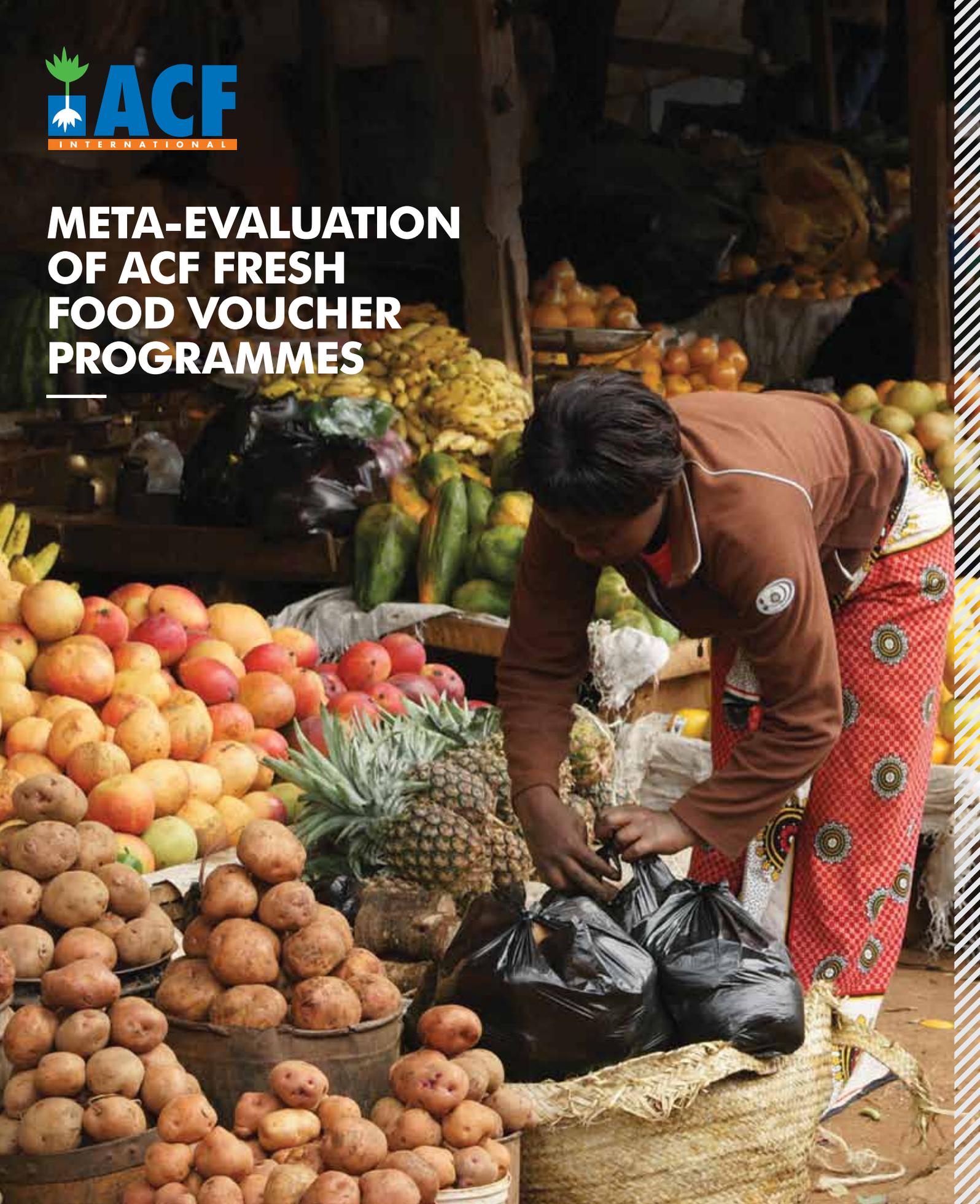




# META-EVALUATION OF ACF FRESH FOOD VOUCHER PROGRAMMES

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**Bolivia**

**Haiti**

**Kenya**

**Occupied Palestinian Territories**

**Pakistan**

*January 2012*

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## Executive Summary of Findings

ACF commissioned a meta-evaluation of 5 of its fresh food voucher programmes implemented between 2009-2011 during emergencies in Bolivia, Dadaab refugee camps in Kenya, Haiti, Pakistan and the occupied Palestinian Territories (oPT). The programmes were all paper cash-vouchers exchanged for fresh foods<sup>1</sup> in local markets. In the case of Bolivia, Dadaab and Haiti, the fresh food voucher was designed to complement a general food distribution. In Pakistan, the voucher replaced general food distribution after markets demonstrated some degree of recovery. In oPT, the voucher initially targeted those vulnerable to food insecurity who presumably had sufficient economic resources to meet staple food needs. Objectives ranged primarily from increasing dietary diversity and ensuring an adequate diet to reducing micronutrient malnutrition, preventing mortality or malnutrition, and other food security and livelihoods objectives, e.g. reducing negative coping mechanisms. The primary findings are as follows:

Fresh food vouchers increased dietary diversity in all programmes, but with mixed degree of result largely resulting from faults in design and implementation that can be better managed in the future. In the case of Haiti, dietary diversity only increased marginally (to pre-earthquake levels which were already poor) in part due to the lack of a general ration which may have led a significant portion of beneficiaries to use some of their voucher for staple foods. The importance of guaranteeing a staple food supply either through cash-based interventions and/or in-kind distributions is essential, and lack thereof may have resulted in an increase in acute malnutrition in some project areas during the FFV programme in Bolivia. That said, in three of the 5 countries studies where comparisons are possible, the relative cost effectiveness (change in food consumption) was significantly higher for FFV compared to in-kind staple food distribution only. FFV also correlated with lower rates of anaemia (Bolivia), increase in nutritional programme attendance (Dadaab), declines in acute malnutrition (Dadaab and Haiti), and income replacement and therefore reallocation of income to other livelihoods needs and protection of assets (oPT and Pakistan). As the cause (and cure) of acute malnutrition is complex, attribution remains a challenge. Furthermore, none of the programmes systematically measured beneficiaries' knowledge, attitude and practice (KAP) of a healthy diet. Therefore it is not clear that if simply cash had been provided, the programmes could have achieved the same impact as well as safeguarding the other advantages of CBIs, e.g. flexibility and choice, dignity and cost-efficiency.

By-in-large, needs assessments identified poor dietary diversity as a problem, largely caused by lack of access to fresh foods. Whereas causal analysis of acute and micronutrient malnutrition was usually poor with the exception of Bolivia. Where market assessments were rigorous (Haiti, Pakistan, and oPT) and market monitoring systems effective, ACF was much more efficient (and effective) at monitoring supply, adjusting the value of the voucher, and assessing the impact of the voucher on local markets. Baselines and monitoring remain a key challenge where both process and impact monitoring indicators, tools and systems need to reflect a programme's objectives, and should include both individual and household indicators of a healthy diet,

particularly when the outcome indicator is the child's nutritional status. The lack of this important information makes it difficult to interpret unexpected outcomes such as when pre-FFV household dietary diversity increases presumably due to increased supply, whereas children of the same household remain acutely malnourished (Dadaab) and how complementary programmes, such as grants to small shops post-crisis (Pakistan) can contribute to recovery and income generation.

Fresh food vouchers also demonstrated their utility as a market support mechanism with increase in vendor incomes in all country programmes, particularly benefitting women vendors in Haiti and Dadaab, recovering shops post-flood Pakistan, and the dairy sector in oPT. Market assessments need to determine not only if markets can respond to an increase in demand but also how can humanitarian interventions support markets to recover. To do so equally rigorous monitoring systems including baselines and appropriate indicators such as monthly revenue, debt levels and/or recourse to credit need to be developed and systematically implemented. The lack of such valuable information made it difficult to verify anecdotal reports in Dadaab, Haiti and Pakistan. Particularly interesting is how an increase in demand can result in an increase in supply and therefore improved food consumption among non-beneficiaries (Dadaab).

Other findings not specific to fresh food vouchers are included in the detailed report, and consist of the importance of adequate planning, staffing, monitoring, and financial systems that ensure prompt payment of participating vendors. With experience and advances in technologies these areas are improving. Accountability systems need to allow for beneficiary feedback and ensure responsiveness of programmes to beneficiary and vendor needs. The greater collaboration between financial institutions and humanitarian agencies can increase accountability and reduce costs.

Fresh food vouchers appear to be proving their utility as one tool to improve food consumption in emergencies, either as a complement to general food distribution and/or when the voucher includes staple foods. Fresh food vouchers also show potential as a complement to, and importantly - when coordinated with - other nutrition-related activities, e.g. supplementary and therapeutic feeding, nutrition education and other public health promotion activities, in line with ACF's Maximising the Nutritional Impacts of Food Security and Livelihoods Interventions. However more analysis based on greater rigor in nutritional causal analysis, defining objectives and programme logic (the role of the voucher) as well as monitoring and evaluation is needed in programmes implemented by ACF and other agencies. More experience with and evaluation of voucher programmes will provide insight into their appropriateness and their cost-effectiveness as a complementary means of preventing, reducing or treating acute and micronutrient malnutrition.

<sup>1</sup> With the exception of Pakistan voucher which included staple foods.



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## Acronyms

ACF	Action Contre la Faim	GIZ	Gesellschaft für Internationale Zusammenarbeit	P/L	Pregnant and Lactating
ASF	Animal Source Foods	HDDS	Household Dietary Diversity Score	PMTF	Proxy Means Test Formula (oPT)
BSF	Blanket Supplementary Feeding	IEC	Information Education and Communication	RDA	Recommended Daily Allowance (or intake)
CBI	Cash Based Interventions	IDDS	Individual Dietary Diversity Score	SAM	Severe Acute Malnutrition
CTC	Community-based Therapeutic Care	IYCF	Infant and Young Child Feeding	SCUK	Save the Children/United Kingdom
CFW	Cash for work	KAP	Knowledge Attitudes and Practice	SFP	Supplementary Feeding Programme
CMAM	Community Managed Acute Malnutrition	MAM	Moderate Acute Malnutrition	TFP	Therapeutic Feeding Programme
CRS	Catholic Relief Services	MN	Micronutrient	U5	Under five (years old)
CSI	Coping Strategies Index	MND	Micronutrient Deficiency	UCG	Unconditional Cash Grants
CSB	Corn Soya Blend	MOSA	Ministry of Social Assistance (oPT)	UCT	Unconditional Cash Transfers
CT	Cash Transfers	MTMSG	Mother to Mother Support Groups	UNHCR	United Nations High Commission for Refugees
DD	Dietary Diversity	MUAC	Mid Upper Arm Circumference	UNICEF	United Nations Children's Education Fund
DRR/M	Disaster Risk Reduction & Mitigation	NCA	Nutritional Causal Analysis	UNRWA	United Nations Relief and Works Agency (oPT)
FAO	Food and Agricultural Organisation	NFI	Non-Food Items	W/H	Weight for Height
FCS	Food Consumption Score	OTP	Outpatient Therapeutic Programme	WFP	United Nations World Food Programme
FFV	Fresh Food Voucher	PEFSA	Pakistan Emergency Food Security Alliance	WaSH	Water Sanitation and Hygiene
FV	Food Voucher	PHP	Public Health Promotion		
GAM	Global Acute Malnutrition				
GFD	General Food Distribution				



## Background

Between 2008 and 2011, ACF, comprised of three operational headquarters in France, Spain and the US, implemented various emergency fresh food voucher programmes. Activities were implemented in a diverse set of circumstances, from slow (drought) to rapid onset (floods and earthquake), protracted crisis (long standing refugee camps and occupation), rural environments and urban, and in various cultural settings (Bolivia, Haiti, Somali and Sudanese refugees in Kenya, the occupied Palestinian Territories, and Pakistan). In all cases, beneficiary populations either were receiving or had received in-kind food aid, and were either missing essential fresh food in their diets or were transitioning out of in-kind aid altogether. The various objectives included: a) meeting essential food consumption requirements, specifically improving dietary diversity, b) protecting livelihoods or preventing asset depletion, c) supporting local economies recover from disaster by increasing demand, and/or d) providing evidence that cash-based responses, in this case vouchers, could cost-effectively meet consumption requirements. To achieve these objectives, ACF implemented largely paper-based, cash (vs. commodity) voucher schemes (Box 1). In all cases, vouchers were one component of a multi-faceted food security or nutrition intervention, which depending on objectives, included support to markets, integrated prevention or management of moderate and severe malnutrition, including micronutrient deficiencies, and disaster mitigation and/or recovery. This meta-evaluation reviews the programme design, implementation and performance of these 5 country experiences to synthesize country-level evaluations and contribute to the growing body of literature on cash-based interventions. And also to draw out good practice consistent with ACF's Evaluation Policy and Guidelines (2011), which could be helpful in implementing more effective fresh food voucher programmes in future emergencies.

### Methodology

A review of documentation was completed between July and September 2011 including in some cases independent final evaluations of the voucher programmes, internal capitalisation and donor reports, monitoring reports and external documents to provide additional information on context and comparable interventions. A full list of documents reviewed can be found in the bibliography. In each country's case, interviews were conducted to understand from ACF's point of view the specific lessons learned from each experience as well as what was particular about the experience given very different emergency and development contexts. In the case of Pakistan, additional ACF staff were interviewed given the lack of a project-specific final evaluation. Other reference documents were reviewed to provide an understanding of the organisation-specific context the voucher programmes were being implemented in; specifically ACF guidelines published between 2007 and 2011 in Food Security and Livelihoods (FSL) Policy, FSL Assessment Guidelines, Cash Based Intervention Guidelines, Maximising the Nutritional Impacts of FSL Interventions and ACF's recently published Evaluation Policy and Guidelines. External documents also referenced include a forthcoming review of cash-based emergency interventions and their impact on nutrition (Bailey, Hedlund and Levin, forthcoming) to which the ACF experience has contributed, as well as other fresh voucher programmes that occurred simultaneously or consecutively with the 5 countries studied, including ACF's own follow-up programmes, other international NGOs and the UN.

### Structure of the Meta-Evaluation

The recently published ACF Evaluation Policy & Guidelines: Enhancing Organisational Practice through an Integrated Evaluations, Learning & Accountability Framework, describe various types of evaluations among them country programme, process, thematic, policy, impact, etc. However there is no specific mention of meta-evaluations. The closest is the "Synthesis" which summarises findings from a number of individual programmes. A meta-evaluation goes one step further in adding value to original analysis by further investigation of certain themes identified by the stakeholders, in this case ACF offices in France, Spain and UK and Pakistan, with an aim not only to summarise recommendations from previous evaluations but to generalise these recommendations to future programming. The Evaluation Policy and Guidelines and the Terms of Reference were key guiding documents to developing a structure of the report.

The guiding principles for the evaluation are the DAC Criteria (Table 1, ACF, 2011: 9). These criteria are used transversally to reflect on the various steps of the Programme Management Cycle (PCM). For example, in the ACF fresh food voucher programmes, where the issue of targeting is reviewed; the meta-evaluation looks at the *appropriateness* of the target group, and the *effectiveness* and *efficiency* of the targeting modality. Where possible these criteria have been used to structure the report.

### Limitations

The meta-evaluation is limited by several constraints both internal and external. The internal constraints include in some cases a lack of documentation or robust monitoring and evaluation (M&E). For example, in Pakistan only one post-distribution monitoring (PDM) took place. In Haiti, there were only 2 PDM of the fresh food voucher programme. Also in Haiti and Pakistan, there was either no project-specific evaluation<sup>4</sup> or the evaluation was not appreciated by ACF. In these cases, the final donor report was used to determine final outputs and costs. In the case of Pakistan, ACF staff contributed to an "Aide Memoire". In the Dadaab refugee camps, the evaluation took place in January, 2009, and while very useful, the programme continued for another 4 months building on recommendations in the evaluation, particularly M&E. However post-distribution monitoring reports made available to the consultant end in December 2008. However, there were over 50 documents available and the lack of some documents should not preclude a useful meta-evaluation.

Regarding external constraints, some are to be expected in rapid onset emergencies, particularly the lack of robust M&E in the Haiti earthquake and Pakistan flood responses in 2010. More importantly to the meta-evaluation, looking backward in a rapidly evolving environment will have some limits. Cash-based and voucher programming is changing everyday with innovative use of vouchers to address nutrition and food security objectives, and non-food objectives, e.g. water, health, shelter. As confidence grows, while noticeably "heavy" in the first 10 years of experimentation, M&E and accounting systems are growing more efficient, particularly as agencies (and donors) realise that disaster-affected people can be trusted with money to make the right decisions for their families (Harvey and Bailey, 2011). Furthermore the introduction

of new technologies for money transfer is rapidly changing voucher provision. “Delivering Money” and the review of technologies for cash-based emergency responses is the subject of another ongoing review with the Cash Learning Partnership (CaLP).<sup>5</sup> In the ACF country studies reviewed all used paper vouchers. It will be unsurprising if within the next 5-10 years paper vouchers are obsolete in all but the most technology constrained environments. Mobile phone technology is available world-wide and increasingly so is mobile banking.

### BOX 1 ACF'S DEFINITION OF A FOOD CASH VOUCHER

A voucher is a paper, token or electronic card that can be exchanged for a set quantity or value of fresh foods (denominated either as a cash value (e.g. \$15) or as predetermined commodities (e.g. 1kg of tomatoes). The former is often called a ‘cash voucher’<sup>2</sup> the latter is called a ‘commodity voucher’<sup>3</sup>. Vouchers are redeemable with preselected vendors or at ‘voucher fairs’ set up by the implementing agency (adapted from Harvey and Bailey, 2011: Table 1). A more detailed description is provided in ACF’s Cash Based Intervention Guidelines and is reiterated here for ease (ACF, 2007: 18-19):

**Cash voucher:** This is a voucher which entitles the holder to buy goods up to the cash value written on the voucher. The holder can make purchases in any shops or stalls which have agreed to participate in the programme, by accepting the vouchers as if they were cash. The shop turns the vouchers into cash with the agency who distributed them. The agency can set rules which either restrict the vouchers to certain items (e.g. “maize flour to the value of 1 euro”, “food to the value of 10 euro”), or can allow the vouchers to be spent on anything which the participating shops sell.

**Commodity voucher:** This is a voucher which is exchangeable for a fixed quantity of certain goods or services, at any shops or stalls which are participating in the scheme. The voucher could be for a single item / service (“1kg of maize flour”) or for a complete, fixed food basket of several items (e.g. 10 kg rice, 2 kg lentils, 1 kg sugar, 0.5 l oil). The shop then redeems the vouchers with the implementing agency at whatever price was agreed upon.

### TABLE 1 DEFINITIONS OF DAC CRITERIA

CRITERIA	DEFINITION
IMPACT	Positive and negative, primary and secondary, mid and long-term effects produced by an intervention, directly or indirectly, intended or unintended.
SUSTAINABILITY	A measure of whether the benefits of an activity are likely to continue after donor funding has been withdrawn and project activities officially cease.
COHERENCE	The need to assess existing interventions, policies and strategies to ensure consultancy and minimise duplication.
COVERAGE	The need to reach major population groups facing life-threatening suffering wherever they are.
RELEVANCE/	A measure of whether intervention’s objectives are in line with local needs and priorities
APPROPRIATENESS	(as well as donor policies, thus increasing ownership, accountability and cost-effectiveness)
EFFECTIVENESS	The extent to which the intervention’s objectives were achieved, taking into account their relative importance.

ii. ALNAP (2001) Humanitarian Action: Learning from Evaluation (ALNAP Annual Review, London, 2001)

<sup>2</sup> Also called a value voucher

<sup>3</sup> Also called an in-kind voucher

<sup>4</sup> In Pakistan, the PEFS Alliance commissioned a PEFS-wide evaluation that does not go into the detail of the performance of the ACF fresh food voucher component. In addition to being weak on analysis, it was completed before the donor report was completed with final outputs, and therefore could not be used for documentation.

<sup>5</sup> CaLP recently published guidance notes on delivery money through transfer agents and SIM cards.



## An Overview of Programming

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The following summary is to highlight what is unique about these programmes for the purpose of lesson learning:

### Bolivia

The first programme (in alphabetical order) was a drought response in Bolivian Chaco (2010-2011) to provide micronutrient-rich fresh food alongside WFP's distribution of staple food through food for work (FFW). The programme was a pilot, had very specific nutritional objectives (reduction of anaemia and increase in consumption of micronutrient-rich fresh food), as well as the only programme with explicit gender objectives, to increase women's participation in the economy and in decision-making. The voucher project was a small component of a larger drought mitigation project that included water and seed interventions, and DRM activities. Total households 96.

### Kenya

The second programme was in the largest refugee camp in the world, the Dadaab complex (3 camps) in Kenya where hundreds of thousands largely Somalis and some Sudanese live until it is safe to go home. For the last nearly 10 years Dadaab experienced crisis levels of acute malnutrition and agencies have experimented with a variety of ways to reduce that malnutrition. Since 2007 acute malnutrition has been declining (perhaps with the exception of the ongoing 2011 drought response and influx of additional tens of thousands of refugees). In 2007-8, ACF implemented a "conditional" fresh food voucher (FFV) programme that targeted beneficiaries enrolled in supplementary and outpatient therapeutic feeding programmes (SFP/OTP). The voucher project was a small component of a larger project to reinforce government structures in Garissa to improve the treatment of acute malnutrition. Total households 15,000.

### Haiti

The fresh food voucher implemented following the earthquake in Port-au-Prince, Haiti (2010) was the only programme implemented in a rapid onset disaster to meet immediate needs (contrary to Pakistan below where the food voucher was implemented some months after the floods). It was also the only programme implemented in an urban context where baseline malnutrition was very low (<5%GAM), but risk factors were high, so with the objective of preventing acute malnutrition. The FFV was to meet specific nutritional needs complementing WFP's general food distribution (GFD), which ceased between FFV project planning and implementation due to the government's preference for cash-based interventions. The Haiti FFV was also implemented alongside other ACF nutrition activities including blanket supplementary feeding, OTP, "baby tents" for breast-feeding support, some of which had public health promotion (PHP) and nutrition education components. Total households 15,000.

### Occupied Palestinian Territories

The Urban Voucher Project (UVP) of the West Bank in the occupied Palestinian Territories (oPT) was the first of its kind in the oPT and meant to address the risk of declining protein consumption among those "vulnerable to food insecurity" during the high food prices (HFP) crisis in 2008-2009. It was implemented alongside GFD for the destitute including refugees, implemented by WFP and the United Nations Relief and Works Agency (UNRWA). It was the only programme ACF did not directly design itself, but instead was contracted by WFP to implement, along with Catholic Relief Service (CRS). It was also the longest running programme. While the others were approximately three months in duration, ACF operated the FFV in the West Bank for nearly 2 years. Total households ACF 3,000 (5,500 total WFP).

### Pakistan

It should be noted that Pakistan was not a "fresh food voucher" *per se* but rather a food voucher (personal communication, Calo) which included fresh food. The programme was distinctly different from the other 4 in that it did not have a specific nutritional objective, e.g. dietary diversity, but rather a generic consumption objective. Unlike the other programmes, it was meant to be implemented *after* general food distribution stopped given the priorities of the government for cash-based responses to support the recovery of the local economy. The Pakistan example has been included for general lesson learning. But more importantly, the voucher programme was implemented following the provision of small business grants to vendors. The combined intervention was meant to increase both the local supply and demand for food.

To facilitate a quick comparison the key components of the 5 country interventions are presented in [Table 2](#). These include the country, type of disaster, dates, implementing agency, the objectives and key indicators, target group, voucher, complementary programming and key documentation (but not all).

**TABLE 2 PROJECT SUMMARIES**

PROJECT TITLE	OBJECTIVES	INDICATORS	TARGETING	VOUCHER	COMPLEMENTARY PROGRAMMES	INDICATORS/EVALUATION
<p><b>BOLIVIA:</b> Humanitarian aid through emergency assistance for drought affected communities in the Chaco Region, Bolivia, Complementary programmes (seeds) implemented by FAO and Coopi, Jan – April 2010.</p>	<p>R#2 of integrated project: 2,500 families affected by drought have recovered their basic capacity for production and consumption of staple food and innovative mechanisms are implemented as pilot experience in order to diversify the HHs' diet, gender empowerment, and to generate operational capabilities to monitor and evaluate the performance of the mechanism itself. Specifically to contribute to the reduction of micronutrient deficiencies in U5 children and P/L women through diet diversification through improving access to micronutrient foods.</p>	<p>80% of the targeted families through a voucher improve their dietary diversity.</p> <p>At least 90% of the targeted population consumes fresh food for 3 months.</p> <p>At least 80% participate in sensitisation of healthy eating habits, nutritional and hygiene practices.</p>	<p>100 (96 actual) families for FFV; 2,500 families for all interventions. Of the FFV three groups:</p> <p>a. Families with U5 and/or P/L women b. Everyone else &gt;3 members c. Everyone else &lt;3 members</p> <p>Six indigenous communities (Guarani) in 3 municipalities with access to markets.</p>	<p>50% of “good” vs. normal food expenditure (470 BS) for family.</p> <p>Three vouchers sizes: a. 250 BS (35USD) b. 230 BS (32USD) c. 150 BS (21USD)</p> <p>Three tickets for each of three food groups: ASF, green and yellow vegetables, fruits</p> <p>Given once a month for 3 months. 8 traders 6 communities. Untied. Repayment in cash.</p>	<p>Water distribution and site development, PHP, seed distribution and agroforestry, animal health promotion, drought prevention and preparedness, community based nutrition surveillance, nutrition education. WFP distributing FFW however no distribution during FFV pilot implementation.</p>	<p>IDDS under 5 children</p> <p>Anemia and hemoglobin levels, anthropometric survey.</p> <p>(External Evaluation, Otter and Cortez, 2011)</p>
<p><b>HAITI:</b> Fresh Food Voucher (“Koupons Manjé Fré”) Port-au-Prince, Emergency response and early recovery March-August, 2010</p>	<p>Prévenir une dégradation de la situation nutritionnelle des populations à risques. FFV: Assurer une alimentation diversifiée (prévention de la malnutrition) pour les bénéficiaires directs ; Relance de l'activité économique des marchandes du secteur des produits frais sur 4 marchés de la capitale.</p>	<p>Au moins 70% des familles ciblées ont augmenté leur consommation de fruits et de légumes</p>	<p>15,000 familles affected by earthquake.</p>	<p>1,055 HTG (25 USD) at 6 coupons of 175 HTG. Fresh fruit, vegetables, meat and fish. Given once a month with SF for 3 months. Same value for each family. 167 shopkeepers. Repayment by SogExpress.</p>	<p>Nutrition education on dietary diversity and BSF, OTP, baby tents. Complementary to other ACF activities: WASH, NFI, CFW. WFP GFD was finished.</p>	<p>Anthropometric, HDDS</p> <p>(External evaluation, unpublished, 2010; ECHO final report, 2010).</p>



PROJECT TITLE	OBJECTIVES	INDICATORS	TARGETING	VOUCHER	COMPLEMENTARY PROGRAMMES	INDICATORS/EVALUATION
<p><b>KENYA:</b> Food Voucher Distribution Programme</p> <p>Dadaab Refugee Camps, February 2009 - April 2010</p>	To contribute to the reduction of mortality due to severe malnutrition in children under five in Garissa District (including Dadaab refugee camps)' with the specific objective to 'diversify diet for vulnerable refugee families and boost primary production for poor host HHs' (latter objective separate activity not evaluated).	At least 70% of beneficiary HH increase their consumption of fruits, vegetables and/or eggs; At least a 90% redemption rate of vouchers distributed; At least 70% of beneficiary HH add 2 of the following groups to their diet (vegetables, fruits, and/or eggs).	15,000 families affected by earthquake.	Average 3000 per month, total 15,000. Malnourished refugee families with children registered in GIZ-managed OTP and SFP (SAM/MAM).	At distribution of voucher, nutrition, IYCF and PHP education plus for mothers of OTP a cooking demonstration. GIZ/ IRC implementing SFP/OTP. WFP distributing GFD. (see box for other complementary nutritional interventions)	HDDS, anthropometric, SF coverage  (Capitalisation Report, Powell, 2010; External evaluation, Dunn, 2010)
<p><b>OPT:</b> Urban Voucher Programme in response to High Food Prices in West Bank, WFP with IPs ACF/CRS in WB and Oxfam in Gaza. Jan 2009 –Dec 2010</p>	To protect the livelihoods of urban food vulnerable HHs through the distribution of vouchers. To use vouchers to enable beneficiaries to purchase directly from small and medium-sized traders in the oPt. This is an investment in local communities, stimulating economic activity and employment at the micro level.	% of HHs with poor food consumption, % of HHs expenditure on food	5,500 total families (of which approx 3000 ACF) 'vulnerable to food insecurity' (later 80% were found to be 'food insecure' according to PMTF, i.e. income not food consumption criteria) and not receiving MoSA/UNRWA assistance.	200 NIS (54 USD) for bread, eggs, and dairy (15% of food expenditure) Limited number of beneficiaries per shop, tied to one shop. Colour coded for each week to ensure regular consumption. (Number) Repayment by bank. Later (post ACF) with an e-voucher the value was based on family size. Same beneficiary family for 1 year.	In Phase I none, in last 3 months nutrition education and home economics (use of voucher)	FCS  (ACF End of Project Report, 2010; Mid Term Review; Hedlund and McGlitchy, 2009)
<p><b>PAKISTAN:</b> Food Voucher as part of PEFSA cash based emergency response to floods, Sep 2010 - Feb 2011. FV distribution in Feb for Feb and March.</p>	Ensure that targeted communities have access to adequate and appropriate food to uphold their survival and prevent erosion of assets in a manner that fosters early livelihoods recovery, and upholds their dignity.	Targeted HHs have access to adequate food for daily consumption.  Targeted HHs are enabled to minimise asset depletion and possibly to preserve or increase assets. Women have equally benefited from the project.	5,300 families received in-kind distribution in Sindh Province. 60-70% of village population, CBT based on gross economic vulnerability criteria.	6,200PKR (71USD) for staple and fresh commodities distributed one time for two months (12,400 PKR). 57 traders. Untied. Repayment by bank.	None at beneficiary level. Should have been CFW/UCG simultaneous and overlap to provide cash for non-food expenditures but there was no overlap. At vendor level, 100 small business grants but overlap with voucher programme still to be determined.	HDDS  (Aide Memoire; Hedlund, 2011, Final report ECHO, 2011)

# 1 Appropriateness

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# Based on assessed needs and capacities, were the objectives relevant and were fresh food vouchers an appropriate response modality?



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The more effective programme is based on an accurate assessment of needs and capacities of a disaster-affected populations, a realistic assessment of an agency's own competencies and capacities to meet those needs, including through partnerships, and the translation of these combined assessments into the design of an appropriate programme (Table 2). The following section reviews the needs assessments, including causal analysis of malnutrition, formulation of objectives and the response analysis. In this case, the response analysis included what is the most appropriate type of response (cash vs. vouchers vs. in-kind or other response); the objective of the voucher, that is what will it be exchanged for, in what quantity, over what duration of time; what complementary programmes will be implemented alongside the voucher to ensure that objectives are met; and with whom will the programme be implemented, based on principles or needs for partnership. In many cases, the decision to implement a voucher programme was based on some assumptions about who was doing what (in some cases these other players did not act as predicted); finally the coherence of the programme with community, government, and donor priorities.

## The Assessment of Need and Capacities

While the emergencies were a range of slow and rapid onset and chronic crises, they all had in common the impact of a decline in food and livelihood security and access to a nutritionally adequate diet. Both needs and later baseline assessments<sup>6</sup> demonstrated very low dietary diversity among adults and children (Bolivia, Haiti, Kenya) or risk of declines in food diversity (oPT). Almost in all countries due to the nature of the crises, it was presumed that low dietary diversity was due first to lack of access (Bolivia, Haiti, Dadaab/Kenya, oPT). And in at least one case, lack of knowledge of nutritionally adequate diets, and in the case of children, poor feeding practices (Dadaab/Kenya).

In all cases, acute malnutrition was below "emergency" levels (<10% GAM) and with the exception of Dadaab (11.4% GAM). Stunting and micronutrient deficiency, specifically anaemia, was a chronic problem in nearly all contexts. In Bolivia very rigorous needs assessments (and baselines) and secondary data review were implemented to understand the exact food deficits among the target group, in this case under 5 children (U5) through Individual Dietary Diversity Scores (IDDS) with a specific emphasis on iron rich vegetable and animal source food (ASF) consumption and blood tests (good practice) (Box 2). While other micronutrient deficiencies, e.g. Vitamin A, C, B12, niacin, were not investigated.

## BOX 2 IN-DEPTH NEEDS ASSESSMENT AND BASELINE IN RESPONSE TO DROUGHT IN THE BOLIVIAN CHACO

### Review of secondary data:

- 40% of families eat less than three meals daily,
- 60% of families never eat fruit/vegetables and/or do so occasionally.
- Inadequate consumption between 44 and 52% in men and 23% in breastfeeding women.
- Calcium deficiencies greater than 80% in women of all ages.
- Iron deficiencies of female adolescents between 50 to 60%.
- Zinc deficiencies in 50 to 80% in all ages of women and men.
- Vitamin A deficiency of 30 to 96%.

*Informe Estudio de Línea de Base Nutricional Proyecto ACH-AECID (2009). Conocimientos, Actitudes y Prácticas en Salud, Nutrición y Estado Nutricional del Menor de 5 años en los Municipios de Lagunillas y Gutiérrez del Departamento de Santa Cruz, Bolivia and Study Cases.*

### Key findings of baseline:

- Average income 388 Bs; spent on food 311 Bs (81%) largely staples (rice, vinegar, sugar and salt). 61% of food is purchased.
- Anemia in U5 and P/L; U5 anthropometry disaggregated by sex and target area
- IDDS disaggregated by target area (4.8)
- Consumption of plant source Vit A (70%)
- “ of animal source Vit A (51%)
- “ iron rich foods (54%)
- Consumption by food group (0-6% fruit consumption)



### BOX 3 DECIDING BETWEEN THE HDDS, IDD AND FCS TOOLS

HDDS is a proxy indicator of household food access as the food groups are chosen to reflect economically important food categories that correlate with household purchasing power. The tool can also be refocused on nutrient adequacy by altering food grouping and placing greater emphasis on energy-dense or micronutrient-rich foods. HDDS does not capture the nuances of intra-household distribution of food and caution should be exercised in extrapolating findings from households to individuals.

- FCS is a proxy of household dietary adequacy focusing principally on macronutrients and energy. The nutrient density weights are designed to reflect the macronutrient density of typical quantities consumed. The tool does not capture the nuances of the intra-household distribution of food and caution should be exercised in extrapolating findings from households to individuals.
- HDDS is a proxy for individual nutrient adequacy. It is useful for capturing intra-household differences in food consumption habits and for highlighting consumption patterns that are deficient in micronutrient-rich foods. Caution in extrapolating evidence of nutrient-poor diets of individuals to explain outbreaks of micronutrient deficiency (vitamin A, iron) at the population level.

The three tools are complimentary and their choice will vary depending on the specific assessment objective (e.g. rapid classification of a population by food access) and context (e.g. suspected outbreak of goitre or scurvy). Where objectives are multiple, it is possible to combine tools as long as the recall period and food groupings are uniform (for instance HDDS and HDDS), in which case enumerators need to be well trained on the separate objectives and different modalities that are required to administer the tool.

A common challenge for the programmes appears to have been distinguishing between what was a food utilisation or an access problem, or an individual problem vs. a household level problem. The ACF FSL Guidelines promote the use of proxy indicators to understand food access, availability and utilisation at both household and individual level (Table 3). In most cases, given the nature of the crisis and income and expenditures analysis and the problem was determined to be first an access issue (Bolivia, Haiti, oPT, Pakistan). Most of the time, the analysis stopped there. Rather when poor consumption is the problem, ACF FSL Guidelines suggest a further nutritional casual analysis including understanding a household's capacity to choose a balanced diet, which would later inform the appropriate choice of either a cash vs. voucher intervention and complementary interventions (see cash vs. vouchers) (Table 5).

Where time allowed, as was the case in Bolivia, Dadaab and oPT, rigorous assessment did (Bolivia) and in some cases could (oPT and Dadaab) have more accurately identified the need and cause of the problem. The following examples:

- The drought-induced reduction of income and food sources could exacerbate the already high prevalence of micronutrient deficiencies. ACF conducted individual dietary analysis using HDDS of children to understand the relationship between diet and anaemia (Box 2). An example of replicable good practice.
- Due to high food prices, WFP surveys revealed that households were reducing their consumption of animal source proteins and fruits measured through Food Consumption Scores. This was only later associated with the individual risk of anaemia in oPT. Could have been improved through more holistic assessment of feeding and care practices completed later (1 yr after implementation). Rather WFP and implementing partners (ACF and CRS) relied on the WFP Socio-economic Food Security Assessments (SEFSec, 2008) that focus on economic access.
- The interaction and relative importance of household food insecurity characterised by lack of access to markets, individual risk due to poor care practices (feeding and health) and poor coverage of SFP/TFP feeding programmes in the Dadaab refugee camps<sup>7</sup>. More rigorous use of available data including 2007 FSNAU study on Somali caring practices and 2006-2007 nutritional assessments to understand the at-risk groups and causes, as well as UNHCR/ GIZ

<sup>7</sup> Later while ACF was congratulated on a successful voucher project, UNHCR and CARE, recommended that the voucher be dissociated from the SFP/TFP and instead be targeted to the families of all 6-12m old children in order to prevent malnutrition among this high risk group (UNHCR/CARE Field Exchange, 2010).



# Appropriateness

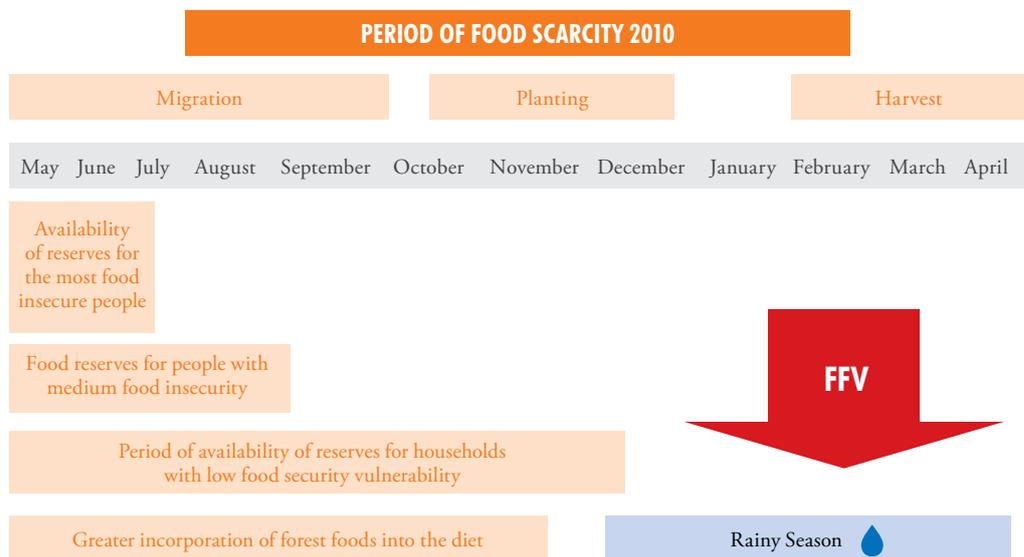


reports on SFP/TFP programme performance (Box 4). Rather ACF relied heavily on the 2006 Joint Assessment Mission (UNHCR, 2006).

Where time does not allow a more in-depth causal analysis of malnutrition, e.g. rapid onset emergencies in Pakistan and Haiti, realistic objectives need to reflect beneficiaries needs. In the case of Haiti, where the baseline household dietary diversity was already low (6.0) but where global acute malnutrition rates were also low (<5%), the objective of improving household dietary diversity was probably adequate. If acute malnutrition rates had been high or even increasing, then a more specific objective and target group coupled with much more intense nutrition education and greater complementarity and coordination between other nutrition interventions, e.g. baby tents, supplementary and therapeutic feeding programmes would have been essential. However this was not the case during the emergency phase<sup>8</sup>. Market assessments demonstrated the appropriateness of a voucher, while needs assessment demonstrated families need both staple and fresh foods. Had ACF known that WFP would not continue its GFD, it would have been more appropriate to include staple foods in the voucher, making adequate food consumption the objective rather than more specific nutritional outcomes.

All programmes, with the exception of Pakistan, identified anaemia as an underlying chronic problem, while the primary problem justifying an intervention was inadequate food consumption. In Bolivia, 81% of the U5 and 44% P/L were anaemic presumably due to less than 50% population consuming food rich in iron (ACF Bolivia, 2011b)<sup>9</sup>. Referring to the Demographic and Health Survey (2006), ACF noted that in Haiti 60% of U5 and 50% P/L women were anaemic. Although given the urgency of the FFV intervention, causes were not investigated nor was reduction of anaemia an objective. In the Dadaab camps, Kenya, anaemia is well above international cut-offs at 71% among U5 and 70% P/L women; while the WFP food ration is relatively high in iron (81% of Dietary Recommended Intake) (UNHCR, 2006). Malaria, diarrhoea, parasitic disease prevalence is also high and can contribute to anaemia. Traditional care practices such as low protein intake for malnourished children and the early introduction of tea may also contribute (FSNAU, 2007). In the oPT, while not identified in the needs assessment, anaemia was identified as an issue after the midterm review (10% among U5 and 20% P/L women) (Hedlund and McGlitchy, 2009). Reducing anaemia was only included as an explicit programme objective in Bolivia.

**FIGURE 1 SEASONAL CALENDAR AND ANTICIPATED FOOD INSECURITY AS A RESULT OF DROUGHT IN THE CHAQUEÑA REGION.**



<sup>8</sup> At a later phase fresh food vouchers might be used to target U5 children and P/L women who have high anaemia rates, and based on a causal analysis of anaemia that demonstrates diet is a problem. However reducing anaemia was not a priority during the emergency phase while providing sufficient quantity and quality of kilocalories was.

<sup>9</sup> Although ACF FSL Assessment Guidelines cautions about associating poor dietary availability of micronutrients with micronutrient problems, it appears that in case diet may have been a contributor.

**TABLE 3 FOOD UTILISATION CHECKLIST**

AREA OF ANALYSIS	KEY ISSUES TO CONSIDER	METHODS/SOURCES
FOOD STORAGE, PROCESSING AND PREPARATION	<ol style="list-style-type: none"> <li>1. Storage and processing practices</li> <li>2. Types of losses and international agencies</li> <li>3. Fuel type used for food preparation</li> <li>4. Water source used for food preparation</li> <li>5. Hygiene practices</li> <li>6. Seasonality</li> </ol>	<p><i>Secondary information sources:</i></p> <ul style="list-style-type: none"> <li>• Reports published by national</li> <li>• Joint assessment reports</li> <li>• Nutrition surveys</li> </ul>
INFANT AND YOUNG CHILD FEEDING PRACTICES	<ol style="list-style-type: none"> <li>7. Prevalence of breastfeeding in children 0-1yr</li> <li>8. Change in the total number of women breastfeeding since crisis</li> <li>9. Age of introduction of complimentary foods</li> <li>10. Types of complimentary foods given to infants &lt;1yr in order of priority</li> </ol>	<p><i>Key informant sources:</i></p> <ul style="list-style-type: none"> <li>• Qualified health professionals</li> <li>• Traditional birth practitioners</li> <li>• Community health workers</li> </ul>
FOOD HABITS, TABOOS AND INTERDICTIONS	<ol style="list-style-type: none"> <li>11. Food culture and traditions</li> <li>12. Health and nutrition knowledge of mothers</li> <li>13. Interdictions with regard to pregnant/lactating women and young children</li> </ol>	<p><i>Focus groups:</i></p> <ul style="list-style-type: none"> <li>• Women-only groups</li> </ul>
FOOD SHARING PRACTICES	<ol style="list-style-type: none"> <li>14. Intra-household food allocating priorities based on age, gender, health or working priorities</li> </ol>	
CARE PRACTICES OF THE SICK AND ELDERLY	<ol style="list-style-type: none"> <li>15. Types of food given</li> <li>16. Responsibilities for care-giving among the active HH members</li> <li>17. Other types of care</li> </ol>	<p><i>Household questionnaire</i></p>
WATER ACCESS	<ol style="list-style-type: none"> <li>18. Sources</li> <li>19. Quality and quantity available</li> <li>20. Cost</li> </ol>	
PUBLIC HEALTH SITUATION	<ol style="list-style-type: none"> <li>21. Change in access to or quality of health care</li> <li>22. Incidence and severity of major outbreaks</li> </ol>	
MALNUTRITION PREVALENCE	<ol style="list-style-type: none"> <li>23. GAM/SAM rates</li> <li>24. Aggravating factors &amp; contextual elements</li> <li>25. Caseload</li> </ol>	



# Appropriateness



While the needs assessment distinguished between chronic and acute problems, the duration of the programme was rarely based on the time period required to address these problems but rather available funds and government policy. Perhaps with the exception of Bolivia where the duration was based on the assumption that household access and availability of food would increase with the next harvest (Figure 1) This is similar to using FFV during the hungry season as a measure to prevent malnutrition. In both Haiti and Pakistan, the government wanted a transition to cash-based interventions. In the case of Haiti, nutrition actors were advocating for a shift from a focus on acute malnutrition to chronic malnutrition and micronutrient deficiency (World Bank, 2010). In Dadaab, the programme was clearly a pilot and meant to inform future response. While the oPT WFP-led Urban Voucher Programme also a pilot, the assumption was that repeated assessment would determine if and when declining food prices would no longer justify the intervention. A summary of needs are presented in Table 4.

## Markets Assessment

The needs assessment did not only focus on nutritional status and consumption requirements but also on the wider context including the need (and capacity) for market recovery and market stimulus in Haiti and Pakistan. In both cases, the Cash and Learning Partnership (CaLP) supported Emergency Market Analysis and Mapping Assessments (EMMA). In the case of Haiti, ACF implemented its own “fresh food” market assessment using a methodology similar to EMMA. The findings revealed that the wholesale market suffered less from the earthquake given the increased demand from hotels and restaurants, largely driven by the expatriate humanitarian presence. While the thousands of small retailers or “Madame Saras” that sold to individuals were suffering both from an increase in transaction costs due to the increase in fuel prices as well as depressed demand due to reduced purchasing power of Port-au-Prince residents (ACF Haiti, 2010b) (Figure 2). In the case of Pakistan, the EMMA indicated that markets were more resilient in some areas than others, e.g. in KPK province

**TABLE 4 SUMMARY NEEDS ASSESSMENT IN THE 5 COUNTRIES**

COUNTRY	ASSESSED	ASSUMPTIONS
BOLIVIA	GAM (9.4%), hungry season intensified due to drought, chronic anaemia (>80% U5), low consumption ASF, vegetables, fruits (<50% population), functioning markets	GFD (later there was none)
HAITI	Rapid decline in access to food, 52% food insecure, low GAM (3.9%) however increase in risk factors, chronic micronutrient problems, low consumption ASF, vegetables, fruits (<50% population), sharing supplementary food, functioning markets	GFD (later there was none)
DAADAB/	Complete dependence on external assistance for food needs, lack of complementary food distribution, declining GAM but still >10%, highest among 6m-12m old (16%), low SFP coverage (rates 37%) but high recovery/low default rates, sharing supplementary food, low consumption ASF, vegetables, fruits (<50% population)	GFD, CMAM (adequate), functioning markets (no market assessment)
OPT	Increasing food prices, risk of decreased consumption of ASF and fruits (30% and 15% were eating dairy and eggs, respectively, less than once a week), chronic iron deficiency (analysed after the mid-term review), urban markets functioning.	Targeting “vulnerable” to food insecurity with no staple food needs. “Food insecure” needs met through in-kind food aid.
PAKISTAN	Rapid decline in access and availability of food, markets not functioning, high incidence and prevalence of disease.	Later markets recovered coinciding with the distribution of vouchers. Other interventions would meet other needs, specifically health.

<sup>10</sup> At a later phase fresh food vouchers might be used to target U5 children and P/L women who have high anaemia rates, and based on a causal analysis of anaemia that demonstrates diet is a problem.

markets rebounded sooner while in Sindh province, markets took a few more months to recover due to the degree of damage and duration of persistent floods (EMMA, 2010b). This influenced the decision of ACF as a member of the Pakistan Emergency Food Security Alliance (PEFSA) to first distribute small business grants to shopkeepers (80 out of 100 grants) followed by a voucher intervention (ECHO Final Report, 2011). As the availability of information influences the identification of need as well as response options, both EMMAs, and in particular the fresh food EMMA, was a significant contribution, and can be considered a good practice. While market assessments are compulsory for cash based interventions within ACF, using EMMA methodology and tools adds value to the usual ACF market assessments, as the EMMA methodology provides insight to the whole market chain and actors, and can identify specific markets actors' needs.

In-kind distributions are increasingly criticised as less dignified, efficient and effective and potentially doing harm to local economies<sup>10</sup> when compared to interventions that allow for more choice, stimulate local economy and reinforce community relationships (Harvey and Bailey, 2011). Emergencies are increasingly being responded to on a "cash first" basis where markets are able to supply required goods and services (NORAD, 2011). However the humanitarian system can be risk-adverse and only through actually demonstrating the relative effectiveness of cash based interventions, have donors and agencies increased the proportion of funding and interventions (Grunewald et al, 2006).

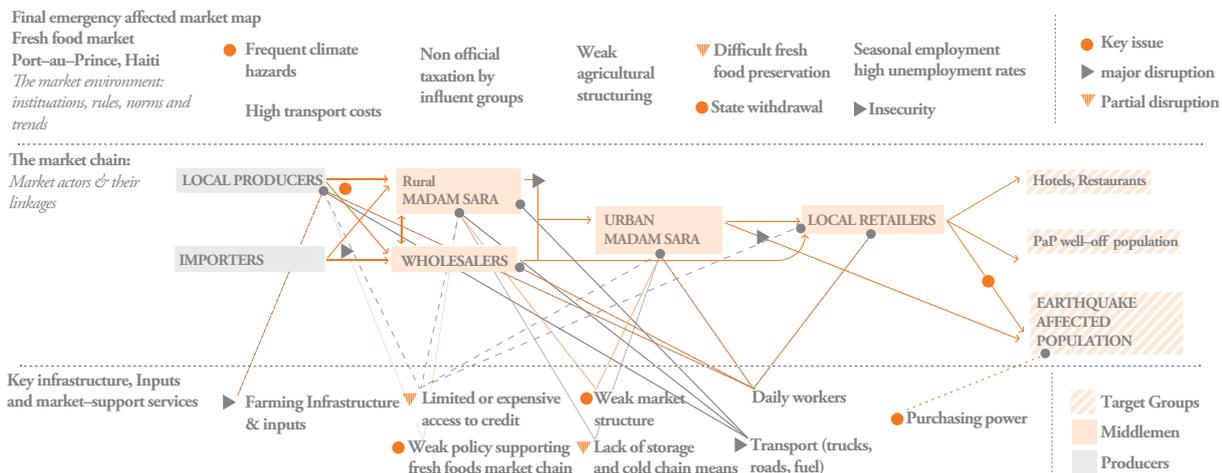
More recently donors and agencies are interested in the potential of cash based interventions to influence nutritional outcomes (Bailey, Hedlund and Levine, forthcoming). In all 5 countries, needs assessments identified the need to experiment with and advocate for cash based interventions given its appropriateness for the given context

**Objectives**

Objectives must clearly derive from a needs assessment and causal analysis of malnutrition, and be well formulated to guide the analysis of response options. In general the objectives of the ACF fresh food voucher programme were concise and logical, with perhaps the exception of Dadaab (Box 4), and fell into four broad categories.

- a) **To meet essential food consumption requirements of disaster affected population, specifically to improve dietary diversity.**
  - **Bolivia:** To decrease diversify the HHs' diet specifically to contribute to the reduction of micronutrient deficiencies in U5 children and P/L women through improving access to micronutrient rich fresh foods.
  - **Haiti:** To prevent degradation in the nutritional situation of at risk populations, through the assurance of diverse food consumption.
  - **Dadaab/Kenya:** To contribute to a reduction in mortality due to severe U5 malnutrition with the specific objective of diversifying the diet for vulnerable refugee families.

**FIGURE 2 ACF FRESH FOOD MARKET ASSESSMENT HAITI**



# Appropriateness



- **Pakistan:** Ensure that targeted communities have access to adequate and appropriate food to uphold their survival.
  - **Kenya:** To boost primary production for poor host households (however this was not evaluated).
  - **oPT:** To enable beneficiaries to purchase directly from small and medium size traders in the oPT.
  - **Bolivia:** Innovative mechanisms are implemented as pilot experience.
  - **Dadaab/Kenya:** Though not explicit, through hoping to influence UNHCR and NGOs to continue the project, the Final Evaluation observed that advocacy was an objective.
  - **Pakistan:** The umbrella project, PEFSA, had as one of its overall objectives as “best practices captured and disseminated” (ECHO proposal, ACF-PEFSA, 2010).
- a) To reduce negative coping mechanisms**
- **oPT:** To protect the livelihoods of urban food vulnerable HHs through the distribution of vouchers.
  - **Pakistan:** To prevent erosion of assets in a manner that fosters early livelihoods recovery, and upholds their dignity.
- a) To provide evidence that cash-based responses could effectively meet consumption requirements**
- a) To support local economies recover from disaster by increasing demand**
- **Haiti:** To relaunch economic activity of vendors of fresh produce in 4 markets of the capital (Port-au-Prince). To increase the sales of vendors through which they improve their livelihoods, by increasing their capacity to self-finance and reduce their dependency on credit for restocking.

## BOX 4 DADAAB REFUGEE CAMPS: THE LINK BETWEEN NEEDS ASSESSMENT, NUTRITIONAL CAUSAL ANALYSIS, OBJECTIVES AND RESPONSE

Malnutrition in the camps has been decreasing since 2005 after it reached a high of >25% GAM. In 2007, GAM was 11.4% and U5 mortality ranged from 0.85-1.46/10,000/day (>2/10,000/day emergency cut off; IPC, 2009). Causes of persistent >10% GAM included poor treatment of GAM - low SFP/OTP coverage, and poor prevention of GAM - poor care practices including feeding and health, and poor access to complementary foods (UNHCR, 2006). Note however SFP/OTP performance at the time met Sphere standards for default, recovery and death rates (UNHCR, 2008: 15). ACF’s own CTC had recovery rates of more than 90% (ACF Kenya, 2007).

ACF set as its “Principle Objective” the reduction of risk of mortality due to severe malnutrition in children < 5, in Garissa district, both for refugee and host populations. Its “Specific Objective” was to diversify the diet for vulnerable refugee families and boost primary production for poor host households. The activities were to provide a fresh food voucher equivalent of 50% of the caloric requirements for complementary food for children in SFP/OTP, or a specifically individual (vs. household) response to the problem.

What is the relationship between the problem, objectives and activity?

- Default rates are low. No need for incentive effect.
- Recovery rates are high. No need for additional calories
- Coverage is low. Using this approach risks a large exclusion error (37%) making a reduction in mortality very difficult, unless the objective was to maximise the incentive effect.
- The relationship between U5 mortality, nutritional status and nutrition programmes was not part of problem analysis

What happened?

- HDDS did increase from 6 to 10 however as in indicator of household access (Dunn, 2010) this says little about the consumption of the U5 target group and implies sharing of the FFV ration.
- The FFV acted as an incentive to increase SFP coverage rates from 37 to 58% (UNHCR, 2008a)
- Malnutrition continued to decline while not a specific objective and U5 mortality reduced 0.1/10,000/day in 2008 (WFP, 2008b) but was not referred to again as an objective.

<sup>11</sup> Although not clear if before or after implementation.

<sup>12</sup> Interestingly this might have been reasonable if the objective was to reduce mortality of severely malnourished children through the increased consumption of corn-soya-blend (CSB) porridge among malnourished children. A KAP study of YCF in 2008 in the camps indicated that children do not prefer the CSB and will eat it only if it has sufficient sugar (Ochole, 2008).

<sup>13</sup> After sugar and milk.



Other objectives included, in Bolivia, gender empowerment and to generate operational capabilities to monitor and evaluate the performance of the mechanism itself. While feeding practices were identified as one cause for poor food consumption, particularly for children (Bolivia, Dadaab/Kenya), as well as poor hygiene and sanitation, and related disease, change in behaviour or knowledge, attitudes and practice (KAP), was not identified as an objective in any programme logical framework.

Perhaps the key here is objective setting in rapid onset (Haiti and Pakistan) vs. slow onset or chronic emergencies (Bolivia, oPT, Dadaab/Kenya). In the case of the former, if access to food is the primary cause of food insecurity and/or acute malnutrition, simply facilitating “access to an adequate diet” is relevant, efficient and can be very effective. “Adequate” is then defined by a minimum number of calories from a range of diverse foods, including staple foods. It is unlikely in a rapid onset disaster that programmes will be well-researched enough nor adequately resourced and planned to have effective behaviour change programmes if poor KAP is a cause of poor nutrition, e.g. Haiti. In a chronic or slow onset emergency, the objective should be much more rigorously and specifically defined based on the problem and nutritional causal analysis and response analysis, particularly if malnutrition including micronutrient deficiencies is the problem. For example in Dadaab, the objective was to 1) reduce mortality of severely malnourished children through 2) increasing family dietary diversity without clearly defining the link between family consumption and high child mortality, nor the role of the TFP. While in the camps, the problem was not high mortality among SAM children in TFP, but the low coverage rates. Referring to ACF’s Maximising the Nutritional Impact of FSL interventions, this is called the “logic of the programme flow” (ACF 2010b:32) or Programme Theory.

### Response Analysis

The starting point for an appropriate response analysis is the correct identification of the problem or need. In the 5 country studies, the need was slightly nuanced from food and livelihoods security (Bolivia, oPT, Pakistan) to nutrition (Dadaab/Kenya) and including water and sanitation (Haiti) with some overlap as to be expected. As a result the range of response options were different and depend also what the community wants, what is possible given operational and financial constraints, what others are doing, and “doing no harm” (ACF 2011: 114) (Table 5).

### Cash vs. vouchers vs. in-kind assistance

Response analysis should start with consulting the affected population on what they prefer to meet their needs and therefore objectives. Ideally the affected population will have a shared view of needs and objectives if the assessment itself was done using participatory methods, however this was infrequently the case. The exception is Bolivia where a participatory approach was employed throughout the project. Per the programme evaluation: “Beneficiaries mentioned having been consulted about their priorities before the start of the project, making reference to visits carried out by ACH staff. During these visits, the rationale and process of the intervention would be explained. These visits were also opportunities for creating awareness and training beneficiaries through the use of an information leaflet explaining the contents of the project”. Not only agencies and donors are risk adverse (see above) but so are beneficiaries, often preferring what they are used to (WFP, 2010a). This effort on the part of the ACF programme should be considered good practice. The Dadaab evaluation also noted that camp residents were consulted<sup>11</sup> and said they prefer cash. However the decision was taken not to provide cash as there was a concern that beneficiaries would spend cash on sugar (Dunn, 2009).<sup>12</sup> In addition, the third<sup>13</sup> most common use of income generated by selling the in-kind food ration was the purchase of vegetables used as complementary food for children (Dunn, 2010: 6); implying that if given cash, perhaps mother’s would spend cash for their children’s nutritional and health needs.

In all the interventions reviewed, lack of access to food was evaluated by ACF to be the primary cause of poor consumption. Where markets are functioning and cash-based interventions (CBI) will not significantly disrupt supply or demand causing ruptures in stock or price inflation, CBI are increasingly the “first response” (NORAD, 2011). With the exception of Dadaab/Kenya, in all studied examples market assessments were implemented to determine the feasibility of using markets as a response option. In the case of Pakistan, EMMA assessments recommended distributing in-kind food assistance for 2-3 months immediately after the floods in Sindh, providing market support, and then transitioning to CBIs (EMMA, 2010b). Targeting the response over time was a good practice. In the case of Haiti, the recommendation was to avoid in-kind distributions, which in addition to favouring wholesalers at the risk of penalising retailers, from a logistics point of view



# Appropriateness



would be very labour intensive. Instead the ACF EMMA recommended CBIs given “market systems to provide food were in place, fresh products locally available, but the population who had the greatest need, families affected by the earthquake [vs. the hotels and restaurants] did not have the means to pay” (ACF, 2010b: 10). In Bolivia, rapid assessments determined that fresh food was likely to be available although at some distance, while families made regular visits to markets for staple food purchase (ACF Bolivia, 2011b).

The basic assumption is that if available, people will buy what they need most. Given assessed needs, people first and foremost needed staple food. In most cases, other agencies were providing staple food largely through in-kind distribution (Table 5). In the case of Bolivia, Haiti, and Kenya, and the oPT, this meant WFP (and UNRWA in the oPT) would provide GFD to the most vulnerable. In Pakistan, it was assumed that while beneficiaries had other needs, specifically health expenditures, that ACF itself would distribute cash grants to the most vulnerable and cash for work for those able to work (personal communication, Calo). In Haiti and Kenya, ACF and GIZ respectively would distribute CSB and Plumpynut to partially meet the caloric needs of children. This left a “gap” that is, the provision of fresh food that would otherwise be omitted from the diet because of a lack of adequate income. As will be discussed later in Effectiveness, some of these assumptions proved not to be true and out of the control of ACF but most certainly had an impact on the effectiveness of the programme.

Then in some countries there was a jump in the response analysis. Without enough information (specifically causal analysis of inadequate dietary diversity) to determine that if beneficiaries were given cash, would they or wouldn't they buy fresh food, ACF provided vouchers. In some cases, the choice to use vouchers was based on the assumption that beneficiaries had poor dietary KAP (Dadaab, Haiti). In the absence of a control group, it is difficult to know if this was a good decision.<sup>14</sup> In the case of Bolivia, baseline assessments revealed that among the Guarani indigenous group, it is men who go to the market and normally buy staple foods: “[Men] will buy the same as usual, but not fruits and vegetables”...revenues generated by husbands are almost invariably intended to cover the traditional “basics” (corn, flour, oil, pasta, salt) under which fruits and vegetables are not considered “essential” (Cortes and Otter, 2011: 32). Hence ACF Bolivia was targeting women by using a fresh food voucher. In the case of Pakistan, while the voucher included fresh and staple food, in an Oxfam intervention in the

same province (Sindh), post distribution monitoring found that beneficiaries spent 50% of the cash on food and >40% of the cash on health, as disease incidence was very high after the floods (Oxfam, 2010). In fact, ACF would have provided cash if donor policy had permitted it (PEFSA, 2011a; PEFSA, 2011b; personal communication, Calo). In no case were targeted groups actually asked how they would spend cash if they were to receive it, which has been demonstrated to correlate with how they actually spend cash (Devereaux, 2007).<sup>15</sup> Given ACF's very specific food consumption objectives hence their “desire to limit spending options”, ACF felt it was “worth restricting choice” (Table 5).

On the assumption that beneficiaries had poor dietary KAP, specifically micronutrient (MN) requirements and MN content of certain foods, in 4 out of 5<sup>16</sup> country programmes (Bolivia, Haiti, Dadaab, and only later, oPT), beneficiaries were targeted with nutrition, dietary and in some cases health and hygiene education. The assumption was that while providing fresh food would result in a short term improvement in diet, it would not be sustainable nor of long enough duration to influence micronutrient malnutrition. But maybe an increase in knowledge would (Otter and Cortes, 2011; Dunn, 2010).

Other factors influencing the response analysis included conflict and security (Dadaab), and the availability of financial institutions for money transfers (Haiti, Dadaab/Kenya, oPT and Pakistan). In the case of Dadaab, elders were consulted for the selection of vendors to ensure there was fair clan representation. It was originally planned that vendors would rotate so to spread the benefits more evenly (Dunn, 2009). When the number of beneficiaries increased and an alternative to distributing large sums of cash in the camps needed to be found, ACF consulted vendors on their preference for money transfer either through traditional means (hawala) or through money transfer agents. Similarly money transfer services were available in Port-au-Prince, the West Bank, and Thatta (Pakistan) that made CBI a potential response option. Voucher distribution and redemption and reimbursement of vendors are discussed in further detail under efficiency.

## Quantity, quality, duration and frequency of assistance

Having decided that vouchers were the appropriate response option, the appropriate design of the voucher is essential to increase the likelihood that families or individuals will consume a certain

<sup>14</sup> However there is a possibility that just by stimulating demand, supply of fresh foods increase and may have had a spillover effect on other households whose dietary diversity increased as evidenced by the higher baseline dietary diversity in later programme beneficiaries (Dunn, 2010).

<sup>15</sup> See footnote 5.

<sup>16</sup> Pakistan never had a fresh food related objective.

<sup>17</sup> This was considered not very good practice by ACF programme staff (personal communication, Morel).



quality and quantity of micro- and macro-nutrients with the frequency and duration required to meet objectives. In the case of fresh food vouchers, this includes the frequency of distribution as fresh food does not keep indefinitely.

In most cases ACF took considerable care to design a voucher that met clear nutritional requirements. The exception was Haiti who “took a picture” of what a 1000 HTG could buy and did no nutritional analysis in terms of the potential contribution to a healthy diet the fresh food voucher would make (ACF Haiti, Capitalisation Report, 2010).<sup>17</sup> In Dadaab, the “ideal fresh food basket” was

determined through interagency consultation with nutritionists (good practice). In almost all cases this included fresh fruit and vegetables and animal source foods, specifically milk/dairy, eggs, meat and fish. In the case of Dadaab, milk was limited to 2 cups to avoid replacing breastmilk given the low rates of exclusive breastfeeding. In the case of oPT, fruit, meat and fish were excluded due to quality control issues. See Table 6 for Bolivia’s example of voucher planning based on micronutrient requirements, another example of good practice. In Pakistan, which did not have a dietary diversity objective per se, the voucher value and commodities were based on feedback received during monitoring

**TABLE 5 THE APPROPRIATE CONDITIONS FOR IMPLEMENTATION OF DIFFERENT CBIs**

**MARKET AND ECONOMIC ISSUES**

CASH	VOUCHER	IN-KIND
Market is functioning, or would work with increased demand	Market is functioning, or could be made to work, if demand guaranteed	Lack of availability of goods, or scarcity/hoarding causing high prices
Necessary goods/services are available	Security fears for cash	Markets not working and cannot be made to work
People have lost income, which is main cause of problems	Desire to limit spending options* makes it worth restricting choice	Desire to limit spending options makes it worth restricting choice and undermining markets
Strong informal economy options		Conditions for alternatives do not apply: in-kind as “last resort”
Need for rapid reaction	Time to arrange supply, or supply already in place	Time to arrange supply, or supply already in place
Low risk of excessive inflation	If high inflation, commodity vouchers	High inflation

**SOCIAL AND CULTURAL ISSUES**

People have very diverse needs	Uniform needs of beneficiaries, which are well known, and can be met	Uniform needs of beneficiaries, which are well known, and can be met
People have almost no other sources of income	Beneficiaries have other sources of cash to meet other needs**	Beneficiaries have other sources of cash to meet their needs**

**ISSUES OF PRACTICALITY: FAVOURING FACTORS**

Functioning banking system	A number of traders selling the goods necessary	Logistics can be organised
Trustworthy systems	Local supply can be easily	Accessibility for heavy lorries]
Appropriate level of security (depending on distribution mechanisms)		

\*For whatever reason: humanitarian objective, political priority of donor, fear of misuse, etc.

\*\*Alternatively, vouchers can be given in conjunction with cash grant



# Appropriateness

of the in-kind food distribution program that preceded the voucher. Beneficiaries requested greater access to fresh foods, sugar, tea, wheat flour and cooking oil which is consumed in greater quantities in the winter (ACF Pakistan, 2011b).

With regard to the size of the voucher, in most cases the local cost of the “ideal fresh food basket” was determined through market analysis. Some countries conducted more in-depth analysis which included the average income of targeted households, their normal expenditure on food and fresh food, other humanitarian food assistance available, and the resulting “gap” that defined the value of the voucher (Table 7). This additional analysis is useful particularly for determining changes in expenditures if the voucher had an “income replacement” objective as it did in the oPT and Pakistan.<sup>18</sup> Or if the objective is to more sustainably change eating habits and influence expenditure patterns, i.e. the household has sufficient income to buy fresh foods but simply does not prioritise it. This was later an objective in oPT when ACF considered targeting those who had

higher incomes with nutrition and home economics education but had poor food consumption scores (ACF oPT, 2011b). When the objective is simply to increase access to fresh foods temporarily this more labour-intensive data collection and analysis is probably unnecessary.

As a general rule among the 5 country programmes, the more specific the nutritional objective, the more restrictive the voucher. In Pakistan where there was no nutritional objective but rather access, a very flexible value voucher was provided (Table 7). In Dadaab/Kenya, Haiti, oPT and Pakistan, the voucher was for a restricted range of food groups, however beneficiaries could buy as much of any one product they wanted, e.g. all eggs<sup>19</sup> The most restrictive voucher was Bolivia where beneficiaries had to buy at least one item from all three food groups (Table 6). To determine how appropriate this was depends on the results. Without restrictions, the responsibility lies with the beneficiary therefore making careful monitoring more important (see Effectiveness: impact monitoring). But there are also other risks associated with too narrowly defining the voucher,

**TABLE 6 DIVISION OF VOUCHERS INTO PERCENTAGES IN BOLIVIA**

FOOD TYPES	AMOUNTS BASED ON REQUIREMENTS(*)	BS. 250 VOUCHER	BS. 230 VOUCHER	BS. 150 VOUCHER	PERCENTAGE OF THE VOUCHER VALUE
MEAT AND DAIRY	2 litres of milk or 1 medium cheese/week	107	99	64	43%
	5 kilos of meat/month				
	46 eggs/month				
GREEN AND YELLOW VEGETABLES (SEASONAL)	5 bundles of chard/month	53	48	32	21%
	3 bundles of celery/month				
	2 kilos of beetroot/month				
	4 kilos of tomatoes/month				
	30 onions/month				
	6.5 kilos of carrots/month				
	8 pumpkins/month				
FRUITS (SEASONAL)	8 dozen bananas/month	90	80	54	36%
	8 medium units of papaya/month				
	4 medium units of watermelon/month				
	4 dozen medium lemons/month				

<sup>18</sup> Remember the objectives included a reduction of negative coping mechanisms such as the sale of assets or reduction of other essential expenditures such as health and education.

<sup>19</sup> This did in fact happen in oPT and was picked up by monitoring the food register in the shop. It was later discovered that the beneficiary was selling eggs.



Bolivia food voucher

and this includes rupture in supply in a pre-defined commodity, e.g. avocados in the Dadaab camps, or beneficiaries not using the voucher as planned because the voucher does not include priority items, as was the case in Haiti. In the case of Dadaab, where a diverse supply may have been an issue, it was probably more appropriate to leave it flexible (good practice).

The value of the vouchers, with the exception of Dadaab/Kenya, were based on the household's needs. In Dadaab, the calculation was based on the consumption of the targeted child. The evaluation demonstrated that most certainly the voucher was shared among family members (Dunn, 2009). It is probably unrealistic to assume that households will not share the food purchased. Nor is it logical if the cause of malnutrition is a shortage of complementary food at household level and other children are at risk of malnutrition. Experience shows even CSB when promoted as a "medicinal" food for the malnourished child, if there is a shortage of food at home it will be shared with other children (WFP forthcoming).

This is one reason agencies are increasingly including "protection rations" of cash and food in supplementary feeding programmes (Poulsen, 2010; Brewin, 2010). Rather it is more appropriate (and effective) and good practice to calculate the voucher based on family needs.

With regard to duration of the voucher programmes, which in most cases was 2-3 months, it is presumed that with the exception of Bolivia where the intervention was implemented in the hungry season and therefore discrete, that follow-up assessments would determine whether or not families still required a voucher to facilitate access to fresh food. Again, the appropriate duration depends on the objectives of the programme and the role that the voucher is playing defined by the programme logic. Is the cause of poor diet an economic or a KAP problem? If it is economic, until families have sufficient means (either through recovery or development) to access a balanced diet, the voucher acts as an income transfer. If it is a KAP problem, until families appreciate a balanced diet and have the means to access a balanced diet, the voucher

**TABLE 7 CALCULATION OF VOUCHER**

	BOLIVIA	HAITI	DADAAB/KENYA	OPT	PAKISTAN
INCOME OF TARGETED GROUP	388 Bs/month	60% of HH less than 12000 HTG/month	Selling food ration	1509 NIS/month (2647 NIS national avg) <sup>3</sup>	
% INCOME SPENT ON FOOD	83% (311 Bs largely spent on staples)	50% of households acquired debt to purchase food <sup>1</sup>	Most frequently purchased sugar, veg and milk <sup>2</sup>	790 NIS or 50% (47% for urban national avg)	
COST OF IDEAL BASKET	470 Bs		1500 Ksh/month/child	Egg and dairy needs (15% food expenditures)	7200 PKR
DECISIONS/ ASSUMPTIONS INFLUENCING DETERMINATION OF VALUE	GFD, HH contribution	GFD CSB	GFD, Plum-pynut/ No sharing	Beneficiaries can meet staple food needs	Budget constraint. Original budget= 5000PKR
VALUE OF VOUCHER	250 Bs	1055HTG	600 Ksh	200 NIS	6200PKR
ITEMS IN VOUCHER	Vegetable, fruit, meat, fish, dairy	Vegetable, fruit, meat, fish (no dairy)	Vegetable, fruit, meat, fish, 2 c milk	Dairy, bread, eggs	Cash voucher limited to food <sup>4</sup>

<sup>1</sup> No income analysis; EFSA, March 2011.

<sup>2</sup> No income analysis; Dunn (2010) who referenced WFP (2008).

<sup>3</sup> UVP Baseline (WFP, 2009d).

<sup>4</sup> Voucher items permitted in the order most frequency purchased: Cereals, flour, pulses, legumes, nuts, Sugar, honey, tea/coffee, Vegetables & spices, Oil, Meat, Fresh/dried fish and sea foods, Milk & milk products, Biscuits, Eggs, Salt, Fresh/dried fruit and juices (Aide Memoire from PDM, 2011)



# Appropriateness



serves an incentive or demonstration function, e.g. encouraging families to participate in nutrition education, introducing families to new foods, demonstrating the role of fresh foods during the recovery of a malnourished child.

## Partnership

Partnership starts with a stakeholder analysis; identifying who needs to be or could be involved and in what way; either as providing complementary or necessary goods and services, appropriate political support, or ensuring a coherent approach with others working to achieve the same or similar goals.

As already mentioned, in most cases, coordination with WFP to provide a general ration was essential, with the exception of Pakistan where the ACF food voucher included staples. In Haiti WFP was told to stop GFD by the government so was not able (even if willing) to complement ACF's FFV. In Bolivia, it is unclear that if the lack of GFD during the FFV implementation period was just an example of poor communication or a break in the pipeline. However as it was a joint decision with WFP and government, it is unlikely that even with advocacy the decision would have been reversed.

In the case of Dadaab, given the objective of reducing mortality due to severe malnourishment meant logically that ACF should partner with GIZ who ran the SFP/TFP<sup>20</sup> services in the camps. A Memorandum of Understanding (MoU) was signed with GIZ clarifying mutual responsibilities which later facilitated joint problem solving and should be considered good practice (more under impact monitoring and targeting efficiency). For the education component of the programme and in particular the cooking demonstrations, ACF used the existing Mother to Mother Support Groups, and women identified as "positive deviants" who did cooking demonstrations and received bag of fresh vegetables for their efforts. GIZ provided firewood and later fuel efficient stoves. WFP donated the dry food while ACF provided fresh food.

While not a partnership per se, ACF worked with Haitian local NGOs who were familiar with quartiers of Port-au-Prince. They were subcontracted to interface with the community with mixed results (Box 5) (more under targeting efficiency).

In oPT, in fact it was WFP who sub-contracted ACF based on ACF's institutional capacity to implement voucher programmes (more under Effectiveness).

In Bolivia, while the degree of *community* participation was high, there were other "partners" that later felt they should have been more involved or as evaluators viewed it - at least better informed, such as the Association of the Guarani People, a local indigenous political body (Cortes and Otter, 2011) (discussed under accountability). This was a criticism of other ACF voucher programmes – the degree of connectedness – which was at risk of undermining the advocacy objectives of the programmes (Cortes and Otter, 2011; Dunn, 2010; Hedlund and McGlitchy, 2009).

In general the partnerships were considered either essential or added value to programme implementation, with some gives and takes in work load for ACF, which is not unreasonable (WFP in oPT and GIZ in Daddab)(Hedlund and McGlitchy, 2009; Powell, 2008).

## BOX 5 WORKING WITH NGOS IN HAITI

Family Health International (FHI) were originally contracted to: a) organise quartier committees, b) liaise with quartier committees providing information and transparency, c) beneficiary registration (census as blanket distribution), d) ensure that census lists corresponded with distribution lists, e) organise logistics, off loading, crowd control, f) actual distribution, g) on-site sensitisation on ACF projects (dates, objectives, entitlements), and h) handle payments for committees and daily workers.

The reality was that FHI focused almost exclusively on the census but not without some difficulties, mostly associated with a lack of incentive due to the lack of a contract between ACF and FHI. This led to uncertainty regarding FHI staff salaries which ultimately resulted in the census being less than satisfactory. Difficulties during beneficiary registration was a common complaint in post-earthquake Port-a-Prince (UNDP, 2011)

<sup>20</sup> GTZ switched from a traditional TFP to an outpatient therapeutic feeding programme (OTP) in 2008 during the course of implementation.

### Complementary programmes

ACF in its Food Security and Livelihoods Policy states “wherever possible and appropriate, ACF-IN [sic] promotes an integrated programme approach, calling on experts from a variety of technical sectors, in alignment with the findings of the causal analysis” (ACF, 2008: 11). In the case of the 5 country studies, the problems were both food and livelihoods security (Bolivia, oPT, Pakistan), nutrition (Bolivia, Dadaab/Kenya, Haiti and later oPT) and public health (Dadaab/Kenya, Haiti). Table 8 provides a summary of complementary programmes implemented with voucher programmes.

The most common complementary programme was PHP/nutrition education and was provided by ACF staff either at the time of voucher distribution (Bolivia, Dadaab), delivery of other services, such as supplementary food or breastfeeding support (Haiti) or later targeted to a specific subset of beneficiaries (poor consumption/low income) (oPT). As good practice, nutrition and health education should be specific to the situation (ACF, 2010a), and based on baseline KAP assessments, casual analysis of malnutrition, and available secondary data to target specific behaviours.

In Dadaab, ACF spent considerable time in implementing nutrition and health education.

Per the evaluation, as they had done no needs assessment *per se*, ACF did a relatively good job of consulting available data/experts and ensuring coherence of nutritional messages (Dunn, 2009). However nutrition, feeding and hygiene education appears to have been very generic (Powell, 2008; Dunn, 2010)(similar to Haiti). On the other hand, cooking demonstrations involved “positive deviant” mothers, which in situations where culture and tradition influence practice, is considered *good practice* (Hossain, 2006). Positive deviant mothers whose children had less frequent illness due to better hygiene, uncontaminated water, and hygienic food preparation, interacted with voucher beneficiaries through cooking demonstrations and Mother to Mother Support Groups (Powell, 2008).

In oPT, ACF was not directly involved in the initial needs assessment. The midterm review observed that not all targeted beneficiaries had poor food consumption and anaemia was a public health problem (however below emergency levels <40%). It was at this point that ACF considered integrating an education component into the voucher project. As a result, and example of *good practice*, ACF integrated a well-researched and targeted education component into their programme during the last 2 months of the programme (personal communication, Bernardez):

**TABLE 8 COMPLEMENTARY PROGRAMMES**

	BOLIVIA	HAITI	KENYA	OPT (PHASE II)	PAKISTAN
COMPOSITION	Use of vouchers, cooking demos, tailored nutrition education, anaemia education, IEC materials,	Use of voucher, generic nutrition education, generic PHP, IEC materials, advocacy (t-shirts)	Use of voucher, cooking demos, positive deviance, generic nutrition education, generic PHP, advocacy (campaigns),	Use of voucher, tailored nutrition education, IYCF, IEC materials, home economics theatre,	N/A
OTHER PROGRAMMES IMPLEMENTED BY ACF WITH VOUCHER BENEFICIARIES	seeds, DRR/M, WASH and water availability	CTC, BSF baby tents, WASH, NFI, UCG/CFW	Information Unavailable	Information Unavailable	UCG/CFW <sup>2</sup> , WASH (Business grants to vendors)
OTHER PROGRAMMES IMPLEMENTED BY OTHER AGENCIES	GFD <sup>1</sup>	GFD <sup>1</sup>	GFD, CTC/SFP, MTMSG, CHW, YCF, Multi-story Gardens, WASH	Information Unavailable	Information Unavailable

<sup>1</sup> GFD was to be distributed through the life of voucher programme but was not.

<sup>2</sup> CFW beneficiaries were supposed overlap but did not (PEFSA Evaluation, 2011; personal communication with ACF, Calo).



# Appropriateness



During this pilot period a wide range of stakeholders were consulted, existing health promotion materials gathered, meetings held and focus group discussion conducted in order to propose and refine the tools and methodology used for the PHP activities. As an outcome of this activity a public health promotion strategy was elaborated. This document contains the objective of the program, target group and area, the activities and the methodology that focuses on participatory workshops with beneficiaries. This methodology consists of three parts, the first serves as an overview of nutrition, the second delves into specific topics related to nutrition which can vary from workshop to workshop depending on the needs of the participants, and finally a practical exercise with the participants in how to maximize the use of the vouchers to meet nutritional needs. Following this methodology, a workshop was conducted by ACF in Qalqiliya on the 20th December 2010 with the participation of 22 women. This successful exercise showed beneficiaries how to improve household food and nutrition security through better food- and nutrition-related knowledge, attitudes and practices (ACF, 2010d).

In further efforts to target nutrition education to those who needed it most, ACF oPT targeted those with poor consumption, and those most likely to continue with the programme given an impending retargeting exercise (G1 and G4; Table 9). As the training was quite ‘hands on’ with home economics (shopping exercises and meal planning), ACF preferred to have smaller class sizes. Had there been enough time and money, ACF would have targeted groups G2, G5, and G7. This is good practice when resources are limited and if not using a ‘positive deviant’ approach, that is including women who can teach other women – 31% (G3) of the poor in the oPT voucher beneficiary caseload.

In Bolivia and oPT, nutrition education was further focused on increasing the consumption of iron-rich foods and food combinations (good practice). Whereas in other countries (Kenya and Haiti), while the needs assessment identified anaemia as a

problem, further causal analysis or anaemia-specific education was not integrated into programme.<sup>21</sup>

The lack of effective nutrition education was noted by the Capitalisation Report and evaluation in Haiti. In the 2011 Port-au-Prince FFV programme this was corrected for and an in-depth study was done on dietary practices (good practice). Of course, this is easier to do in PaP 2011 given that more than a year had passed since the earthquake and the crisis stage was over:

*However, it would be appropriate to deepen the understanding of food habits and practices by focusing on aspects less developed in available studies, in particular those that would allow a better understanding of the key determinants in household food choices. Are these choices motivated by economic reasons, food preferences, beliefs or taboos, by nutrition knowledge or, more prosaically by availability / accessibility of these products? This understanding is all the more necessary as eating habits have changed in recent decades in Haiti due to rapid urbanization and the increasing substitution of imported products for local products. Other aspects less touched upon include intrahousehold food allocation and utilisation, as well as weaning practices. This study will be part of the baseline study and will contribute to the selection of themes to be addressed during sensitization sessions (ACF ECHO proposal, 2011).*

## Conditionality

In a recent review on cash transfers and nutrition it was observed that conditions are rare in emergency cash programming because it is not usually an appropriate time to change behaviours and create additional requirements for households (Bailey et al , forthcoming). With explicit dietary or nutritional objectives, the degree of conditionality appears to increase, on the assumption that, for a slight increment in cost, applying conditionalities can leverage greater impact (Meyer, 2007). The most common conditionalities range from participation in nutrition, health, and breastfeeding education and counselling, to participation

<sup>21</sup> A Causal Study of Anaemia in the Dadaab camps was completed in 2008. However it is not known if nutrition and health education was revised accordingly.

<sup>22</sup> ACF had to work intensively with GTZ to reduce the inclusion error in the SFP/TFP at the beginning of the programme (Dunn, 2010; Powell, 2008).

<sup>23</sup> The difficulty of providing effective dietary counselling simultaneous with distribution was a similar problem in SCUK’s programme in Myanmar, where it was recommended dietary counselling be conducted in smaller groups at times when women could better concentrate (SCUK, 2010).

**TABLE 9 TARGETED GROUPS FROM WHERE BENEFICIARIES WILL BE SELECTED**

PMTF	FCS POOR	BORDERLINE	GOOD
BELOW DEEP POVERTY	G 1 (20%) <sup>1</sup>	G 2 (25%)	G 3 (31%)
BETWEEN THE TWO LINES	G 4 (1%)	G 5 (4%)	G 6 (4%)
ABOVE THE RELATIVE POVERTY LINE	G 7 (5%)	G 8 (4%)	G 9 (1%)

<sup>1</sup>Percentages were calculated by the consultant and are applicable to both the CRS and ACF caseloads

in therapeutic and supplementary feeding programmes (Brewin, 2010; Dunn, 2010).

Only one programme had an explicit conditionality associated with complementary programming. In the Dadaab camps, targeting criteria made participation conditional on being a malnourished child enrolled in the SFP/TFP.<sup>22</sup> Nutrition education was also a condition and provided simultaneously with voucher distribution. However given the number of beneficiaries (from 1000 to more than 5000 per month over the life of the project) this was not strictly adhered to (Powell, 2008).<sup>23</sup>

The evaluators of the Bolivian programme had another interpretation of conditionality which was the adherence to the programme guidelines of the voucher programme:

It is important to understand that, at the discretion of this assessment, the distribution of vouchers is not a charitable activity, since there is an implicit correspondence on behalf of the beneficiaries in the following three issues: (1) take on a cash expenditure of significant value to access markets (transport), (2) participate responsibly in the project implementation (care of vouchers, purchase of indicated products) and (3) prepare and eat the food properly so that this will generate positive health and nutritional outcomes. Being unaware of this fact and the details of the project, several people interviewed consider that there is no conditionality in the distribution of vouchers. However, based on the logic of institutions, the conditionality should be more of a structural nature, such as health screenings, and community service work, so as to create awareness regarding the co-responsibility in the beneficiaries (Cortes and Otter, 2011: 41).

### Coherence

A final note on appropriateness given the coherence of voucher programming with the government or humanitarian community's policies and strategies for meeting food security and nutritional needs. Where there was an expressed preference for cash interventions to stimulate local economic recovery (Haiti and Pakistan), voucher programming was clearly aligned. In the case of the Dadaab refugee camps, there was a need to look at alternate means of providing complementary food as there were repeated breaks in the UNHCR's complementary food pipeline which was poorly funded. Thus the unstated objective was also to advocate for more cost-efficient ways to improve dietary diversity, hence good nutrition of under 5 children.

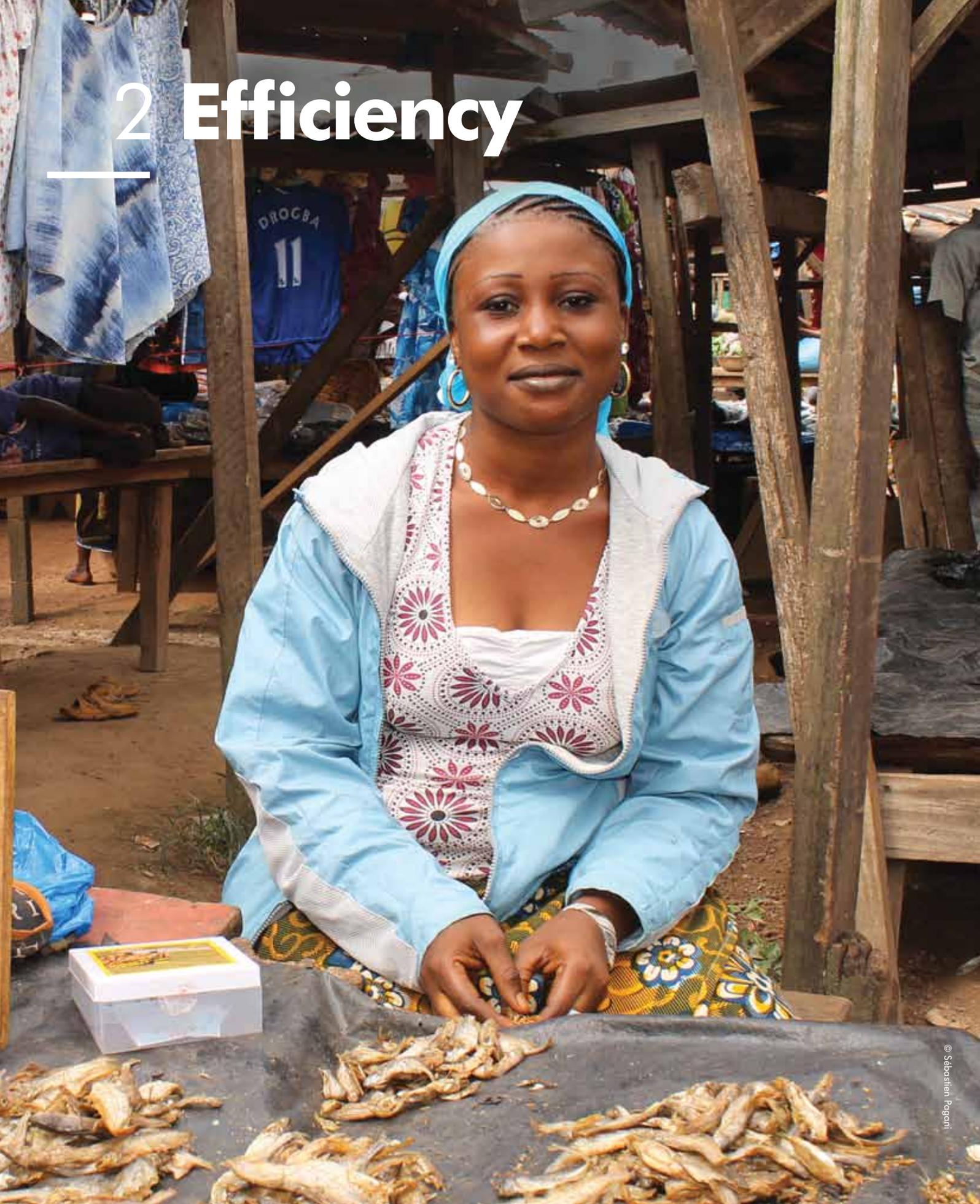
Furthermore, ACF's actions were in line with other NGO actions – SCUUK, a long term nutrition actor in the camps, had applied for CERF funding to implement a similar voucher programme. When funding was not forthcoming, ACF applied to another source and was so able to implement. In the oPT, the Ministry of Social Affairs (MoSA) with WFP support and UNRWA were already implementing food based safety nets in the West Bank. There was increasing interest particularly by ECHO to introduce more cash-based assistance. Whereas in Bolivia while there had been some experimentation with cash in government run health and education programmes, it was not until after ACF's experience that WFP started to consider vouchers for work (see Sustainability).

Summary: In general, ACF staff in the 5 countries, conducted a rigorous needs assessment either through collection of primary data independently or as part of a broader humanitarian effort, or reviewed existing secondary data and consulted with other humanitarian partners. Only in oPT ACF was not directly involved in the needs assessment and instead contracted afterwards to provide a service. This probably influenced the choice of interventions which did not include nutrition education (but was later corrected). Only in one case was the community consulted on what was their preferred delivery mechanism of aid (Bolivia). In Kenya, care was taken to consult elders and vendors to reduce the likelihood of security risks and conflict ("do no harm"). Markets were assessed not only for their ability to respond to needs but also to determine if market actors themselves had needs to facilitate quicker recovery (Haiti, Pakistan and to a certain extent, oPT). In most cases, objectives were clearly associated with need, while in Dadaab the intervention logic was slightly less "step-wise" and should have included as an objective "to increase SFP/OTP coverage". In all cases, careful review of the operating environment, including market assessments (exception Dadaab), indicated that cash based initiatives were appropriate however the choice of vouchers was based on an untested assumption that beneficiaries would not purchase nutritional fresh foods if given cash. In fact, cash was a preferred option for ACF Pakistan, but given donor restrictions, vouchers were the best alternative. Vouchers were appropriate given government and donor policy however given vouchers were a novelty in most countries, objectives included advocacy for the voucher modality through demonstration. However advocacy related objectives (and associated activities) were not clearly defined.



# 2 Efficiency

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## Were resources used efficiently to achieve project results? Were adjustments made in the programme in a timely and appropriate manner?

The relative efficiency of the voucher operations depended on to what extent they were able to efficiently use available resources - financial, material and human - to meet the programmes objectives. This included the labour intensive components of the project including the targeting exercises, distribution of the vouchers, and their redemption both by beneficiaries (for food) and vendors (for cash), management and monitoring. Where possible cost-efficiency of voucher programming is measured against the distribution of in-kind food aid, with big caveats further explored under cost-effectiveness, i.e. the relative efficiency with which the vouchers were able to effect change in the quality of beneficiaries' diets.

### Targeting efficiency

Targeting efficiency is a combination of the resources used to identify the target group and the relative efficiency and effectiveness of the target exercise, inclusion and exclusion error respectively. Targeting effectiveness is further discussed under Effectiveness. The following focuses on the processes used including the use of people to achieve this crucial step in the delivery of effective aid.

The targeting criteria, methodologies, socio-economic and political context in the different countries were different and therefore more or less easy depending on the circumstance:

- In Bolivia, assuming that WFP would be providing cash for work and meeting the staple needs of the estimated 60-70% of the population that required staple food before the next harvest, ACF decided to instead focus on reducing anaemia among U5 children and pregnant and lactating women through the provision of fresh food vouchers. Targeting only families with U5 and P/L women facilitated the identification of beneficiaries which took place without any significant problems (Cortes and Otter, 2011).
- In Haiti, fresh food vouchers were targeted to all households living in the operational area and was so based upon a census. The census did have some problems due to various reasons including poor communication between the quartier committees and households on the day of the census resulting in some households being excluded, and some concerns about the continuous exodus or influx of people after the earthquake. However the fact that it was a blanket programme meant that inclusion error was less likely to be a problem and was in general satisfactory (Capitalisation Report, 2010).<sup>24</sup>

- In Dadaab, given the programme objective of reducing mortality due to severely malnourished children, ACF "piggy-backed" on the GIZ SFP/TFP programme to identify beneficiaries. Transparent targeting criteria were a significant advantage in the Dadaab camps. ACF did have to work a little harder to ensure that those in the SFP were in fact moderately malnourished and spent considerable time cleaning the lists. However GIZ was cooperative and in the end this was an efficient way to reduce inclusion error. However due to low coverage of SFP/TFP programmes, the targeting methodology ran the risk of excluding both moderately and severely malnourished children. Exclusion errors are discussed under Effectiveness.

- It was perhaps in oPT that ACF experienced the greatest challenges with targeting given their target group and assumptions. Given the needs assessment and response analysis, WFP had determined that high food prices would not only affect the "food insecure" but also those "vulnerable to food insecurity" using income-based criteria.<sup>25</sup> Those below the "deep" poverty line were assumed to be targeted already by MoSA/WFP and UNRWA in-kind food assistance. Therefore ACF and CRS would target those between the "deep" and "relative" poverty lines. The challenges were two: 1) explaining to local committees the criteria (which were not visibly verifiable) who would then invite those households they thought met the criteria to come and apply and 2) the problems of political targeting particularly in ACF's operational area of Nablus. Targeting was a time consuming process: undertaking the targeting process with the local committees, then partial verification which in the case of Nablus resulted in an unacceptable inclusion error the first time, then 100% verification and finally a retargeting exercise with a new committee which now included the addition of non-partisan and social welfare community based organisations (CBOs).<sup>26</sup> However the final result was a very low inclusion error (8%) compared to CRS (13%) (Box 6). The result demonstrated that in fact there was a large exclusion error in the MoSA/WFP and UNRWA programmes and a large percent of destitute living below the "deep" poverty line were not receiving assistance. In the end ACF and CRS advocated to change the targeting criteria to include the destitute who ended up comprising 75-80% of total beneficiaries.

In all cases, clear targeting criteria (or lack thereof), community-based and nutritional targeting, required a verification process which reduced inclusion error and insured the efficient use of resources (good practice).



<sup>24</sup> Registration and targeting problems for cash-based interventions, including fraud and counterfeiting, are discussed further in the Lessons learned in cash based programming in the Haiti Earthquake (UNDP, 2011).

<sup>25</sup> A proxy means test formula (PMTF) that was questionnaire based on asset ownership.

<sup>26</sup> The Zakat committee, Little Hands Society, Women Committee Union, Working Woman Committee and An-Najah University





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## BOX 6 TARGETING METHOD AND EFFICIENCY IN WEST BANK, OPT

Set up of local committees.

- Public project announcement, including beneficiary selection criteria using a format that was proposed and validated by WFP.
- A written notice calling for applications at specific times in specific locations was displayed in public locations.
- Application filling points, which were facilitated by the governorates, municipalities and local committees, were opened for between 3-4 days depending on the anticipated caseload.
- Beneficiary applications were cross-checked with the Ministry of Social Affairs (MoSA) and UNRWA to immediately remove those applicants who were receiving similar support, as they were to be excluded from the program.
- After cross-checking, beneficiary application data was entered into the WFP database.
- Verifications were carried out (sample size and names as determined by WFP).
- When the verification showed a high level of miss selection, a 100% verification process was carried out in those locations; this was the case in both process of beneficiary selection.
- After verification, a validated final beneficiary list was produced by WFP and announced through the local committees.

### Distribution and redemption of vouchers

Staff costs were the second highest budget item after the value of the voucher itself. In some cases there was intensive monitoring and financial accounting due to the novelty of vouchers and low technologies used to both distribute and reimburse vouchers. In all cases vouchers were distributed manually and once redeemed, manually counted multiple times. The process used in the different countries is outlined in [Table 10](#). In the case of the Dadaab programme, there were several adjustments made during the course of the programme to make it more efficient:

- Scaling up ([Box 7](#)): ACF first tested the distribution modality with the fewer numbers of beneficiaries in the TFP.
- Changing the distribution logistics: when

beneficiary numbers went from 1000 to 5000 per month registered beneficiaries one day and then distributed the voucher and provided nutrition education the following day.

- Increasing staff numbers: similarly when beneficiary numbers went up, ACF doubled its staff as existing staff were focusing almost exclusively on administration and logistics at the expense of nutrition education and monitoring (Dunn, 2009).
- Changing payment modality: when total number of beneficiaries increased and the amount to be transferred to vendors was quite significant, ACF switched to a money transfer agent (PostaPay) to make payments.

Perhaps if ACF would have anticipated the voucher acting as an incentive for SFP/TFP participation, and knowing the coverage rates were below 40%, they could have made more accurate work plans (lesson learned).<sup>27</sup>

## BOX 7 SCALING UP IN DADAAB

The initial two rounds of distribution (Dec 2007 and Jan / Feb 2008) acted as test rounds covering only the severely malnourished children registered in GTZ's TFP programme, accounting for just a few hundred families. As the process evolved and the distribution was refined the programme was scaled up to also include the moderately malnourished children enrolled in GTZ's SFP programme, greatly increasing the number of beneficiaries. The process of trying out the distribution in the first couple of rounds was important to iron out any logistical issues and problems encountered (Powell, 2008).

It should also be noted, that all programmes had relatively few beneficiaries each month (100-5,000; [Table 11](#)) with the exception of Haiti, where a large scale blanket distribution was implemented to over 15,000 households. While ACF Haiti coupled distribution of vouchers with blanket supplementary feeding (BSF), voucher distribution was time consuming and complex, particularly as not all families received BSF. Similar to the Dadaab camps, beneficiaries had to spend a long time waiting for both the BSF and voucher. In 2011, ACF is still using paper vouchers but the number of beneficiaries is significantly lower (4,800 families). For more lessons learned on the logistics of cash transfers in Haiti and a Mercy Corps case study on mobile phone vouchers in Haiti (UNDP, 2011). However it does appear that larger voucher programmes will not be implemented

<sup>27</sup> Cash based incentives are being used increasingly in development health and education programmes with success (Bailey et al, forthcoming). Similarly in emergencies there is increasing evidence that cash and vouchers have an incentive effect which is particularly useful in programmes whose success demands on coverage and compliance, e.g. SCUUK's use of cash in OTP in Hiran, Somalia (Brewin, 2010) and CRS' simultaneous distribution of cash from health centres during emergency immunisation campaigns (CRS, 2007).

cost-efficiently unless using digital technologies. This is one reason for the development of mobile technologies in oPT, where in 2011 WFP now works with CRS to target 18,000 families with goals of reaching 30,000 families by 2013 (WFP, 2011).

In addition to efficiency in distributing vouchers, in all countries to increase efficiency, ACF tried a number of strategies to pay vendors on time:

In Bolivia, due to the distance to ACF's programme offices and inability to reconcile vouchers and process payments for vendors on the same day, ACF collected vouchers in advance from vendors so vendors would only have to make one trip.

In Haiti, ACF had permanent staff at markets to facilitate any problems with SogExpress, the local money transfer agent who was also responsible for counting vouchers. One example included voucher expiration dates. Vouchers printed in Dominican Republic sometimes arrived late or distribution itself may have been delayed resulting in late redemption by beneficiaries. SogExpress refused to accept vouchers that had already "expired". ACF later removed the expiry date and colour coded monthly vouchers, informing SogExpress until what date they could accept certain colour vouchers (for similar adjustments to the voucher see effectiveness).

In Dadaab, while Postapay was preferred for safety and discretion, poor road access meant that vendor payment was often delayed, sometimes up to 3 months. As demonstrated in Table 9, the accounting process was very labour intensive in the Dadaab programme. Later SCUK was able to streamline payment processes including counting vouchers using bar codes to reduce vendor payment time to 2 weeks (SCUK, 2011; personal communication, SCUK).

In oPT after ACF phased out WFP changed to an e-voucher system.

In Pakistan, ACF staggered the day for different village vendors to collect their payments. This also reduced the time spent at the sole bank in Thatta.

Another means of ensuring cost-efficiency in project implementation, building on the example of Bolivia and Pakistan, is to promote competition between the suppliers. Not only did it reduce the likelihood of price collusion, but in both Bolivia and Pakistan resulted in traders providing special services and discounts. Villages in Bolivia negotiated with vendors to deliver direct to the village. In Pakistan, vendors provided discounts. When beneficiaries complained, ACF staff encouraged beneficiaries to shop around (Haiti and Dadaab). Where there was no competition, e.g. there was only one fruit and vegetable trader in Camiri (Bolivia), beneficiaries complained of poor quality and high prices (Cortes and Otter, 2011). Or where beneficiaries were tied to one shop in oPT, ACF had to spend considerable time in monitoring shops to ensure compliance (Hedlund and McGlitchy, 2009).

In general the cost of money transfer agents was cost efficient, e.g. in Haiti SogExpress charged 2.75%. In Dadaab, PostaPay initially charged 75 KSh per payment which was later increased to 400Ksh. Even with the increase in charges the cost was not more than 0.5% of total programme.

### Monitoring efficiency

Evaluations noted that monitoring systems could have been made significantly more efficient, perhaps the exception of Bolivia and Pakistan, the latter only implementing one post distribution monitoring exercise due to the single distribution of a voucher:

**TABLE 10 THE PROCESS USED IN THE 5 DIFFERENT COUNTRIES**

	BOLIVIA	HAITI	KENYA	OPT	PAKISTAN
DISTRIBUTION	Monthly	Monthly With BSF	Monthly With BSF	Bi-monthly	2 months <sup>1</sup>
REDEMPTION	Monthly	Continuous	Continuous	Monthly	Monthly
OTHER	Vendor ACF prog staff ACF Finance	Vendor SogExpress ACF prog staff ACF Finance	Vendor ACF camp staff PM Dadaab PM Garissa FA Nairobi	Vendor ACF prog staff ACF Finance WFP PM WFP Finance	Vendor ACF prog staff ACF Finance

<sup>1</sup> Only one distribution due to shortage of time. PM=programme manager.



# Efficiency



- In some cases data was collected and never analysed, e.g. Dadaab used volunteer mothers to collect data on hygiene practices at the household level. At the time of evaluation nearly one year after programme implementation, the mothers requested ACF provide them feedback on the results, who could not (Dunn, 2009). This has further implications for the efficient use of volunteers' time. Similarly in oPT while over 50 questions were asked only 17 were regularly analysed or were reiterative and did not add value to each round of monitoring (personal communication, Maria; Hedlund and McGlitchy, 2009).
- The Dadaab evaluation also noted the lack of regular reporting to camp stakeholders that could have contributed to more effective advocacy (Dunn, 2009).
- In some cases, the same beneficiaries were repeatedly interviewed as the "sampling" was convenient and not random: in the oPT, nearly 4000 interviews had been conducted of 1700 beneficiary families before the midterm review. Later WFP/ACF stopped interviewing beneficiaries in their homes and focused on shop based interviews instead and reduced the monitoring coverage (from 15 to 5%). Similarly, in Haiti, ACF had full time monitors in the markets to be on hand to solve problems and address complaints. "Point-of-sale" monitoring may be more cost-effective if it has this dual function (process monitoring as well as complaints mechanism).
- In Haiti, ACF had several complementary programmes with similar objectives targeted to the same beneficiary: outpatient therapeutic feeding, blanket supplementary feeding, baby tents, and fresh food vouchers. However monitoring was neither rationalised nor complementary losing the opportunity to look at the impact of fresh food vouchers on the performance of other programmes, e.g. good infant and young child feeding practices and dietary diversity and recovery rates in OTP.
- As mentioned, some design issues, such as tying beneficiaries to specific shops in oPT, made monitoring more important when changing the design could have saved time by increasing competition between shops and therefore the accountability of shop keepers and responsibility of beneficiaries (Hedlund and McGlitchy, 2009).
- Similarly, opportunities for beneficiaries to complain and make suggestions can reduce the need for intensive monitoring, for example, when

women in Pipituyuro (Bolivia) complained about a trader who they then proposed to change (Cortes and Otter, 2011).

- Finally, potentially a design issue, there was a big emphasis in Haiti and oPT on monitoring compliance. But compliance will be low if beneficiaries have other more pressing needs, e.g. staple food in Haiti and oPT (Figure 4 ACF; Hedlund and McGlitchy, 2009).

Good practice derived from lessons learned in the monitoring of the 5 country voucher programmes include:

- Defining monitoring indicators based on essential information needs, referring back to the original objectives (see more on Process and Impact indicators)
- Planning how data will be collected, analysed and fed back to monitors and other programme stakeholders, including through regular reporting. Feedback to volunteers is particularly important.
- Rationalising multiple monitoring systems and forms and complementary programmes.
- Maximising programme design to reduce need for compliance monitoring by increasing the degree of competition between shops, and ensuring complaints mechanisms.
- Reflection on non-compliance and review of programme design given beneficiary needs and preferences.

## Human Resources

The previous discussion of targeting, voucher distribution, redemption and payment, and monitoring describe the workload that falls on the shoulders of ACF staff and volunteers. As observed in the Dadaab voucher programme, when there is inadequate staff, programme staff must spend much of their time doing administration, logistics and finance : "This has been an inefficient use of staff time and has been at the cost of program element (design, monitoring and measurement of impact)." (Dunn, 2009). This was corrected for in the second phase of the project (September to April 2010) (Box 8).

Lessons learned from the evaluations include the importance of planning including realistic programme requirements and time and therefore adequately trained staff in sufficient numbers (Haiti, Dadaab, Pakistan), a programme manager (Pakistan and Bolivia), management of volunteers



that includes regular feedback and encouragement (Haiti, Kenya), and a clear Terms of Reference and work plan, Haiti with the largest number of beneficiaries per month (15,000) noted a serious shortage of FFV staff resulting in using the SFP staff who normally distribute CSB for the distribution of vouchers. In principle there is no problem if the quality of programming is not compromised (as capitalisation reports and evaluations suggested it was in Haiti and Dadaab). There are similarities between in-kind distributions and vouchers that might result in more efficient voucher distribution, e.g. crowd control, registration, and security. However due to workload, SFP staff expressed some resentment (Final Evaluation, Haiti, 2010).

### BOX 8 DOUBLING STAFF IN DADAAB

In the beginning the team consisted of just 2 Food Security staff and with 1 Public Health Promotion (PHP) staff recruited a couple of months later, plus 9 incentive workers and volunteer mothers – this made early operations challenging. Time pressures on the Programme Manager in Garissa also contributed to a lack of sufficient support to the Dadaab team.

After 1 year, the staff increased to 1 Food Security Programme Officer and 4 Food Security Programme Assistants who are responsible for the voucher distribution and collection. There are now 2 ACF PHP Assistants from the ACF PHP team who are responsible for the PHP sessions and cooking demonstrations. There are 2 incentive workers per health post, with 3 health posts per camp, totalling 18 across all 3 camps. They are usually well educated, eager young refugees who help with voucher distribution and PHP sessions and receive a small monthly monetised incentive from ACF. Lastly there are on average 4 volunteer mothers per health post who assist with the cooking demonstrations and PHP follow ups (Dunn, 2010; Powell, 2008).

### Cost efficiency

Cost efficiency normally consists of comparing methodologies for delivering the same outputs, e.g. how much does it cost to provide cost equivalent of a WFP in-kind ration. Only the Bolivia evaluation attempted a rigorous cost comparison (Table 11) with the conclusion that a voucher, even where markets access is limited and significant transport costs are incurred by beneficiaries, was 15% less expensive to deliver (Cortes and

Otter, 2011). Note however that transport costs for beneficiaries were different and significant depending on where the beneficiary lived.

In oPT, WFP commissioned a cost-efficiency and effectiveness study to determine the relative efficiency of vouchers vs. in-kind food delivery (WFP, 2010d). Per a follow up study in Gaza Strip (Creti, 2010) and personal communication from WFP (Prout, 2011), the Creti study presented a more accurate analysis of the data, therefore the Creti study is presented here.

The 'Alpha Value' (AV) is determined by dividing the value of the food at the local market price by the cost incurred by WFP (or any other agency) to deliver the same food basket (Table 12). Therefore the closer the AV is to 1, the more efficient the modality. If the AV is more than 1 (which can be the case if combined global prices and transport are much lower than local prices), then in-kind distribution is more efficient. See Table 12 for examples based on scenarios in Bolivia and oPT – West Bank and Gaza Strip.<sup>28</sup>

The Creti study suggests that the voucher based approach in oPT is cost-inefficient in terms of the provision of a traditional food basket. The AV for in-kind distributions in the West Bank ranged between 1.49 and 2.47 meaning that in-kind distributions were 49 -147% **less** expensive when compared to vouchers. However Creti points out that comparing the traditional food basket (cereals, pulses and oil) to the fresh food voucher is inappropriate. With the greater degree of choice, beneficiaries are able to make rational and economical decisions about what they purchase with the voucher ultimately resulting in greater dietary diversity (Creti, 2010).

In oPT, although vouchers were less cost-efficient, WFP still pursued the modality because of the above and the unquantifiable benefits, such as dignity and choice for beneficiaries, multiplier effects in markets, and the alignment of WFP practice with West Bank government and donor policy (WFP, 2011a). In addition since 2011, WFP has reduced the number of implementing partner contracts to 1 (CRS) in order to save funds, and introduced an e-voucher which should make the use of human resources more efficient (WFP, 2011a).

<sup>28</sup> When ACF is directly implementing and not a subcontractor of WFP, the calculations may be slightly different. Perhaps WFP has a competitive advantage of purchasing and transporting food due to economies of scale, while having to pay WFP overheads may result in losing this extra cost-efficiency.



# Efficiency



In the case of the Dadaab camps, using the same voucher modality, SCUK is providing a voucher of approximately 1100Ksh (vs. 600 Ksh from ACF) to slightly more families with U5 children (average 4300/month vs. 3000 with ACF) with the specific objective of increasing dietary diversity during the weaning period and principal objective of reducing acute malnutrition in 6-12m old children (SCUK, 2011). The cost of the programme per month/beneficiary for SCUK vs. ACF was 18E vs. 14E, however considering the voucher value was higher in the SCUK programme, the administrative costs for the SCUK vs. ACF project were 4.6E vs. 6.4E, i.e. the ACF project was less cost-efficient. Furthermore, this was before additional staff were hired.

Yet another way of looking at it is to estimate the cost-effectiveness that is, what is the cost of having a comparable effect or impact, in this case on food consumption scores or dietary diversity (Figure 3). Cost-effectiveness of the ACF voucher programmes is estimated under Impact.

Summary: ACF's (and other's) learning curve in the implementation of voucher programmes is very steep, characterised by the efficient implementation of changes to the programme as needs arise, in all 5 country programmes. Changes were implemented in targeting to reduce inclusion error (Dadaab and Haiti), distribution of vouchers to maximise the potential effectiveness of nutrition and health education (Dadaab),

redemption of vouchers by beneficiaries and reimbursement to vendors by ensuring ACF presence in markets (Haiti), modifying schedules and payment modalities and the increased use of money transfer agents (Dadaab and Pakistan). Monitoring efficiency can be improved by the clearer identification of relevant monitoring data and systems for collection, analysis and feedback and/or reporting maximising the utility of this important asset (information), particularly for advocacy. As well as the more efficient use of staff and volunteer time. Overall cost-efficiency of the voucher programmes is difficult to conclude given fresh food baskets are different from in-kind food baskets for which comparable cost data is available. Where information was available, voucher programming was more cost-efficient in Bolivia (15%) but less in Gaza and the West Bank, and ACF was less cost-efficient than SCUK in Dadaab. However, rapidly changes are being made to make programmes more cost-efficient, including rationalising monitoring (which was privileged in the first years of implementation to minimise risk and maximise learning), introducing high technology for the distribution and reimbursement of vouchers as well as financial accounting. Importantly, cost-efficiency does not measure cost-effectiveness, i.e. the relative cost to achieve the desired impact. This is further discussed under Effectiveness.

**TABLE 11 OPERATING COSTS OF THE ACF VOUCHER SYSTEM PER FAMILY PER MONTH**

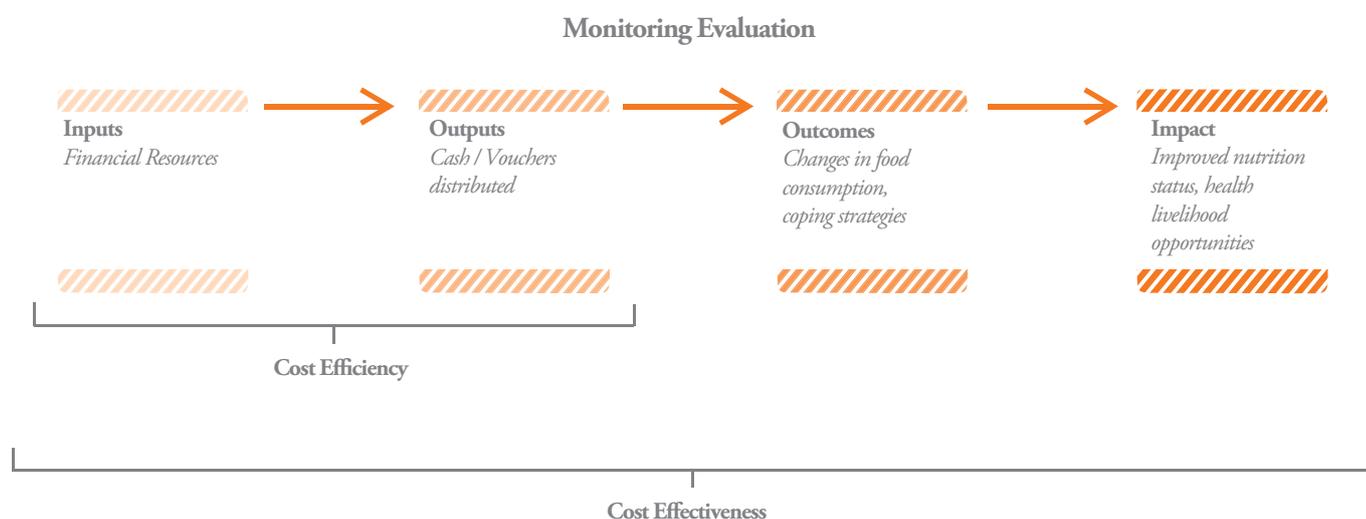
	WITH THE REAL VOUCHER (BS.)	WITH THE HYPOTHETICAL VOUCHER VALUE (BS.)
AVERAGE VOUCHER VALUE PER FAMILY PER MONTH	240	300
TOTAL COST OF VOUCHERS FOR 96 FAMILIES	23,040	28,800
ADMINISTRATION COST PER MONTH (3 COMMUNITIES)	9,206	9,206
TRAVEL COSTS PER MONTH (ONLY FUEL)	482	482
OVERALL TOTAL COST	32,728	38,488
COST PER FAMILY PER MONTH	341	401

Source: Prepared on the basis of information provided by ACF

**TABLE 12 SOME COST-EFFICIENCY SCENARIOS**

	IN-KIND	VOUCHER
Theoretical scenarios	Local market price WFP commodity cost + External transport + Local Transport, Shipping and Handling + WFP DSC1 + IP ODOC <sup>1</sup>	Local market price Voucher value + WFP's DSC1 + IP ODOC <sup>1</sup>
Global and local prices are the same, DSC/ODOC is the same (e.g. Bolivia)	5USD [5+3+1+.1+.9]= .5	5USD [5+.1+.9] = .83 Voucher more C-E
Global prices are much lower than local prices, LTSH is low and DSC/ODOC is the same (e.g. Gaza Strip)	5USD [2+1+1+.1+.9]= 1 In-kind more C-E	5USD [5+.1+.9] = .83
Global prices are lower, LTSH higher is low but DSC/ODOC is for voucher distribution (e.g. West Bank)	5USD [3+1+1+.1+.9]= .83 In-kind more C-E	5USD [5+.1+2] = .70

DSC = Direct Support Costs (WFP), ODOC = Other Direct Operating Costs usually provided to WFP IPs or implementing partners, in this case ACF in oPT. <sup>1</sup> Less exact calculations (Figure 3 below) assume that DSC/ODOC are the same for vouchers and in-kind distribution see Creti (2010) Mid Term Review of the WFP/Oxfam Urban Voucher Project in Gaza Strip.

**FIGURE 3 COST-EFFICIENCY V. COST-EFFECTIVENESS, (WFP, SANDSTROM, 2010)**

# 3 Effectiveness

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## Did the programme achieve the desired results?

Programme effectiveness includes achieving the necessary coverage to have the desired impact on the target group (reducing exclusion error), identifying the appropriate indicators to effectively monitor the programme's implementation (process indicators) and effect (impact indicators), the performance of the various partners, in this case the vendors and the market itself, the voucher - whether it was designed effectively to meet the objectives, and a review of the original assumptions, including the distribution of the general food ration (and the lack thereof) and any potential impact it might have had on the achieving results.

### Targeting effectiveness and coverage

Targeting methods and inclusion errors were previously discussed in Targeting Efficiency. This section will focus on targeting effectiveness, including coverage, particularly where objectives included making a population-wide impact, e.g. in Dadaab camps where all acutely malnourished children and specifically severely malnourished children were targeted.

In the case of Dadaab, ACF took a risk that by using GIZ's SFP/TFP programme to target beneficiaries, knowing that it had low coverage, they would not reach their target group. There was a potential exclusion error of nearly 60% (UNHCR, 2008a). To be discussed in Impact, the incentive effect of the fresh food voucher actually increased coverage to more than 60% reducing the exclusion error to 40%. This is nonetheless a significant error. The decision to use the SFP/TFP beneficiary lists may have been for ease or efficiency of implementation but has its disadvantages.

In the case of oPT, the original target group was those families "vulnerable to food insecurity" or between the relative and deep poverty line (destitution); on the assumption that the destitute were already receiving aid. To their credit, ACF, CRS and WFP modified targeting criteria to privilege the destitute, who later made up 70-80% of the total beneficiaries. However the original targeting criteria and hence the information shared with communities was for a different beneficiary group, so there is a risk that the exclusion error from the other social assistance programmes was much higher than the 24,000 "destitute" that were included in the Urban Voucher Programme (Hedlund and McGlitchy, 2009). One lesson learned is the importance of the needs assessment and identification of appropriate objectives, including target group and targeting methodology to reduce targeting errors. However this is not unique to voucher programmes.

### Process and Impact monitoring

The identification of indicators to measure programme progress and impact is an essential programme quality management tool. In the country programmes studied Haiti, Dadaab and Pakistan did not identify appropriate indicators or as in the oPT did not effectively analyse the data collected reducing the monitoring effectiveness and efficiency.

Process monitoring is regular monitoring to determine how effectively (and efficiently) the programme is being implemented and informs the timeliness of adjustments to the programme. Process monitoring in the 5 country studies focused primarily on collecting beneficiary satisfaction, price, availability and quality of fresh food, what they were buying and how long it was lasting, the performance of vendors and in turn, the satisfaction of vendors, including payment methods.

Importantly market monitoring is a performance indicator as well as an impact indicator as changes in prices should result in either an adjustment of the value voucher or stopping the voucher programme altogether. In most countries programmes there was some market monitoring but it was strongest in the Haiti programme which could be considered good practice. Lessons learned from market monitoring included the importance of correctly identifying the commodities to be monitored, e.g. in Dadaab the monitoring did not reflect the ideal food basket and so did not identify in a timely manner the fact that the voucher no longer covered 50% of needs as originally planned (Dunn, 2009). Also in Dadaab, the lack of effective market monitoring meant that while there were anecdotal reports of an increase in supply this could not be confirmed. ACF could therefore not explain why prices were going up while supply was supposedly going up as well. However it was later suggested by the evaluator that prices were higher for beneficiaries, as vendors transferred the risk of late payment by ACF/PostaPay to beneficiaries. Market monitoring did not pick this up until significantly late in the programme (Dunn, 2009). In the case of Haiti, not only did ACF monitoring of fresh food prices contribute to a collective awareness of market dynamics through the sharing of the reports, but also allowed ACF to counter any criticism when fresh food prices changed, e.g. the price of fish skyrocketed during the first distribution in part due to the vendors not anticipating demand. However prices quickly returned to 'normal' when vendors could resupply. The problem was not an overall supply problem but a distinct temporal and space problem in the Lalue market (ACF Haiti, 2010f).



# Effectiveness



Impact monitoring in some cases was simultaneous and indicators overlapped with process monitoring: demographic data of beneficiaries, income and in some cases expenditures, coping strategies, their source of food, household or individual (in Bolivia) dietary diversity and food consumption. In the case of vendors the indicators were related to quantity of sales (usually qualitative), changes in number of clients, employees, and stock, their degree of indebtedness, and access to credit. Where the objective of the programme was stimulation of demand and increasing economic activity (Haiti, oPT, and Pakistan) there were more indicators however only in oPT was this data analysed to any significant extent and not by ACF but by the midterm review.<sup>29</sup> Unfortunately due to the short implementation period (1 voucher distribution in 2 months), the Pakistan programme did not identify nor assess impacts on vendors which would have been important given the planned overlap of the 60 business grants given to shopkeepers and the vendor-suppliers for the voucher programme (Aide Memoire, 2011).

Similarly, with the exception of dietary diversity, there were hardly any indicators of specific hygiene behaviours or child feeding practices, while 4 out of 5 programmes had nutrition and health education components. Dadaab mother-volunteers had collected this data but it was not analysed (Dunn, 2009). Monitoring forms were revised but results were not available for this meta-evaluation. Finally, ACF did not collect any indicators on gender dynamics and decision making in the household, with the exception of Bolivia where gender empowerment was a specific objective.

A common indicator was ranking expenditures (Pakistan, Haiti). With regard to impact it would be more relevant to measure change in trends of expenditures (increase spending on health care, decrease spending on food), rather than types of expenditure, in line with the ACF FSL guidelines. Ranking expenditures means relatively little when the number one expenditure is food pre and post intervention which is often the case. Rather it is more significant with the percent of expenditures on food changes, e.g. from more than 70% of total expenditures to below 70%.

With regard to the frequency of collection and analysis of impact indicators there are some lessons learned from the various country programmes:

- *The importance of baselines* which were done in Bolivia and oPT. A baseline was done in Dadaab but it was qualitative, had a very small sample (16

women) and was not used for informing process or impact monitoring (Dunn, 2009). There was no baseline done in Haiti (ACF Haiti, 2010e). The baseline is essential for cost-effectiveness analysis (Table 20).

- *Individual vs. population monitoring.* In Dadaab, every month the beneficiaries were changing - some graduating the programme, some entering. ACF took a sample of 20 women on their first day of registration, and monitored changes in dietary diversity to determine impact (Dunn, 2009). However it is unclear what percentage of the newly registered beneficiaries this was (average 3000 per month increasing from 1000 to 5000) and so to what extent it was representative. In oPT, the population sample was 15% allowing for very robust analysis (Hedlund and McGlitchy, 2009).
- *Depending on target group, household or individual monitoring of dietary diversity or both.* In Bolivia, as the target group was U5 children and P/L women, ACF monitored HDDS. Whereas in Dadaab, while the target was the malnourished child, HDDS was collected, hiding the intra-household dynamics of food consumption.<sup>30</sup> Both can be collected without significant additional work adding important information to impact monitoring.
- *Disaggregating the HDDS/IDDS to examine specific types of food consumption* such as in Bolivia, where consumption of plant and animals source Vitamin A rich foods and iron-rich foods were analysed. This is particularly important where supply is a problem. SCUK found that in Dadaab there was a “cluster” of families that purchased largely bananas (50% of total purchases) and only a small amount of mango (4%). This can result in an increase in HDDS/IDDS scores even when the nutritional impact is less significant (SCUK, 2011).
- *When nutrition and health education are a part of the programme, and KAP is presumed to be an obstacle to adequate consumption, baseline and monitoring KAP of feeding, care and hygiene practices is important* (Dunn, 2010; Capitalisation Haiti, 2010).
- *Analysing dietary consumption after the programme* is essential if the agency wants to know if KAP changes are sustainable, and if not, why not (issues of access, availability, etc). This would have also been important in Pakistan where a 2 month voucher was provided but monitoring only occurred once 3 weeks after distribution (ACF Pakistan, 2011a).<sup>31</sup>

<sup>29</sup> ACF Haiti did not analyse the data collected nor did the Final Evaluation add any value to this data (personal communication, Morel).

<sup>30</sup> Identified as a problem by SCUK in their own FFV programme implemented after ACF (SCUK, 2011).

<sup>31</sup> The baseline for a follow up programme in 2011 in the same project area (Thatta) demonstrated the HDDS remained at 7.03 (May), only slightly lower than 7.7 (March) with the food voucher (ACF Pakistan, 2011c). Demonstrating that perhaps families had recovered enough economically to maintain food consumption without the voucher. Nutrition education was not a component of the Pakistan food voucher programme.



- A control group, where ethical and practical, to allow for comparison of the effectiveness of different components of the programme. In the case of Dadaab, nutritional surveys conducted in 2010 analysed the dietary diversity of all U5 children and disaggregated this data for those receiving SCUK fresh food vouchers. Children receiving the voucher were 3x more likely to eat eggs, 2x more likely to eat Vit-A rich fruits and vegetables (more under Impact). As mentioned previously, ACF in Haiti could have compared recovery rates for children in OTP; those receiving and not receiving vouchers.
- When cost-effectiveness is an outcome indicator, it is important to collect data that is comparable to other similar programmes, e.g. when comparing the impact of fresh food vouchers to in-kind staple food vouchers on dietary diversity. WFP uses the Food Consumption Score (FCS). While HDDS/IDDS may be more relevant to other ACF objectives, collecting some additional data can make comparisons easier. In some cases, WFP can disaggregate FCS primary data to calculate the HDDS. This was an issue in Bolivia, Dadaab and Haiti. WFP almost always publishes for each of their projects, annual assessments changing percent of population with “poor FCS” in their Standard Project Reporting (SPR) (Table 20).
- Trends in income and expenditure data from beneficiary households would be useful for example in Dadaab, to see if beneficiaries had reduced the sale of the WFP ration when complementary foods were available. This could have been compared to the regular PDM data obtained by WFP.
- There is a need to develop simple guidelines on measuring impacts on vendors and multiplier effects in markets. Haiti and oPT monitored percent increase in volume of sales and number of customers, degree of indebtedness (Haiti), access to credit (Haiti, oPT) or recourse to credit (Haiti). In no country programme were income multiplier effects measured (Box 9).
- Market monitoring needs to collect not only what people buy but how much. As mentioned above, in the case of Dadaab, it would have been beneficial to collect information on how much of what item had been purchased by the beneficiaries (Dunn, 2009). This would enable a clearer understanding of price increases by the vendors, verified the use of the voucher and provided information about food preferences. Data collection should be simple and rational

depending on objectives. SCUK used a simple form in Dadaab (SCUK, 2011). While ACF/WFP used a more complex form that collected more detailed information, was time consuming for vendors, while the data was not analysed (Hedlund and McGlitchy, 2009).

- Agreement on monitoring systems, when the voucher programme is implemented in partnership or as a complement to other programmes, e.g. SFP/TFP, including joint monitoring forms, agreeing on indicators that reflect the needs of both partners, and who provides or does what vis-a-vis process and impact monitoring is important to ensure data is available when needed (Haiti, Dadaab and oPT).
- And finally, the impact of the voucher on gender dynamics must be systematically included. This is good practice for all cash-based interventions (Harvey and Bailey, 2011).

### Selection of vendors

The effectiveness of the programme relies on a certain degree of compliance by vendors to provide the agreed upon commodities in adequate quantity and quality. In all country studies, market supply was good and vendors were very cooperative. Beneficiaries rarely if ever (Haiti) noted they could not purchase what they wanted due to lack of supply. On average ACF identified 1 shop for every beneficiary (Table 13). There were certain measures to reduce the risk of non-compliance, e.g. contracts such as “les 10 Principes du Marchand ACF” signed by vendors in Haiti after complaints of price collusion (Table 14), monitoring including “mystery shoppers” (Haiti), rotating vendors and responding to beneficiary complaints. In general beneficiary satisfaction with vendors was high, particularly where there was a wide range of choice that encouraged competition between vendors and shopkeepers.

In oPT beneficiaries were tied to a shop so the shop was allocated a certain number of beneficiaries depending on its size and the number of beneficiaries in the catchment area.

All vouchers had some products that could induce illness or disease if quality was poor including fish, meat and milk in Bolivia, Dadaab and Haiti. Quality control was largely left to beneficiaries but was a risk noted in Haiti particularly for meat (Capitalisation report, 2010). Only in oPT was quality rigorously controlled and shops had to meet Ministry of Health standards.



# Effectiveness



Evaluations noted the importance (and good practice) of documenting tenders and vendor selection (Dunn, 2009). This allowed for transparency and when necessary to quickly add more eligible vendors when necessary (Hedlund and McGlitchy, 2009). In the case of oPT, where the original objectives included support 70 small shops, it enabled the programme to see that this was not happening and why:

*“It soon became clear that most of the smallest shops did not have the minimum initial capacity in terms of liquidity, supply management control, or adequate hygiene conditions concerning storage and handling of food items. These smallest shops could therefore not to be included as it was necessary to ensure a minimum level of reliability and safety of the participating shops. As such, it was necessary to contract predominantly medium sized shops they have the required capacity to reliably serve the beneficiaries targeted. The contradiction between the stated objective of*

*supporting small sized shops and the reality of contracting medium sized generated some confusion and dissatisfaction especially among the small sized shop owners.”*

## The voucher

Poor design of the voucher itself, dependent on accurate needs assessment and continuous process monitoring including prices, can result in the failure of the project to achieve its objectives. In the case of the 3 country studies where the voucher was modified during the course of the programme, the problem was merely a matter of convenience and was quickly changed, e.g. value of the individual coupon in Bolivia and oPT was too small and resulted in having to manage lots of pieces of paper. In some cases the coupon was too big and forced beneficiaries to buy all their produce at one vendor (Haiti). In Bolivia, beneficiaries requested that the voucher value be printed in bigger font.<sup>32</sup> These problems were quickly dealt with.

See Vouchers 1, 2 and 3.

## BOX 9 MULTIPLIER EFFECTS IN GAZA STRIP, THE OPT (CRETI 2010)

The analysis of multiplier effects consists of following the steps through which cash (or vouchers) passes from the hands of the project beneficiaries to other market actors. While project monitoring usually stops at the first round of expenditure – that is ‘which items beneficiaries redeem through vouchers’ – the multiplier analysis follows the cash released through vouchers up to the second and the third round of expenditure. The analysis seeks to understand whether the cash remains in the local economy, and whether additional goods and services are created to meet the additional demand. The injection of vouchers into the local economy can increase the demand for certain food items and generate an upward pressure of commodity prices in the local markets. The magnitude of this effect depends on the scale of transfer, the structure and integration of local markets and the local availability of the food items redeemed through vouchers:

**The scale of the transfer** indicates how important the volume of business that vouchers generate is, compared to the volume normally traded in the local economy.

**Market structure and competitiveness** of local dairy sector, appears to be characterised by limited numbers, size and differentiation of suppliers compared to the potential buyers.

An example: In Gaza, shops were able to raise their average monthly value of business to 108,500 NIS compared to 67,000 NIS before the start of the project (ex post analysis), or 71,500 NIS according to the baselines. As the actual value of the vouchers redeemed in the shops was on average 25,000, these figures represent an increase of the initial sales by 62%, of which 38% (25,000) can be attributed to the vouchers and the remaining 24% (16,000) to the spillover effects on the shops’ business. There are multiple reasons for spillover effects including the voucher beneficiary buying non-voucher food with cash (oPT) in the same shop or an increase in supply resulting in sales to non-beneficiaries (Dadaab). In the case of Gaza, this also suggests that each \$1 invested through the voucher would generate an increase of \$0.62 (\$) in the shops’ turnover by and an income multiplier effect (M) of 2.6 calculated by  $M = 1/(1-S)$ . See Creti, 2010 for a more detailed explanation.

<sup>32</sup> In the DRC, WFP voucher recipients requested value vouchers be in the same denominations and colour as their local currency to help the illiterate (Hedlund, 2010).

The adequate value of the voucher was also essential and demanded both market monitoring and beneficiary monitoring to understand how long the voucher lasted (good practice):

- In Haiti, 44% of beneficiaries said they would spend the entire voucher in the first week, 32% in 2 weeks, 20% in 3 weeks and 4% in one month (Final Evaluation Haiti, 2010). In oPT, ACF colour-coded the voucher to facilitate the gradual expenditure of coupons, rather than all in one time.
- In Bolivia, beneficiaries noted that the voucher lasted much longer than cash; with only 3% spending it all in the first week, and as many as 61% still had vouchers in the 4th week (PIA, 2011). This could also have been due to the fact that markets were some kilometers away (up to 45km).

Other issues that resulted in less voucher satisfaction included the fact that some original assumptions proved to be false, e.g. the simultaneous WFP GFD in Haiti and Bolivia, or targeting “vulnerable” vs. the “destitute” in the oPT. In these cases, staple foods were needed, beneficiaries complained and in some cases did not comply. In Haiti, the purchase of staple foods not permitted in the voucher (rice and oil) actually increased over time, from 16.7% and 9.3% respectively, of beneficiaries in the first round to 27.3% and 20% in the second round. Thirty-eight percent (38%) of Haiti beneficiaries wanted milk included in the voucher. Many of these findings influenced the design of the voucher in the ACF FFV in Gonaives in 2010 and Port-au-Prince in 2011 (ACF Haiti, 2011).

Other issues related to potential inefficacy of the voucher included high risk of counterfeiting in Haiti, but lower risk in other countries. One ACF Pakistan staff commented, “In my last post vouchers were being counterfeited across the border days after they were issued! InThatta, that wasn’t a risk, because they have no experience with vouchers, because they have no access to printing shops, and maybe they’re just more honest!” He may have been referring to Haiti. In Haiti, ACF printed the voucher in Santo Domingo, used special paper, changed the design each month, and maintained a ‘help desk’ in the market if vendors were concerned about counterfeit coupons. In fact, some vendors lost some money by accepting counterfeit coupons but it usually didn’t happen more than once and was not for large amounts (see also UNDP’s 2011 paper on Lessons learned in Cash Based Interventions in Haiti).

However in all of these cases, more than 90% of the vouchers were redeemed by beneficiaries who were able to purchase fresh food which was consumed at home and sometimes shared with other families. But as seen in Impact, even this sharing did not preclude targeted individuals and households from achieving the project objective of increasing dietary diversity.

### Assumptions and risks

The biggest assumption that several programmes made (Bolivia, Dadaab, and Haiti) was that WFP would provide a family general ration of staple food (usually cereals, pulses, and oil). In Bolivia, the government and WFP changed the distribution frequency to quarterly so that there was no staple food distribution during the life of the fresh food voucher project. In the case of Haiti, government policy privileged the rapid transition of in-kind distribution to cash-based initiatives to favour economic recovery within 2 months of the earthquake. In Dadaab, pipeline breaks were common prior to 2006, however during 2007-2010 the WFP food pipeline was stable (UNHCR, 2010b). The risk of course is that households would try to use the voucher to purchase staple foods (which they did in Haiti) (see above) or that they would reduce their staple food consumption thereby reducing the likelihood of having the desired impact, i.e. preventing or reducing malnutrition and mortality. In most cases, household and individual dietary diversity was used to measure household consumption. HDDS/IDDS does not measure quantities but only types of food eaten. If staple foods were eaten in less quantity during this time, ACF monitoring forms would not have captured this. Similarly, in Pakistan, while it was assumed that households would benefit from unconditional cash grants or cash for work to meet other cash needs, such as medicine, when they did not, post-distribution monitoring was not adequate enough to know if and how they coped. PDM in Thatta indicated that households did have non-food needs during the period, but they did not sell assets to earn cash (PDM, 2010). However per ACF households did acquire additional debt during the period (personal communication, Calo).

In the case of oPT, it was assumed that targeted beneficiaries could finance their staple food needs, but when the target group changed to the ‘destitute’ this was no longer the case. However WFP and ACF measured food consumption scores (FCS) during monitoring which included frequency



# Effectiveness



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of consumption over one week. Consumption of cereals remained unchanged on average 7 days a week. The voucher did contain bread and when this is removed staple food consumption is reduced to on average 5 days a week. Oil (not part of the voucher) did not decline over the period and was consumed 7 days a week. While other staples such as pulses did decline over the period to only once a week. However this could have been due to the fact that the voucher included other protein source foods such as eggs and dairy, whose consumption significantly increased (see section on Impact). The lack of GFD appeared to impact more satisfaction than actual food consumption (Hedlund, analysed for the meta-evaluation).

*Summary: In all country programmes, vouchers were distributed to intended beneficiaries and redeemed in local markets for designated commodities without significant supply or quality constraints. Due to issues in project design, in Dadaab there was a high risk of exclusion (60%) due to poor SFP/OTP coverage however as the FFV had the unintended incentive effect on beneficiaries the exclusion error was probably only 40%. Monitoring indicators both process and impact were sufficient to capture information to make changes during the course of the project, with perhaps the exception of the reduced voucher value in Dadaab due to a lack of adequate market monitoring. However there are significant improvements to be made in impact monitoring including the nonnegotiable baseline even if very simple, more awareness of the impact*

*of vouchers on gender dynamics, intrahousehold consumption e.g. children's dietary diversity (particularly where children are the target group (Dadaab), and specifically micronutrient rich foods, and changes in knowledge, attitudes and practice vis-a-vis nutrition, feeding practices and hygiene education to test not only the impact but the relevance of including complementary programming in education. More guidance on measuring changes in the local economy is needed when this is an objective. There were some very good examples of fresh food market monitoring building on EMMA methodologies that could serve as a model for future emergencies (Haiti). Vendor selection and monitoring, but more importantly competition between vendors, improved vendor performance to the advantage of beneficiaries. Some very important assumptions such as the presence of a general food distribution in Bolivia and Haiti, did not materialise. In most cases this did not affect the project outcome, an increase in dietary diversity, however in Haiti a significant proportion of beneficiaries (30%) did use a portion of the voucher to purchase staples.*

**TABLE 13 VENDORS PER HOUSEHOLD**

	BOLIVIA	HAITI	KENYA	OPT <sup>1</sup>	PAKISTAN
HOUSEHOLDS	96	14,449 (avg)	3,500 (avg)	7,000	5300
VENDORS	8	163	30	57 (9 ACF)	57
OTHER	12	92	110	39-160	93


**TABLE 14 EXAMPLES OF VENDOR CONTRACTS**

HAITI	OPT <sup>1</sup>	KENYA
Rule 1: I will only sell the following products: vegetables, fruit, meat and fish.	Shops were selected using the following criteria:	
Rule 2: I must not give money to beneficiaries.	1. Willingness to participate	1: Fair and honest relationship with community
Rule 3: I must not increase the price of products and I must give the correct quantity for the amount given.	2. Ability to increase stock to accommodate new customers	2: Regularly supply targeted food items with adequate capacity
Rule 4: I must not sell anything for people who are not part of the programme and I must not exchange coupons (into money) for anyone.	3. Within a certain distance from programme beneficiaries (catchment area)	3: Able to store fruits and vegetables
Rule 5: I must not lend my badge to vendors to go and exchange their coupons.	4. Proper and sufficient refrigeration for dairy products	4: Able to keep records
Rule 6: I must sign all my coupons before returning them to Sogexpress.	5. Has a trading license	5: Access to legal cash transfer mechanisms
Rule 7: I must not send someone else to go and exchange my coupons at Sogexpress. And I must stay in front of the cashier until someone gives me my money.	6. Proper sanitation	6: Store located in camp market
Rule 8: If ACF finds me selling other products which are not part of the programme, I could be excluded.	7. Size of shop (able to accommodate 100 clients)	7: Sufficient capital to take part in the project
Rule 9: If I do not respect all of the rules, ACF has the right to exclude me from the programme.		

<sup>1</sup>In oPT beneficiaries were tied to a shop so the shop was allocated a certain number of beneficiaries depending on its size and the number of beneficiaries in the catchment area.



# 4 Impact



## What were the impacts of the project both intended and unintended?

Referring back to the original objectives : to meet essential consumption requirements, to reduce the use of negative coping mechanisms, to contribute to the local economy and to provide evidence on the appropriateness and effectiveness of vouchers to meet consumption requirements, the following section reviews impacts both intended and unintended in the lives of the beneficiaries and their communities. This includes impacts in food consumption and dietary diversity, care and health related practices, nutritional programmes performance, nutritional status and mortality, the local economy, gender empowerment, other food security and livelihoods impacts (specifically asset-protection) and other unintended effects. The section concludes with an attempt to estimate cost-effectiveness given available data. Bolivia was the only project to implement a participatory impact assessment after the intervention. The others relied on data collected through monitoring and the evaluation of external consultants.

### Food Consumption and Dietary Diversity

Without exception, the fresh food voucher increased the diet quality of targeted households, and where measured, e.g. Bolivia, also individuals (Table 15), providing more evidence that cash-based interventions can protect dietary diversity in food crisis (Box 10).

14.9 was the baseline after the floods and without assistance. With the GFD the HDDS went from 4.9 to 7.7. Then after the GFD was over, and FV implemented (which included staple foods) the HDDS went to 9.0. The figure 4.9 is retained here as baseline in order to compare the relative increase during the GFD and the FV phases.

Where there was a lower rate of change (Bolivia, Haiti) could have been due to lack of access to markets and/or the lack of general distribution that may have caused some household to exchange the part of the voucher for staples, or the lack of education on the importance of a varied diet:

a) In Haiti, the baseline HDDS (pre-earthquake) was only 6.04 and declined to 4.09 after the earthquake (EFSA, March, 2010). Among FFV the HDDS improved to nearly 6 implying that the FFV had enabled them to achieve nearly the same dietary diversity as before the earthquake (unlike the general population who according to EFSA surveys were significantly more food insecure than before the earthquake).<sup>33</sup> As mentioned as many as 30% of beneficiaries used at least part

of the voucher to acquire staple foods. Another issue here may have been education, as nutrition and health education was not implemented in the project until much later (Capitalisation report, 2010) and pre-earthquake HDDS was also poor.<sup>34</sup>

- b) In Kenya, the voucher value was only 50% of a child's ideal monthly fresh food intake (and went down in value over the life of the project). Without measuring the IDDS of children, it is impossible to say if children's IDDS went as high as 10. Other surveys in the camps in 2008 indicate that in the 3 camps only 23-40% of U5 children ate more than 4 food groups (Ochole, 2008). The IDDS for children was on average only 3.4 (UNHCR, 2008). An April 2008 survey in Kakuma camp indicated the results are even poorer for children 6-8 months with a dietary diversity score of 1.9 and children 9-23 months having a diversity score of 2.9 (IRC, 2008). It is impossible to determine if voucher beneficiaries were any better off (but would have been very interesting!)
- c) In Pakistan, in-kind food distribution that preceded the food voucher increased the HDDS to 7.7, 3 months after the flood. The food voucher implemented 5 months after the floods increased it further to 9.0. This could also have been due to increased income and asset recovery after the floods but is nonetheless significant.
- d) In Bolivia with exception of two project areas IDDS significantly increased. Per the evaluation, the least rate of change in Itaimbenguasu is attributed to lack of market access. Conversely the highest of change in Imbochi and Kasapa had very good market access (Figure 4).
- e) In both Dadaab and Bolivia micronutrient rich foods also increased significantly, consistent with other findings (Figures 4, 5 and 6). In Bolivia this was specifically measured as it was an objective of the programme. While in Kenya, the HDDS captured changes in consumption of eggs, fruit and vegetable consumption. However the data was collected as "aggregate" fruits and "aggregate" vegetables so it is impossible to tell what variety of fruits and vegetables. Later when SCUK implemented the same programme they found four "clusters" of consumption (Figure 6). Each of these clusters had sufficient intake in Vitamin A, Vitamin C (with the exception of cluster 1), moderate (40-70% of dietary recommended intake or DRI) of thiamine, and poor (<10% DRI) consumption of calcium. This is only food sources and does not include breastmilk (the SCUK

<sup>33</sup> Unfortunately the detailed EFSA June 2010 was never released and therefore a HDDS cannot be calculated for the population of PaP to compare to FFV beneficiaries. However the percent of population with poor and/or borderline Food Consumption Score (FCS) only marginally decreased between February and June, 2010 from 27% to 24% implying that food security of the general population had hardly changed and had not returned to pre-earthquake levels (20%) (EFSA II, 2010 and CSFVA, 2007).

<sup>34</sup> World Bank in its Haiti Nutrition Strategy Paper (2011) highlighted inadequate caring practices for young children: Only 40% of children 0-6 months were exclusively breastfed and only 32% of children 6-24 months benefited from appropriate complementary feeding practices (dietary diversity, frequency, breastmilk/milk consumption) (DHS, 2006).



# Impact



target group was 6-12m). This analysis reiterates the importance of detailed analysis of IDDS depending on objectives. Dadaab, Kenya was the only country programme where consumption of children receiving vouchers could be compared to a control group. During the UNHCR Nutrition Survey of 2010, children receiving vouchers were 3.26 times more likely to eat eggs, 2.02 times more likely Vitamin A rich fruit and vegetables, and only equally as likely to eat other types of vegetables (UNHCR, 2010).

## BOX 10 CAN WE RELY ON CASH TRANSFERS TO PROTECT DIETARY DIVERSITY DURING FOOD CRISES?

Estimates from programmes in Indonesia (Skoufias et al, 2010). The analysis finds that (i) summary measures such as the income elasticity of the starchy staple ratio may not change during crises but this masks important differences across specific nutrients; (ii) methods matter—the ordinary least squares estimates for the income elasticity of micro-nutrients are likely to be misleading due to measurement error bias; (iii) controlling for measurement error, the income elasticity of some key micro-nutrients, such as iron, calcium, and vitamin B1, is significantly higher in the crisis year compared with a normal year; and (iv) the income elasticity for certain micro-nutrients—vitamin C in this case—remains close to zero. These results suggest that cash transfer programs may be even more effective during crises to protect the consumption of many essential micro-nutrients compared with non-crisis periods but in order to ensure that all micro-nutrients are consumed, specific nutritional supplementation programs are also likely to be required (or commodity vouchers - consultant added).

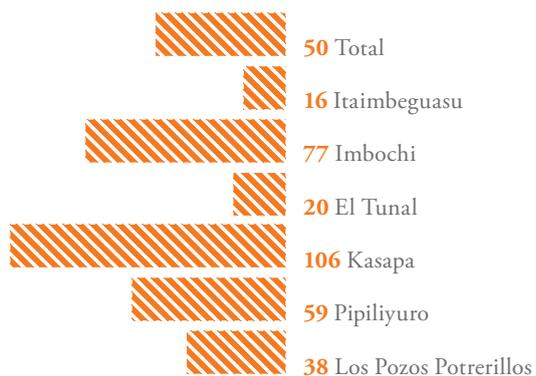
**TABLE 15 CHANGES IN DIETARY DIVERSITY AND FOOD CONSUMPTION DURING THE FFV**

	INDICATOR	BASELINE	ENDLINE	PERCENT CHANGE
BOLIVIA	IDDS U5 children	4.30	6.40	33%
HAITI	HDDS	4.09	5.96	31%
DADAAB/KENYA	HDDS	6.00	10.00	40%
OPT	FCS “poor consumption”	24%	5%	79%
PAKISTAN	HDDS	4.90 <sup>1</sup>	9.00	46%

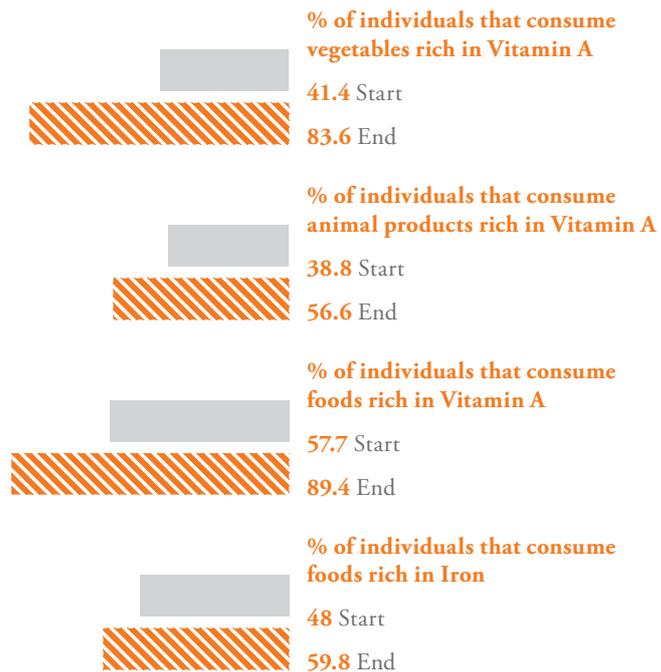
<sup>1</sup> 4.9 was the baseline after the floods and without assistance. With the GFD the HDDS went from 4.9 to 7.7. Then after the GFD was over, and FV implemented (which included staple foods) the HDDS went to 9.0. The figure 4.9 is retained here as baseline in order to compare the relative increase during the GFD and the FV phases.



**FIGURE 4 % CHANGE IN IDDS VALUE (PRE AND POST FRESH FOOD VOUCHER INTERVENTION)**



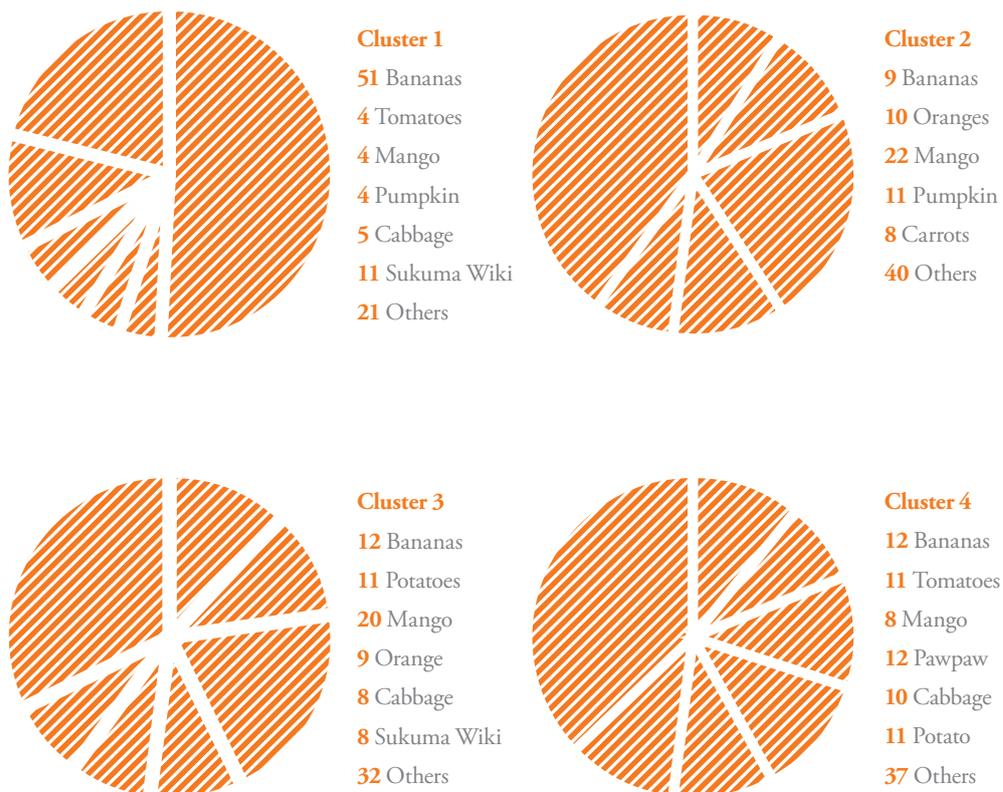
**FIGURE 5 % OF INDIVIDUALS IN MICRONUTRIENT CONSUMPTION**



# Impact



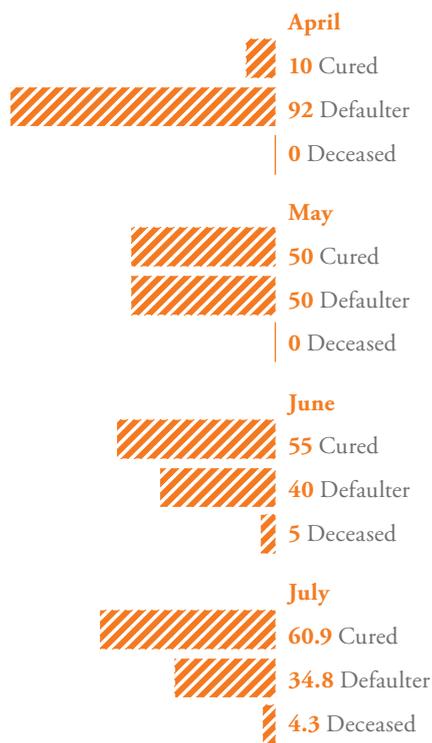
**FIGURE 6 PROPORTION (%) OF MAJOR PRODUCTS PURCHASED BY HOUSEHOLDS IN PHASE 1 AS CLASSIFIED BY HIERARCHICAL CLUSTER METHOD**



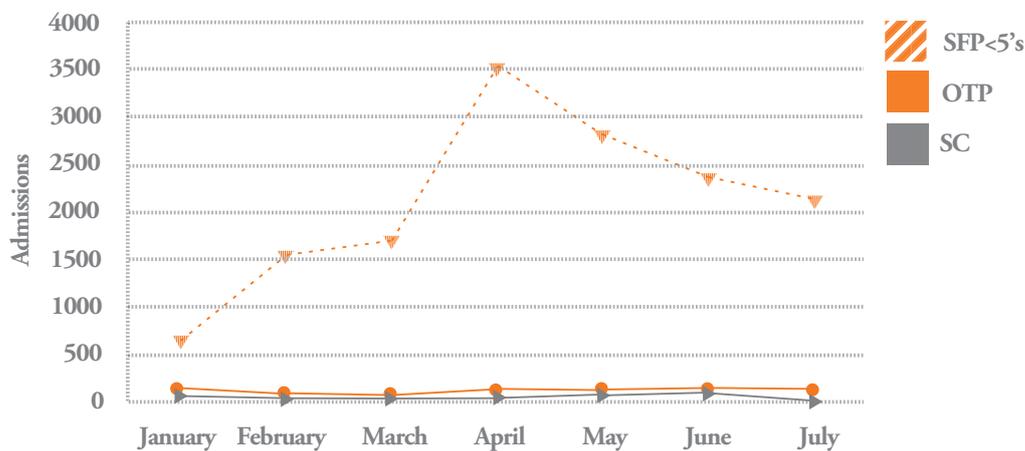
**FIGURE 7 PERCENTAGE OF HOUSEHOLDS ADOPTING PHP MESSAGES (NOVEMBER 2008)**



**FIGURE 8 DADAAB SFP ADMISSION RATE (UNHCR, 2008)**



**FIGURE 9 OTP PERFORMANCE (ACF HAITI)**





## Changes in Knowledge, Attitude and Practice

Unfortunately it is difficult to distinguish to what extent the increase in dietary diversity mentioned above is attributable to the voucher or to the education received as part of the various project. It has already been mentioned that dietary, nutritional and hygiene KAP were not systematically measured during any of the country programmes. While in Dadaab, women were collecting the data did demonstrate relatively high rates of households with a hand washing station, soap, and low presence of children's faeces in compound (Figure 7) these rates cannot be compared to a baseline or other surveys. Perhaps in the future, if a baseline cannot be conducted, at least indicators can mirror other indicators measured through different surveys, e.g. the annual nutrition surveys in the Dadaab camps regularly monitor hand washing (UNHCR, 2010b). Similar to ACF, while SCUK measured practice of key behaviours (preparing balanced/diversified food, personal hygiene, breastfeeding/proper frequency and feeding of child, and proper handling and storage of food) practiced by  $\geq 80\%$  of beneficiaries, there was no baseline to compare this to (SCUK, 2011).

## Nutritional Programme Performance

While not an explicit objective of the Dadaab programme, it was logical to measure impact on SFP/TFP performance given the problem and causal analysis (low coverage), and in Haiti given the overlap of ACF's nutrition programmes. The Dadaab evaluation noted the increase in SFP coverage rates was an "unintended impact". Other agencies have used vouchers and cash as an incentive to improve health and nutrition programme coverage with positive results (SCUK/Brewin, 2010; CRS, 2007). Unsurprisingly, the

increase in SFP coverage only correlates with the ACF programme which was implemented in partnership with GIZ (Table 16). That said there is a problem of attribution as the 2008 UNHCR Nutritional Survey attributed the change in admissions to new screening criteria (MUAC) (UNHCR, 2008). See the Figure 8 for the rates of SFP admissions during ACF programme implementation.

In Haiti, OTP performance was below Sphere Standards (Figure 9). It would have been very interesting to see if performance was better for families receiving fresh food vouchers, given the lack of a general distribution. Equally interesting would have been to use FFV as an incentive for participation given high default rates.

## Nutritional Status and Mortality Rates

Haiti, Dadaab and Bolivia all included the reduction or prevention of malnutrition in their programme objectives (or mortality in the case of Dadaab). In Bolivia this was more specific to the reduction of micronutrient malnutrition or anaemia. Bolivia was the only country to actually take blood samples which in the absence of alternatives was necessary to demonstrate if the objectives were met. Results demonstrated that, although the programme was only implemented for 3 months during the hungry season, there was an increase in children with normal haemoglobin levels from 20 to 40% (Figure 10). While ACF cautions against attributing changes in micronutrient levels to changes in diet (FSL Guidelines: 85), nonetheless the change is notable. For programmes with similar objectives, ACF Bolivia should share its experience with the low-tech method used for measuring anaemia and associated concerns for handling blood.<sup>35</sup>

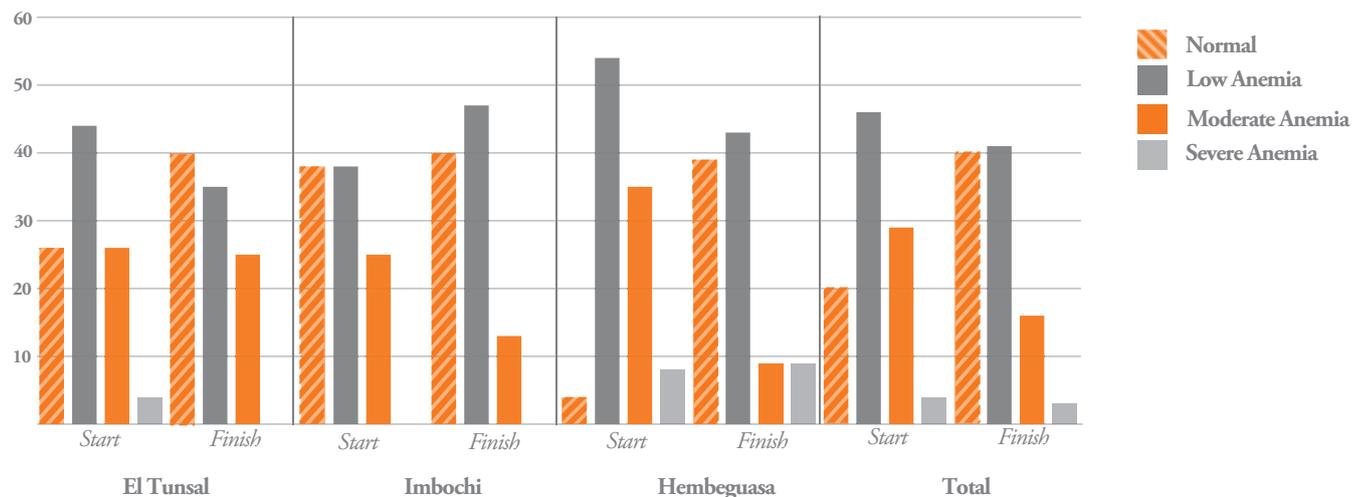
<sup>1</sup> All data from WFP Standard Project Reports (2006-2010) unless otherwise indicated. WFP receives its information from UNHCR sponsored nutritional surveys and implementing partner reports (GIZ and IRC).

<sup>2</sup> Nutrition Survey Dadaab Camps (UNHCR, 2010) (WFP SPR reports 80% but notes that the Nutrition Survey data should be more reliable).

<sup>35</sup> In the DRC, WFP voucher recipients requested value vouchers be in the same denominations and colour as their local currency to help the illiterate (Hedlund, 2010).

**TABLE 16 TRENDS IN KEY NUTRITION AND MORTALITY INDICATORS IN THE DADAAB CAMPS<sup>1</sup>**

	2006	2007	2008	2009	2010
# REFUGEES (MIDYR)	250,000	194,000	197,409	280,000	279,331
% GAM	22%	11.4%	12.0%	12.9%	7.9%
ACTUAL # CHILDREN SFP		3,292	7,997	9,416	7,590
% COVERAGE SFP		37%	57.8%	43.4%	35.3% <sup>2</sup>
% GAM 6M-12M	26%	16%	11.0%		4.5%
US MORTALITY	1.3/10,000/day		0.1/10,000/day		0.13/10,000/day

**FIGURE 10 COMPARATIVE TABLE OF ANAEMIA IN CHILDREN UNDER 5 YEARS (ACF BOLIVA 2011)****TABLE 17 SELECTED IMPACT INDICATORS BEFORE AND AFTER THE FRESH FOOD VOUCHER PROGRAMME, CHACO, BOLIVIA**

LOCATION	GAM		NORMAL HG		IDDS		IRON-RICH FOOD	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
EL TUNAL	0%	5.0%	26%	40%	4.4	5.3	48%	61%
IMBOCHI	7.7%	6.7%	37%	40%	5.2	9.3	71%	50%
ITEMBEGUASU	0%	0%	4%	39%	5.1	5.6	47%	76%
TOTAL	1.5%	3.4%	20%	40%	4.8	7.4	54%	64%

# Impact



On the other hand, in Bolivia the GAM rates among project beneficiaries actually increased in one location from 0% to 5.0% between baseline and endline surveys (Table 17). The evaluation offered no explanation. While not at emergency levels, the rate of increase is significant. And given the lack of a general distribution and therefore access to or availability of staple food (and the high compliance among beneficiaries), this may imply that the FFV was not sufficient to prevent a decline in macronutrient malnutrition. Interestingly, where there are higher GAM rates, there was a lower rate of change in IDDS (El Tunal: 4.4 to 5.3) and where there was a declining trend in GAM however insignificant there was a greater rate of change in IDDS (Imbochi: 5.2 to 9.3).

Underlying the importance of disaggregating the dietary diversity score, while there appears to be no correlation between a change in dietary diversity, improvements in haemoglobin levels or anaemia, and GAM (where a change in Hg levels is significant - El Tunal and Itembeguasú - changes in IDDS are not, and the inverse appears true for Imbochi), a decline in anaemia does appear to correlate with an increase in consumption of iron-rich food. **While the sample size for the Bolivia FFV programme is too small (96 households) for any of these findings to be significant, methodology and indicators used are complementary and deserve being repeated with larger sample sizes.**

Returning to Haiti and Kenya, the trends are positive, and there was no increase in malnutrition during the period of implementation and in some cases there was a continuous decline (Tables 16 and 18). While attribution remains a challenge, ACF in Dadaab made a particularly good effort to document other interventions or phenomenon that might have correlated with a continuous decline in malnutrition and mortality (Box 11).<sup>36</sup> Similarly, and equally difficult to attribute to the FFV programme, under five mortality rates declined in the Dadaab camps over the period of project implementation (Table 16).

A final note on the declining trends in malnutrition in the Dadaab camps (before the influx of refugees in 2011). While the implementation of the ACF voucher programme correlates with a continuous decline in malnutrition in the camps, a significant decline (from 12.5% to 7.3% GAM) did not occur until the FFV programme targeted all 6-12m old children (vs. all under 5 children enrolled in SFP/OTP). The decision to target 6-12m year olds

was the result of a strong problem analysis that indicated that this age group was at high risk of malnutrition due to lack of appropriate weaning foods and infant feeding practices. The FFV was specifically designed to provide access to appropriate foods while PHP provided specific advice on infant and young child feeding practices. Perhaps a coincidence but once the most at-risk age group, 6-12m olds have had declining GAM rates since 2008. And in 2010, risk was even lower for this age group than other age groups.

**TABLE 18 TRENDS IN GAM IN THE DADAAB CAMPS (WFP, 2010)**

YEAR	GAM(%)	CI	SAM(%)	CI
2002	15.9	12.3-19.5	2.1	0.8-3.3
2003	23.9	20.0-27.7	3.7	2.5-4.9
2004	-	-	-	-
2005	25.6	24.0-28.8	3.8	2.9-4
	20.1			3.1
2006	22.2	19.9-24.9	4.9	3.7-6.4
2007	12.5	10.5-14.8	2.3	1.5-3.6
	10.4	8.6-12.6	1.0	0.5-2.0
	12.9	10.5-14.8	1.5	0.9-2.6
2008	11.4	-	1.3	
2009	12.1	9.7-14.3	1.1	9.7-14.3
	12.7	9.5-17.1	1.1	0.2-1.9
	12.6	9.4-15.9	2.1	0.8-13.4
2010	10.7	8.0-14.0	2.0	1.0-4.4
	5.6	3.6-8.7	0.7	0.3-1.9
	7.6	5.7-10.2	0.9	0.4-2.2

Source: Insumos Para Evaluacion, ACF Bolivia, May 2011

<sup>36</sup> ACF noted continuous distributions of CSB in St Michel and no FFV programme. While FFV was implemented in Martissant, Carrefour, Pacot, Cite Soleli, Port Leogane and Champ de Mars.

## BOX 11 THE CHALLENGE OF ATTRIBUTION IN CHANGES IN NUTRITIONAL STATUS: GOOD PRACTICE DADAAB REFUGEE CAMPS

The improvement in the nutritional status of children less than 5 years has been attributed to the following:

- Improvement in the quality of the food basket including complementary foods to vulnerable groups by ACF
- Ongoing efforts from health care providers to scale up health and nutrition education through training of health staff and community health workers on such issues as infant and young child feeding practices among others,
- Improved community disease surveillance and delivery of quality health services,
- Improved nutrition program coverage (partly attributable to the ACF project) due to changes in food supply and education
- Use of the community based feeding approach rather than in-patient feeding
- Roll-out of growth monitoring and promotion
- Community sensitization on hygiene sanitation promotion

While it is recognised that the above factors are due to collaborative efforts by a number of agencies, the work of ACF has been noted by UNHCR and others as contributing to the reduction in malnutrition rates (Dunn, 2009).

### Local Economy

In all country programmes, vendors reported an increase in business turnover due to participation in the ACF voucher programme:

- In Haiti, vendors surveyed (85.5%) reported a very significant impact on their businesses. Given estimates from the PDM, vendors averaged from 2300E (Lalue market) to 6874E (Carrefour market) each over three months (ACF Haiti PDM, 2010). Eighty-five percent (85%) of vendors reported being less indebt since even before the earthquake; by July, 22% said they no longer required credit to operate.
- In Dadaab, of the 15 vendors asked, the average estimated increase in customer volume was 30% with the average estimated increase in the volume of stock sold 40% (Powell, 2008)
- In oPT, sales of dairy products increased, leading to increased profits for all shops interviewed (10 20%). Some shopkeepers mentioned that they have been able to increase their volume and diversity of stocks, increase equipment, and in some cases, expand the size of their shop. Nearly all shops increased either temporarily or permanently the number of people employed. Forty three percent (43%) of shops hired on average 1.1 workers permanently and 52% have hired 1.3 workers temporarily during the first days of voucher distribution (UVP monitoring data, 2009). Many shops reported expanded or new credit lines with suppliers and discounts on dairy products. Some shops have acquired trading licenses in order to participate in the program. The impact of the program on the overall market is less clear and unlikely, due to the small size of the project (Hedlund and McGlitchy, 2009).

As mentioned multiplier effects or the impact of fresh food vouchers on local production due to increased demand were not measured in Haiti, where this was an unstated objective. However in oPT, the midterm review noted an impact on medium and large dairy factories:

*The impact of the project on dairy producers was mixed according to the scale of operations. The largest benefit went to medium to large scale dairy factories (35MT/day) who attribute the processing of an additional 2MT milk/day to the project. This is largely due to an increase in sales of white cheese, a relatively expensive product that does not constitute a major part of poor households' diets.*



*Small scale dairy factories (<400L/day) have not benefited significantly as they already produce at capacity and cannot increase their output in response to the project. The largest factory in Palestine (75MT/day) has been able to absorb the increased demand into their normal levels of production, and is therefore unaffected by the project at its current scale. The effects of the project do not seem to have trickled down to small scale milk suppliers.*

That said ACF was commended for responding to the demands of local dairy cooperatives in their project area who insisted their products be eligible for purchase by voucher beneficiaries. The lesson learned here is if there are quality control issues or other eligibility criteria for fresh food, these need to be designed in such a way to both protect the beneficiary and allow the participation of smaller producers. Another observation from the Oxfam FFV in the Gaza Strip was that to enable wholesalers, who are not producers, to make forward contracts for significant quantities of fresh food depends on the scale and duration of the programme (Creti, 2010). This would imply that it is unlikely that a short term emergency programme would have an impact on production but that a well researched, planned and coordinated voucher programme, particularly if it involved cooperatives and other producer groups might. This is consistent with findings of CRS and the WFP FFV in the Democratic Republic of Congo (Hedlund, 2010). Baselines and monitoring systems designed to monitor a change in the production and income of small producers become essential. In 2011, Oxfam in the Gaza Strip linked small scale fresh food production to their fresh food voucher programme, and given the relatively small size of the programme, Oxfam may be able to measure change in income of participating producers (Oxfam, 2011).

Other important impacts, or lack thereof, include NOT causing inflation. While there was a reported increase in prices in Dadaab, without price monitoring it was difficult to know if this was only for the Dadaab beneficiaries for reasons cited earlier or for other camp residents as well. SCUK in Dadaab also noted price increases but also noted (as did ACF however anecdotally) that supply went up. One hundred percent of vendors said they increased their supply to the camps as a result of increased demand, selling both to beneficiaries and non-beneficiaries, of which nearly 38% of vendors increased their stock by more than 50% (SCUK, 2011).

## Gender Empowerment

Only the Bolivia programme monitored changes in women's empowerment measured by women's participation. In the baseline study ACF noted that it was quite often men that went to the market to purchase household goods including food (28%) while women went 60% of the time. Due to the nature of the intervention, purchasing fresh food, this increased to more than 80% during the voucher programme. WFP Bolivia also noted the patriarchal nature of the indigenous community "making it difficult to ensure equal participation of women" (SPR, 2010). Not only did women participate more frequently in decision making during the voucher project, but also in the participatory impact assessment, where 91% of participants were women (PIA, 2010). The evaluators were concerned however that once the voucher programme was over, women would return to the home (Cortes and Otter, 2011).

## Other Food Security and Livelihoods

Pakistan and oPT also included in their objectives to preserve livelihoods through the income replacement nature of the voucher. In oPT, 63% of households noted that the voucher 'substituted' spending they would have otherwise done, i.e. they have reduced overall spending on food from non-voucher resources. There was also a decrease in negative coping mechanisms at the household level. The percentage of households who did not pay their utilities decreased from 66 to 59% while those who sold assets decreased from 17 to 12%. Significantly fewer households reported *not* paying health and education bills (57 to 22%) and fewer households regrouped their family members than at the time of the baseline (36 to 19%)(Table 19). Similarly during the PEFSA in Pakistan, it was found that nearly three quarters of the surveyed participants did not sell any household assets for acquiring food items (PDM, Thatta, 2010).

## Unintended Impacts

Among the unintended impacts not already mentioned (see change in nutrition programme performance above) the following was noted by evaluations:

- The increased competition between vendors in Bolivia and Pakistan resulted in better prices and services for beneficiaries.
- Late payments to vendors in Kenya caused credit problems with vendors. Vendors transferred this risk to beneficiaries who reportedly had to pay higher prices.

<sup>37</sup> The FCS is a combined scale of diversity and frequency, i.e. using similar food groups, how many times over the last week was a certain food group consumed. In effect, if the calculation were to stop here it is comparable to the dietary diversity score (DDS) that asks about food consumption over the last 24 hrs. There are pros and cons. Dietary recall is better over a 24 hr period vs. a 7 day recall however the bio-availability of nutrients is not limited to what a person consumes in 24 hrs but is cumulative over time. In the FCS, the frequency is them multiplied by a weight depending on the nutritional value of the food group. Individual scores are then categorised into poor, borderline and acceptable categories. For a more complete description and comparison of the two scores see the ACF Food Security and Livelihoods Guidelines.



- Reliable anecdotal reports noted an increase in supply of fresh food at the Dadaab camps which may have contributed to the higher dietary diversity of non-beneficiary families who later participated in the SFP/TFP + voucher programme; again this points out the importance of monitoring children's consumption as why would families with higher diversity have children enrolled in SFP?
- Also in Dadaab, GIZ reported reluctance to graduate mothers who did not want to lose their entitlement. And there were rumours of parents starving their children to be eligible for FFV. However, investigation did not demonstrate to be true.
- Lack of adequate communication with local government created mistrust between the Association of Guarani People and ACF:

*"We do not agree with these projects (...) they cause problems. It is best that they are not implemented. There are other solutions, and there are other more important needs such as the issue of water access for the nurseries. We have no water and this is the reason we are unable to produce" expressed the organization. In the opinion of this evaluation, perhaps the lack of information was extremely sensitive to the APG, whose people regard communication in a much more acute and sensitive manner than other cultures, particularly when strong historical claims of decolonization are being promoted. ACH must additionally analyze whether the context in which the project was carried out and the quality of their relationship (before the project) with the APG have been decisive factors in the extremely critical appraisal of the vouchers project (Cortes and Otter, 2011:15).*

### Cost effectiveness

Aid agencies and donors should always choose the least costly way of achieving the best possible impact, and thus consider the efficiency and cost effectiveness of their interventions. Cost efficiency measures the cost of outputs achieved as a result of inputs, for example, how much it costs per beneficiary for an aid agency to distribute food rations compared to providing the equivalent value in cash or vouchers. Cost effectiveness tweaks this calculation, considering the cost per programme outcome and thus also taking into account its effectiveness. This could involve comparing the cost of different interventions in improving a given indicator, e.g. dietary diversity, weight gain, calorie consumption, malnutrition rates. Cost effectiveness captures the idea of 'value for money' (or as Americans say, 'bang for your buck'). **Figure 3** shows the difference between cost-efficiency and cost-effectiveness.

For agencies new to cash or with systems geared for in-kind programming, start-up costs, investments in monitoring and learning curves are often steep. Also, electronic transfers, as well as other technologies increasingly used in cash transfer interventions, have initially required investment and intensive monitoring due to their novelty. They also have clear potential efficiency gains. For example, switching to bar-coded vouchers in the Dadaab camps required up-front costs, but enabled SCUK to process up to 3,000 vouchers per week, compared to a maximum of a 500 when using vouchers without bar codes, ultimately decreasing costs associated with the programme (USAID, 2011). There are already several examples where cash and sometimes voucher interventions are more efficient than

**TABLE 19 CHANGING EXPENDITURES SINCE THE UVP**

EXPENDITURE	REDUCED	SAME	INCREASED	SPENDING WAS ENOUGH BEFORE	SPENDING WAS NOT ENOUGH BEFORE
FOOD	63%	23%	15%	29%	71%
RENT	3%	93%	5%	4%	96%
UTILITIES	3%	85%	12%	5%	95%
HEALTH	3%	81%	17%	14%	86%
EDUCATION	3%	84%	13%	9%	91%
DEBTS	6%	86%	8%	2%	98%
CLOTHING	4%	90%	7%	8%	92%
ENTERTAINMENT	3%	95%	3%	6%	94%



# Impact



equivalent in-kind assistance, even though in-kind transfers benefit from 50 years of experience, economies of scale and the development of conducive infrastructure, institutions and policies.

Studies calculating cost-efficiency have used various methods for estimating cost per beneficiary. These range from simply comparing the relative cost of the transfer, such as what it costs a beneficiary to buy locally the equivalent in-kind ration, to including administrative costs, security, transfer fees and transport costs. Alternatively, efficiency could be costed based on kilocalories or provision of determined amount of micronutrients (Webb et al, 2010). However, as Webb points out in USAID's Delivering Improved Nutrition 'this estimate represents just a first step in what should be a serious process of assessing actual and likely costs of delivering [a product], as well as costs relating to recommended changes in programming—that is costs per outcome desired, not simply cost per ton of product delivered' (italics added; USAID, 2011: 35). In other words, agencies should not stop their calculations at efficiency alone and must also consider the effectiveness of interventions.

Practical application of the proposed methodology (Creti, 2010; Audsley, B., Halme R., Balzer N., 2010):

- a) The outcome indicator. Using available data and a given outcome indicator the cost-effectiveness is determined to be "how much does it cost to change the food consumption or dietary diversity score by 1%". Where outcome indicators for general food distribution are the same for fresh food vouchers, then a more comparable index, e.g. "how much does it cost to change the HDDS by 1 point" can be used (and is preferable). Unfortunately ACF often uses HDDS or in some cases IDDS while WFP more frequently uses Food Consumption Score, e.g. Bolivia, Haiti and the oPT. If the data from FCS is available, as is the case in the Haiti Emergency Food Security Assessment (EFSA I) then the HDDS can be calculated<sup>37</sup> However it is suggested that if advocacy based on cost-effectiveness is one of the objectives of ACF's FFV programmes, ACF should collect the additional data of "frequency of consumption over the last 7 days" for comparability. This allows ACF the choice of indicators without significant extra work.
- b) Costs of programme per beneficiary. ACF budgets were used to calculate the direct costs associated with the voucher, e.g. the transfer and any specific costs associated with the voucher

such as printing, plus either the direct costs of operation or a proportion of costs equivalent to the value of the transfer when other activities are included in the same budget, e.g. in Kenya ACF also provided seeds to beneficiaries but use the same staff to deliver vouchers. This is imperfect but is a starting point. A similar approach was used for the cost of WFP GFD.

- c) Duration of programme. In the case of Kenya, the number of beneficiaries is high due to the short duration (240,000 beneficiaries receiving FFV on average 3 months) vs. the GFD wherein the same beneficiary benefits for 12 months. Therefore the costs of the WFP programme have been divided by duration to be comparable to the ACF programme (Kenya and oPT).
- d) Exchange rates. Euros have been converted to USD to be comparable to WFP budgets.

All these have been taken into account to the extent possible in the analysis shown in Table 20. Where the outcome indicator is not comparable the calculation is incomplete, e.g. Bolivia and Haiti. Note the cost of the Dadaab programme is specific to Phase I and does not include the extension wherein the number of staff doubled, so is probably an underestimate of cost.

Note in the Dadaab camps, the HDDS (10) is limited to ACF beneficiaries and compared to the HDDS of all camp residents at the time (UNHCR/Ochola, 2008). However in 2010 (post ACF programme), the average HDDS for all camp residents in the Dadaab camps had significantly risen from 6.9 to 9.17 (UNHCR/Ochola, 2010). This may be in part due to the greater coverage of FFV during the SCUK programme (2009-2010): 6200 families targeting all families with children 6-12m vs. the ACF programme (2007-2009) average 3500 families per month targeting only the families of children in SFP/OTP (while it did reach 6000 at peak). This could also be due to the increased availability of fresh food due to increased demand (which also happened to a limited extent during the ACF programme) benefiting non FFV beneficiaries. The 2010 nutrition survey did demonstrate that children receiving FFV were 3x more likely to consume eggs and 2x more likely to consume Vitamin A-rich fruits and vegetables when compared to non FFV beneficiaries while they were equally likely to consume vegetables in general (UNHCR/Ochola, 2010). The dietary diversity score of 9.17 in 2010 would group all vegetables and all fruits and not distinguish between Vitamin-A rich vegetables and fruits.

From this very preliminary analysis it would appear that FFV are consistently a more cost-effective means of improving dietary diversity. Correcting for the weaknesses mentioned above in further analysis, e.g. standardizing an ACF methodology for doing so including the collection of comparable outcome indicators either between ACF programmes or between ACF and other agency programmes in the same country, would strengthen their accuracy and utility of this analysis.

Other approaches to improve cost-effectiveness analysis include introducing control groups when appropriate and ethical, controlling for type of intervention and combination of interventions, e.g. PHP with voucher, PHP without voucher, and PHP without education. Other opportunities for cost-effectiveness is to compare agency approaches, e.g. CRS and ACF in the oPT programme, and

comparing the impact of comparable approaches, most importantly vouchers vs. cash and the relative impact on dietary diversity.

Summary: There is no doubt that food vouchers had positive impacts on the diet of beneficiaries and the income of participating vendors. More analysis needs to be done to understand the impact on vouchers on the performance of nutrition programmes, malnutrition, markets and multiplier effects, and the complementary programmes that are almost automatically implemented alongside voucher programmes, such as nutrition, feeding and hygiene education. Preliminary analysis also demonstrates a significant cost-effectiveness when compared to in-kind transfers to achieve similar consumption objectives.

**TABLE 20 ROUGH ANALYSIS OF COST-EFFECTIVENESS**

	DURATION (M)	HH	COST/GOODS AND SERVICES (USD)	OTHER COSTS (MINUS GOODS) (USD)	INDICATOR	BASELINE	ENDLINE	PERCENT CHANGE	COST/PER 1% CHANGE/HH
<b>PAKISTAN</b>									
FFV	2	5300	582900	609250	HDSD	4.90	9.00	46%	4.94
GFD (ACF)	2	5000	518490	609250		4.90	7.70	36%	6.20
<b>oPT</b>									
FFV	12	6600	4173000	1500000	Poor FCS	24%	5%	19%	45.24
<b>BOLIVIA</b>									
FFV	3	196	12935	11354	HDSD	4.30	6.40	33%	3.78
GFD (WFP)	3	20000	3900000	4500000	Poor FCS	5.6%	4.3%	1.3%	
<b>KENYA</b>									
FFV	3	12320	212890	208132	HDSD	6.00	10.00	40%	0.85
GFD (WFP)	12	68000	24610000	21620000		6.00	6.90	13%	13.19
<b>HAITI</b>									
FFV	3	15000	1352674	429870	HDSD	4.09	5.96	31%	3.79
GFD (WFP)	3	800000	129700000	97440000	Poor FCS	27%	24%	3%	



# Accountability

ACF does not have an explicit accountability framework or set of principles but are considering becoming a member of the Humanitarian Accountability Partnership (personal communication, Geurrero). Accountability defined by HAP (2011) includes activities that increase the participation of beneficiaries, information and transparency of the project, the ability of beneficiaries to give feedback and complain, and a commitment to learning and evaluation by the organisation. The ACF Draft Core and Optional Indicators (2011) includes if the programme has established complaints and feedback mechanisms. The following section is structured to mirror the HAP principles:

## Participation

- In the Bolivia programme there was documentation of the participation of beneficiaries from consultation pre-intervention during programme design, timely adjustments to the programme during implementation and a participatory impact assessment. In Pakistan, ACF revised the foods included in the vendor at the request of beneficiaries. Good practice. When the voucher is designed in consultation with the targeted beneficiaries, which includes clarifying the objective of the programme with them, compliance is likely to be higher.
- In oPT while beneficiaries did not participate in design, ACF demonstrated good practice by involving CBOs in targeting methodologies to minimise the impact of political partisans. Similarly in Haiti.
- In Dadaab, ACF involved volunteers to help with cooking demonstrations and initially monitoring. This latter was good practice and a lost opportunity as the data was not analysed and the information not fed back to volunteers; but worth ACF investing more in. Good practice.
- To the extent beneficiaries are involved and learn by doing, the results are more sustainable, as well as ownership and a sense of responsibility for programme outcomes. The more participation of beneficiaries, the less compliance monitoring is required on the part of ACF. The Bolivian example of the community that sought to change the designated vendor due to poor performance is an example of this.

## Information and Transparency

- Stakeholders (beneficiaries, vendors, other agencies) in general reported being well informed about the programme (with the exception of the Association of Guarani people in Bolivia). Various IEC materials (Bolivia), t-shirts (Haiti), flyers and posters (Haiti), theatre (Dadaab and Haiti) were created to contribute to information and transparency. Good practice.
- Clear targeting criteria helped to dispel confusion about the programme in Dadaab. However given the risk of exclusion error, other targeting methodologies should have been explored. Targeting 6-12m old children is also transparent and perhaps even more effective at preventing malnutrition.
- Contracts and MoUs with market managers in Haiti, vendors in oPT, Haiti, Dadaab, and Pakistan and partner NGOs and UN in oPT and Dadaab increase involvement, transparency and help to clarify and manage expectations and responsibilities.
- Exit strategies and corresponding communication strategies could be much more fully developed.

## Feedback and Complaints

- In general ACF was very responsive to beneficiary complaints while formal complaints mechanisms were non-existent.<sup>38</sup> The multiple examples of modifications made to the programme is evidence of this. However this could be improved by formal complaints mechanisms and related to participation above. In general the degree of satisfaction of beneficiaries was very high (see Box 12)

### BOX 12 FEEDBACK FROM BENEFICIARIES OF ACF FFV PROGRAMMES

- “We know what we need and what our children like most, we like to try new products, and we know just how much we should take so that it will not rot,” claims one of the beneficiaries and states that they do not have the liberty to choose if the emergency aid consists of delivering non-fresh foods (Bolivia)
- “Milk products are good for our children. They are high in calcium.” (oPT)
- “The children are eating better now than before.” (oPT)
- “My children now go to school with a cheese sandwich.” (oPT)

<sup>38</sup> Oxfam later developed a complaints mechanism adopted by PEFSAI in Pakistan

There are different facets of sustainability. Perhaps the most likely is to continue to contribute to the “cash-first” trend in humanitarian aid, i.e. a greater consideration and uptake for cash-based initiatives that provide more choice to beneficiaries, vs. in-kind approaches. However voucher programming has been suggested by some to be “just another form of local purchase” as it limits beneficiary choice. Rigorous needs assessment, nutritional causal analysis and response analysis should be employed when considering vouchers, or risk losing the advantages that dignity and choice have to offer beneficiaries.

However on this point, it is interesting to note that with the exception of Pakistan which would have been a cash intervention if donor restrictions had allowed, the voucher programmes continue. In Bolivia, WFP is experimenting with vouchers for work (WFP, 2011b). In the Dadaab camps, IRC and SCUK continue to implement fresh food vouchers (IRC 2011, SCUK 2011). SCUK reported even now in the face of severe drought and massive influxes of refugees, markets continue to provide fresh food to refugees (personal communication, Adele). Fresh food vouchers are more culturally acceptable in the camps, where beneficiaries refused WFP’s MixMeTM (micronutrient supplement). And where CSB ++TM and Nutri-butterTM have both cost and shelf-life constraints (WFP, 2011b). Building on promising results in the reduction of anaemia in Bolivia, vouchers may be an alternative to supplement approaches to micronutrient deficiencies in Haiti (Figure 10).

Populations who suffer from chronic poverty, and unless underlying causes are addressed, short-term programmes such as emergency vouchers seldom result in sustainable changes. Efforts to influence behaviour change, such as the changes in consumption and feeding practices might make a difference. However, unless the obstacles to practicing new found knowledge are addressed, such as poverty, this is unlikely (Hossain et al, 2005). At a minimum ACF and others will have to increase the rigour of their nutritional causal assessment in order to have a better understanding of the KAP constraints to better diet and feeding, carefully design PHP accordingly, and ensure baselines and monitoring to measure change, both during and after the programme.

There is also potential to link short-term cash responses to longer-term social protection programmes. WFP is now handing over the ‘bread e-voucher’ programme in oPT to the government (WFP, 2011). There are many advantages if emergency programmes can be integrated into a safety nets programme that can expand and contract without significant investment (Slater, 2006). However, given the dearth of social safety nets in the contexts where humanitarian assistance takes place, there are obvious challenges to forming these linkages.

Even when interventions aim to protect and restore livelihoods through cash, some households have no or limited capacity to lift themselves out of poverty, even with outside assistance. Ultimately it is the responsibility of their government to provide long-term social transfers. Where social transfers are not in place but needed, there might be opportunities for

short-term cash-based initiatives to provide a starting point for longer-term approaches. Programmes like the urban voucher project in West Bank, oPT began in response to high food prices, but also have sought to influence the government’s social protection policy (WFP, 2011).

However if this is ACF’s objective then ACF will need to develop a strategy and corresponding activities to be more systematic about advocacy and documenting evidence. This meta-evaluation and the independent evaluations that preceded this are a good start. Working in partnership such as in Pakistan Emergency Food Security Alliance and CaLP are also examples of good practice to both reach scale and have considerable influence on decision-makers. It will be important to follow up on cash-based initiatives lesson learning such as that instigated by UNDP in Haiti.

## BOX 13 WORLD BANK NUTRITION STRATEGY HAITI, 2011

To achieve this vision, Haiti must act to:

- **Reduce chronic malnutrition** through improved exclusive breastfeeding and complimentary feeding practices;
- **Reduce anemia among pregnant and lactating women and children** through supplements containing iron and deworming;
- **Reduce iodine deficiency** through supplementation and salt iodization
- **Reduce vitamin A deficiency** through supplementation;
- **Reduce chronic food insecurity** through improved agriculture, investment in agribusiness, and multisectoral collaboration;
- **Improve the health system** by ensuring proper attention to nutrition for pregnant and lactating women and children under-two.

The first steps to accomplish this include:

- **Improve health and nutrition practices among mothers and caregivers** via community education and household-level outreach;
- **Provide micronutrient supplements** (iron, iodine and vitamin A) to pregnant and lactating women and children under-two;
- **Invest in agriculture and agribusiness** to increase access to nutrient-rich foods and promote the production of fortified complementary food for children 6-24 months;
- **Invest in basic health services** to expand access and quality and include a basic nutrition package for the most vulnerable;
- **Support government capacity and leadership** to set, promote and implement nutrition security programs and policies.



# Emerging Good Practice in Fresh Food Vouchers Identified from the 5 Country Programmes (and their successors)

*Note a more comprehensive standalone document was written base on the below and can be requested from ACF (Emerging Good Practice in the use of Fresh Food Vouchers, ACF 2012). Also some of these good practice are not specific to vouchers but they influence the choice of vouchers as a response option.*

A good fresh food voucher project starts with an adequate needs assessment that includes the assessment of food consumption, and the likely causes of poor diet including knowledge, attitudes and practice. If the problem is simply access, dietary diversity may improve simply by providing cash.<sup>39</sup> In Bolivia, ACF investigated the causes of anaemia through individual dietary diversity scores and the pre-intervention consumption of micronutrient-rich food. A lack of appreciation for the nutritional benefits of a diverse diet in Haiti may have contributed to poor compliance to the voucher programme, which in turn may have been mitigated through improved nutrition education.

**If malnutrition is an actual or potential problem and feeding, care and health practices may be contributing factors, assessments must include the individual child's and household's food consumption as well as infant and young children feeding practices.** During the implementation of the Dadaab programme which targeted malnourished children enrolled in supplementary feeding, pre-intervention household dietary diversity improved begging the question of why these children were still malnourished.

**The design of the voucher and complementary programmes such as PHP should reflect the nutritional analysis, reflecting the specific food requirements of the target group, and promote the best use of the voucher.** In Dadaab, ACF consulted various nutritionists to define the "ideal fresh food basket". In Bolivia, the micro-nutrient value of the voucher and the cost of specific items determined the voucher composition and value. In oPT, ACF included in their PHP home economics and the most efficient use of the voucher given nutritional requirements. That said, the design of the voucher has to reflect market supply, and not be too restrictive if the supply of specific fresh foods is variable.

**If staple foods are an assessed need, the voucher will either include staples or a reliable source of staple foods will be guaranteed.** In Dadaab, WFP provided a reliable supply of cereals, pulses and oil to beneficiaries so that compliance was high. In Haiti, there was no general ration and 30% of beneficiaries used the voucher to purchase rice, oil or charcoal.

**Food vouchers (and other cash-based interventions) can be used as an incentive to participate in health and nutrition programmes, increasing the coverage and perhaps effectiveness<sup>40</sup> of these interventions but care in design and monitoring must be taken to ensure there are no unintended negative effects.** In Dadaab, the coverage of supplementary feeding programmes almost doubled (37% to 57%) when fresh food vouchers were provided to the families of registered children. However other Dadaab nutrition partners were concerned that associating a benefit with the poor nutritional status of children might be the wrong incentive. Investigations found no evidence of this, however the programme was subsequently redesigned.<sup>41</sup> If the objective is to increase coverage of programmes, these programmes must be sufficiently resourced and organised to

absorb additional beneficiaries, as does the voucher programme. In Dadaab, beneficiaries increased from 1000 to more than 5000 per month during implementation. ACF had to double its staff to ensure adequate programme quality and monitoring.

**Vouchers programmes that aim to improve micronutrient consumption and reduced micronutrient deficiencies, such as anaemia, require robust monitoring systems.** Bolivia used a low-tech replicable method to test for anaemia in children pre and post intervention. The number of children with acceptable haemoglobin levels increased from 20 to 40%. Fresh food vouchers may be a more appropriate means of addressing micronutrient problems in the Dadaab camps where MixMe, CSB++ and Nutributter, other supplements have low acceptability among refugees, or are costly and have short shelf life. Nutrition surveys in the camps demonstrated that children receiving vouchers were more likely to eat eggs and vitamin A rich foods when compared to children who did not receive vouchers.<sup>42</sup>

**Fresh food market assessments are essential to understand both necessary interventions to support markets and the capacity of markets to meet beneficiary needs.** ACF's Fresh Food Emergency Market Mapping and Analysis (EMMA) in post-earthquake Haiti not only provided essential information to the broader humanitarian community increasing their likelihood of implementing appropriate cash-based and in-kind interventions, but noted that Madame Saras, the individual women retailers of fresh food, were suffering most, while wholesalers were benefiting from sustained demand from restaurants and hotels. A fresh food voucher directly benefitted them increasing their sales and reducing their need for credit. However the capitalization report noted that the profit margins were very low and for the Saras to benefit they needed additional business development support.

**Where market recovery is an objective and market assistance is provided, vouchers can be a complementary intervention to increase demand. Timing is important.** Immediately after the 2010 floods, as part of the Pakistan Emergency Food Security Alliance (PEFSA), ACF distributed small grants to shopkeepers. For the first three months, ACF distributed in-kind assistance and then transitioned to vouchers and eventually cash. Beneficiaries reported no supply constraints. Shopkeepers reported a significant increase in sales.

**Increased inclusion of vendors has multiple benefits for both vendors and beneficiaries.** When more vendors participate in vendor programmes, the benefits are shared among a greater number of people. The risk of conflict between vendors, market distortions or creating parallel voucher economies are also minimised; a concern in the Dadaab, Haiti and the oPT voucher programmes. Beneficiaries benefit from increased competition, for example in Bolivia, where vendors agreed to deliver direct to distant villages in order to guarantee business and in Pakistan where vendors offered discounts.

**Participation of beneficiaries and other stakeholders, contributes to improved understanding and support, and perhaps sustainability, particularly when vouchers are a new modality.** Taking the time to explain, listen and respond to concerns in Bolivia contributed to the high degree of cooperation from beneficiaries.<sup>43</sup> On the other hand, the lack of information to local government stakeholders in Bolivia resulted in a resistance to the new approach. In oPT, after the Urban

Voucher Programme pilot, WFP stepped up high-level advocacy with the Ministry of Social Welfare who has made a commitment to voucher programmes, starting with assuming the responsibility for processing the bread e-voucher.

**Strategies and systems to enhance the accountability of the humanitarian agency itself, beneficiaries, vendors and the broader community must be formal and well designed to promote the intended use of the voucher (compliance) and reduce the likelihood of counterfeiting.** Vouchers were used “like cash” in Haiti where both ACF and non-ACF vendors accepted the voucher in exchange for non-voucher specified goods and non-beneficiaries counterfeited vouchers. Based on recommendations and learning from the first Port-a-Prince voucher programme, ACF Haiti later ensured full time presence of staff in the markets to formally receive complaints and ensure response, increased the participation of market administrators, revised the voucher to include staples reflecting beneficiary needs, enhanced PHP to targeted beneficiaries to improve understanding of the importance of a diverse diet, and continued with their earlier practice of using community-based organizations for information sharing and targeting.

**Cash Consortia, such as the PEFSA, are increasing the coverage and awareness of cash-based initiatives, including fresh food vouchers, influencing decision makers at a national level.** The PEFSA in Pakistan, the NGO Cash Consortia in Somalia, and the Cash Learning Partnership are some positive examples of collaboration to promote more appropriate interventions in humanitarian crisis as well as facilitate learning to increase effectiveness. The PEFSA Lessons Learned document noted that consortia take time to develop, including developing roles and responsibilities and ways of working that add value to individual programmes. Donors need to allow time for Consortia to develop including trust building and effective communication. After two years of operation, the PEFSA is regularly consulted by the national food security working group on appropriate strategies for emergency response to repeated flooding in Pakistan.

**Innovative partnerships with financial institutions can reduce the costs of transactions and make more efficient the implementation of voucher programmes.** Money transfer agents in Dadaab, Haiti and oPT reduced transactions costs over time, reduced the workload of ACF staff, and provided good coverage and prompt payment to vendors. The introduction of simple technologies such as bar code readers in Dadaab or more advanced technologies where available, such as e-vouchers in the oPT, can further reduce administrative workloads, one of the drawbacks of voucher programmes. ACF Haiti found that developing relationships with financial institutions requires an initial investment of time to solve problems, improve reporting and customer service.

**Baselines and monitoring systems need to include the appropriate food consumption indicators that can measure the progress and impact of food voucher programmes.** A combination of both individual and household indicators can provide insight into sharing at household level as well as child feeding practices. If demonstrating cost-effectiveness and advocacy for cash based interventions is an objective, collecting this data is essential for comparison with other interventions, e.g. in-kind assistance. Disaggregating the dietary

diversity scores, including distinguishing between certain micronutrient-rich food consumption, can give additional information on dietary trends and the effectiveness of nutrition education. While children’s IDDS in Itambeguasu only increased by 20% pre and post intervention, the consumption of animal and plant source Vitamin A increased by 100%. Conversely household dietary diversity scores collected in Dadaab did not facilitate understanding children’s consumption. Later SCUK programmes in Dadaab demonstrated that 30% of families used almost 50% of their voucher on bananas with limited additional nutritional value.

**Understanding the impact on fresh food vouchers on gender dynamics is essential.** In Bolivia, baseline surveys revealed that men more often go to the market and use their cash for staple food purchases. The fresh food voucher therefore targeted women, who during the programme had increased responsibilities for purchasing fresh food from 60% to more than 80%.

**With experience, agencies are increasingly anticipating the human resources, monitoring, administrative, logistical and financial requirements for effective voucher programmes.** While planning and preparedness are improving, agencies (and donors) that remain flexible, responding quickly to required changes, enable even in this period of heightened learning, fresh food voucher programmes to have a positive impact. In Pakistan, market monitoring resulted in changes in the value of the voucher. In Dadaab, staff numbers doubled to accommodate the increased number of beneficiaries and ensure effective programme monitoring and performance. The more successful programmes constantly adapted to new information available through monitoring, including market monitoring. Agencies changed repayment processes (Bolivia) and schedules (Pakistan), involved new financial institutions (Dadaab), and redesigned the voucher (Bolivia, oPT, Haiti) to make sure the programme met vendor and beneficiary needs.

**Documentation of the process is integral for continuous learning particularly during this period<sup>44</sup>.** For this meta-evaluation alone, the capitalisation reports from the various programmes provided essential insight into early challenges and adaptations from the implementing agencies’ perspective. The frank and detailed descriptions allow stakeholders to learn from experience without the added pressure of and evaluation. Useful documentation includes estimating the value of the voucher, the process of tendering and contracting vendors, and monitoring systems and reports.

<sup>39</sup> See Bailey, Hedlund and Levine (forthcoming), The impact of cash based emergency interventions on nutrition. Bailey and Hedlund. Humanitarian Policy Group. Overseas Development Institute.

<sup>40</sup> Brewin (2011) Children enrolled in a Somalia OTP whose families received cash grants, gained weight significantly faster than those who did not receive cash.

<sup>41</sup> SCUK (2011) Fresh food voucher programme was redesigned to target all 6-12m old children in order to prevent malnutrition rather than treat it.

<sup>43</sup> Similar to Haiti, the planned general food distribution was not implemented during the Bolivia fresh food voucher. While beneficiary households had unmet staple food needs, compliance was nonetheless very high.



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<sup>44</sup> WFP has recently published a similar descriptive report called documenting the design of their cash and voucher programme in Pakistan.

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ACF Vendor "Principles" Haiti

ACF Flyer for FFV in Bolivia

ACF MoU GTZ Dadaab Refugee Camps



