



Final report

Final Evaluation of the
Social and Economic Reintegration Pilot Programme
ICRC-BRC
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Disclaimer

This report reflects the opinions of the authors alone and not those of the ICRC and the BRCS

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In order to protect beneficiary anonymity and discretion, the names of individuals and locations have been substituted with generic ones.

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1. Executive Summary

Since 2005, the ICRC psychosocial/health department has assisted victims of violence (VV), and notably victims of sexual violence (VSV) in region 1 through a support given to about 11 counselling houses and to health structures. Civil Society Organisations initiated the counselling houses as a response to the regional unrest starting in the 1990s. In 2015, in order to help victims recover, ICRC with the support of the BRC, tested an integrated approach to promote beneficiary socio-economic integration through four unconditional cash payments. The approach encompasses a safety net component plus a productive component. Thus beneficiaries are allowed to meet their basic needs and to spend their money according to their priorities (housing, schooling, health, livelihoods, etc.).

The project lasted 16 months with a 3 month inception phase, a 11 month implementation phase, a 2 month closing phase for a total cost of CHF290,000 (£203,000). The project assisted 100 beneficiaries directly, 85 former beneficiaries of the counselling houses and victims of sexual violence and 15 who were not former counselling houses beneficiaries but were most vulnerable heads of household from the community. The project was implemented in 4 zones of region 1. Beneficiaries received 4 cash transfers 2 months apart (\$150 in June, \$100 in August, \$100 in October, \$150 in December) through 2 local MFIs and they also received brief sensitization sessions about good practices on project discretion, money management, Income Generating Activities, etc.. During the project, four Post Distribution Monitoring sessions were organised 6 weeks following each transfer with about 75 survey respondents to produce an Excel database and Focus Group Discussions to feed into the four PDM reports.

The evaluation by 2 consultants (one external and one ICRC) occurred over 3 weeks in May 2016 (5 months after the last transfer) with the expressed purpose of assessing the performance of the pilot project with a view toward replicability and scalability in the country of implementation (will be referred to as 'Country A' in this report) and elsewhere while maintaining a Do No Harm policy in practice, especially with regard to the work done in the psycho-social program.

The pilot project has been a complete success for the socio-economic reintegration and building up the resilience of the beneficiaries. It also proved that with proper planning, cash transfer, project discretion and beneficiary confidentiality can be established and maintained. However, it failed to build ICRC capacity to continue implementing similar projects and to link beneficiaries to external resources.

The key lessons learned are that: 1) social integration was completely linked to economic and children's reintegration, 2) the inclusion of non-VSV beneficiaries had no added value and 3) project geographical spread is a benefit as it helps with project discretion aspects and provides a natural segregation of project components in case of information leaks.

Scaling up successfully in the Country A is very feasible to perhaps 50% of the VSV caseload from the ICRC-supported counselling houses and with a much higher economic efficiency: from 15% to >60% (value of cash transfers to overall project cost) with no dedicated delegate and more delegation of responsibilities to Field Officers and community Focal Points. Extension to non-VSV ICRC beneficiaries is possible though it would have to be managed separately to maintain project discretion.

Replicating at scale successfully in other locations is also feasible, now that the mechanisms for beneficiary reintegration and project implementation are better understood, tested and can be generalised for adaptation to other contexts.

The key recommendations for future projects are to first institutionalise procedures and tools, change to a 7 month cycle continuous enrolment process, optimise the monitoring process to include more beneficiary technical support, intensify beneficiary training, especially with the inclusion of information on health/hygiene/nutrition to give the project a public image and divert attention from the VSV-cash component.

2. Acronyms and Abbreviations

APS	APS (agents psychosociaux – psycho-social workers)
BRCS	British Red Cross Society
CH	Counselling House (maison d'écoute)
CSI	Coping Strategy Index
CSO	Civil Society Organisation
CT (P)	Cash Transfer (Programming)
DNH	Do No Harm (a form of protection)
EcoSec	Economic Security
FGD	Focus Group Discussion
FO	Field Officer
FP	Focal Point
HDDS	- Household Dietary Diversity Score
(H) HH (S)	(Head) of HouseHold (Survey)
ICRC	International Committee of the Red Cross
KII	Key Informant Interview
MFI	Micro Finance Institution
PDM (R)	Post Distribution Monitoring (Reports)
PRP	Physical Rehabilitation Programme
SBEM	Score de Biens Essentiels des Ménages - Household Essential Items Score
SSN	Social Safety Nets
VSLA	Village Savings and Loans Associations - Association Villageoise d'Epargne et de Crédit (AVEC)
VSV/ VVS	Victim of Sexual violence / Victimes de Violences Sexuelles
PSSN	Productive Social Safety Nets
VFM	Value for Money

3. Evaluation purpose and objectives

The purpose of this final evaluation is to conduct quantitative and qualitative assessments of a 100 VSV beneficiary project (99 women and 1 man) to review the performance of ICRC/BRC Social and Economic Reintegration Pilot Program with a view toward replicability and scalability while maintaining beneficiary confidentiality.

The primary audience for this review is the ICRC Economic Security Unit Geneva, the ICRC Country Delegation and the British Red Cross. The secondary internal audiences are the Assistance Division, the Protection Division, and other staff in Geneva and in the field. The ICRC Ecosec Coordinator of the Delegation and the ICRC Ecosec Unit in Geneva were the lead on this evaluation from ICRC.

Due to the sensitive aspect of cash in Country and due to the potential Protection issues for the beneficiaries, the evaluation is considered an internal review but options for sharing learning experiences externally will be discussed based on the final report.

This evaluation was managed by the BRCS's Disaster Management Coordinator for the West and Central Africa region, with technical input from the Performance and Accountability Adviser.

An ICRC staff, Ms Tania Gaulis, Ecosec Coordinator of the Moscow Regional Delegation also participated in the evaluation to assist with the Protection aspects and internal ICRC communication.

The scope of work

- A. Evaluate the relevance and appropriateness of this intervention (based on local need and conditions)
- B. Evaluate the efficiency of this intervention
- C. Evaluate the effectiveness and cost-effectiveness of this intervention
Using both quantitative and qualitative data looking at socio-economic and protection outcomes on the targeted beneficiaries (significance for households income and victims of violence, integration within their community, use of cash, investment and growth in productive assets, increased social-inclusion)
- D. Evaluate the observed and anticipated impact of this intervention
- E. Document lessons learnt that should be factored in if this type of intervention was to be replicated in a different intervention or scaled up
- F. Analyse under what circumstances this intervention could be replicated or scaled up (in the same country or other contexts).
- G. Provide clear recommendations linked to the current intervention in Country A and a possible scale-up or replication in other locations

4. Methodology

The field phase of the evaluation was completed between May 7 and 27th 2016. There were direct visits to two zones and indirect visits to two zones, where beneficiaries came to us as we were not able to go to them for security or logistical reasons. Most evaluation activities were conducted jointly by the evaluators, except for the two Focus Groups (FGD).

a. Evaluation Instruments and Methodology

All questionnaires are in Annexes 2, 3 and 4.

The data collection instruments used were:

1. Key project documents, other project documents (Azerbaijan) and BRCS/ICRC policy and strategy documents
2. Key Informant Interviews (KII) with staff/implementers and stakeholders
3. Focus Groups Discussions (FGD) with beneficiaries and stakeholders
4. A beneficiary survey processed in Excel
5. Informal discussions
6. In-country feedback/validation meetings with questions and answers and discussions about future aspects
7. Upper level global feedback meetings
8. No direct observations were allowed to maintain beneficiary confidentiality (during the project and the evaluation)

Evaluation activities

1. Inception report with BRC/ICRC feedback
2. 7 Implementer Key Informant Interviews: 3 Focal Points, 3 Field Officers, the Deputy Head of Sub-delegation
3. 3 remote ICRC KIIs: Ex-Project Delegate, Geneva Ecosec Head of Sector, Country Delegation Ecosec Coordinator
4. 6 Stakeholder KIIs: 2 with Counselling House (CH) staff: Agents Psychosociaux (APS) and Sensitisers, 2 with MFI managers, 1 with Foundation A management, 1 with IRC staff about VSLAs
5. 6 Focus Group Discussions with beneficiaries including 1 with beneficiaries under 18 years of age
6. 61 individual beneficiary survey forms collected from all 4 zones
7. Several informal discussions with managers (delegates and above)
8. 3 in-country feedback meetings (local PSP and Management and Country A Management)
9. 2 global feedback meetings with the BRC (in person) and Geneva (tele-conference)

Focus Groups Discussions

These took up to two hours with 8 to 16 beneficiaries using a semi-structured questionnaire (Annex 2). We sat in a circle, prompted all to participate and emphasised our distance from ICRC and our wish to learn everything and to have frank discussions in order to ensure a better project for other beneficiaries in the future. No ICRC or project related staff were present during the FGDs. The information collected was written up daily in a document and shared between the consultants.

Key Informant Interviews

These were held either individually or in very small groups with both implementers (ICRC staff) and stakeholders (Counselling House and MFI managers/staff, other NGO staff) using a semi-structured questionnaire (Annex 3). The information collected was written up daily in a document and shared between the consultants.

Beneficiary individual survey

The survey questionnaire was based on the existing PDM questionnaire with the removal of some questions and the addition of others. This enabled us to compare evaluation results directly with PDM results but also to investigate wider issues. The questionnaire was administered by the experienced Project Field Officer and an additional Ecosec Field Officer and took about 30 minutes to complete. The data from forms were entered into the Excel spreadsheet used for the PDMs adapted to the evaluation questionnaire.

In-country feedback/validation meetings in the Sub-delegation and delegation offices

The feedback/validation meetings first had a presentation from the consultants with a summary of the findings and suggestions for future implementation of a similar project. This was followed by question and answers and a more general discussion.

Global feedback meetings

The lead consultant was able to present a summary of the draft report to various stakeholders at the BRCS HQ in London and collect feedback that was included in the final report. The planned tele-conference with ICRC in Geneva did not occur but the results of the evaluation were presented there by the ICRC-Country A staff who had attended the de-briefings in-country at the end of the evaluation mission.

b. Analysis

In order to be able to generalise from a specific context to more general ones, we created a typology of the 4 implementation zones in a way that we think can be applied to most contexts worldwide. In reality there is continuum from rural to urban zones and the boundary lines between each zone are ill-defined and a mix between physical and social attributes.

	General	Specific	Comments
1	Rural	Zone 4	Poor road access, few and far markets and neighbours, overwhelmingly subsistence farming, very traditional values, largely innumerate and illiterate population, extremely few public services (school, health, administrative, financial, mobile telephony).
2	Semi-rural	Zone 2 and 1	In or near villages, some vehicular access, local markets and public services, mix of subsistence and market farming, other market activities, traditional values with openings, slightly less innumerate and illiterate population.
3	Peri-urban	Zone 3	On or near main vehicular road and towns, larger markets and good access to public services, many more market activities, more anonymity, more numeracy and literacy skills, significant changes from traditional values, varied but increasing mobile telephony access.
4	Urban	None in the pilot	In major towns and cities, near complete anonymity, less traditional values, better numeracy and literacy skills, near complete mobile telephony services access.

The analysis was done jointly by the consultants and consisted of triangulating information between project documents, beneficiary surveys (PDM and evaluation), FGDs, KIIs, feedback sessions and informal discussions in order to answer the evaluation questions.

c. Evaluation Limitations

All the information collected during the project and the evaluation is based only on respondents' answers as there was no verification so as to maintain beneficiary confidentiality and project discretion. However, we do not have any reason to believe that there was any purposeful intention to deceive from the respondents though it is clear that respondents struggled with questions primarily concerning money management (income, expense, investment, debt).

5. Project Overview

a. Project History

Since 2005, the ICRC psychosocial/health department assists victims of violence, and notably victims of sexual violence (VSV) in Country A through a support given to about 11 counselling houses and to health structures.

When, before an incident, VSV used to be able to cover their immediate needs in a sustainable manner as part of a normal family, owning a home and generating income by means of agriculture, small market trading as well as skilled and unskilled labour, after the incident VSV not only suffer from the trauma of the incident (psychological aspects, health related consequences, stigmatisation and community exclusion), but also from becoming economically destitute. While often depending on charity, they are further susceptible to poverty traps and to using negative coping strategies, which in turn might expose them to further risk of violence, including SGBV.

In order to help the victims to recover from the violence, ICRC, with the support of the BRC, tested an integrated approach in 2015 to promote their socio-economic integration through four unconditional cash payments. The approach encompasses a safety net component plus a productive component. Thus beneficiaries are allowed to meet their basic needs and to spend their money unconditionally according to their priorities (food, livelihoods, housing, health, schooling, etc.).

b. Main Components of Project

Project summary

The project proposal only had one stated goal and objective: "100 victims of violence, mostly women victims of sexual violence in region 1 have restored 100% of their income prior to the event". It did not include a logframe or theory of change and only stated the activities, modalities, eight (limited) indicators and a risk analysis with mitigation measures.

The project was initially designed to last 14 months with a 2 month inception phase and a 12 month implementation phase with 4 transfers every 3 months but morphed into a 16 month project with a 3 month inception phase, a 11 month implementation phase with 4 cash transfers over 7 months, one every 2 months, and a 2 month closing phase. Total cost £203,000/CHF290,000.

The project assisted 100 beneficiaries directly, 85 former beneficiaries of the counselling houses and victims of sexual violence and 15 who were not former counselling houses beneficiaries but were most vulnerable heads of household from the community. They were included to mitigate the risk of stigmatization for the VSV beneficiaries. All had their level of vulnerability assessed at the beginning of the project.

The project was implemented in 4 zones: zone 1 had 21 beneficiaries, zone 2 had 15 beneficiaries, zone 3 had 33 beneficiaries, zone 4 had 31 beneficiaries). Only in zone 3 were there no non-VSV (5 each in the other 3 zones).

Beneficiaries received 4 cash transfers (CT) 2 months apart (\$150 in June, \$100 in August, \$100 in October, \$150 in December) through a local MFI and also received brief and informal sensitization sessions about good practices concerning project discretion, money management, Income Generating Activities, etc. during each ICRC visit for coupon distribution.

During the project, four Post Distribution Monitoring (PDM) sessions were organised (6 weeks following each transfer) with about 75 survey respondents to produce an Excel database and 4 Focus Group Discussions to feed into the four PDM reports.

The project had stated no exit strategy as such, other than successfully and discretely transferring cash to beneficiaries and commissioning a final evaluation with a view for project replicability and scaling-up.

Key project milestones

Date	Activity / Milestone	Comments
July 2013	Feasibility Assessment	External consultant
December 2013	Feasibility Study	External consultant
March 2014	Concept note	ICRC Country team
Oct 14-Jan 15	Delegate, 3m inception phase	Project proposal submission, risk analysis and mitigation
Feb/Mar 2015	Beneficiary and MFI selection	
April 2015	Progress report	By Delegate
June 2015	1st Cash Transfer	July - 1st PDM report
August 2015	2nd Cash Transfer	September - 2nd PDM report
October 2015	3rd Cash Transfer	November - 3rd PDM report
December 2016	4th Cash Transfer	February - 4th PDM report
February 2016	End of delegate mission	2 month extension for closing
May 2016	Final evaluation	2 consultants (1 external, 1 ICRC)

Direct project staffing

1 International Delegate recruited by the BRCS for 16 months

1 Field Officer/ICRC, already a Field Officer with ICRC, full-time on the project for 14 months, who had much experience working with ICRC. This officer is the only person within ICRC with detailed project knowledge and is nearing retirement age.

3 Focal Points (community based): 1 for zone 3 and zone 4, 1 for zone 2, 1 for zone 1. They were paid a monthly incentive (same as the counselling house community sensitiser - \$45/m) and worked for a period of 10 months. They all were members of the Associations supporting the counselling houses and none worked at the counselling houses. Two were founding members of the Associations dating more than 15 years. All three were very committed to the project and proud of the ICRC support to their Associations.

Indirect project staffing

2 other ICRC Ecosec Field Officers to assist with the PDM surveys (one performed 3 PDMs and one performed 1 PDM). The Counselling House APS assisted with beneficiary identification only at the beginning of the project. They were purposefully disconnected from the project afterwards to maintain beneficiary confidentiality and project discretion, but also to lower the attention to and risks for the CH.

Project resources

One or two 4X4s from the ICRC vehicle pool and motorcycles with drivers to reach more inaccessible locations, from the ICRC moto pool.

Project Finances

Total project costs (16 months): £203,000/CHF290,000.

Cost per beneficiary: £2,030/CHF2,900. Each received £331/CHF500 of direct benefit (\$500 of cash transfers).

Budget breakdown: 60 % for HR (49% for delegate, 21% for national staff), 17% for cash grants, 8% for technical advisory and evaluation support (BRC) and 4% for overheads (ICRC).

Project Key Outcomes and Indicators (taken from all the assessment, PDM and evaluation individual surveys)

#	Planned Outcome and Indicator	Pre-violence	Pre-project	4th PDM	Evaluation	Comments
1	Proportion of VSV beneficiaries who have reached at least 100% of their pre-violence monthly income per person at the end of the project. Target: 100%.	N/A 20,314 Currency A	2.7% 5,986 Currency A	43.3% 33,186 Currency A but with a standard deviation equal to the average	Not measured as a difficult to collect and unreliable indicator¹	Target was optimistic but significant results +41% at PDM4 + 12,872 Currency A (+63%) at PDM4. Unreliable indicator ¹ .
2	Proportion of VSV beneficiaries who say their socio-economic integration in the community has improved at the end of the project. Target: 100%.	N/A	29%	100% but too general	100 % but with more specific details	Very satisfactory. Social integration was 100% due to economic integration. Only a very few issues with family reintegration
3	The monthly income (disaggregated by source to exclude the transfer) increased by 50% compared to pre-incident income at the end of the project. Target: 100%.	N/A N/A Currency A	NA 6,050 Currency A	85% 32,051 Currency A	Not measured as a difficult to collect and unreliable indicator	Target was optimistic but with significant results + 26,000 Currency A (+430%) at PDM4 This indicator was created to address the non-VSV beneficiaries
4	Proportion of beneficiaries whose Household Essential Goods Score exceeds the emergency threshold (10) at the end of the project. Target: 100%.	N/A	24%	98%	Not measured. Instead measured changes in durable assets	Very satisfactory +74% at PDM4 Large increase in productive assets at evaluation
5	Proportion of households with the HDDS exceeding the emergency threshold (4) at the end of the project. Target: 100%.	N/A	23%	98%	98%	Very satisfactory +75% at PDM 4 and evaluation
6	Proportion of households with a debt level decreased by 80% by end of project. Target: 100%.	N/A	N/A	75% 638 Currency A	18% have debts with a mean of \$22	The majority of debt is for health and petty trading, both unavoidable
7	Proportion of beneficiaries using negative coping strategies at the end of the project. Target: 0%.	N/A	76%	11%	Not measured directly but addressed in FGD	Satisfactory at PDM4 0% at evaluation
8	Proportion of beneficiaries who have benefited from capacity building sessions and who say that they have improved	N/A	N/A	97%	Not measured in survey but addressed in FGD	Very satisfactory but predictable. Request for more technical trainings (money and IGAs) at

¹ A measure of income over time is notoriously difficult to obtain due to: 1) lack of records, 2) dependence only on memory, 3) multiple sources of income, 4) irregularity of income, 5) household income may be obtained through several members but only one person is being asked

	their ability to manage money.					evaluation
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6. Findings/Evaluation Questions

a. Summary of Findings

The project was a complete success in reaching its four intended results for socio-economic beneficiary re-integration, regaining a standard of living equal or better than before the event, building resilience and stopping the use of negative coping strategies. This translates also into an increase or recovery in durable assets, in the recovery of the proportion of children attending school, in better children's health, in increased self-confidence and community acceptance. However, the project did not address the issues of linking beneficiaries to external resources and building ICRC capacity to replicate and scale up similar projects.

Key findings about beneficiaries

Summary chain of causalities and outcomes for an ICRC supported VSV:

Event:	Sexual Violence	→	Conselling House	→	ICRC cash project
Timing:	Event		E+1-2 months		E + 1 to 8 months
Result 1:	Physical and psychological trauma		<ul style="list-style-type: none"> . Referral to a health facility for the medical 72-hr post event treatment . Psycho-social treatment at CH 		<ul style="list-style-type: none"> . CH and SV related health services no longer needed . regain self-esteem
Result 2:	Rejected by husband: no home, no income, low food access, use of negative coping measures, children not in school, debts, rejected by neighbours		<ul style="list-style-type: none"> . Only addressed in psycho-social counselling . In some cases a \$30 grant from ICRC 		<ul style="list-style-type: none"> . able to have a safe and secure home . able to have IGAs . able to eat as before E . send children to school . buy land for house and farming . reintegration into community . husbands may come back and maybe welcomed . not use negative coping strategies
Result 3:	In 40% of cases also robbed (crops at harvest time or money/goods going/coming to/from market)		<ul style="list-style-type: none"> . Only addressed in psycho-social counselling 		<ul style="list-style-type: none"> . Safety Net component . able to have IGAs and other durable assets
Result 4:	Also sometimes has to change community (due to conflicts)		<ul style="list-style-type: none"> . Only addressed in psycho-social counselling 		<ul style="list-style-type: none"> . able to buy land to build house

There is near total success in beneficiary social and economic reintegration, five months after the last transfer as only a very few beneficiaries have had issues with their families as they also wanted a share of the resources (complete agreement between the survey and the FGDs). From the FGDs, it is clear that there are noticeable social and economic differences between the three environments: Rural, Semi-Rural and Peri-urban. The most significant is women's current attitude toward their husbands: they are welcomed back in Rural areas, they are not wanted back in Peri-Urban zones and they are tolerated but kept at some distance in Semi-rural zones. There were no cases of setting up house with a new man, the main reasons being: 1)

appreciating their independence and not trusting men generally and 2) not being sure of how they would get on with their children. However, there were several cases of babies of near immaculate conception (a friend...).

Beneficiaries all clearly understood the need for discretion and when prompted for answers from family and neighbours, they: a) did not reply, b) answered evasively or c) made up stories but none indicated that it was a problem. There was a very large increase in women's level of self-confidence and empowerment and there were no further issues of violence toward beneficiaries. In May 2016, there were no reported use of negative coping strategies and the quantity and quality of food intake was similar to before the event.

For many beneficiaries, there are recurring and possibly avoidable health issues particularly linked to children and with associated expenses/debts. There is less risk of violence now that women employ labourers to work in their own fields, which is a prime location for both sexual and economic violence at harvest time. There has been no report of project manipulation by implementers and stakeholders and all beneficiaries have the hotline number to report issues or request information and which some used. The beneficiaries do not know each other outside the ICRC groups and only one group asked if they could form an independent support group (suggestion to form another VSLA group).

All beneficiaries reported that the only other support they would have liked from the ICRC was more training on money and IGA management and there is a significant but unsatisfied interest in VSLA membership (available in 3 zones and in many places in Country A).

A few key results from the evaluation survey (n=61):

- 1) 92% reported that children's health was now much better, 8% just better
- 2) 40% of married women had their husbands return (with mixed results as explained above) and it seems that the returns proportionally favoured younger women
- 3) Percentage of children 5-17 going to school before the event and now: boys: 85% to 87%; girls 90% to 89%. Similar attendance as before the event.
- 4) 21% keep money in a MFI, average amount saved: \$52, 5% withdrew money in the last month
- 5) Main IGAs now: agriculture: 97%, petty trading: 79%, livestock (goats): 43%, fish raising: 2%
- 6) Head of Household: Women: 80%, Men: 20%, Disabled: 2%, <18: 2%, Widows: 34%
- 7) Average monthly spending: \$87: trading 35%, farming 16%, health 13%, food 11%, school 9%, other 16% (transport, debt repayment, communications, social events, etc.)
- 8) 18% have debts, average: \$29 (health 64% and trading 36%)
- 9) 96% of the income is earned by women, 23% of the income is earned by women and children together and 4% by children only
- 10) Sources of food in the last week: purchase: 100% of HH (2.5 days), own production: 100% of HH (3.9 days), gift/help: 28% of HH (1.2 days), borrowed: 11% of HH (1 day), exchanged: 8% of HH (1.2 days), no food: 5% of HH (1 day). These results are based on the source of food for the household for each day of the week. For example 5% of respondents spent a day without food (apparently due to missing a market day).
- 11) 93% have not had any cases of violence since the project began. 7% suffered from: thefts, minor problems with family or neighbours, but not related to being a project beneficiary.
- 12) Distance to counselling house: median is 2 hrs, longest is 4 hr and distance to MFI: median is 4 hrs and longest is 9 hrs. Note that the MFI is on average twice as far as the counselling house.

13) No respondent claimed to have been solicited for payment in cash or in kind during the whole project

Key findings about this project as a pilot

1. The cash transfer in four instalments through the MFIs was a successful approach as it allowed the beneficiaries to: 1) progressively get used to "large" amounts of money, 2) return to a pre-event standard of living with the first two transfers - the Safety Net part (pay off debts, buy land for a house, re-acquire basic household goods, send children to school, get or pay for health treatment), 3) invest in IGAs with the last two transfers - the Productive/Resilience building part (fields/agriculture, livestock, trade) and 4) use their MFI accounts for savings.
2. The total amount of \$500 transferred was the appropriate amount of support for region 1 in Country A: \$200-300 as a safety net to return to a pre-event standard of living and \$200-300 for productive activities and building resilience. It may be generous for some (few children, in peri-urban zones) but at least it covers those in more difficult circumstances (many children, fewer economic opportunities) without having to go through a laborious selection process. For example a woman in zone 3 could buy a box of lake fish daily for \$140 and make a \$10 profit (perhaps a \$2,000 annual profit) while a woman in zone 4 can only cash in on goat reproduction (perhaps a \$100 annual profit per female goat).
3. Beneficiaries under 18 and older beneficiaries are at a higher risk of economic difficulties due to inexperience and illness/low strength-energy. Although there is not much that such a project can do directly to address this, it should be taken into consideration in the project design to find mitigation measures, especially with external support or resources.
4. The inclusion of non-VSV beneficiaries had no added value on beneficiary confidentiality and project discretion but added selection and monitoring complications (different sets of indicators) and reduced project economic efficiency by 15% (only 85% of beneficiaries were VSVs). The primary reason is that if the project is known only to the VSV beneficiaries and the FPs, there is no need to include others. Only in a publicly known project would there be a need to protect the confidentiality of the VSV beneficiaries by including non-VSV participants, such as implemented in the reintegration process of the Foundation A² beneficiaries where they represent about 40% of the membership in the reintegration VSLA groups.
5. As a pilot project, it was resource heavy for beneficiary monitoring and yet missed some critical parts such as documenting the changes in durable assets, housing, schooling and analysing the details of social reintegration.
6. "A key lesson from the previous BRC-ICRC partnership in Azerbaijan which will be incorporated into this programme is the need to ensure that support reinforces sustainable livelihoods strategies"³. This was done minimally in a very informal way by the FO and not institutionalised at all. As in the Azerbaijan case, the project failed to give sufficient advice to the beneficiaries as to the better type of IGAs to choose from, with the pros and cons of each. Even though this activity was part of the TORs of the Delegate, it was not implemented.
7. There was no attempt at integration with external resources useful to beneficiaries (VSLAs, Foundation A resources, veterinary and agricultural services).
8. There was insufficient internal capacity building during the pilot project. There are too few technical/operational documentation of processes, tools and information management. For every case of a pilot project, there should be an effort at producing complete documentation on policies and processes and local capacity building to ensure a smooth transition from project piloting to mainstreaming.

² The Foundation A reintegrates about 1,600 VSVs annually and through a one year process of socio-economic support through vocational training and VSLA participation

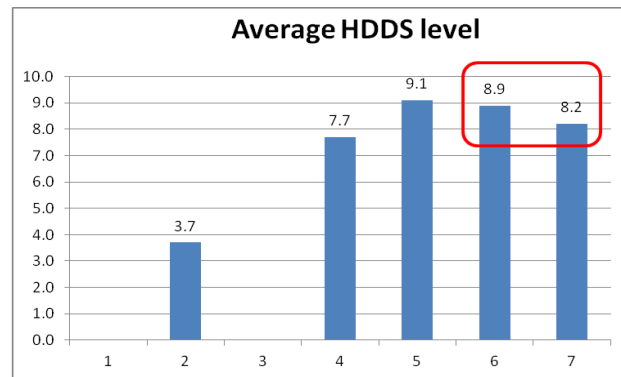
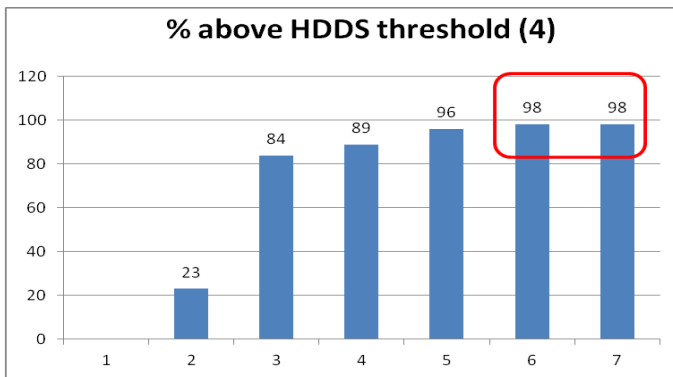
9. Excellent discretion measures were implemented: information partitioning, project discretion and beneficiary anonymity (they do not know each other outside the ICRC meetings). Keeping the Counselling House staff and its Association members completely out of any knowledge of the project as much as possible was a good policy. There was only one instance of information leakage within the Counselling House and the CH Association and it was quickly and efficiently managed by the FP and FO with no deleterious effect.

b. Outcomes and Impacts

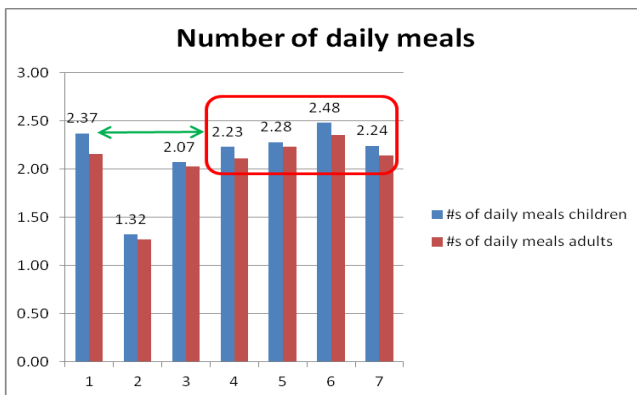
A few key results from the evaluation survey (and confirmed by the FGDs)

The numbers on the x-axis represent the different surveys: 1: initial assessment/pre-event; 2: pre-project; 3-6: each PDM and 7: final evaluation

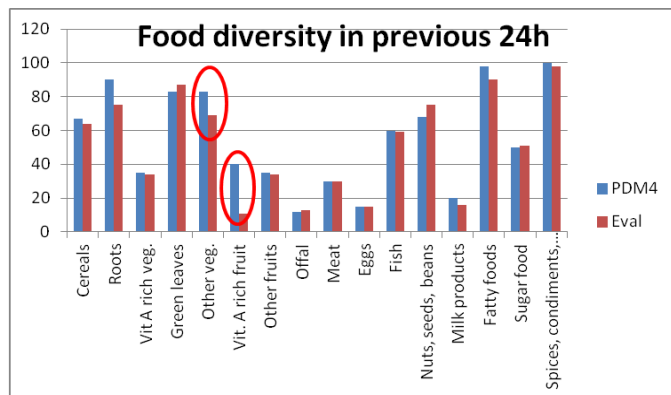
It should also be noted that the final evaluation occurred during a hunger gap month, thus food related indicators are expected to be lower than during PDM4 which occurred in February, a non-hunger gap month, though this is not quantifiable with the data provided.



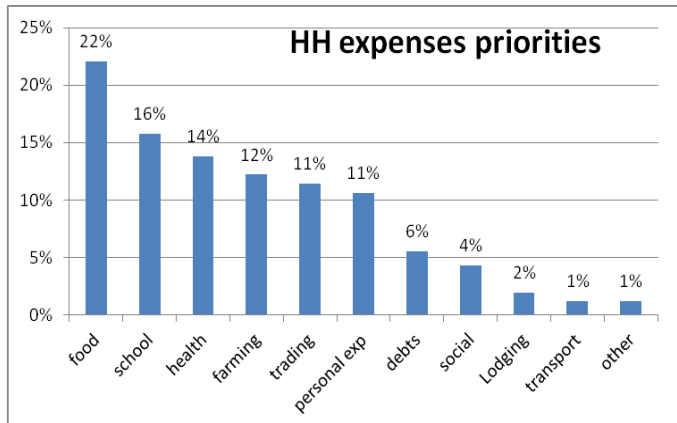
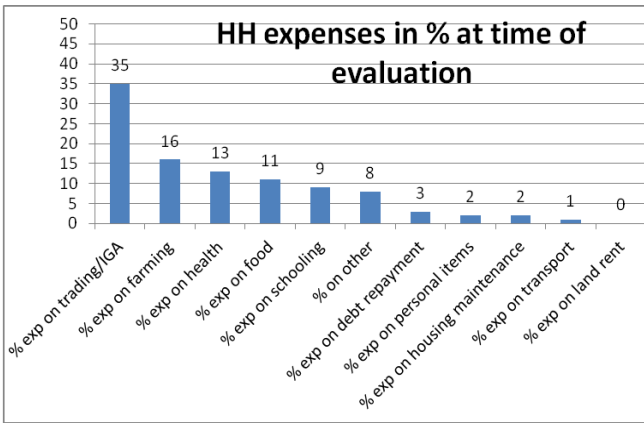
While the average Household Dietary Diversity Score level has dropped slightly, it is still much above the threshold (4).



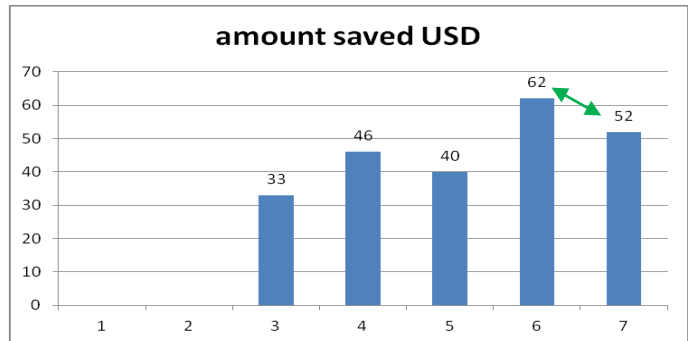
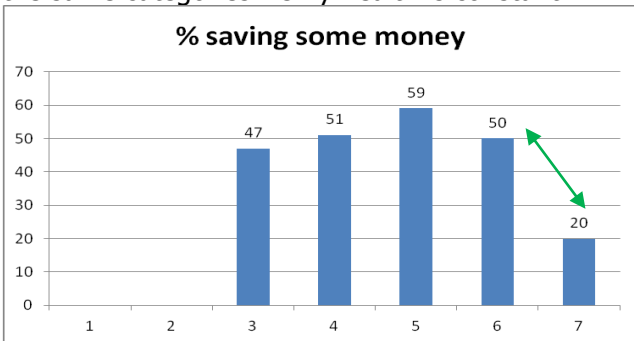
The number of meals is just under what it was pre-event (during a hunger gap period)



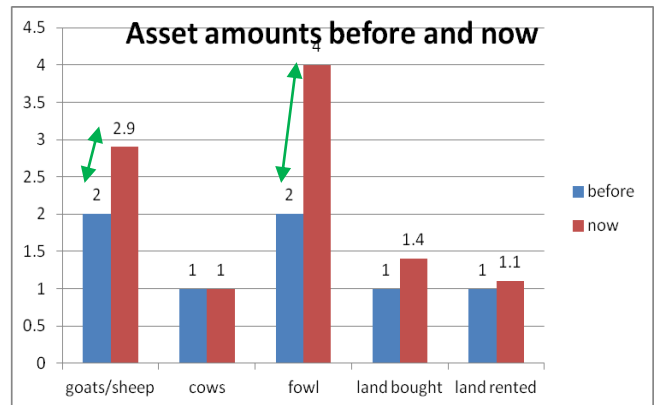
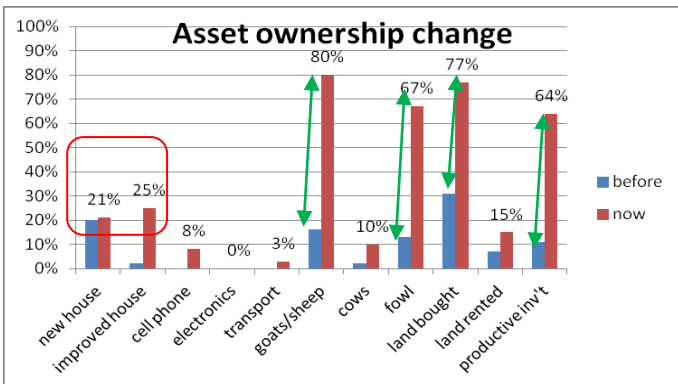
Mostly similar despite the evaluation being during a hunger-gap period. Still low on Vit. A foods.



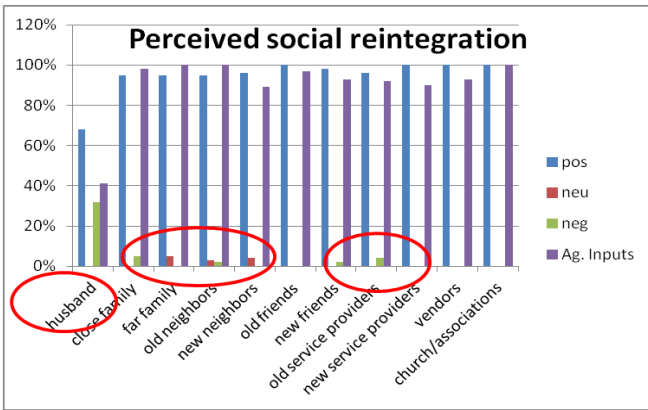
Respondents cannot provide accurate information on income but have better recollection of expenses. Note that the actual expenses, as declared, do not match the feeling for expense priorities, though the first 5 are the same categories. Only health is constant.



As most respondents live far away from the MFI, it was expected that the proportion saving to it would drop but the amounts saved are encouraging.

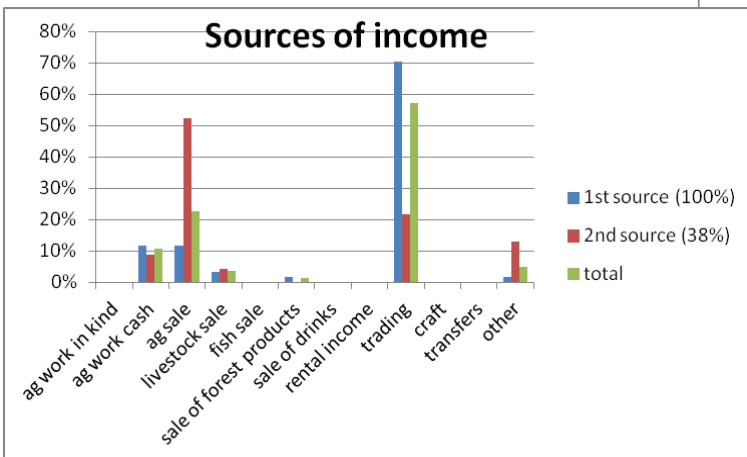
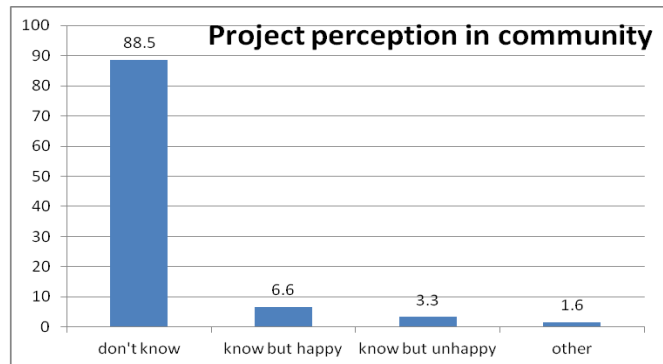


Asset ownership is where the potential impact on sustainability and resilience is most clearly demonstrated. Of the 30% who had land before, 100% were agricultural fields. Of the 77% who own land now, 36% bought house-land and 67% bought agricultural fields. The data on housing quality is not reliable as the questions were not comprehensive enough.

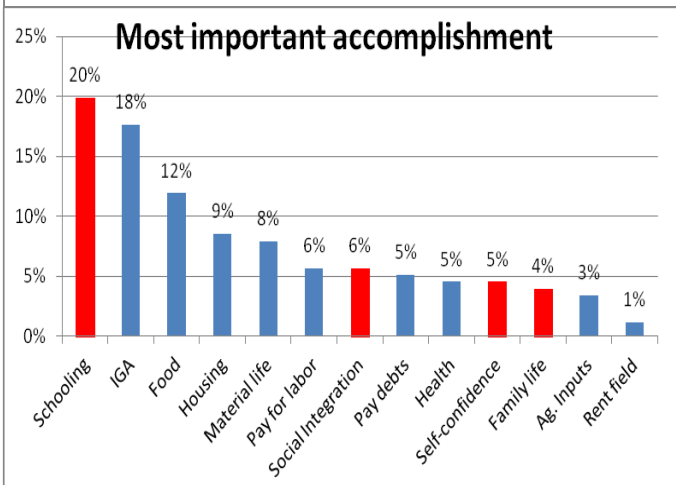


← Husbands: Negative feelings toward those that abandoned them and positive when they returned.
 ← Family, neighbours and friends: a few negative feelings, due to jealousy

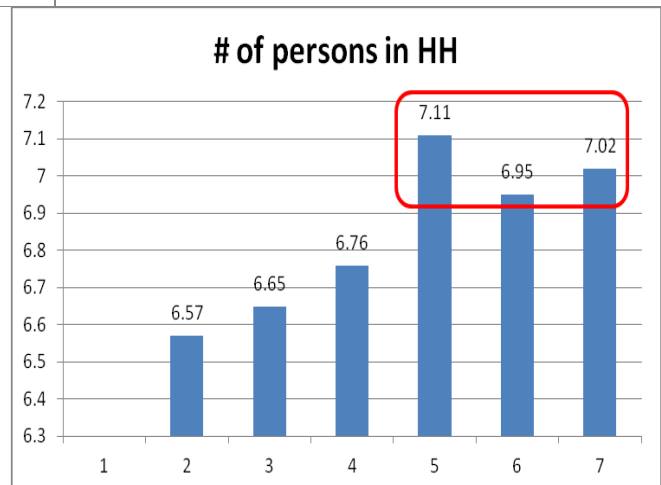
Large element of project discretion and only 3% where it created some friction (as noted in graph immediately above)



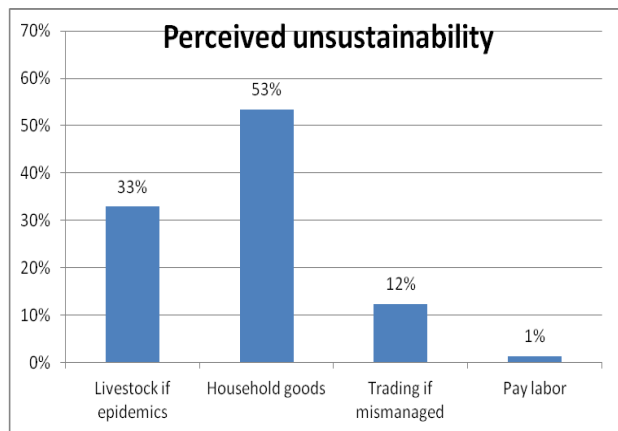
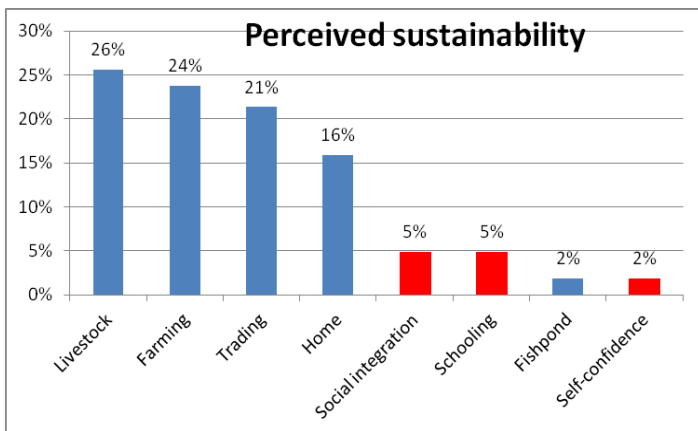
- . 100% have at least 1 source of income
- . 38% have a 2nd source of income
- . Trading is the largest 1st source: 70%
- . Agricultural sales is the largest 2nd source: 52%
- . Livestock sales is only 3.5%
- . Farm work is about 10% for both



34% of expressed accomplishments are social rather than material (in red)



Stabilisation of HH size, primarily due to the "adoption" of family members' children



For both cases, livestock and trading are critical. Real estate assets (fields, homes) and agriculture are perceived as sustainable.

The key "unintended" results are as follow:

1. 40% returned husbands, particularly to younger women
2. Women's empowerment and increase in self-confidence, especially in the peri-urban zone where they did not want their husbands to return
3. An 8% average increase in family size mostly due to the "adoption" of family members' children
4. Most women now pay for farm workers in their own fields which has the five-fold advantage of: a) reducing SV risk, b) reducing children's health risks, c) providing employment d) freeing women to pursue more productive activities and e) reducing an already heavy workload (especially relevant for weaker or older people).
5. Wherever there were VSLAs in the zones, several women managed to join, though many more wanted to but could not (one can join a VSLA only once during the year, VSLA groups cannot have more than 30 members and the VSLA replication mechanism takes some effort).
6. When asked how else ICRC could have responded to their needs, the only request was for more substantial training in money and IGA management, not an increase in cash transfers.
7. A few cases of theft or damage to assets, though none were due to VSV status or association with the project.

Although the evaluation occurred only five months after the last transfer, it is clear from FGDs that barring major personal or external crises, the beneficiaries and their children will continue to have at least as good a standard of living as their peers, be more resilient generally and be full members of their communities. One clear impact has been the building of self-confidence regarding their families and communities. There was insufficient information collection on housing but it seems that most households have better housing now, either for security (land purchase) or for quality (metal sheeting roof, better doors, etc..).

Globally, the sustainability of the changes brought by the project is excellent for the psycho-social component but there are more factors to affect the sustainability of the economic outcomes:

1. Agricultural activities are mostly for subsistence and results will vary with weather and climate
2. Livestock activities are likely to continue to produce benefits for those with goats (used as a savings account with nearly 200% annual interest). However, this is lower for pigs and poultry due to epidemics. Those with successful livestock activities want to graduate to keeping cows (a most prized possession in Region 1 culture, part of wedding gifts, resolving conflicts, etc.).

3. Trading activities are likely to continue to produce benefits with variations due to internal (management) and external (market and transport) issues
4. A few families will suffer a reduction in their standard of living due to recurring health issues and costs. A few were still having substantial health debts, particularly at the hospital.
5. Economic sustainability will be more difficult for those under 18 and more than 50 (or so) due to inexperience, lack of sufficient health/strength and high dependency (children and grand-children) issues
6. The region will be politically unstable for years to come with roaming armed groups, such that individuals and areas can be affected at any time by unrest.

b. Relevance and Appropriateness

Globally, the size and time frame of 4 transfers amounting to \$500 over 7 months were appropriate, generous for some (few children, already had a home, close to markets) and just adequate for others (many children, needing to buy land for a home, far from markets) but avoided having to implement a criteria-based selection process by treating everyone equally. The \$150-\$100-\$100-\$150 transfers were very effective as a way for beneficiaries to: 1) progressively get used to "large" amounts of money, 2) return to a pre-incident standard of living with the first two transfers - the Safety Net part (pay off debts, buy land for a house, re-acquire basic household goods, send children to school, get health treatment), 3) invest in IGAs with the last two transfers - the Productive/Resilience building part (fields, livestock, trade) and 4) use their MFI accounts for savings. The main difficulty was for rural beneficiaries who didn't do petty trading due to distance and lack of experience in IGAs.

The beneficiary protection risk mitigation measures were adequate and sufficient and there were only two issues reported. One case of information leakage at a Counselling House and Association level but it was well contained with active FP/FO management by explaining that the FP was receiving a small incentive to help provide some particularly vulnerable HH with some ICRC assistance and no mention of the cash project. Similarly the FO received a call on the hotline from a questioning military husband ("what was his wife up to?") and the FO put him at ease in person at the earliest opportunity by assuring him of ICRC's support program for vulnerable women with information sharing and the cash project was never mentioned. The project was just described as assistance to some of the most vulnerable families.

The targeting was appropriate as VSV beneficiaries (85/100 or 85%) were all PSP/CH discharged beneficiaries for more than 3 months (to ensure no linkage to the CH) and acutely vulnerable. This was done in conjunction with the APS from client cases that had been closed for more than 3 months. The selection of the non-VSV beneficiaries (15/100 or 15%) was done primarily by the FPs, but the project FO is not certain that all the criteria were respected and there is no way to verify in person.

As a pilot project in Country A, the coverage was reasonably representative as it reached about 8% of all annual VSV cases (100 out of the approximately 1,200 with the ICRC supported Counselling Houses), 4 out of the 11 ICRC supported Counselling Houses (36%) and 3 out of 4 socio-economic contexts (75%). However, a pilot would have to be conducted in an urban context as the modalities for the cash transfers and for project discretion could be different. An urban context might be appropriate for the mixing of VSV and non-VSV beneficiaries in such a cash transfer project to enhance project discretion and beneficiary anonymity.

The program design was relevant only for economic re-insertion. There were no specific measures for social re-insertion. The assumption was to have as little engagement as possible with the beneficiaries so as to not compromise the confidentiality/discretion issue. Due to this, the project did not emphasise beneficiary direct technical support (money and IGA management) and indirect support (VSLAs, veterinary services, etc.), both expressed as unfulfilled needs by beneficiaries.

The pilot project has proved to be very relevant and appropriate in the three conflicted non-urban contexts, in which the beneficiary geographical spread was an additional useful measure to ensure project discretion. A

similar project in an urban environment context will need to be very carefully considered, especially to ensure project discretion.

c. Efficiency, Effectiveness and Cost Effectiveness

The result for project effectiveness is good but not excellent. Considering that there was a full-time delegate for twice the direct implementation length and a very experienced full-time FO, it is unfortunate that few SOPs and guidance materials were produced, that there was not much local capacity building and no overall analysis of the project's impact within the beneficiary context (the 4 PDM reports kept to project indicators and did not include a more global overview). These tasks were, however, written in the delegate's contract TORs. Currently, the majority of the project's knowledge and wisdom resides in the head of the national FO and is not part of ICRC's institutional knowledge management.

Equally, the result for project efficiency is good but not excellent. It was efficient in that vehicle resources were attributed from the pool and short-term extra HR was obtained from the existing pool of FOs. But the heavy monitoring missed on some critical indicators (housing quality, schooling, health, integration details). The inclusion of 15% non-VSV beneficiary decreased project efficiency (and added the complexity of a few separate and difficult indicators for them). The total project period of 16 months against a 7 month disbursement cycle is somewhat inefficient, as the project could have all happened within 12 months. By happenstance, the 7 months cash delivery period ended up to be more appropriate and efficient than the planned 12 months originally envisaged. One major inefficiency resided in the delay of ICRC logistics to secure MFI contracts, as this took more than 3 months.

Social and economic outcomes have largely been achieved, primarily through economic outcomes as the only indicated social outcome expressed in the proposal was beneficiary confidentiality and social changes were not considered. All beneficiaries are now able to regularly meet their basic needs and no longer resort to the use of negative coping strategies. It is clear that economic outcomes are easier to achieve in urban and peri-urban zones as rural zones can implement primarily agriculture and livestock activities with slower rates of return and more subject to external factors such as weather, climate and crop and animal epidemics.

Social re-integration into communities (old and new) has been very successful at 100% (survey and FGDs). Social re-integration into nuclear families is mixed results with about 40% of returned husbands and women in PU/UR zones enjoy their new independence. It seems that a few women had family pressure to accept children and give money (this information is hard to access). Social re-integration into the wider family was largely a success with a very few cases of increased alienation not due to VSV status but increased socio-economic status.

As a pilot it was not cost effective with only 15% of total budget for VSV beneficiaries and with 70% for HR. In future projects, it is expected that more than 60% of the total budget can go directly to VV beneficiaries with a corresponding large decrease in HR costs and a global cost reduction by shortening the project cycle period by two, to 7 months.

d. Value for Money

The intervention represent good (75%) but not excellent Value for Money as it was very successful but did not build local capacity or link beneficiaries to useful local resources. Although the detailed expenses were not available to the evaluators and the project proposal did not list a specific list of intended outcomes, the evaluators made an attempt to quantify Value for Money as per the BRC guidelines using the proposal indicators and the Delegate's TORs.

Outcome 1: 100% of VSV have restored 100% of their income prior to the event.

Comment: very unreliable indicator. Better to measure assets and housing quality.

Outcome 2:

100% of targeted VVS beneficiaries who declare their social and economic integration within the community improved at the end of the project.

Comment: good indicator but weakly defined or verified. Needs more detail (as in evaluation).

Outcome 3:

100% of targeted beneficiaries whose Household Essential Items Score is raised over the threshold (10) at the end of the project.

Comment: not a good indicator as it is too easy (counting pots and pans, etc.). One would hope that with \$500, a family would get its basic HH items!

Outcome 4:

100% of targeted households whose Household Diet Diversity Score (HDDS) score is raised over the threshold (4) at the end of the project.

Comment: good indicator. To be particularly followed when nutrition information is disseminated (for Vit.A and iron rich goods).

Outcome 5:

100% of targeted households who eat as many daily meals at end of project as before the event

Comment: good indicator. Segregated by adults/children.

Outcome 6:

100% of targeted households whose level of debt has decreased by at least 80% by the end of the project

Comment: very hard to get information and not all debt is equal (consumption, health or production/investment; one-off, ad-hoc, repetitive, planned).

Outcome 7:

100% of targeted households who rely on negative coping strategies decreased by the end of the project.

Comment: good indicator

Outcome 8:

100% of targeted households who received capacity building training by ICRC and who say they have improved their capacities to manage money.

Comment: weak indicator and too easy to achieve

Outcome 9:

Proportion of targeted households who are linked to external resources

Comment: Not in proposal but should have been

Outcome 10:

Institutional memory and information management for replication/scaling up

Comment: Not in proposal but in Delegates' TORs

Summary table for Value for Money, based on BRC's guidelines

Note that the weighted total amounts to 75% while the unweighted summary amounts to 68%.

As there was only one outcome stated in the proposal, the first one on income, the others were derived from the indicators used in the project and in the Delegate's TORs.

	Weight*	Outcome delivery** (%)	Total	Comment
Outcome 1: income	10	50	500	Unreliable indicator
Outcome 2: integration	20	100	2000	OK
Outcome 3: household score	10	100	1000	OK
Outcome 4: food diversity score	10	100	1000	OK
Outcome 5: meals/food intake	10	100	1000	OK
Outcome 6: debt	10	50	500	Unreliable indicator
Outcome 7: coping strategies	10	100	1000	OK
Outcome 8: benef. cap. bldg.	5	50	250	Poorly defined
Outcome 9: benef. linked to external resources	5	0	0	Not in proposal
Outcome 10: ICRC cap. bldg.	10	30	300	In delegate TORs
Total	100	68%	75.5%	

*: the weighting is subjective. Integration was accorded the largest weight (20%) as it is believed that this was the primary goal of the project, even though it is not stated as such in the proposal. Outcomes 8 and 9 were given lesser weights as they were either ignored or poorly defined in the proposal.

** : the outcome delivery is based primarily on the quantitative individual surveys (4 PDMs and evaluation) and non-survey information when required.

Key lessons learned or confirmed

Design

1. The proposal should be complete and include the goals, specific objectives, indicators, risk analysis and mitigation measures and some form of logframe and Theory of Change, so as to be able to be monitored and evaluated after the PDM activities and at the end of the project. It should also refer to the lessons learned from similar projects and how they are addressed.

Implementation/Operational

2. Although they are related, it is important to make the distinction between: a) beneficiary confidentiality on an individual level, b) project discretion generally (to avoid saying secrecy) and c) beneficiary anonymity. These 3 distinctions have an impact on how the project is designed and implemented.

a) Beneficiary confidentiality implies that those who know of the VSV status of the beneficiary (some of the CH staff, the FP) are not to divulge it to anyone else (MFI, other CH staff, Association members, etc.). This is achieved through information compartmentisation and training and practice for the persons involved.

b) Project discretion means that no one outside the beneficiaries and the FP are to know about the VSV-cash project. This is achieved through strict information management by the beneficiaries and FPs and by providing a reason for the few times that ICRC meets with the beneficiaries or the change in beneficiary economic status, such as having health/nutrition/hygiene activities for exceptionally vulnerable persons.

c) Beneficiary anonymity is to ensure that VSV-cash beneficiaries can ever be singled out in public. This is achieved by not having beneficiary VSV-cash groupings outside of the few ICRC meetings. For example, to avoid that they flock to the MFI at the same time at cash transfer time. If they do meet publically outside

of the ICRC meetings, they have to do it for a completely different reason, such as belonging to a VSLA with many non-VSV-cash members.

3. Keeping an active project discretion policy towards beneficiaries, FPs, VV referrers, implementers, and stakeholders is essential. Information sharing needs to be only on a need-to-know basis, especially in the field (local authorities and local Red Crosses are not informed). Only in the office can there be more information sharing between the PSP and Ecosec departments.
4. VV referrer staff and Association Members should not know of the cash project and if they have to be informed, to present it as a short-term general assistance to the most vulnerable.
5. The inclusion of non-VV beneficiaries had no added value and created additional burdens for project discretion, beneficiary selection and general efficiency. The only place for the inclusion of non-VV beneficiaries is in "public" activities such as VSLAs, women/mothers' groups, etc. so as to avoid stigmatisation and preserve anonymity.
6. Be prepared for the unexpected: 1) have an information leak mitigation plan ready to implement (inside and outside the project), 2) have a mitigation strategy ready if project implementation had to locally be suddenly stopped or suspended and later restarted (due to unrest, threats to beneficiaries or FPs). Assume that there will be instances of information leakage and make plans from the beginning on management measures (what to say, to whom, by whom, how and when).
7. Design and implement information management measures from the beginning: information partitioning, project discretion and beneficiary anonymity (ensure that if they meet together outside the ICRC meeting context, they do so for another external reason, such as VSLA membership, mother/women's group, etc.)
8. Give FPs a reasonable compensation (including transport costs) and higher responsibilities (individual beneficiary monitoring and guidance). This has the four-fold advantage of a) reducing pressure on FPs to manipulate the project for better financial remuneration, b) transfer some of the time and resource burden of beneficiary monitoring and support away from the FOs and closer to the beneficiary, c) frees the FO to pursue other tasks that a FP cannot do, d) provide a means of information verification when the FP visits beneficiaries at home, which the FO cannot do. The FPs are the weakest and most critical link in the project management chain and are also the most at risk as they have the most contact with beneficiaries and spend much time traveling on foot.
9. Project geographical spread is a benefit as it helps with project discretion aspects and provides a natural segregation of project components in case of leaks. Beneficiaries do not know or meet each other outside of project meetings.
10. FOs and FPs can implement such a project under part-time delegate supervision without a full-time delegate if there are general SOPs, guidelines, forms and Excel spreadsheet ready to adapt to each context.
11. As confirmed from the individual survey and the FGDs in the Region 1 context, VSV beneficiary social re-integration was completely and exclusively linked to economic and children's reintegration; it can therefore be used as a reasonable assumption for other non-urban contexts, until modifications need to be made.
12. In the Region 1 context, widows VSV are not a particularly vulnerable category compared to other VSVs, contrary to what was assumed in the pilot. This is likely due to the long history of armed conflicts, displacement and migration. In which case widows are not a small and recent minority but a long accepted, respected and significant part of the population. In each context, it is important to check the specific categories of particular vulnerability and not to assume that they are the same everywhere.
13. Beneficiary monitoring can be a shared responsibility between the FP and FO. It should be lighter, more robust (few income/expenditure data) and more focused on each individual's needs.

14. The hotline was very useful mostly for information sharing but also for reporting any anomalies (only one case and it was successfully dealt in person at the earliest opportunity).
15. While the cash transfers for the pilot were done through coupons first distributed to beneficiaries ahead of each transfer, future transfers can be done directly to the beneficiary's account without the added complexity of coupons. The beneficiaries' ICRC ID card should be all that is required to access their accounts.

Strategic/institutional

16. Part of the outputs of a pilot project should be project SOPs and other materials to build local capacity and also to be shared within ICRC with simpler but more robust procedures and tools: beneficiary selection and monitoring, indicators, forms, database, etc..
17. Due to the special measures to preserve beneficiary confidentiality and project discretion, similar non-VV beneficiary cash projects (PRP or surgery beneficiaries, etc.), should be run entirely separately, though they can use the same modalities for cash transfers. The only time where they may overlap is if non-VV beneficiaries are in the same zone as VV beneficiaries, they can be included in the VV activities and be monitored and supported by the focal point and field officer.
18. Beneficiary selection to be done jointly by PSP and Ecosec at the office and at Delegate and FO level. No information about the selection process is to reach lower than this (no FPs, no VV referrers, etc.), in order to preserve the project discretion and protect the staff of the CH as well as the FPs.

e. Analysis for replication/scaling up

Generally

The key general factors for replication or scaling up of such cash programming for VSV are, in order of importance:

1. Good project design with detailed SOPs, guidelines and tools ready to be adapted to each situation. Key elements to include are: 1) beneficiary selection process (criteria defined by PSP and Ecosec together); 2) amount of cash to be transferred based on the Safety Net and Productive/IGA components and err on the side of generosity, so as to ensure minimum risk of failure as everyone gets the same amount regardless of individual circumstance (large families, disabilities, etc.); 3) include useful local resources to beneficiaries and their integration into them (VSLAs for example (www.vsla.net/.../AppData/Local/Microsoft/Windows/Temporary Internet Files/Content.Outlook/71R34GNJ/www.vsla.net) but it could be other form of economic groups or access to veterinary or agricultural services) and FPs can help; 4) in Region 1, potential referral of beneficiaries for training at the Foundation A could be further analysed; 5) a robust but simple monitoring process that also includes beneficiary individualised support.
2. Good project implementation, starting with a 12 month pilot to test the adaptation of the generic model to the specific region and ICRC contexts before expanding into a mainstream project.
3. Clear policies for project discretion, beneficiary confidentiality and anonymity, project knowledge partitioning, beneficiary information management and mitigation measures. The mitigation measures to prepare for are: a) risks to the VSV referrers (as institution or individually), b) risks to beneficiaries (more likely as individuals but could be as a group), c) risks to the FPs (individually), d) risks to ICRC staff, assets or perception/reputation. Project and beneficiary protection aspects are not linearly related to project scale but it is generally acknowledged that the enrolment of nearly all clients of a category (e.g. all VSVs from a specific referrer) would increase project visibility. The key is to stay invisible and/or credible, anonymous and prepared: 1) US\$ are nearly invisible (they take a lot less space than local currencies), 2) as few groupings that stand-out as possible and with a good reason for meeting (health and nutrition training), 3) geographical spread, 4) strict information management and rapid leak mitigation measures.

4. A suitable context where project geographical areas are nearly always accessible and spread out (to avoid groupings and keep near invisibility) and temporary localised disruptions to the project could be managed (transfers and meeting with beneficiaries could stop for a few weeks/months without lasting damage if planned for in advance).
5. A reliable VSV referral system. In this case it was through the counselling houses but it could also happen through health facilities or other agencies. The key is to have access to reliable written information about the VSVs to be able to select beneficiaries and support them without the referral agency staff knowing about it. This assumes close and longer term cooperation between the ICRC and the referral agency and a good agency track record for general management and client handling.
6. Reliable and discrete cash transfer institutions not too far from beneficiaries as the ICRC does not want to handle large amounts of cash and to ensure project discretion. In this case it was through MFIs, but banks/MFIs of integrity and/or mobile money agencies could provide similar services. This will always include an initial research phase to find such cash transfer agencies and agree on the modalities (location, costs, timing, client protection, etc.). Since there would be only 3 to 4 cash transfers per beneficiary, they are willing to walk all day to access the transfer, but an additional small cash allowance could be given to beneficiaries to enable them to travel by vehicle the first time to access the transfer safely. They can then pay for such transport services subsequently from their cash transfers. Money transfers are to be done externally through reliable sources, either through MFIs or mobile money if available. If ICRC were to implement many and longer term such projects, it could use the services of bespoke institutions.
7. Motivated and experienced community based Focal Points with integrity. In this case they were senior members of the associations that ran the counselling houses though other outstanding community members could be used. The critical qualities are: a) women, b) of maturity, experience and wisdom, c) physically fit (a lot of walking), d) able to spend 3 days/week on project activities, e) be literate and numerate, f) well known and respected in their communities, g) unconnected to political and other risky affiliations (husbands in the military, from wealthy trading families, etc.).
8. Resources. There is a need for at least one full-time Ecosec FO supported part-time by an Ecosec Delegate, though at least 2 FOs should be trained and able to manage the project (in case one is not available). Additionally, beneficiary training and project monitoring will require regular visits to the field, such that at least one 4X4 vehicle should be 100% prioritised for the project with additional transport allocation of motorcycles if roads are impassable, or a second 4X4 if 2 FOs go to separate locations.
9. Improve the training modules, both in content and methodology and include training for FOs and FPs. See just below.

In the project region generally

The consultants feel that it is completely feasible and relevant to extend the project to more beneficiaries in Country A without compromising the program's protection aspects but with a few modifications (see below for details). The total annual VSV caseload from ICRC supported CHs in this region of Country A is around 2,000 people and many of them suffer from acute vulnerability and it is conceivable that up to half of these could be selected for cash programming. The primary uncertainties are that of unrest due to the approaching political crisis (presidential election) and the continuing activities around armed groups. However, if a project is put in place as soon as possible before an increase in unrest, it will be consequently easier to continue implementation rather than to wait to start after the disturbances subside in the indeterminate future.

The categories of beneficiaries to be selected are up to the discretion of ICRC's management. But the key factors are: a) ICRC commitment to extend cash programming, b) victims' need (quantity and quality), c) resources available (funding, HR and transport) and d) perceived balance between project size and protection risk. For the latter, the consultants feel that the project can increase to include at least 50% of the VSV caseload as long as the proper precautions are taken.

For example in an initial second phase, only VSVs could be considered (about 75% of total CH caseload) but subject to specific selection criteria. But it is conceivable that other victims of violence (VV) coming through

the CH could also be considered (25% of total caseload). Other ICRC clients can be part of cash programming, such as PRP or surgery clients but their project would have to be managed separately from ex-CH beneficiaries as the level of beneficiary confidentiality and project discretion is very different and much easier to manage. For an idea of size, in the region of Country A where the project was implemented, there is an annual PRP caseload of about 500.

If there is a leak within the CH or Association, it can be controlled by the FP and FO. If there is a leak within the wider community, it will be more difficult to control. But trained and prepared FOs and FPs should be able to contain it, if planned for and acted upon promptly. Beneficiaries briefed properly on the risks prior to the start of the project should also see their interest in remaining discrete. By maintaining a geographical spread and near invisibility, a worst case scenario would be to temporarily suspend the project only in one concerned area while other areas could continue operating.

It should be noted that the few cases of thefts to beneficiaries during the project were not due to their VSV or project beneficiary status. As long as all the beneficiaries have the hotline number (on their ICRC ID card) and are encouraged to use if there is anything suspicious, rapid intervention is possible to contain any potentially damaging issue.

In the project region in detail

The main steps before scaling up are to: a) first consolidate internally the lessons learned and prepare plans for each region; b) find reliable MFIs within a reasonable distance from beneficiaries. However, for beneficiaries living far from a MFI, an additional \$10 cash can be given to them to travel to the MFI to access the first transfer.

Our assumptions for the recommendations are that:

- 1) funding and resources are not a constraint
- 2) the beneficiaries' needs come first, before convenience of implementation

Start a continuation of the pilot project in target regions as soon as possible with a few modifications:

- a. In region 1, continue as soon as possible in 2016 with counselling houses that were not part of the pilot project and come back to the latter in a year to avoid attract too much attention, except for zone 3 where it is felt that project discretion can be maintained due to the peri-urban context.
- b. In new regions, dedicate the 2nd half of 2016 to conduct a feasibility study that includes: the identification and training of EcoSec FOs in cash transfer programming, the mapping of MFI and other means of money transfer, the identification of CH based on security situation in the region, the identification and training of FPs, the establishment of working modalities between EcoSec and psycho-social departments, the exchange of experience with the ICRC Sub-delegation. The project could then start in 2017 and could include a pilot for mobile phone cash transfers.
- c. No full-time dedicated delegate but at least 2 part or full-time FOs per region
- d. Adapt the beneficiary selection process jointly by the PSP and EcoSec departments. For example, widows are not a particular category of vulnerability as assumed in the pilot.
- e. Perform 3 transfers, 2 months apart, same total amount (\$500), but with a reserve 4th transfer for exceptional cases, decided on a case-by-case basis. This is in case a beneficiary has tried very hard but failed for external reasons (animals dying, price collapse). Transfers could be done without vouchers, using only the beneficiary's ICRC ID. Mobile transfers should be researched in new regions (including the possibility of a gift of mobile phones and training for best use).
- f. Implement lighter, more focused and individualised monitoring and beneficiary support with information verification and additional responsibilities for the FP (see Annex 5 for a sample individualised monitoring form covering both budget and expenditure tracking and basic indicators). It is estimated that each FO should be able to support at least 200 beneficiaries at any one time. This individualised monitoring form would record iteratively, for each transfer: a) the beneficiary's plans for

spending the cash, b) a record of how it was spent against the plan and c) a revised plan for the next period. This would include expenses, investments, debt repayment, etc..

- g. Implement slightly more formal but basic beneficiary training modules for money and IGA management, with the addition of health/hygiene/nutrition information. The three-fold advantage of including health/hygiene/nutrition training is to: a) provide a good reason for ICRC to meet with the beneficiaries, b) to increase health benefits, c) to reduce avoidable illness related expenditures.
- h. Possibly extend the project to any Counselling House client victim of violence who satisfies the enrolment criteria (family/community reject, single head of HH, specific vulnerability, etc.)
- i. Do not extend the project to non-Counselling House clients. Any other cash project with non-VSV beneficiaries will have to be managed separately.
- j. The beneficiary enrolment modalities are to be determined jointly by PSP and EcoSec delegates and FOs. Final selection is the prerogative of EcoSec but should be first verified by the FP in the field. The selection criteria are not shared at a level lower than the FOs (not CH staff, nor FPs) but the general beneficiary economic status information is collected at source by CH staff during the 2nd PSP interview.
- k. Implement a 7 month rolling beneficiary enrolment-to-graduation process (about 60 beneficiaries per Counselling House annually) but with only a maximum of 20 beneficiaries per Counselling House at any one time (see graph below). A possible graduation process is: a) general discharge if all OK, b) 4th instalment if the beneficiary encountered a specific difficulty outside his control and granted only on a case-by-case basis by Delegate/FO, c) absorption into a VSLA group if possible, including the creation of new VSLA groups.

Assumption: 10 cases/m, 5 enrolled

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

In such a scenario (5 new beneficiaries each month out of 10 new clients), there would be a total of 30 graduations in the first year but 60 for each year thereafter. Note that the FO needs to consult with each beneficiary intake a minimum of 4 times: once before each transfer and once for graduation.

f. Training modules suggestions

In all cases use a graphic support and leave with beneficiaries except for (a) and (d) below so as to reduce the risks for information leaks that could threaten project discretion. Ideally, during each meeting with beneficiaries, all 6 subjects would be addressed, as a remainder or as new information.

- a) **Discretion:** confidentiality, anonymity, information management, for risk reduction to individuals and as a group, awareness undesirable consequences if there is a discretion breach (risk to individuals, to the CH and to ICRC support), mitigation measures, hotline use, etc..
- b) **General money management during and after project:** budgeting, savings, investment, expenses, use of MFI, mobile money (if available), ways to handle money, dollars and Currency A, interest, credit, VSLAS, tontine, etc..

- c) **Basic numbers literacy (numeracy):** with the provision of calculator/mobile phone+notebook+pen, basic arithmetic, reading and writing numbers, use of calculator and record keeping, handling large numbers, converting between \$ and Currency A, etc..
- d) Beneficiaries' own individual **financial planning:** budget, investment and spending plan, to be updated after each transfer by the FP with support from the FO. This form can also be used as the basis for PDM by the FP and FO (see Annex 5).
- e) **IGA management:** investment, rate of return, risks and mitigation measures, timing, location, competition, income/expense/profit, local veterinary and agricultural technical support, examples of typical IGAs used in the area and by other beneficiaries, etc..
- f) **Basic health, hygiene and nutrition** advice, especially for children. Leave a visual support with the beneficiaries. Include such things as how to make ORS, use of Mutuelles de Santé if available, vaccination, bednets, etc. This serves the triple role of: 1) improving the health of the household and particularly children, 2) reducing health related expenses, 3) providing a good reason for why these beneficiaries meet and receive ICRC follow-up visits.

g. Indicator suggestions

The indicators used in the pilot were focused on the immediate and direct project outcomes and were not entirely appropriate as they included: a) some either hard to measure indicators (income) or, b) too general (perception of reintegration, satisfaction with the trainings received). Furthermore, all were based on the respondent's say-so and could not be verified.

For the scaling-up or replication of a VSV-cash project, the evaluators suggest indicators: a) easier to measure, b) with a means of verification for some and, c) measuring longer term changes. Some of these were used in the evaluation survey and are in Annex 7.

	Type	Pilot indicator	Issue	Suggested indicator
1	Economics	100% of VSV have restored 100% of their income prior to the event.	Too difficult to measure and unreliable	. Measurement of durable assets (verifiable) . Housing quality (verifiable)
2	Social	100% of targeted VVS beneficiaries who declare their social and economic integration within the community improved at the end of the project	Too general	. Details of reintegration regarding different strata (close family, distant family, neighbours, friends, vendors, church, etc.) . Belonging to a group (VSLA, tontine, etc.)
3	Economics	100% of targeted beneficiaries whose Household Essential Items Score is raised over the threshold (10) at the end of the project	Short term and easily reached	. Measurement of durable assets (verifiable)

4	Nutrition	100% of targeted households whose Household Diet Diversity Score (HDDS) score is raised over the threshold (4) at the end of the project.	Difficult to collect information. Unnecessary as this is not a nutrition project	. Focus only a few nutritional elements such as foods rich in Vit.A, iron and other micronutrients, partly to check if there are changes due to the nutrition training
5	Health /Economics	100% of targeted households who eat as many daily meals at end of project as before the event	Easy to collect and informative	Keep. Also segregate by category of children and adults.
6	Economics	100% of targeted households whose level of debt has decreased by at least 80% by the end of the project	Difficult to collect and not all debt is equal (consumption, health or production/investment; one-off, ad-hoc, repetitive, planned, etc.)	Keep debts related to health only. This could inform on where to focus the health related training and other external links.
7	Economic	100% of targeted households who rely on negative coping strategies decreased by the end of the project.	Good indicator	Keep
8	Resilience	100% of targeted households who received capacity building training by ICRC and who say they have improved their capacities to manage money	Not informative or verifiable. Too easily reached.	. Use the individual tracking sheet (Annex 5) as the basis of a new indicator
9	Economic and Social	N/A	N/A	% of primary school age children enrolled
10	Psycho-social	N/A	N/A	Feeling of satisfaction with life / empowerment / self-confidence, etc.

7. Conclusion and Recommendations

The pilot project has been a complete success for the socio-economic reintegration and building up the resilience of the beneficiaries and is an excellent precursor to an expansion of such cash programming in the Country A and elsewhere, with a few systemic and specific modifications. It also proved that with proper planning, cash transfer, project discretion and beneficiary confidentiality can be established and maintained. However, it failed to build ICRC capacity to continue implementing similar projects, did not apply the recommendation from the Azerbaijan project to offer beneficiaries more guidance on their IGAs and to link beneficiaries to external resources.

Scaling up successfully in Country A is very feasible to perhaps 50% of the ICRC related VSV caseload and with a much higher economic efficiency: from 15% to >60% (value of cash transfers to overall project cost) with no dedicated delegate and more delegation of responsibilities to Field Officers and community Focal Points. Extension to non-VSV beneficiaries is possible though it would have to be managed separately to maintain project discretion.

Replicating at scale successfully in other locations is also feasible, now that the mechanisms for beneficiary reintegration and project implementation are better understood, tested and can be generalised for adaptation to other similar non-urban contexts.

Conclusion 1: Successful socio-economic reintegration of VSV beneficiaries into their families and communities, including elimination of negative coping strategies

Recommendation 1

- a. Consolidate and institutionalize lessons learned from pilot project and its evaluation for ICRC-Country A and more generally for ICRC
- b. Expand the project to include more CH beneficiaries with a few modifications in the project regions
- c. Adapt project and test in other contexts before expanding further, especially in urban contexts

Conclusion 2: The transfer modalities were relevant and appropriate to beneficiaries' needs and enabled them to build resilience

Recommendation 2: Always analyse separately the Safety Net and the Productive components of the intervention and how to support beneficiaries beyond the actual cash transfers. It is likely that the Safety Net part will be at least 50% of the total cash transfer and seeks to re-establish the households to a quality of life similar to before the event and similar to its neighbours. The Safety Net component should address at least: a) safe and secure housing (land, building and contents), b) debt repayment, c) critical nutrition and health issues, d) schooling, e) reduction in negative coping strategies. The Productive component seeks, at least, to maintain the household to the level achieved through the Safety Net component, thanks to the reliable generation of income and foodstuffs. Non-cash support should include advice on: a) minimising the risk of beneficiary manipulation (such as in land purchase, the use of health and education services), b) health/nutrition/hygiene best practices, c) money and IGA management (more income and fewer wastes/losses), d) access to veterinary and agricultural services and good practices in livestock and agriculture.

Conclusion 3: While the project was good Value for Money as designed, future implementation can be more efficient

Recommendation 3:

- a. Do not include non-VSV/VV in a VSV/VV Program, though they can share the same transfer modalities
- b. Shift some responsibilities downwards from Delegate to Field Officers and from Field Officers to Focal Points

Conclusion 4: While the project was effective as designed, future implementation can be more effective

Recommendation 4

- a. Assist beneficiaries economically as soon as they finish their psycho-social support
- b. Assist beneficiaries with better training and support on money and IGA management and health/hygiene/nutrition
- c. Assist beneficiaries to access other local resources, especially VSLAs and agricultural and veterinary advice and services

Conclusion 5: Successful beneficiary confidentiality and project discretion measures

Recommendation 5:

- a. Consolidate and institutionalize lessons learned from the pilot project

- b. Prepare policies and mitigation measures for reducing: 1) risks to the CHs/referral agency, 2) risks to beneficiaries, 3) risks to FPs, 4) risks to ICRC staff, assets or perception/reputation
- c. No return to the same CH before at least 1 year, to lower attention (especially after the evaluation)
- d. Consider very carefully the inclusion of the national Red Cross in such a program. For example the Red Cross Society runs some Counselling Houses but it would not be recommended to share VSV-cash project information with them.

Conclusion 6: Replication and scaling up in the three similar contexts (rural, semi-rural and peri-urban) in Country A and other countries is entirely possible based on the experience from the pilot project and with suitable modifications (mentioned above)

Recommendation 6:

- a. Start with a small project but designed and implemented such that incremental modifications and size increases can occur easily.
- b. Carefully test and evaluate a pilot project in an urban zone. Many modalities are likely to be different such as the cash transfer method, the IGAs, the apportionment of Safety Net and Productive components and the interaction of ICRC with the beneficiaries.

Conclusion 7: project monitoring and evaluation can be simpler, more relevant than in the pilot and also include a component of individualised follow-up

Recommendation 7:

- a. use simpler and more relevant indicators
- b. individualised follow-up by FP and FO that is part of the monitoring process

8. Annexes

8.1 FGD guide

FGD beneficiary guide - BRC/ICRC

Location: Time: Date.....

Group type # of W..... #<18..... #w/spouse:.....

A) Evaluation questions

1. What are the biggest changes in your personal life (+ve and -ve)?: {assets (cons+prod), food (quant and diversity), economic (IGA/income, land access, expenses, credit/savings), security/safety/protection (shelter), children (health, schooling), resilience, relationships (spouse/partners, decision making, behaviours, expectations, psych, social), health (physical, mental, sexual)}
2. Changement dans la famille: qui, quoi, pourquoi et impact: mari/conjoint/partenaire, enfants (school, health, nutrition), parents, petits enfants, decision making, relations, autres?
3. Changement hors famille: qui, pourquoi et impact: voisins, amis, vendeurs, service providers (school, health centers, ...), autres?
4. Of all these changes, which are likely to last a long time?
5. Of all these changes, which are least likely to last a long time and why?
6. How could the project have been better (other than more money)?
7. Do you belong to a tontine? do you know of VSLAS? do you have an account at the coop? how do you use them? (more about indebtedness - financial, material and social)?
8. Have you received other external projects' help (INGOs, CBOs, CRC,), if so what type?

B) What-if questions

9. If ICRC wants to expand this project, what should be done differently and why?
10. What would be the differences between this project and if instead it had had: a) 1-2-3 transfers, b) 1-2-3 months apart, c) all same amounts, d) timing, e).....
11. Other than cash transfers, what other kinds of inputs could have been useful (seed, cuttings, trainings, improved breed of livestock,)?

C) Specific questions

12. If your husband/partner has returned (or a new one?), how has that changed your life/ life of HH? (ag, money, children, why come back, for how long, family harmony, decision making, etc....)

8.2 KII guides

KII Stakeholder guide

Respondent name Position

Location: Time in post: Date.....

1. What was/is your role in the project (dates, activities, responsibilities, visits)?
2. Your overall impressions on the project (design, implementation/timing, exit strategy, results (intended/not), the good/not, livelihoods, protection, accountability....)?
3. Specifically on: post-project impact, sustainability, replicability and scalability?
4. Specific issues (to assist or hinder) and how used/overcome?
5. What lessons learned?
6. With lessons learned, if you had to redo this project, what would you do differently and why?
7. If you wanted to learn something specific about this project from the final evaluation, what would it be?

KII Stakeholder guide

Respondent name Position

Location: Time in post: Date.....

1. What do you know of the project and your relationship to it (give details)?
2. What are your overall impressions of the project (design, implementation/timing, results (intended/not), the good/not, livelihoods, protection, accountability....)?
3. Specifically on: post-project impact, sustainability, replicability and scalability?
4. Specific issues (to assist or hinder performance) and how used/overcome?
5. If this project had to be continued or started somewhere else, what should be done the same or differently and why?
6. Anything else we have not discussed?

8.3 Monitoring form suggestion

Before 1 st tfr – date:	After 1 st tfr – date:	After 2 nd tfr – date:	After
Debts (>5,000/\$5) 1)//.....//... 2)//.....//..... 3)//.....//..... Notes:	Debts (>5,000/\$5) 1)//.....//... 2)//.....//..... 3)//.....//..... Notes:	Debts (>5,000/\$5) 1)//.....//... 2)//.....//..... 3)//.....//..... Notes:	Debts (>5,000/\$5) 1)//.....//... 2)//.....//..... 3)//.....//..... Notes:
Expenses (last 2months) 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Expenses (last 2months) 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Expenses (last 2months) 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Expenses (last 2months) 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:
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Investments 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Investments 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Investments 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:	Investments 1)//.....//..... 2)//.....//..... 3)//.....//..... 4)//.....//..... Notes:
In savings: Balance:	In savings: Balance:	In savings: Balance:	In savings: Balance:
Monitoring 1) Schooling: 2) Lodging: 3) Meals: 4) Integration:..... 5) AGR: Notes:	Monitoring 1) Schooling: 2) Lodging: 3) Meals: 4) Integration:..... 5) AGR: Notes:	Monitoring 1) Schooling: 2) Lodging: 3) Meals: 4) Integration:..... 5) AGR: Notes:	Monitoring 1) Schooling: 2) Lodging: 3) Meals: 4) Integration:..... 5) AGR: Notes:
Other	Other	Other	Other

8.4 Beneficiary economic information to collect

Examples of economic information to be acquired during 2nd interview with APS:

- 1) If the violence was accompanied by theft, what and how much?
- 2) HH type: head of HH, # of children, # of chronically disabled or ill, etc....
- 3) How many economically active members in the HH?

- 4) Typology of "home" before and now (displacement, size, quality, location, ownership, other...)
- 5) Livestock assets before and now
- 6) Agricultural assets before and now
- 7) Trading activity before and now
- 8) Main type and amount of debt before and now (school, hospital, vendors, neighbours/friends, family, etc.)
- 9) # of school age children in school before and now
- 10) # of hours' walk to the CH (one way)
- 11) coping strategies used: use a few from a check list