5	5	10	10	15	15	20	20	20	20	20	20

Implement a seven month rolling beneficiary enrolment-to-graduation process (about 60 beneficiaries per MHPSS service annually) but with only a maximum of 20 beneficiaries per MHPSS service at any one time (see graph below). A possible graduation process is: a) general discharge if all OK, b) 4th instalment if the beneficiary encountered a specific difficulty outside her control and granted only on a case-by-case basis by Delegate/FO, c) absorption into a VSLA group if possible, including the creation of new VSLA groups. In such a scenario (five new beneficiaries each month out of 10 new clients), there would be a total of 30 graduations in the first year but 60 for each year thereafter. Note that the FO needs to consult with each beneficiary intake a minimum of four times: once before each transfer and once for graduation.

6.2 Selection of financial providers

There were two types of financial provider used by the project: cooperatives and mobile money. During the pilot and currently, ICRC-approved cooperatives) were used. There are no ICRC-approved cooperatives in one area so instead mobile money was introduced and piloted. As no feasibility study was undertaken, in practice although there was a tender process, there was actually only one possible provider and this combination of factors along with inexperience in ICRC led to difficulties early on in the process.

There are limited options in terms of cash transfer modalities and capacity amongst financial institutions has caused significant delays to the smooth implementation of the project. In order to transfer money to field locations, the ICRC signed a contract with the mobile money for the use of its mobile money service. However, given the limited service coverage in one area, the ICRC has subcontracted a saving and credit cooperative with field offices located in the project areas.

The use of cooperatives in one area has proved to be more efficient than mobile money. Grant recipients were able to withdraw their money more independently and with fewer issues than has been the case with mobile money.

6.3 Selection of grant recipients

Grant recipients were selected from lists supplied by the ICRC supported MHPSS services. The two prerequisites for eligibility were:

- The person has previously been registered at one of the ICRC supported MHPSS services and has been discharged from it at least six months prior to joining the project.
- The person has been a survivor/victim of sexual violence

Additionally they must be a female head of household, live in the zone and conform to some further criteria relating to vulnerability established during the baseline survey. However, discussions with field officers suggested that the criteria were arbitrarily established. Using a more objective and consistent criteria such as an HEA might be a better option.

The MHPSS support services are operated discretely by ICRC in parts, and are designed to enable community members to have a safe and confidential space for their concerns. The selection process was designed to keep separation between the MHPSS service and the project; to minimise association of the MHPSS support service with the distribution of cash grants and to prevent any one associating the improvement in the women's situation with surviving sexual violence.

The MHPSS support service staff are not responsible for any stage of selection and do not work on the project⁷. Staff from the MHPSS support service⁸ provide a list of discharged patients to the Field Officer MHPSS and Field Officer SSN who then work on the selection with the assistance of a Focal Point (FP) who is able to find the location of these women. MHPSS support service staff keep records on patients and share an anonymised list with

⁷ Although there is a danger that they might be perceived as selectors

⁸ Since MHPSS patients had not given consent for their names to be shared for this kind of purpose this was a breach of medical confidentiality for the MHPSS staff to share the names with the ICRC

ICRC for monitoring purposes. However, to identify potential grant recipients, names are required to locate women who may fit the criteria.

Candidates must be discharged a minimum of six months from the MHPSS support service and no longer have a link to the MHPSS service or its staff. Candidates are informed that the project is not linked to the MHPSS support service and its staff and that they have no involvement in the selection process or the project.

All candidates were interviewed individually and these interviews were an important verification mechanism. Apparently, women deliberately gave false information at the time of their counselling because they wanted to disguise their identities. At the interviews clarifications were made: for example change of status as head of household.

Reaching the required number of recipients depends on the cases that are presented in the different zones. Some zones have larger numbers than others and therefore the distribution is adjusted accordingly.

The process did seem to be adequate for identifying very vulnerable women. However, other established vulnerability criteria could be used to make it more robust and consistent, for example the Household Economy Analysis. (HEA). Two baseline profiles were conducted for two livelihood zones in late 2017 and provide good contextual evidence for vulnerability. These vulnerability criteria could be used alongside the existing project vulnerability criteria to identify potential grant recipients in locations throughout the area. ICRC could work with other organizations conducting vulnerability assessments within the same operational areas, so that best practices can be shared and conformity in criteria could be achieved.

Due to the need for confidentiality, as well as the insecure environment, the selection process has been necessarily restrictive. Currently, the selection process is done on a case-by-case basis, with those receiving the highest vulnerability scores – according to the baseline survey and established from the interviews – becoming project participants.

6.4 Cash Modality

The qualitative evidence strongly indicates that grant recipients were content with the choice of cash as opposed to in-kind items as it allows for discretion and flexibility. Cash is easier to conceal than goods, and the women can determine how they spend it. When grant recipients from the 2015 pilot were asked if the project should continue to give cash, the overwhelming response was positive. It was felt that *“goods are not very discrete”* and that *“given current climate in the country, people pay attention when they see a parcel.”* This meant that others may guess the reason for the support given but that *“money is more discrete you can hide it and nobody can see it.”* Choice was important as was the fact that in times of need such as illness, the woman might have to sell the goods anyway. During the focus group discussion with 2015 recipients in one area, it was suggested that cash is also more discrete for the ICRC.

From a quantitative perspective, successive PDMs show that cash has had a demonstrably positive impact on recipients' economic and social reintegration into their communities. Cash has given recipients a dignified means of restoring their lives and livelihoods.

6.4.1 The right amount

In order to assess the appropriateness of the amount a number of secondary sources to establish local norms were considered.

The Household Economy Analysis (HEA) Reports, completed by FEWSNET, describe the livelihoods of households at different levels of wealth within geographical zones called

'livelihood zones'. Households within these livelihood zones earn differently according to their ability to command labor, and their level of capital. The reference period used for the HEA analysis is the consumption period which, in an agricultural zone, is considered as the period starting with the harvest in the first year, and ending with the end of the lean season. During this period, 'very poor' households – i.e. those with few productive assets, few livestock, and dependent on day labor to meet their needs – earned between \$375-\$625 for the year one Zone, and between \$500-\$688 per year in another zone..

These households do not have such amounts to hand throughout the year. This contextual evidence is intended to demonstrate the level of cash flow among households within the geographical areas in which the beneficiaries live. Better off and middle income households within these zones are earning significantly more than the beneficiaries' grant of \$500. Indeed, when comparing the types of activities the beneficiaries are engaging in post-transfer with those activities they were doing before they received assistance, it is possible to suggest that the women have moved up socioeconomic groups. Some can now be considered to be among the middle and better off groups, based on their earnings, and on the types of livelihoods activities they are conducting. As such, although the amount of \$500 may seem large on its own, it becomes acceptable when compared with what is currently occurring within the context.

BRC conducted a Feasibility Assessment for cash transfers in 2013 in anticipation of the start-up of a social safety net project. This assessment provided initial considerations for the transfer amount based on the investment level required for selected livelihoods interventions, as well as the cost of a monthly Minimum Expenditure Basket (MEB). MEB cost for an average household in 2013, was \$120, and it increased slightly during the lean season. Investment in assets for livelihoods ranges from \$150, to (currently) \$300-\$1000 for a plot of land⁹.

The transfer amount can therefore, be concluded to be adequate to raise the recipients to a level at which they can not only afford to meet their basic needs, but also invest in livelihoods and even begin to save money. However, it nonetheless important to periodically reassess the grant amount given to recipients drawing on contextual evidence.. It would be advisable to conduct market monitoring of key goods and services accessed by the recipients to ensure a) that the cash grant is not having an inflationary effect (unlikely), and b) to ensure that the correct amount is being given to recipients.

6.4.2 Transfer time

The transfer amount or the period over which the transfers were delivered did not appear to result in recipient debt. Even though the first transfer was given during the lean season there was the marginal increase in income following this transfer which demonstrates that recipients were able to use their money to both pay off debts, and to begin earning money.

Most recipients who were in debt were able to repay with the first transfer. The phasing of the transfers allowed for progressive use of the money as intended by the project objectives: to meet basic needs, and then to invest. The spacing of the transfers over a period of approximately six months, with disbursements at two month intervals allows time to invest their money, and it also gives the project team time to monitor the use of the transfers. This spacing also means that the project staff have time to plan for the training and disbursement of the following transfer.

Survivors/victims of sexual violence as evidenced by the baseline, endure critical levels of vulnerability after the incident. The fact that they were dependent on day labor to meet their needs prior to receiving assistance would certainly place them among the 'very poor'

households according to the HEA classification. Negative coping strategies such as transactional sex may also take place.

The final PDM report notes that grant recipients who were consulted expressed a desire to receive the money almost immediately at the time of their discharge from the MHPSS services. Possibly this could be achieved by using referral mechanisms from outside of ICRC operations.

The timing of transfers could be made more effective by using HEA data. Project staff should use the evidence available to determine the most effective delivery period for transfers that considers both seasonal factors, and project time constraints. For the purpose of starting livelihoods activities, seasonality of livelihoods activities data should be used to plan the disbursement of transfers in the most effective and equitable way. For example, it would be inadvisable to provide beneficiaries with a transfer intended to be an investment in the months before the start of the harvest.

However, given access and security challenges in the area trying to align distribution to seasons might not always be feasible and it would not be advisable to delay transfers where there is a risk of reduced access or to delay further support to women who have significant needs.

6.4.3 Using mobile money

The use of mobile money transfers was a first for ICRC in this area. Although there was a tender process, in practice the selected provider was the only viable provider in one area. Initially mobile money proved problematic as a means of distribution to vulnerable women for the following reasons:

- Mobile money provider promised a portal to manage the process, but access was never given despite requests
- Mobile money provider require all Simcards to be registered using the national ID card as proof of identity. The team had to make copies for the provider as normally registration takes place face to face. Copies were kept confidential and all women consented to information sharing. This process could have been speeded up if permission and ID card copies were obtained at the first grant recipient meeting
- Phones and Sim cards were not delivered on time by the provider and some were damaged or faulty
- There were a large number of errors when the provider account were being activated which took significant time and resources for the ICRC team to rectify
- During the first transfer a great many money transfers failed and money did not appear on the account (around 50% for one zone) in most cases due to incorrect account set up by the mobile money provider.

The team worked with the mobile money provider and, following correction of these errors, the second transfers were completed with fewer failures.

After the mobile money provider had completed the transfer it informed ICRC who then sent a text message to each recipient. However, many of the women do not know how to read so the focal points visited them to check they have got the message. They were given a date and time to go and collect the cash from the mobile money agents. Before mobile money agents arrive the team reinforce the confidentiality and discretion issues and sensible use of the money. If a woman did not attend distribution day, they could go to a mobile money kiosk to withdraw the cash.

Initially there were some problems with this process. During the first transfer the mobile money agents were unable to manage such a large number of recipients over a short space

of time due to lack of liquidity, resources and inability to solve technological problems quickly. There was an issue with inflation as the transfers were made in dollars. Some agents gave the local currency instead as the provider relied on what agents already had to hand and agents wanted to keep their more valuable currency. However, some of the women actually wanted a small amount in local currency so that they could spend it on immediate purchases. They became increasingly confident in refusing local currency when offered if they wanted the more valuable currency and also in challenging the exchange rate when they wanted local currency.

It was also important to monitor the agents as they would occasionally try to ask for a percentage (even though they receive a fee from the provider).

Learning from this experience, the project team worked with the mobile money provider to trial a method where grant recipients were sent to mobile money provider in smaller groups over a two or three week period. These `cash out plans` involved a small number of women (no more than 10) per day to allow transfers to run more smoothly. Methodology proved more effective and also minimized risks common to a traditional cash distribution.

The first transfer took place in a classroom in an isolated location. There were a considerable number of technical problems including blocked pins and this was exacerbated because many of the women had no previous experience of using phones apart from a day of training for this project. There were also problems with liquidity. There were not enough currency available for all of the transfers.

Most of the women had no experience of using a mobile phone at the start of the project, significant numbers (50% in advance of the first transfer) were unable to follow the steps to take out money using the mobile money system. There was a training day led by the mobile money provider where it became clear that the women found it difficult. This meant that they needed more support than anticipated around messages and transfers and in some cases had to ask relatives or children for help until they developed skills and confidence. Focal points also provided support

It took a while for some women to learn that there is a fee for checking the balance and that there is a required minimum on the account to receive funds/keep it open. This could have been more strongly emphasised in the training and follow up.

Despite these initial problems many of the women gained confidence and skills in using the mobile phones and overall they were much more competent and independent when it came to making and receiving calls. Around 70% in rural areas said they use their phone regularly for communications and also for using the mobile money system against the baseline of 10-20% at the beginning of the project. (At the beginning of the project, there were around 30% of respondents who had not used a phone before). Some women used the mobile money system to keep their savings when it came to the third transfer. Two women went to one area to buy some materials and paid using mobile money.

6.5 Training

The grant recipients received training on topics such as confidentiality and discretion; income generating activities; financial management; mobile phone use and nutrition. These trainings were held at the beginning of the project and during each cash distribution.

The evaluation team did not attend any trainings and nor were these evaluated by participants making it difficult to judge the quality. Interviewees spoke very positively of the training but of these comments were often made in front of the field officers who are the trainers. However, participants did point to ways in which the training had helped them.

Feedback during the evaluation around managing money, income generating activities and how they managed these point to the usefulness of the sessions given.

The training sessions appear quite formal and heavily reliant on text. Women had suggestions for other training that they might like including family planning. As the women's situation and their health and confidence improved they started to notice that they were receiving male attention again but now they have more autonomy and more understanding of the costs of children so they want to have more understanding of sexual and reproductive health. The nutrition sessions monitoring showed disappointing results and some earlier and well-targeted information might lead to improvements.

6.6 Monitoring and indicators

There were three types of monitoring conducted:

- An immediate follow up after receiving the cash to make sure that women arrived home safely
- A follow-up two weeks after a transfer by a focal point to see how they are using the cash and to support and advise
- A post distribution monitoring after eight weeks with about 25% of recipients

This is a good level of monitoring and the team clearly had regular contact with FPs and women. It was not possible to assess if the monitoring led to an adaptive approach. The indicators selected for the project are primarily proxy output indicators, largely to do with food security. Analyzing these findings against each of these indicators provide important information on the change in wellbeing of beneficiary households. As such, while they provide an accurate representation of the progress made towards improved household outcomes it is important to note that these indicators do not measure resilience.

The objective of a social safety net project is to provide recipients with a basis from which to meet their own most urgent needs, and to act as a buffer in periods of difficulty. The objective of the project is to get beneficiaries to the level at which they were before the "incident". Whether or not this objective aims at resilience is unclear, however, any social safety net is intended to give its recipients a basic level of resilience/flexibility. Moreover, the level at which beneficiaries were before the "incident" is not a useful comparison, as their situation upon entering the project is vastly different. It is recommended that *outcome* as well as *output* indicators are selected for the next iteration of the project, so that household resilience can be accurately measured. If the project intends to look at 'graduating' beneficiaries who have successfully met an acceptable threshold of income or resilience, the use of outcome indicators will be necessary.

For example, the HEA data on wealth and income could be used to determine wealth thresholds for the project, and as such could help determine characteristics for 'graduating' beneficiaries who have reached an acceptable level of 'resilience'. Given that the project indicators are largely food security indicators, the baseline data on these indicators should give project staff an overview of whether, throughout the project, beneficiaries have attained acceptable levels of food security in addition to overall resilience. Therefore, the baseline data could additionally be used to help 'graduate' households according to their level of food security. For this reason, it would be advisable to discontinue using the Household Dietary Diversity Score (HDDS) and instead use the Food Consumption Score.

Taken together, the indicators discussed above correlate well to give an accurate representation of the levels of household food security among beneficiaries. It is recommended that future evaluation questionnaires include indicators such as the Livelihoods Coping Strategy Index – tailored to context – as this is primarily an intervention

to help beneficiaries rebuild their livelihoods. Such an index would provide valuable and much-needed data on the sustainability of household livelihoods.

6.7 Resources

This section considers the kind of resources (and their use) needed to ensure that the project is effective and efficient. A cost efficiency analysis was not carried out due to lack of information.

It is worth noting that while this project was the subsequent scale up following a pilot, it also had a significant pilot element in the introduction of mobile money. As a result greater staff and resource investment in the development of operating procedures should have been in place. Work is still needed on producing documentation and standard operating procedures as was recommended in the pilot phase evaluation. Had this been followed up, there might have been fewer problems at the start of 2017 programme and an easier handover for the delegate. In a one off set of circumstances the pilot delegate for the programme moved to BRC and became the BRC manager for the programme in its continuation. This provided opportunistic continuity but is no substitute for good documentation and guidance. The recommendation can only be repeated.

Human Resources

The 2017/18 team included a dedicated delegate, due to the scale up of pilot of 100 to 500 women in two phases across more zones and introducing the mobile money pilot. Two Field Officers, one per province were supported by local focal points. The project also draws on expertise and time of MHPSS and Protection teams and other members of the EcoSec teams while some staff at delegation level manage the mobile transfers.

A number of problems with the programme in 2017/18 stem from the set up period when there was no delegate and therefore no one with clear oversight establishing or adapting procedures and thinking holistically about assessing and selecting zones, focal points and grant recipients. Generally, given the delegate turnover that is built into and expected in ICRC structures the project could benefit from better documentation and communication to facilitate interdepartmental working and reduce any risks to staff, associates and the survivors/victims of sexual violence. The project suffered from a lengthy period without a project manager delegate. Future planning should also consider earlier recruitment and handover.

Had the programme been a straightforward scale up of the model from the pilot it may be that less than fulltime delegate might suffice. However, introducing mobile money was a significant piece of innovation. The result is that there are now procedures and learning and understanding about how to use mobile money with the social safety net model.

The wider involvement of ICRC staff and delegates beyond the core team was not always well planned or well communicated leading to extra work and some inefficiencies and some issues around confidentiality. More explicit planning around their roles and better documentation around the project would help.

6.7.1 Field Officers for SSN

There were two field officers for SSN during 2017/18 who supervised the project on the ground; supervised the focal points supporting the grant recipients; coordinated the activities in each zone including selection, training, transfers and post distribution monitoring; and conducted follow up monitoring and spot checks.

The project in 2017/18 benefitted from highly experienced field officers. In the future this will need some thought as the project currently benefits from their extensive experience with a balance of protection and EcoSec knowledge and experience but cannot assume that for the future. Ideally the field officers should be women given the sensitive

constituency with whom they are working although it is understandable that a male officer was appointed given his knowledge and experience and in the light of there being very few women candidates to draw upon. The project requires a solid understanding of protection in relation to survivors/victims or sexual violence but also a solid grounding in the use of cash and crucially livelihoods. Livelihoods knowledge could be strengthened as well. For example, the delegate and staff implementing the project should have basic knowledge of key food security and livelihoods concepts. This knowledge will make interpreting and analyzing the PDM data more robust and reliable, as well as enable the staff to improve the project on their own when guidance is limited or unavailable.

6.7.2 Focal points

The focal points played a key role in the project through their accompaniment for the women by:

- Reinforcing – key information and learning from the training
- Checking that the women are using the money and if they are acting discretely and safely
- Supporting and troubleshooting where issues have arisen e.g. trouble using a phone
- They enable a higher degree of discretion because they are local and part of the same communities. They do not attract attention in the same way the ICRC staff would

On the whole this structure appears to work well, and the women appeared comfortable to access this type of support.

Focal points were selected from membership of the association managing the MHPSS support service from which the grant recipients were referred. In order to maintain partitioning of information and insulate the MHPSS support service from the project, candidates were however, not allowed to be employees of the MHPSS support service or have close ties to the MHPSS support service personnel.

Criteria for selection include:

- some experience of support to SSV
- a sufficient standard of numeracy and literacy
- respected in their community
- able to travel long distances on foot

In each zone a pool of candidates was recommended by the association and/or the field officer MHPSS who supports that MHPSS support services and were selected using interviews and a written test. In practice this system did not always field suitable candidates. Many were not sufficiently good in numeracy and literacy to pass the test. Others were too close to the MHPSS service provider personnel. In some cases, as a result, focal points were recruited from the local branch of the national society or through the FOs wider networks. Phase one recruitment was rushed and this led to at least one focal point being insufficiently vetted which led to problems and incident of corruption.

Although they are working with survivors/victims who were all women, some of the focal points were men, whereas it is recommended that they should all be women. It may be more difficult to find women who meet all the criteria but having a wider pool of candidates from which to recruit might help this.

6.7.3 Risks

The focal points are in a position of power and responsibility in the project. They have the greatest access to the women and they are affiliated to the MHPSS support service, increasing risks of leaks or perception of the MHPSS support service involvement. There

was one incident of corruption during the programme which demonstrates that there is the potential for these roles to be exploited.

However, the checks and balances in place do seem to have worked in this instance. Grant recipients who understood that there was zero tolerance of corruption used the feedback mechanism and refused to hand over money. Other elements such as the spot check calls undertaken by the Field Officers and the fact that the focal points are well remunerated by local standards are likely to reduce the risk of exploiting the role.

6.8 Foundations – knowledge and expertise

As outlined above the SSN project staff require expertise or opportunities to gain expertise in Cash, mobile money, FSL, SGBV and protection. ICRC staff and delegates from other teams would also benefit from some basics related to the project in particular use of a cash modality for social safety nets.

In discussions with non-EcoSec staff during the evaluation it was clear that there was hesitance around the use of cash and that some of this was based on limited knowledge about cash and social safety nets, and this model in particular. There were comments which revealed misunderstandings of how a cash project should function which had led to unfounded concerns. This is unhelpful and can be remedied by supporting staff and delegates to understand the basics and improving project communication.

Staff were unaware of the evidence base that supports the use of cash for social safety nets. In some cases staff were unaware of the technicalities of operating a cash transfer project, and of the level of discretion and security that this would involve. There was also concern around the delivery mechanism – either Cooperatives or Mobile Money – and the risks that these posed for the women.

Overall, there was a genuine concern that due to the beneficiaries' vulnerability, they would have difficulty making the best judgments around the use of cash. However this was closely linked to very limited knowledge of both cash as modality and the body of evidence around the SSN model.

It is understandable that staff may have concerns where they are unfamiliar with these livelihoods approaches; this can be addressed by raising awareness and sharing information about cash and social safety nets. Some communication work has started.

6.9 Communications

As highlighted in several sections above a number of issues and problems stemmed from poor communication internally to ICRC, externally with the MHPSS support service and with local authorities and leaders. Problems seem to have arisen early when there was no delegate for the project, who could have provided a clear project oversight. Although communication later improved, later problems stemmed from misunderstandings early on.

Protection and MHPSS staff and delegates need to have better information about what can be externally communicated and about the project in general to understand protection benefits and risks. MHPSS staff and delegates need to be clear on the use of information, referral processes and the project in general to address any risks with the MHPSS support service.

The project may be in contradiction with the ICRC approach to transparency with the communities where it works since there is a need for confidentiality to protect the grant recipients from stigmatization. However the project can be explained in general terms as

per the communication messaging that was developed. This messaging can speak generally about vulnerable women receiving support without specifying that they are survivors/victims or going into detail about the support itself. It should also be possible to explain the other criteria for vulnerability to community leaders.

6.9.1 Communication between BRC and ICRC

There was some confusion about the start of the project for the second year. The project was supposed to be initiated with the arrival of the BRC delegate but set up commenced before the delegate arrived, due to concerns about the lateness of project start. Unfortunately decisions made before delegate arrival had negative consequences for the whole project (in particular to do with breaches of confidentiality as outlined below).

The evaluation team also experienced blurring of communication lines: who to speak to or when the delegate could be contacted. The delegations appeared unclear about what they should or should not share with BRC. Clearer communication lines are needed as part of the agreement between the two organizations. BRC could also support on complementary expertise (for example in Cash, inclusion and CEA).

6.10 Protection

During the evaluation there was a great deal of discussion of protection risks and concerns, but overall with the exception of one incident in one area, protection was handled well throughout. A protection delegate remarked on how the project compliments other protection work:

“It is a legitimate target; a very vulnerable population and at the same time this is quite a novel approach. At the beginning we weren’t entirely sure how it would work or be accepted by the community. It’s a well-executed project. It responds directly to need. They have been able to buy houses and parcels of land, pay debts resulting from poverty and set up income generating activities. They have direct access to resources. A project of this nature should proceed in the highest levels of confidentiality and adapted to context. For example in places where the houses are very close together, everything is seen, every movement. If someone has money it will be noticed. However there have not been security breaches”.

No project is without risk and components of this project – cash and SGBV - do have particular risks associated with them. The project design tested during the pilot works well to mitigate these risks using well established mitigation measures in regard to cash programming and an approach to confidentiality and discretion, These were further adapted on the introduction of mobile money for cash transfers, although during implementation it became clear that in some cases other mitigation measures and design amendments were needed/or the measures in place had not been adhered to.

While some issues of concern emerged, the evaluation team found no evidence that harm came to participants, staff or anyone else associated with the programme as a result of the project. There were, however, incidents and lapses and a threat of harm which could have had more serious consequences, these were only avoided because the ICRC team proved responsive to addressing risks and problems and because the grant recipients took responsibility in reporting concerns.

In one case an attempt was made by the MHPSS supported service staff and a focal point to take money from grant recipients. While this was a small amount of cash and was quickly reported to the Field Officers through the project feedback mechanisms, it had significant implications for the ICRC and the MHPSS staff service beyond the project. Adjustments are being made to avoid recurrence.

In another area, too much information about the programme was shared by ICRC staff and then the MHPSS support service staff. The MHPSS service was perceived to be associated with the selection process and some survivors/victims who were not selected for the programme blamed the MHPSS support service staff and claimed that they were discriminating. This resulted in a threat being made to some of the MHPSS service staff and the intervention of a local leader was required to sort things out. No harm came to anyone.

This is a concerning incident and highlights the risks of breaches of confidentiality. However, during the evaluation a number of very different versions of this experience were heard with different levels of severity. The information could not be verified. Careful documentation of first-hand accounts of incidents is important and more discretion in discussing them within the ICRC is needed as this did incident did appear to have been told and retold until it was distorted.

6.11 Confidentiality and discretion

Since the pilot phase, the project design has included a set of measures to maintain a high level of confidentiality and discretion. These have been refined and continue to be reviewed and refined. Confidentiality is required to avoid:

- Survivor/victims or sexual violence being re-stigmatised
- women receiving cash being vulnerable to theft or attack
- ICRC personnel and associates being put at risk
- False cases of sexual violence.

From selection onwards there are processes in place to partition information to maximize confidentiality about the fact that these women are Survivor/victims of sexual violence. The numbers of recipients are kept low in any one area so that they are dispersed and activities are carried out in concealed locations with a limited number of grant recipients in a peri-urban or urban location at some distance from their homes.

The women are trained and there is regular reinforcement on how to be discrete, keep confidentiality and the reasons why this is important for their own safety and security. This includes the cash distribution, how to deal with inquiries from family and friends or neighbors and how to be discrete in their purchasing and income generation activities.

Whatever measures are put in place it will be evident to family and close neighbours that a woman and her family's situation is improving. It is this perceived improvement that enables social reintegration with family and neighbours. It is likely to generate curiosity so the women are trained to speak in general terms about any assistance and not to be specific about ICRC or the reason for the grant. A number of the women joined VSLA and used that as 'cover' for the obvious improvements.

Grant recipients do seem to understand and maintained discretion and confidentiality. In focus groups or interviews, women regularly raised discretion and confidentiality as important to them and discussed their 'communications lines', and their tactics and strategies for being discrete. Some of these came from the project team's guidance and some they developed on their own, given that they know their own communities and what might draw attention. The training and reinforcement was clearly effective and the women were motivated to maintain discretion.

Women tried not to draw attention to themselves by not being seen as a group:

"When we leave [this focus group] we don't go in a group so that people won't notice that we've been here.

If anyone asked why what they had been doing they had an answer:

We would just say that we were at church since the meeting is in the church grounds if anyone asked questions.”

Not standing out in a crowd was important as one woman explained: *“I do my purchasing on market days so that I am just mixed in with everyone else and no one notices. There are always lots of people travelling then.”* Getting off public transport early was another way of being discrete so people did not know how far they had travelled.

Joining a savings and loan group for some of these women has the added value of disguising the fact that they are getting assistance. If asked, they feel they do not need to mention the project or where the money comes from as *“it’s the same for other women who do a bit better.”*

The evaluation team heard only one case of indiscretion by a recipient and that the team were informed about this by other grant recipients and were able to address it.

Confidentiality worked less well internally to ICRC. As outlined above there were some breaches of confidentiality which led to problems in a few areas and in one instance this enabled a small incident of corruption. The breaches in confidentiality appear to stem from early in the project not least as communication lines were developed too late. ICRC delegation need to be briefed prior to the project or when they arrive on mission.

The models only work if they are properly communicated, understood and adhered to by ICRC personnel in Protection, MHPSS staff and ECOSEC. This was not the case in all places at the beginning of the project. Poor understanding led to poor adherence and that resulted in sharing the wrong information or sharing information with the wrong people. This included presenting the project to MHPSS service staff who were not supposed to be aware of the full details and not being sure what to tell community leaders.

6.12 Security

During the evaluation no evidence of any harm coming to a grant recipient, an ICRC staff member or delegate, focal points or other associates was found. The project has created clear methods for partitioning information and ensuring discretion and confidentiality and maximizing security.

The evaluation found no instances of attacks on anyone involved in the project as a direct result of the project. No cases were reported of cash being stolen from women on the roads or from their homes following the withdrawal. The confidentiality and discretion measures in place minimise risk – because of reduced visibility. The women interviewed as part of this evaluation demonstrated a clear understanding of confidentiality and discretion around the receipt of cash, which helped to reduce their own visibility.

The care taken in the choice of zone; careful weighing up of high incidence of kidnappings and attack against the need; the small numbers of beneficiaries and transfer modalities available all help reduce risks.

There has been a good deal of work put into discretion during the distributions of cash to minimise visibility, though there was less attention paid to this it would appear at the assessment phase of the project where many women were interviewed in zone over the course of a few days and which in some instances attracted attention. Cooperatives and mobile money mean no “distribution sites” and no cash carried in ICRC vehicles reducing risk to ICRC.

In particular for grant recipients mobile money modalities mitigate such risks as: small amounts of cash can be withdrawn for safety (works as a bank account), withdrawal times are given (08:00 until 14:00) and locations are flexible, women can choose the best time and places to withdraw cash and avoid predictability. The project manager liaised with the protection teams in regard to the safety of the routes women take to collect the cash transfer.

The Field Officer scheduled withdrawal times and places and assessed the best times and security on roads to advise women for their travelling to withdraw amounts. In more sensitive zones, discrete locations are organized (rental of a well concealed hall) where mobile money agents can join beneficiaries and withdrawals can take place “behind closed doors”.

Information partitioning and separate staffing were intended to distance the MHPSS service from the project and thereby minimise any negative consequences for MHPSS service staff. This has not entirely worked in practice and it is the weakest element in the programme design.

Appendix

Evaluation purpose and areas of focus

The overall purpose of the evaluation is to review the outcomes and impact of the ICRC/BRC Social and Economic Safety Net program and make recommendations for future implementation and replication. This will include:

- **Evaluate the relevance and appropriateness of the intervention**

Analyse the appropriateness of the project design, strategies and approaches in the light of the operational context, the timeliness of the response and its adaptation to the economic security situation

- Were the beneficiary risk mitigation methods adequate?
- How well did the programme design meet the needs of SGBV Survivor/victims including:
 - To what extent were the planned coverage and targets achieved? Was targeting appropriate to the local context and needs?
 - What is the level of satisfaction of beneficiaries with the cash grant: is it the preferred approach?
 - Were the size of grant and period over which delivered appropriate, adequate and efficient?
 - Is the payment modality- 3 instalments- the most appropriate for the purpose of starting livelihoods activities? Has this led beneficiaries to get in debt or any negative strategy?
 - Should the cash grant be combined with other approaches distributions/micro-credit?
 - How the programme has facilitated the access to other financial services for the beneficiaries (i.e saving groups or cooperatives)?
 - Was the beneficiary selection process and selection criteria appropriate? What potential risks were there during the selection process and were the mitigation measures and procedures sufficient?
 - Were the complementary activities (training) relevant and appropriate both for the level of beneficiaries to learn and for their livelihood activities?

Evaluate effectiveness and cost effectiveness

- Analyse the extent to which the project results and objectives as stated in the programme proposal have been achieved. This should include an analysis of programme implementation strategies employed to reach desired results.
 - Using quantitative and qualitative data analyse the socio-economic and protection outcomes (Results being assessed against the key indicators and impact in the project log frame)
 - Are there unintended results?

Did the project effectively mitigate against noted potential negative results stigmatisation and/or increased reported false SV cases?
 - How cost effective was the intervention? Does it still need to be scaled up to represent Value for Money? Or should we devolve more responsibilities to national staff?
 - Have the local staff the needed skills and knowledge for implementation ?
- Did activities caused by the cash grants cause any additional risks which materialized and broke the Do No Harm principles?**Is the Social Safety Net concept working in this context?** What elements of the project are necessary for a social safety net project? What kind of other beneficiaries could or should benefit from this kind of project?

Evaluate the efficiency of the programme

Analyse how economically the programme resources were used to achieve expected results, both in reaching overall programme objectives and day-to-day tasks.

- How efficiently have resources been used as compared to the pilot phase and current beneficiary caseload?
- Have the modalities of cash programming affected the overall efficiency?

Evaluate the sustainability of the intervention

Assess the extent to which the project interventions took into consideration longer term needs of the target population and to what extent programme results will be sustainable after programme closure.

- What may affect the sustainability of any changes seen to date?
- To what extent have the complementary activities (trainings) contributed to the sustainability of the achievements?
- What might be some of the other ways in which cash-based interventions can support graduation of poverty (at scale), looking at the context and based on evidence?
- What opportunities might there be to support and strengthen links between cash-based interventions and economic development programming?

Review protection aspects and provide recommendations from a protection perspective

- How well did the programme design meet the needs of SV survivors/victims in terms of protection and confidentiality aspects?
- Assess the quality, relevance and timeliness of ICRC communication about the project (internal and external communication lines)
- How are beneficiaries perceived by their home community (reputation), especially by other female community members? Did the project reduce or increase stigmatization following the event?
- How does the intervention affect Intra-household relationships (especially when husband has returned) and how is it affected by intra-household relationships?
- Have the projects had any negative impact on the communities, beneficiaries, intra-household relations and/or MHPSS service staff?
- Perception of the project by local authorities
- Role of ICRC and non ICRC staff involved in the project implementation
- Assess impact of project on other departments (specifically MHPSS and also on the external MHPSS support service, the association which manages the ME and the employees of the ME). (Note that care should be taken in engaging ME and staff as the project works hard to limit their involvement and keep as much information as possible confidential to protect ME and the project, advise against interviewing ME or APS staff)

Evaluate the impact of the intervention since the pilot phase.

- Assess the impact (intended, unintended, negative and positive) of the intervention on the lives and livelihoods of the beneficiaries, in particular the beneficiaries of the pilot phase in order to assess the longer term value of the programme beyond the intervention.

Evaluate possibility to extend or replicate the intervention elsewhere)

- Analyze under what circumstances this intervention could be replicated in other areas of the country where the ICRC does not have a MHPSS projects?
- Consider the suitability of social safety net for other types of beneficiaries? (civilian casualties already considered in 2018, certain categories of IDPs, Minors demobilized from armed group)

Assist in the production of **lessons** and recommendations to implement these lessons in the immediate follow-on year; for possible replication, elsewhere, with other vulnerable groups; and for BRC to support internal learning and strategic decision making.

Review audience

The primary audience for this review is the British Red Cross, the ICRC EcoSec Department in and Geneva, Protection Department and Health Department.

The secondary internal audiences the Management at Sub-Delegations and Delegation level, management and heads of departments Health and MHPSS, as well as the protection division in GVA.

Methodology

- Desk review of existing documents (pilot evaluation, PDM reports, quarterly reports, project proposition, risk analysis, work plan, and endline survey) and other sources of secondary information. Initial discussions with key staff
- Development of an inception report with initial findings from desk review and outlining detailed methodology for field based evaluation.
- Feedback on the inception report will be provided by key staff in ICRC (EcoSec, Prot, Health and Mgmt) and BRC before the consultant travels to the country.
- In country, the evaluation team will primarily use qualitative methods to build on and triangulate the findings from the desk review including the endline survey. This would include a combination of Key Informant Interviews and/or focus groups with key stakeholders (Field Officers and Delegates directly concerned by the project, including Prot and Health teams), management of Sub-delegations, Logistic and Finance-Administration Coordinators, project volunteers/focal points in counselling houses), and focus groups and interviews with beneficiaries (eventually some interviews could be conducted by phone calls).
- The team will finalise the design the field work methods and interview schedules based on the analysis during the desk review in order to avoid duplication and to build on initial findings.
- The approach to analysis will be informed by realist evaluation methodology to support recommendations for replicability and will be focused on the needs of key stakeholders and audiences for the evaluation with an emphasis on having useful and usable recommendations.
- The design on data collection methods will be informed by and adhere to the confidentiality and protection protocols of the programme and an ethics and consent process will be agreed prior to the fieldwork.

The initial findings will be discussed with key staff at the end of the evaluation field work.

A draft inception report will be shared for feedback with all key stakeholders prior to a final report being produced.

