



EXTERNAL EVALUATION

FRESH FOOD VOUCHER PROJECT by
ACTION AGAINST HUNGER
Dadaab Refugee Camps, Kenya



EXTERNAL EVALUATION OF ACF FRESH FOOD VOUCHER PROJECT

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Cover pictures: Voucher distribution at Hagadera Camp, ACF registered vendor (with signboard displayed), Hagadera Camp

Credit Sophia Dunn

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ACRONYMS

ACF	Action Contre la Faim (Action Against Hunger)	MSF	Médecins sans Frontières (Doctors Without Borders)
ANC	Ante-Natal Care	MUAC	Mid-Upper Arm Circumference
BMZ	Federal Ministry of Economic Cooperation & Development	NFI	Non-Food Items
CSB	Corn Soya Blend	OECD	Organisation for Economic Cooperation and Development
DAC	Development Assistance Committee	OTP	Outpatient Therapeutic Program
FFV	Fresh Food Voucher	PDM	Post-Distribution Monitoring
GAM	Global Acute Malnutrition	RDA	Recommended Dietary Allowance
GFD	General Food Distribution	RUTF	Ready-to-use Therapeutic Food
GoK	Government of Kenya	SAM	Severe Acute Malnutrition
GTZ	Deutsche Gesellschaft für Technische zusammenarbeit (German Technical Cooperation)	SC-UK	Save the Children (United Kingdom)
HH	Household	SFP	Supplementary Feeding Program
IRC	International Rescue Committee	UNHCR	United Nations High Commission for Refugees
IYCF	Infant and Young Child Feeding	UNICEF	United Nations Children's Fund
JAM	Joint Assessment Mission	VAC	Vulnerability Assessment Committee
KAP	Knowledge, Attitude and Practice	WASH	Water, Sanitation and Hygiene
KSh	Kenyan Shilling	W/H	Weight/ Height
MoU	Memorandum of Understanding	WFP	(United Nations) World Food Program

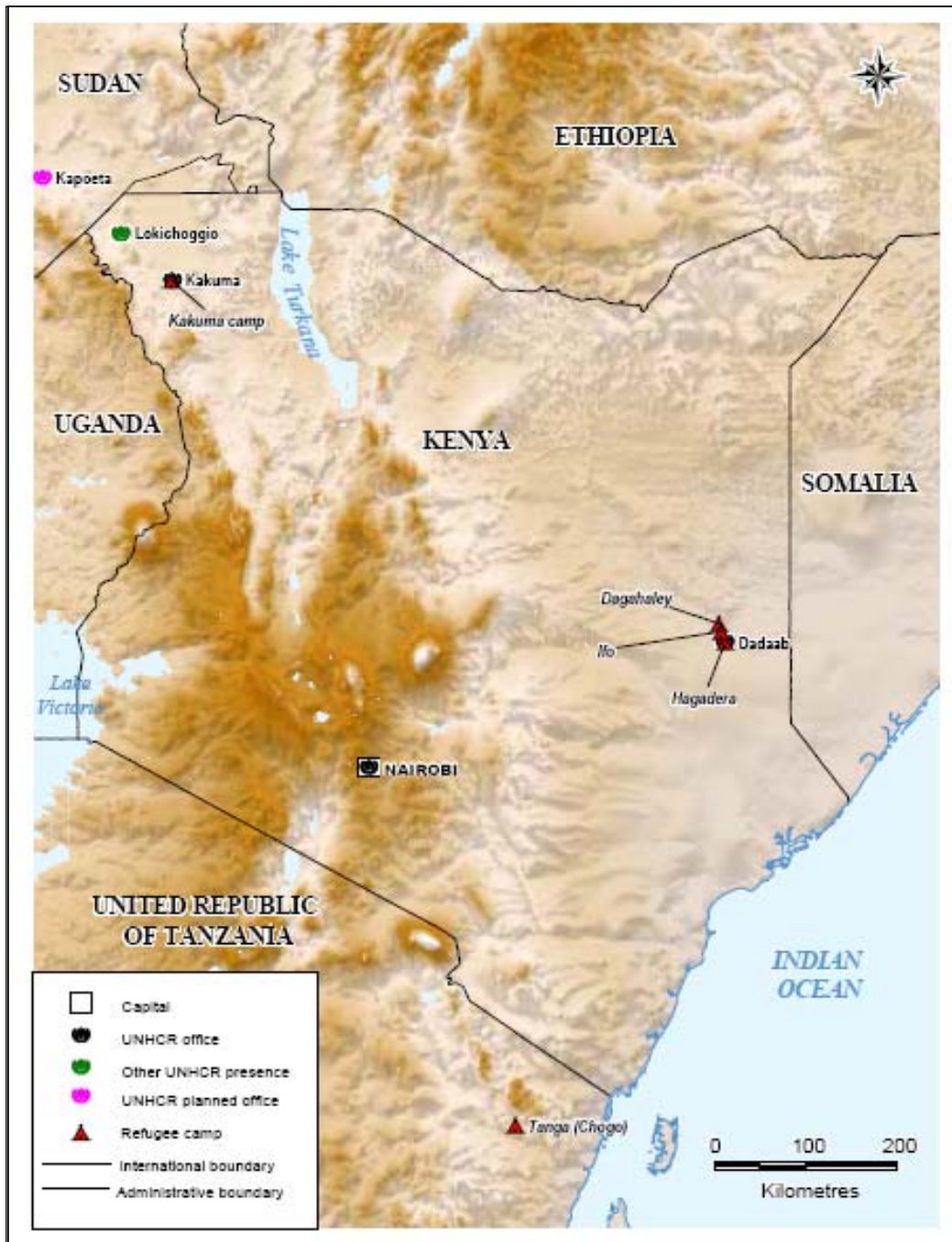
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GENERAL INFORMATION

Organisation	Action Contre la Faim (Action Against Hunger)
Project number	2007-VI-018-00
Title of Project	Program of food aid in north east Kenya
Location of Project	District of Garissa (North East Kenya)
Project Period	1 st September 2007 – 31 April 2009 (18 months)
Principle Objective	To contribute to the reduction of mortality due to severe malnutrition in children under five in Garissa District (including Dadaab refugee camps)
Specific Objective	To diversify the diet of vulnerable refugee families and boost primary production of poor host households
Number of Beneficiaries	<u>Original proposal</u> (September 2007- August 2008): 20,250 households / 141,750 people (Including 17,850 households for the fresh food voucher). <u>With extension</u> (September 2008 - April 2009): Additional 35050 HH (total = 245,350 people) Total beneficiaries (fresh food voucher) – 107,100 people
Budget	1,000,000 Euro
Donors	French Government

MAP OF PROJECT AREA

Figure 1 Map of Kenya showing location of Dadaab (and the three surrounding refugee camps)



Source: UNHCR Website

EXECUTIVE SUMMARY

The town of Dadaab in North Eastern Kenya is home to three refugee camps: Hagadera, Dagahaley and Ifo hosting over 240,000 people. The camps were established in mid-1992 after the closure of the Liboi camp, which was too close to the Kenya/Somali border to ensure adequate security. Continued insecurity in Somalia means there are still regular influxes of people into the camps, with the population increasing at an average rate of 5000 per month during 2008.

The three camps are managed by the United Nations High Commission for Refugees (UNHCR) and food is provided by the World Food Program (WFP) as a dry ration. Currently the ration is provided to all residents but does not include fresh foods such as vegetables or fruit and many residents have little access to food beyond that which is provided. Each of the camps has a market where resident vendors sell a variety of items including fresh foods. However, since residents are prohibited from employment, their ability to obtain these foods is closely related to the limited level of external support they get from remittances or through the sale of part of the general food ration.

Many refugee households lack the resources for self-reliance and indications from UN Joint Assessment Missions and surveys carried out regularly by NGOs confirm that refugee households are highly dependent upon humanitarian aid for their survival (JAM, 2006). Even if households were able to work or raise livestock, the harsh semi-arid environment around the camps is not conducive to any meaningful coping mechanisms that could constitute a source of income.

In order to increase the consumption of nutritious fresh foods by the refugee population, a voucher program was implemented by Action Against Hunger (ACF) with funding of 1,000,000€ from the French Government. The project started in September 2007 and will be completed in April 2009. This project was evaluated by an independent consultant in February 2009. The methodology included a review of available literature and secondary documentation, field visits and key informant interviews with relevant stakeholders.

The project objectives

ACF started this food security project in the Dadaab refugee camps to increase the dietary diversity of the food basket. The project targeted children under five years of age enrolled in GTZ selective feeding programs and provided their caregiver with vouchers worth 600KSh per month to enable them to buy fresh vegetable and fruit, milk and eggs in the local market. The project also aimed to address the limited knowledge base of primary caregivers in terms of appropriate feeding practices, balanced diets and good food hygiene. Follow up at the household level is carried out to reinforce the health education messages given on the voucher distribution day as well as to observe the households and the status of the children.

Overall Project Objective

To reduce the risk of mortality in malnourished children

Specific Project Objective

To diversify the diet of refugee households

Expected Results

17,850 families receive a food coupon to diversity their diet

In each camp there are functioning markets with vendors specialising in the sale of fresh fruit and vegetables. A local supply of the required items was therefore available and beneficiaries had easy access to the markets. In addition, vendors were able to increase their supply (from Garissa) if there

was a guaranteed demand. **The proximity of the markets and the availability of local produce meant that in-kind distributions would be unnecessary and a cash or voucher response would be more appropriate.**

By providing a voucher for a defined list of items instead of providing cash, ACF has been able to maintain some control over beneficiary spending and in doing so has been able to meet the objectives of the project. **This evaluation has therefore found that a voucher response to improve household dietary diversity was an appropriate response.**

Targeting

The ACF project targeted households with malnourished children. In order to reduce the workload on the small number of ACF staff, **the project directly targeted a sub-set of GTZ/IRC nutrition program beneficiaries.** As such the targeting procedures are dependent on GTZ/IRC staff to correctly admit and discharge beneficiaries.

The selection criteria for inclusion in the ACF voucher program were:

- Households with severely malnourished children enrolled in the GTZ/IRC out-patient therapeutic care program (OTP).
- Households with moderately malnourished program enrolled in the GTZ/IRC supplementary feeding program (SFP)
- Households with mothers who have recently been discharged from the GTZ/IRC ante-natal care program and now have a baby at weaning age (6 months).

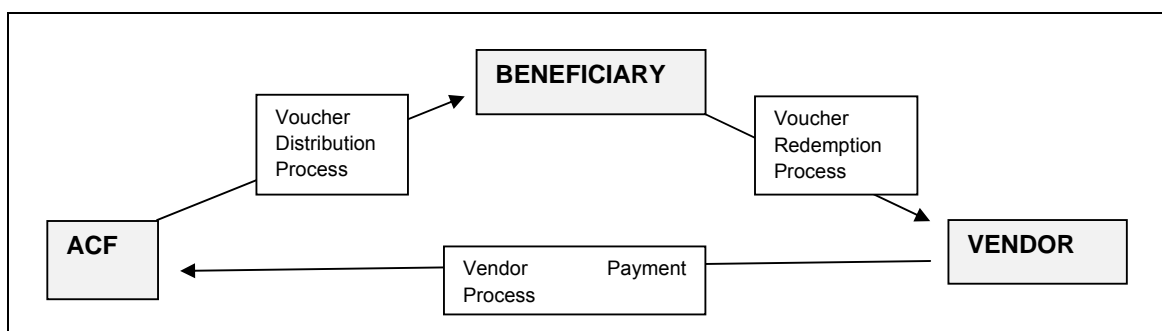
Clear targeting criteria helped the transparency of the project as the community understood that the project targeted malnourished children.

The project has generated a high level of interest in the ACF which meant that mothers voluntarily brought their children to the nutrition program. **This has improved the coverage rates of the nutrition program and resulted in less active case finding being required by GTZ/IRC.**

The voucher process

The voucher approach consists of three main implementation processes as shown in the figure below:

1. Voucher distribution to beneficiaries
2. Voucher redemption by beneficiaries at designated fruit and vegetable vendors in the local market.
3. Vendor payment by ACF



Source: ACF Capitalisation report, 2008

Figure 1 - The voucher process

To complement the voucher component, health education was provided to all beneficiaries as part of the voucher distribution process. Health education sessions focused on food hygiene and balanced diet and included cooking demonstrations as well as information on how to use the voucher.

Project implementation

The project has been implemented by a small team of contracted staff and with significant support from camp based incentive workers and volunteer mothers. The project team has developed strong informal working relationships with other agencies and with project partners. In addition, camp management and the community have expressed appreciation of ACF efforts to keep them informed throughout the project.

Implementation challenges occurred due to inadequate staff numbers, increasing beneficiary numbers and a lack of technical support. As a result procedures such as crowd control, beneficiary registration and distribution methodologies had to be modified throughout the project duration. At the time of the evaluation, the project was being implemented well.

To pay the vendors, the project utilised the services of the Kenya Postal Service (PostaPay). PostaPay were responsible for cash carrying and distribution to vendors in Dadaab. However, they faced some access issues due to poor road conditions during the rainy season. This has resulted in payment delays of up to three months. Although the payment issues have now been addressed, if the project is to continue, a review of the vendor payment system is recommended to determine if there is a better option available.

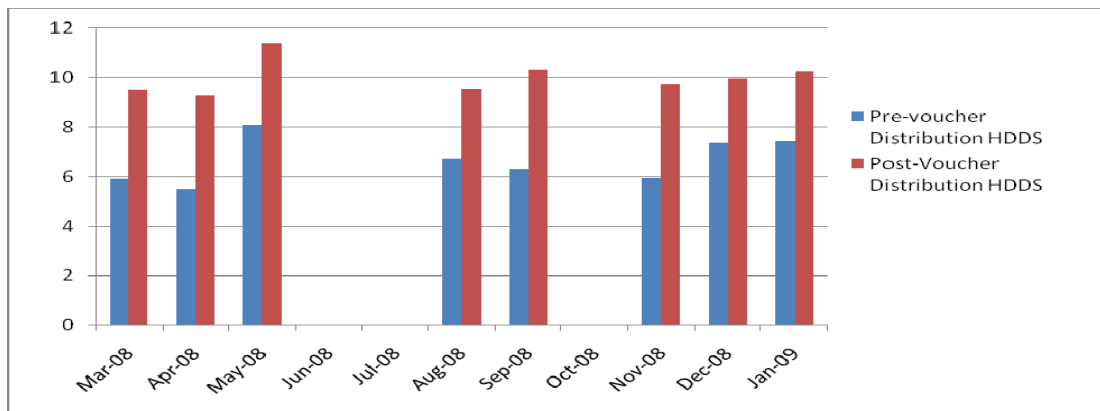
The impact of the project

Discussion with beneficiaries and project key stakeholders indicate that this project has had a number of positive impacts, many of which were unintended. The main objective of the project was to improve household dietary diversity and this has objective has clearly been reached. In addition, the project has also helped reduce the prevalence of malnutrition in the camps, improved the availability of fresh fruit and vegetables in the markets, and increased the coverage of the nutrition programs. The project also enabled the vendors to increase their business (including increasing the number of customers, amount of stock held and profits made) and the health education component has improved the health awareness and cooking skills of the beneficiaries. In addition, by providing a voucher, the project has given the beneficiaries some level of choice over what food items they purchased in the market. This has maintained the dignity of the beneficiaries and is therefore a preferred approach than ongoing in-kind assistance. Each of the project impacts are described below.

1. Increasing household dietary diversity

Dietary diversity is a qualitative measure of food consumption that reflects a household access to a wide variety of foods. It is also a proxy of the nutrient adequacy of the diet for individuals. **ACF monitoring data indicates that the voucher has indeed contributed to improving household dietary diversity as intended.**

As indicated in the graph below, before the voucher distribution, most households are reporting consumption of 5-7 food groups (cereal, pulses, oil, miscellaneous, sugar and some vegetables), most of which is provided by WFP. After the voucher distribution, households reported increased consumption of eggs, milk, vegetables and fruit (average of 10 food groups) as intended. **This is clearly a positive outcome and shows that it is possible for refugee households to consume a balanced and varied diet.**



Source: ACF monitoring data

(NB. No data was collected in June. Data for July and October was not available. In addition, the evaluator has re-categorised ACF data to include the original 12 food groups)

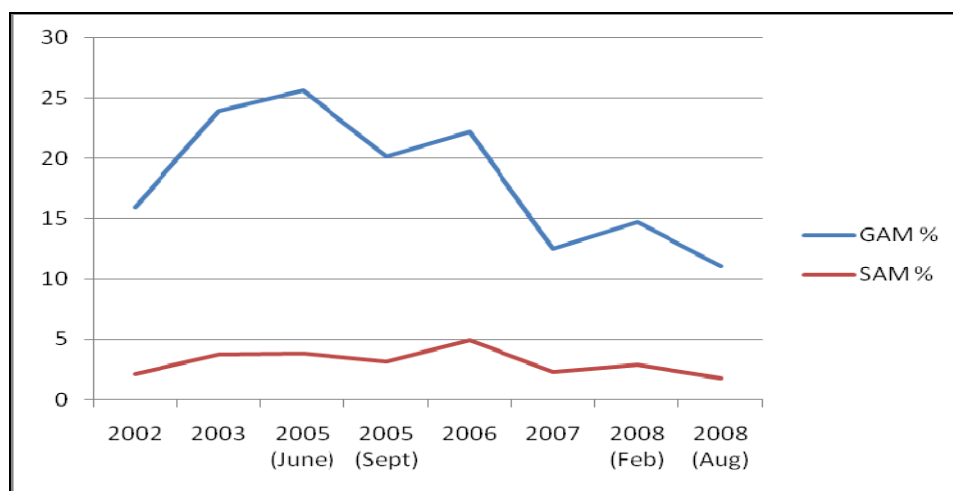
Figure 2 - Changes in Household Dietary Diversity Score during project implementation

2. Contribution to decreasing malnutrition rates

As indicated in the figure below, the malnutrition rates in the three refugee camps have improved significantly since 2005. Global acute malnutrition rates went from a very high level of 25.6% in June 2005, indicative of a critical situation as per World Health Organisation cut off points (GAM > 15%) to less than 12% in August 2008.

In addition, the most recent GTZ nutrition survey (August 2008) found a severe acute malnutrition rate of between 1.0 -1.5% in the three camps (below the international cut-off of 2%). This is a marked decrease since its maximum of 4.9% in July 2006.

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

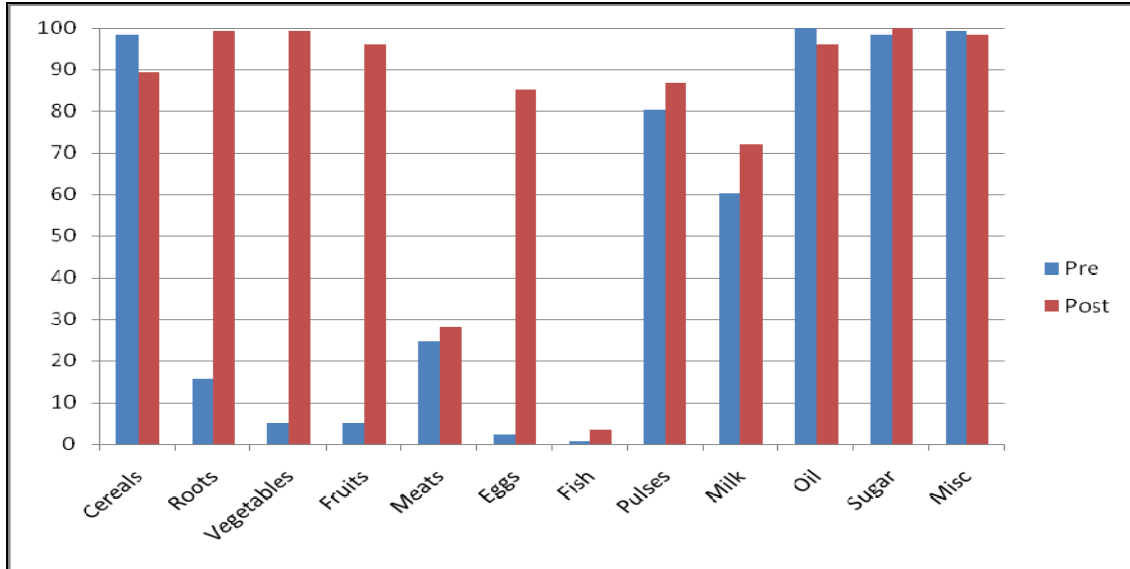


Source: Compilation of GTZ nutrition survey data

Figure 3 - Average malnutrition rates, Dadaab camps, 2002-2008

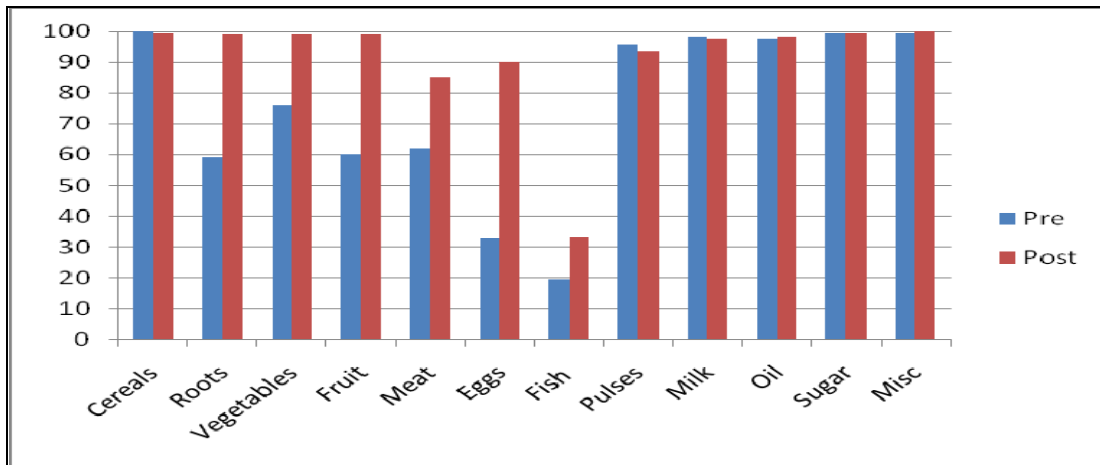
3. Impact of health education

Information on the percentage of households reporting consumption of each food group is documented in the two graphs below. Comparison of the data from March 2008 to January 2009 shows that even the pre-voucher consumption of many of the food groups has reportedly increased. When asked, **beneficiaries attributed the change to health education and improved availability of fruit and vegetable items in the market.**



Source: ACF monitoring data

Figure 4 - Percentage of households reporting consumption of each food group (March 2008)

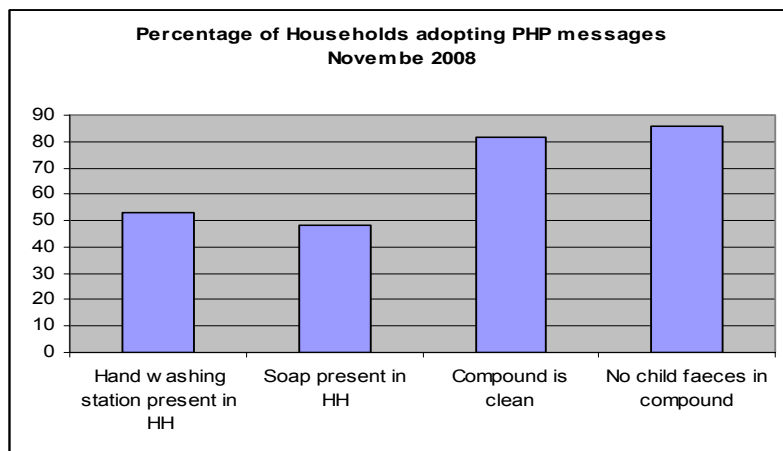


Source: ACF monitoring data

Figure 5 - Percentage of households reporting consumption of each food group (January 2009)

OTP beneficiaries reported that the **cooking demonstrations provided them with increased awareness of new vegetables** especially *sukuma wiki* (dark green leafy vegetable) and cabbage. **Beneficiaries and ACF staff also reported improved knowledge levels on a range of health education topics** although putting some education messages into practice still causes some challenges.

Although the project concentrated on food hygiene messages some non-food related messages were also included. Cleaning the compound regularly, washing hands after using the latrine and before food handling, are all messages that beneficiaries reportedly found easy to put into practice. This is confirmed by project monitoring data.



Source: ACF Capitalisation report, 2008

Figure 6 - Percentage of households adopting some key ACF health education messages

The benefits of the health education sessions are likely to have been disseminated to non-beneficiaries because many households live within the same compound. Health education sessions given at the health posts are often attended by non-beneficiaries and by GTZ incentive workers.

4. Improved market supply

As previously mentioned, no data was collected about the changes in the project vendor's business until November 2008. However, anecdotal evidence from beneficiaries, non-beneficiaries and other key stakeholders point to a number of changes in the market as a result of the ACF project.

The project intended to improve beneficiary access to fresh fruit and vegetables. While this has clearly been the case, an unintended impact of the project has been an increase in the availability of fresh fruit and vegetables in the market. The range of fruit and vegetable items in the market has improved, notable the range of leafy green vegetable. Sukuma wiki and cabbage are now regularly available in the market even though they were unfamiliar vegetables to many Somali refugees before the project started. Eggs are also available in larger quantities. These changes were noted by both beneficiaries and non-beneficiaries during evaluation interviews and confirmed by the market vendors.

5. Improved business of project vendors

The project has helped improve the business of the project vendors. This is in terms of overall profits, customer numbers and increased stock. ACF data indicates that the project vendors have increased their business profits by up to 45% (ACF PDM, Dec 2008) and increased their stock by up to 60% (ACF PDM, Dec 2008). Project vendors increased their customer base and their profits during the project enabling them to expand their business and take on extra employees. This is a positive impact for the local economy.

In addition to the project vendors, **the local milk suppliers have benefited from the project.** Many of the fruit and vegetable vendors did not sell milk before the ACF project. In order to meet the list of items on the project vouchers some vendors have made informal agreements with milk vendors to sell milk at their shops. In return the milk suppliers were paid in cash by the project vendor when beneficiaries elected to purchase milk.

6. Improved coverage of nutrition programs

As described under the section on project coverage, **the ACF fresh food voucher has clearly been a strong pull factor for women to bring their children to the GTZ/IRC nutrition programs.** As a result, GTZ staff reported that have noted a decreased need for active case finding by community health workers.

In previous nutrition surveys (GTZ 2003-2007) SFP coverage rates have been as low as 25.1% (2003) due to lack of food provided to caregivers, non- palatability of CSB and poor quality health services. Admission numbers and coverage rates to the nutrition programs have since markedly increased despite an improvement in the overall malnutrition rates in each of the three camps. The latest nutrition survey conducted by GTZ (August 2008) indicate SFP coverage rates of 57.8%¹.

7. Community perceptions

The ACF project has been highly visible and much appreciated by the community. ACF staff members have made ongoing efforts to keep community leaders and other key stakeholders informed about the project and this has resulted in a positive perception of ACF's work.

The community is dependent on aid organisations to meet their basic needs and while this project has again provided items to the beneficiaries, it has done so in an indirect way, leaving some level of choice with each household about how to spend their vouchers. This has maintained the dignity of the beneficiaries and is therefore a preferred approach than ongoing in-kind assistance.

No discrimination was reported from the vendors against the beneficiaries and this has improved the perception of the project and helped improve vendors' business.

In addition, anecdotal evidence indicates that by providing a voucher with a monetary value, households have been able to free up scarce cash resources that would otherwise have been spent on vegetables for other essential household items. Household expenditure data would have been useful to confirm this.

8. Adverse effects of the project

Two adverse effects of the project were noted during the evaluation.

- Some of the key informants felt that by targeting malnourished children, the project was conflicting with prevention messages about eating a balanced diet. The rumour that mothers were "starving" their children played a role in this even though the rumour has been investigated and determined to be unfounded. If the project were to be continued, it might be worth looking into the possibility of linking the targeting to a "positive action" such as growth monitoring rather than "rewarding" a negative action.
- The delays in paying vendors damaged their credit rating with their suppliers. While not having a long term negative consequence, the impact was passed onto project beneficiaries when some vendors increased their prices to ensure their costs could be covered. A review of the vendor payment system will likely remove this problem.

What areas could be improved?

a. Project objective and target groups

One of the measureable health effects of a diet lacking in diversity, particularly micronutrients, is anaemia. A project addressing the lack of micronutrients in the refugee diet may therefore assist in reducing anaemia levels. Anaemia rates in the refugee c amps are regularly measured during

¹ Calculated from weight for height median (coverage rate – 69.2% by MUAC)

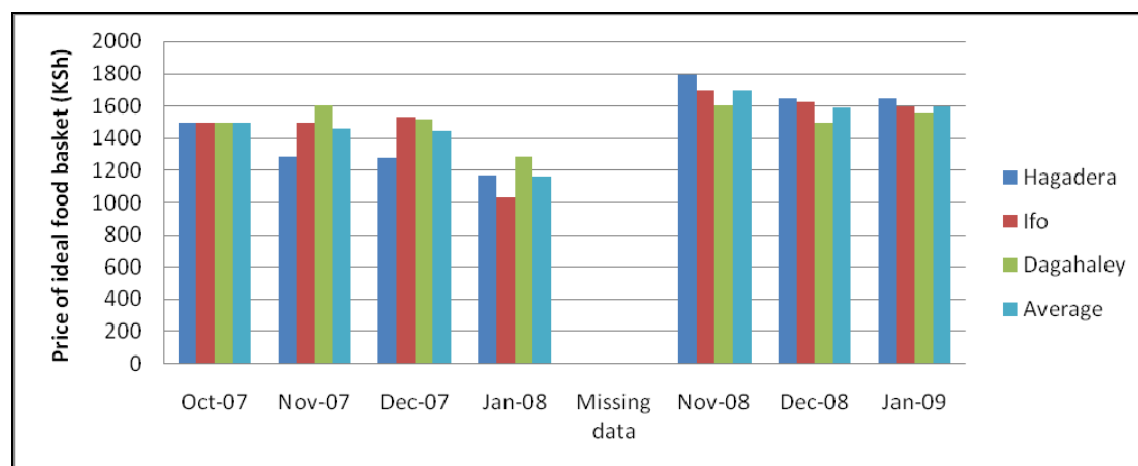
nutrition surveys and high rates, particularly in children under 5-years, and pregnant women, are regularly reported.

The ACF project has generated much interest from the community and nutrition/health NGOs and UN agencies as a possible tool for preventing anaemia and improving the general health of the refugee population. If the project is to be continued, it is recommended that the project objective (and the target groups) be reviewed in order to meet the specific health needs of the refugee community. Targeting population groups most at risk of anaemia may be a good place to start.

b. The value of the voucher

It was originally intended that the value of the food voucher might need to be changed based on any arising issues during implementation such as highly fluctuating market prices or dramatic changes to beneficiary numbers. However, market price monitoring has been inconsistent and the items to monitor have been changed. As a result, **it is no longer possible to calculate the price of the above ideal basket from the ACF data.**

Market price monitoring at the time of the evaluation found that the price of the ideal basket has changed over time. It has increased from 1494 KSh in October 2007 to 1600 KSh in January 2009 (range = 1554-1649 KSh) with possible seasonal price fluctuations in between (Figure C).



Source: Compilation of project monitoring data and evaluation data collection

Figure 6 - Changes in market prices of the ideal food basket

In addition it became clear that **some project vendors charged more for some items to the voucher beneficiaries.** This was apparently due to the delays in payment and vendors wanting to ensure that their costs would be covered. As a result, since the value of the voucher has not been changed during the project, **the voucher no longer provides the intended 50% value of the ideal basket.**

However, it is important to note that the project faced a challenge of ever-increasing beneficiary numbers. With such changes **it would have been understandable if the team had had to reduce the value in order that all eligible beneficiaries received a voucher.** The team should therefore be commended on their effort to at least retain the 600KSh value of the voucher despite the changes to the proposed beneficiary numbers.

The main effect of the reduced “value” of the voucher was that **the impact on the households dietary diversity was short-lived** (on average households have less than 10 days benefit from the voucher) after which the household dietary diversity score likely returns to the baseline of 5- groups

provided by WFP. **A more consistent impact may have been possible had the value of the voucher been monitored and modified according to market price changes.**

In recognition of the above factors, ACF increased the value of the voucher for OTP beneficiaries to 1000KSh per month in January 2009.

c. Project monitoring, coordination & sustainability

The ACF project has addressed a clear, long term need of the refugee population but was never designed to be sustainable. Rather, the intention of the project was to demonstrate to other agencies that a voucher approach to providing complementary foods could work. Two areas that were therefore critical to the long term success of the project were project monitoring (so that data could be used as proof of project success) and coordination with other agencies (to share project learning and persuade another agency to continue project implementation).

Project monitoring has been the major weakness of this project. Many changes to the monitoring system have been made and information has not been shared adequately with other agencies on a regular basis. While, the ACF project team has developed strong informal relationships with the community and with their partner agencies, attendance at formal coordination meetings has been limited and as a result, opportunities to share project successes with other agencies have been lost.

Distribution of complementary foods falls under the mandate of UNHCR therefore ongoing coordination with them and discussion of project successes should have occurred throughout project implementation.

The ACF project funding will end in April 2009 and to date, no agency has confirmed an interest in taking over the project. Previously, agencies have tried to address the issue through gardening projects and through ad hoc distributions of ground nuts and green gram. However, the climatic conditions of the area proved un conducive to gardening approaches and the funding for in-kind food distributions has been insufficient.

Given the importance of the provision of complementary foods in addressing the long term nutrition and health status of the refugee population, the presentation of evaluation findings and project monitoring data to other agencies is critical. Ongoing advocacy to donors is also needed in order to find a sustainable funding source.

Conclusion

The context of the Dadaab camps, with local, functioning markets and a clear need for complementary foods has been an ideal opportunity for ACF to demonstrate that a voucher approach is an appropriate means of providing fresh foods to a refugee population.

ACF has shown that a voucher approach can be a cost-effective way of meeting the needs of a large population without the need for large logistic input. In addition, since the approach utilises the existing market infrastructure, the method helps improve the local economy while providing the required foods to beneficiaries.

The ACF project has had a range of positive impacts. It has improved the dietary diversity of refugee households as intended while also helping to improve the coverage rates of the nutrition programs. The project has also contributed to a reduction in malnutrition rates. The community has appreciated the voucher approach as it provides them with some level of choice about the foods to purchase. A voucher system can help maintain the dignity of the beneficiaries, making the approach preferable to ongoing in-kind distributions.

The refugee population is dependent on humanitarian aid. Therefore a long term solution needs to be found for the ongoing provision of complementary foods. Ultimately it is the responsibility of UNHCR to

handle the issue of complementary foods in the refugee camps as it is part of their mandate as camp managers.

The voucher approach used by ACF has been found to be a successful approach to address the issue of complementary foods. It has been appreciated by the community and has had many unintentional positive impacts. Presentation of these evaluation findings and project monitoring data to other agencies may play a role in persuading agencies to try such an approach.

BACKGROUND

The town of Dadaab in North Eastern Kenya is home to three refugee camps: Hagadera, Dagahaley and Ifo hosting over 240,000² people. The camps were established in mid-1992 after the closure of the Liboi camp, which was too close to the Kenya/Somali border to ensure adequate security. Continued insecurity in Somalia means there are still regular influxes of people into the camps, with the population increasing at an average rate of 5000 per month during 2008.

The three camps are managed by the United Nations High Commission for Refugees (UNHCR) and food is provided by the World Food Program (WFP) as a dry ration. Currently the ration provided to all residents does not include fresh foods such as vegetables or fruit and many residents have little access to food beyond that which is provided. Each of the camps has a market where resident vendors sell a variety of items including fresh foods. However, since residents are prohibited from employment, their ability to obtain these foods is closely related to the limited level of external support they get from remittances or through the sale of part of the general food ration.

In order to increase the consumption of nutritious fresh foods by the refugee population, a voucher program was implemented by Action Against Hunger (ACF) with funding from the French Government. The project started in September 2007 and will be completed in April 2009.

The project included a component to support farmers increase fruit and vegetable production in areas around Garissa town but that component has not been included in this evaluation. This report is an independent evaluation of the voucher component of the project to assist refugee households in the Dadaab camps.

OBJECTIVES

The purpose of this evaluation is to draw lessons learned and to capitalize on best practices identified. The intention is to improve the existing program and to contribute towards the technical knowledge base within ACF on good practices related to voucher programs.

This evaluation will also provide feedback to the donor and to other agencies working in refugee camps about whether a voucher project is appropriate for the context.

The specific objectives of the evaluation were to:

- Evaluate program design – including impact, appropriateness, coverage and sustainability
- Evaluate program impact – including impact, efficiency, cost-effectiveness, coherence and coordination, accountability and sustainability.
- Evaluate program support – including level of technical and operational support.

This evaluation builds on an internal capitalisation report prepared at the end of 2008 and includes extracts from that document where appropriate.

The terms of reference for the evaluation can be found in the annexes (Annex 7).

² UNHCR figures (02.02.2009) indicate a population of 247,182 people

METHODOLOGY

The evaluation took place during a three-week period over January/February 2009 and was conducted by an independent consultant. The methodology included a review of available literature and secondary documentation, field visits and key informant interviews with relevant stakeholders. The complete list of key informants and the type of information collected from each can be found in the Annexes (Annex 1 and Annex 5).

As part of the field visits, each of the three refugee camps where the voucher project was implemented, were visited. In each camp the evaluator conducted the following activities:

- Meeting with camp leadership (chairman/lady and section/block leaders)
- Semi-structured focus group discussions with beneficiaries
- Semi-structured focus group discussions with project vendors
- Discussion with ACF staff (incentive workers and volunteer mothers)
- Meetings with other key informants

In addition, the following activities were conducted when the evaluation schedule allowed:

- Interviews with non-beneficiaries
- Home visits with beneficiaries
- Observation of health education, cooking demonstration

During some of the field work, the evaluator was accompanied by the Emergency Food Security and Livelihood Advisor from Save the Children (London Office). Save the Children had been involved in an assessment and initial fundraising for this project, and were considering the possibility taking over the project from ACF after April 2009. The Save the Children staff member conducted some of the focus group discussions for this evaluation. In total 203 people participated in interviews for this evaluation.

Table 1 Total number of people participating in field interviews

	ACF Staff	Other agencies and government	Camp Management	Vendors	Beneficiaries	Non-Beneficiaries	TOTAL
Hagadera	18	5	18	9	16	6	72
Ifo	6	1	4	9	12	15	47
Dagahaley	14	1	14	10	19	-	58
Dadaab	7	9	-	-	-	-	16
Garissa	6	2	-	-	-	-	8
Nairobi	2	-	-	-	-	-	2
	53	18	36	28	47	21	203

All of the evaluation interviews and focus groups were translated by independent translators.

The evaluator also reviewed the project monitoring data, project reports and financial records. As much as possible, these sources of secondary information were verified during field visits. The evaluator also collected market prices in each of the camps.

The evaluation was designed to collect information based on the OECD – DAC criteria for evaluating humanitarian action.

A timetable of the evaluation can be found in the annexes (Annex 2).

Limitations of the evaluation

- With the exception of interviews with ACF staff (held in English), all focus groups and evaluation interviews were translated from Somali to English. This potentially reduced the accuracy of the information collected.
- Only one ACF staff member that was present during the start of the project was available for interview. This resulted in a lack of triangulation of information about the assessment and design of the project.
- Security concerns in and around the camps meant that travel was restricted to police convoy times. The evaluation schedule was therefore limited by the project teams existing movement plan and movement at the time of the police convoy.
- The Nairobi-based Food Security Coordinator was outgoing and therefore not available for interview.
- Each camp held elections in late 2008 to elect new camp management. As a result, some of the camp leadership interviewed for the evaluation were not present in leadership roles throughout project implementation and some previous camp management members were no longer available for interview.

CONTEXT DESCRIPTION

As a result of insecurity in Somalia and other neighbouring countries, Dadaab town has been host to refugees since 1991. The majority of refugees are from Somalia with small populations from Sudan, Ethiopia, Congo and Rwanda. Originally built to house 90,000 people the three camps around Dadaab currently house over 240,000 people (Box 1).

The Government of Kenya (GoK) encampment policy prohibits the refugees from seeking employment outside the camps, and prohibits “encroachment into the environment” including for land cultivation or grazing livestock. Government officials³ report that this policy was originally developed to reduce tension and stress on the pastoralist host community. However, at the time, it was not foreseen that people would be living in the camps for so long.

Many refugee households lack the resources for self-reliance and indications from UN Joint Assessment Missions and surveys carried out regularly by NGOs confirm that refugee households are highly dependent upon humanitarian aid for their survival (JAM, 2006). Even if households were able to work or raise livestock, the harsh semi-arid environment around the camps is not conducive to any meaningful coping mechanisms that could constitute a source of income.

Although a proportion of the population engages in small-scale business within the camps (including project vendors), the majority rely heavily on remittances from the Diaspora. A limited number of households have members working for humanitarian agencies within the camps and are paid an “incentive payment” within a range agreed by UNHCR and the GoK.

UNHCR manages all three camps and is responsible for the coordination of humanitarian assistance. CARE Kenya is responsible for the general food distribution supplied by WFP typically consisting of maize flour, pulses, corn-soya blend (CSB), salt and vegetable oil. Food rations are not distributed by wealth or vulnerability criteria so all refugee households are entitled to the full ration. Distribution

Box 1 Camp Population Numbers

Dagahaley – 20,391 HH (71,768 people)

Ifo – 24,421 HH (83,780 people)

Hagadera – 25,388 HH (91,634 people)

TOTAL = 247,182 people

Source: UNHCR, 2 Feb 2009

³ Interviews with the District Relief Administrator and the District Officer during the evaluation

and/or production of complementary foods through vegetable gardens is almost nonexistent due to a lack of access to seeds and pesticides, lack of funding and the climatic conditions in the camps.

GTZ is responsible for health and nutrition programs in the camps which include treatment of acute malnutrition through a distribution of corn-soy blend porridge for the moderately malnourished and Plumpynut for the severely malnourished. In January 2009, the International Refugee Committee (IRC) took over the nutrition program from GTZ in Hagadera Camp.

A number of other agencies including Save the Children, Lutheran World Federation, and Médecins sans Frontières also implement projects within the camps.

Box 2 Seasonal Calendar

Jilaal (January - March)

Jilaal is the driest and harshest season. Water and vegetation are often reduced or scarce. Pastoralists move with their animals in search of water and better grazing. If there is drought people and animals may need help in accessing water. There are no agricultural activities this time of the year and there is only limited fruit and vegetable availability.

Gu (April - June)

Gu is the long rain season. If the Gu rains are normal or above normal, they bring prosperity. Water, pasture and rangeland resources are revitalised. Wedding ceremonies, regular clan assemblies and traditional dances (*ciyaar*) are held during this time of the year. Animals are sacrificed to thank Allah. In pastoral tradition, a person's age is calculated on the basis of the number of Gu seasons he or she has lived. Road access is difficult between Dadaab and Garissa at this time. Milk and meat are widely available.

Hagaa (July - September)

The Hagaa is the second driest season. In the coastal areas sea activities are minimised or halted due to monsoon winds. The Hagaa season is characterised by dry cool weather over most of the Somali areas except for the Northern regions where it is very hot.

Deyr (October - December)

The Deyr is the short rain season. Above normal Deyr rains often lead to above average cereal production including that of cash crops and improved pastoral conditions. If both the Gu and Deyr rains fail, food insecurity or even famine could occur as the Deyr is followed by the dry Jilaal season. Milk is available and fruit and vegetables supplies increase.

Source: Adapted from FSAU (www.fsasomali.org)

NEEDS ANALYSIS

Towards the end of 2006 the area in and around Dadaab, including the refugee camps, was flooded and there was a call for increased international assistance. ACF began intervention in Dadaab at that time, establishing an outpatient therapeutic program (OTP) in recognition of the rising severe acute malnutrition rates. Around the same time Save the Children conducted a rapid assessment of the Dadaab camps with the intention of using a voucher approach to provide complementary foods to refugee households. The use of such an innovative method was intended to attract donors to a protracted situation (Troc, 2007).

After handing over the OTP feeding program to GTZ in late 2007, ACF was interested in continuing its work in the Dadaab camps but wanted to address the lack of dietary diversity. As Save the Children had not been successful at finding a donor for their project, ACF approached the French Embassy in Nairobi and was granted 500,000€ from the French Government to implement a project for 12 months.

At the time, ACF did not have a food security team in place, having just handed over its nutrition program to GTZ. As a result, much of the Save the Children concept was used as the basis for the ACF proposal. The team has also utilised existing information from a number of agencies to inform project design. **No assessments were carried out by ACF including no market assessment to test the market supply chain and see if it could cope with additional demand from a voucher project.**

Information available from other agencies

1. Global and Severe Acute Malnutrition

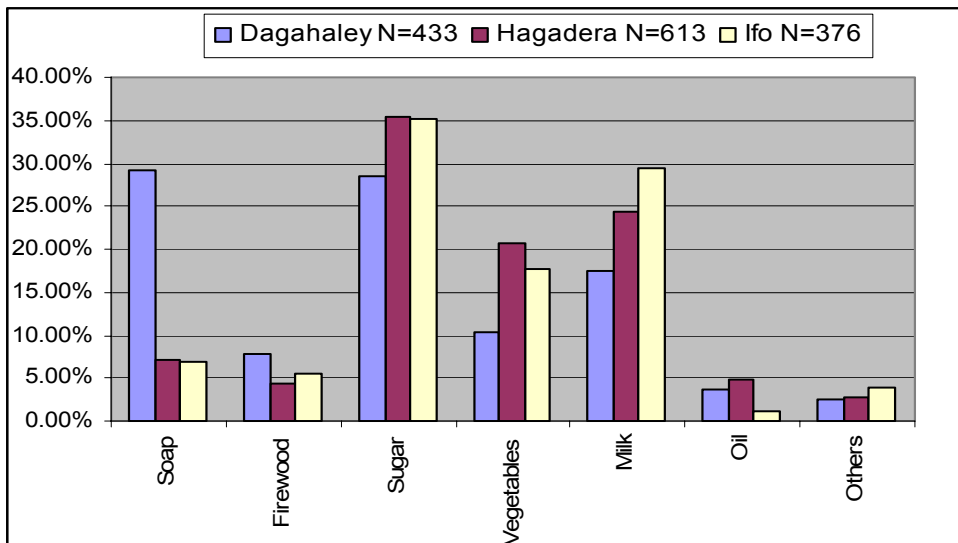
The malnutrition rates in the three camps have been monitored regularly since at least 2000, and ACF was able to make use of this data to better understand the underlying causes of malnutrition in the camps. Since 2003 malnutrition levels in the Dadaab refugee camps had been very high (often between 20-25%) well-above the international threshold for defining a nutrition emergency -15% global acute malnutrition⁴.

WFP provides a dry food ration to refugee households (Box 3). However, while the quantity of food distributed had continuously increased since 2003, the actual quantity of food aid consumed by the refugees was constrained. At the time the ACF project started, it was reported that camp residents were selling large quantities of their WFP food ration to cover essential non-food requirements such as the following -

- Cost of food processing (milling): refugees would have to sell one third of their sorghum ration to mill the rest, resulting in a significant loss of kilocalories per day;
- Lack of firewood: refugees cannot cook the number of meals they require with the limited firewood rations provided and must sell a significant amount of their food ration just to purchase firewood.
- Sale of food items provided by WFP (mainly the cereals and oil) to purchase complementary food items and non-food essential items. This is still an ongoing issue as depicted in Figure 2 below.

Box 3 WFP Dry Food Ration	
	(Per person per day)
	420 g Cereal
	55g CSB
	60g Pulses
	25g Vegetable oil
	5g Salt
	Total = 2100 kcal per person per day
	Source: Evaluation key informant interview, WFP

⁴ World Health Organisation threshold



Source: WFP Post-Distribution Monitoring, Jan – March 2008

Figure 2 Items bought through the sale of food aid

Nutrition surveys regularly cited a number of reasons for the high malnutrition rates. These included poor sanitation, low levels of income, regular influxes of refugees leading to overcrowding, changes in the food ration, and cultural practices and food preferences. In addition, two important factors were regularly cited - limited access to fresh food items rich in micronutrients, and a lack of understanding of the importance of consuming a range of foods including fruits and vegetables.

2. Micronutrient Deficiencies and Dietary Diversity

The prevalence of anaemia (iron deficiency) among children under 5-years and among women of reproductive age have regularly been found to be higher than the 45% cut-off point considered as being of public health concern according to WHO⁵. Anaemia and malnutrition are strongly correlated and young children are especially at risk for anaemia which impacts negatively on their mental and psychomotor development.

The mineral and vitamin content of the WFP food basket is poor as it does not contain any vegetables, fruits, meat, fish or poultry. The basket provides only 81% of iron requirements, 43% of Vitamin C, 62% of Vitamin B2 and 89% of Vitamin B1 of the requirements for an adult (GTZ Nutrition survey, August 2008). As a result, mothers face an ongoing challenge of a lack of appropriate weaning foods, in the absence of a distribution of complementary foods. Some mothers reported selling their WFP food ration in order to purchase weaning food for the young children.

3. Other issues highlighted in assessments

In addition to the above malnutrition issues, assessments in the Dadaab camps highlighted a number of other issues that impacted on the nutrition status of the refugee population at the time this ACF project was designed.

- The continued influx of refugees into Kenya was diverting already stretched resources from the existing program (JAM 2006). Households were sharing of resources with unregistered family members.
- The coverage of nutrition programs was low.
- Poor sanitary conditions and water handling practices in the camps impacted on food hygiene practices in the households increasing their risk of diarrhoeal disease and malaria.

⁵ Latest anaemia levels reported 71.4% of children under 5-years and 68.9% of pregnant women (66% of non-pregnant women) – GTZ survey August 2008

Summary

ACF did not conduct its own needs assessment before designing/implementing this project. However, the team has made use of available information from a number of organisations to better understand the nutrition and food security situation in the camps. Key issues that were highlighted by other agencies at the time include:

1. Lack of dietary diversity was highlighted as one of the cause of malnutrition in the camps (particularly anaemia).
2. Camp residents were selling parts of their dry food ration in order to purchase other food and non-food items.

These issues have helped to guide the team during the design of this ACF project.

A market assessment prior to implementation would have been useful to determine whether the existing market could cope with the added demand of a voucher project.

THE PROJECT

ACF started this food security project in the Dadaab refugee camps to increase the dietary diversity of the food basket. The project targeted children under five years of age enrolled in GTZ selective feeding programs and provided their mothers with vouchers worth 600KSh per month to enable them to buy fresh vegetable and fruit, milk and eggs in the local market.

In addition, the project aimed to address the limited knowledge base of primary caregivers in terms of appropriate feeding practices, balanced diets and good food hygiene. Follow up at the household level is carried out to reinforce the messages given on the voucher distribution day as well as to observe the households and the status of the children.

Overall Project Objective

To reduce the risk of mortality in malnourished children

Specific Project Objective

To diversify the diet of refugee households

Expected Results

17,850 families receive a food coupon to diversify their diet

Over the course of the project, the number of beneficiaries in the GTZ nutrition programs has increased. This has meant that the beneficiaries for the ACF voucher project have also increased. The difference in the planned and actual beneficiaries can be seen in Table 2 below.

Table 2 Difference between planned and actual voucher beneficiaries

Beneficiary Group	Planned No. HH per month	Actual No. HH (Jan 2009)
OTP	170	250
SFP	2600	6000
Weaning Babies Program	500	1500
TOTAL	3270 HH per month	7750 HH per month

The objectively verifiable indicators for the project are:

- At least 70% of beneficiary household increase their consumption of fruits, vegetables and/or eggs.
- At least a 90% redemption rate of vouchers distributed
- At least 70% of beneficiary household add two of the following groups to their diet (vegetables, fruits, and/or eggs).

As previously mentioned, this project also included a food production component that has not been evaluated. For this component, farmers in Garissa received a voucher to the value of 3600KSh to purchase seeds and/or seedlings during a seed fair. It was intended that increasing production in Garissa would help support the supply chain to people in the Dadaab camps. **Although this component of the project has not been evaluated, it may be useful for other agencies wishing to continue with the provision of complementary foods in the camps, to investigate the production aspect and market linkages more closely.**

EVALUATION FINDINGS

APPROPRIATENESS

According to the ACF Cash Guidelines (2007), voucher responses are appropriate when the following conditions are fulfilled.

- Recipients have all prioritised the same needs (within the range of the vouchers' flexibility), which have been correctly identified, and
- Recipients have other sources of cash with which to meet their other needs or vouchers are given in parallel with cash aid, and
- Supply of goods of adequate quality, quantity and price, is guaranteed either independently or assisted by the project.

Vouchers are preferred over cash distributions when:

- There are reasons to fear robbery while transporting or distributing cash, or
- The agency or donor wants to restrict how aid can be used, or
- Market supply can only be guaranteed if traders know there is a certain demand (i.e. they know exactly which goods will be needed and the quantities) or
- Local supply (including from the informal sector) can be organised if demand is guaranteed.

Does the context in Dadaab meet the ACF guidelines for appropriateness?

As noted during the needs analysis, while the basic needs of the refugee households⁶ were being met through a collaborative effort of a UN agencies and NGOs, the lack of complementary foods was still a well documented and prioritised unmet need.

In each camp there are/were functioning markets each with vendors specialising in the sale of fresh fruit and vegetables. A local supply of the required items was therefore available and beneficiaries had easy access to the markets. In addition, vendors were able to increase their supply (from Garissa) if there was a guaranteed demand. **The proximity of the markets and the availability of local produce meant that in-kind distributions would be unnecessary and a cash or voucher response would be more appropriate.**

As part of the evaluation, beneficiaries were asked if they would have preferred to receive 600KSh as cash instead of the voucher. Almost all reported that cash would have been preferable. However, it was also clear that beneficiaries would likely have spent a large proportion of the cash on tea, sugar, rice and pasta.

By providing a voucher for a defined list of items instead of providing cash, ACF has been able to maintain some control over beneficiary spending and in doing so, has been able to meet the objectives of the project. The voucher project has enabled beneficiaries to purchase items from a local market, supplied by local producers without the need for ACF to do an in-kind distribution. **This evaluation has therefore found that a voucher approach to improve household dietary diversity was an appropriate response.**

Determining the items and value of the voucher

In deciding what items could be purchased with the voucher, ACF staff consulted nutritionists from other agencies (GTZ, UNHCR, WFP and CARE) working within the camps. It was determined that fruits, vegetables, milk and eggs were typically consumed in insufficient quantities and with insufficient frequency for a nutritionally adequate diet. Based on this framework the project team listed and

⁶ Food, water, shelter, education and health

assessed the available fresh food items and community preferences and developed an ideal food basket of foods for one month per child. This basket is outlined in Table 3 below.

Table 3 Ideal food basket for one child for one month

Food Group	Item	Servings per day	Servings per month
Fruits	Mango	0.66 pcs	19 pcs
	Orange	0.66 pcs	19 pcs
	Banana	0.66 pcs	19 pcs
Vegetables	<i>Sakuma wiki</i> ⁷	200 grams	6 kg
	Tomatoes	115 grams	3.45 kg
	Potatoes	115 grams	3.45 kg
Dairy	Cow's milk	2 cups ⁸	14 litres
Proteins	Eggs	0.28	8 eggs/month

Source: ACF Capitalisation report, 2008

Eggs were seen as a more cost effective way than meat to meet protein requirements. Milk was included, but limited to 2 cups per day. This was so that mothers would continue breastfeeding, as there is not a strong traditional preference for breastfeeding amongst Somalis.

Table 4 Voucher value rationale

Food Group	Locally Available Items ⁹	Serving per Day (pieces or kg)	Serving/month	Price/unit (pcs or kg)	Total Price per Item	KSh/month
Fruits	Mango	0.66	19.8	15	297	
	Orange	0.66	19.8	10	198	
	Banana	0.66	19.8	5	99	594
Vegetables	<i>Sakuma wiki</i>	0.2	6	10	60	
	Tomatoes	0.065	1.95	40	78	
	Potatoes	0.065	1.95	40	78	216
Protein	Eggs	0.28	8.4	10	84	84
Dairy	Cow's milk	1	30	20	600	600
					October 2007 Value of Ideal Food Basket	1494

Source: ACF Capitalisation report, 2008

⁷ Dark green leafy vegetable

⁸ One cup is 240 mL

⁹ Other fruit and vegetable items can be purchased with the voucher, depending on availability/ seasonality.

The value of items within the ideal complementary food basket was calculated based on market prices (October 2007) and came to 1494 KSh per child per month (see Table 4 above). However, because the team was planning to target children in the feeding program who would also be receiving fortified foods like Plumpynut and CSB, the ACF team decided to give vouchers that could purchase around half of the ideal food basket. An amount of 600 KSh, which could easily be divided into two 300 KSh vouchers was agreed upon. Each child in the nutrition programs was entitled to 600KSh voucher per month. As a result, some families may receive more than one voucher.

The value of the voucher was felt to be appropriate because the team wanted to limit tensions between project beneficiaries and non-beneficiaries. Wealth ranking indicated that poor households live on around 500KSh per month (Troc, 2007) and this was considered in determining an appropriate value of the voucher.

It was recognised by the project team that there would be a need for ongoing market price monitoring in order to make changes to the voucher value if market prices increased or if the number of project beneficiaries increased markedly.

The duration of assistance

The ACF monitoring database does not include sufficient information about the beneficiaries to determine how long each household has benefited from the project. However, both GTZ and IRC¹⁰ now have minimum stay requirements for their nutrition project – 6 weeks for OTP and 8 weeks for SFP. It is therefore reasonable to expect that **most households have the opportunity to receive at least 2 vouchers from ACF** (OTP beneficiaries that are discharged to SFP may receive up to 7 or 8 vouchers). Readmissions to the project may benefit from the project for longer.

The short duration for each household is unlikely to provide long term changes to the diet but can provide a foundation for longer term change because of the health education component of the project. More information on the impact of the project can be found later in this report.

Summary

The evaluation has found that a voucher approach was appropriate for the Dadaab context because -

- This was a clearly documented issue of lack of dietary diversity affecting a large proportion of the camp population
- There was a functioning market in place and vendors had sufficient contact with fruit and vegetables suppliers to meet the demand created by the project. This made an in-kind distribution unnecessary.
- The market was easily accessible to the targeted population.
- Although many beneficiaries would have preferred to receive cash, ACF wanted to retain some level of control over beneficiary purchase in order to ensure project objectives were met.
- The items that could be purchased with the voucher were appropriate
- The rationale behind the value of the voucher was appropriate given the target group

¹⁰ IRC took over the implementation of the nutrition program in Hagadera in January 2009.

TARGETING

The ACF project targeted households with malnourished children. In order to reduce the workload on ACF staff, **the project directly targeted a sub-set of GTZ/IRC nutrition program beneficiaries**. As such the targeting procedures are dependent on GTZ/IRC staff to correctly admit and discharge beneficiaries.

The selection criteria for inclusion in the ACF voucher project were:

- Households with severely malnourished children enrolled in the GTZ/IRC out-patient therapeutic care program (OTP).
- Households with moderately malnourished program enrolled in the GTZ/IRC supplementary feeding program (SFP)
- Households with mothers who have recently been discharged from the GTZ/IRC ante-natal care program and now have a baby at weaning age (6 months).

GTZ/IRC nutrition program beneficiaries who did not fall within these three identified groups were not eligible to participate in the ACF project (see Table 5 below).

Table 5 Comparison of GTZ/IRC nutrition program and ACF voucher beneficiary groups

GTZ/IRC beneficiary groups	ACF Beneficiaries
Pregnant and Lactating Mothers (Ante-natal care)	X
OTP	√
SFP	√
Special Cases – disabled, elderly	X
Weaning Babies Project (discharged from GTZ ANC project)	√

There are a number of issues with the targeting methodology used for the project as highlighted below.

Advantages of the targeting methodology

- The community felt that the targeting criteria was clear and understood that households with malnourished children were eligible to receive a voucher.
- Directly targeting nutrition program beneficiaries required less technical staff from ACF.
- Beneficiaries were encouraged to come to the nutrition program because of the added bonus of receiving a fresh food voucher. This meant that less active case finding was required from GTZ/IRC.
- Nutrition program beneficiaries were already required to be at the health posts at certain times of the month and these times could be utilised by ACF for voucher project implementation

Disadvantages of the targeting methodology

- GTZ/IRC staff members felt pressured by mothers to admit children into the nutrition program even when they did not meet the admission criteria.
- It was impossible for ACF staff to control who could receive vouchers once they were registered by GTZ/IRC.
- GTZ/IRC staff reported difficulties discharging people from the nutrition program because they wanted to continue receiving the ACF fresh food voucher.
- Inclusion of mothers with weaning babies into the project caused some confusion among the community because those children were not necessarily malnourished.

- As a result of the project targeting malnourished children, rumours circulated that mothers were 'starving' their children in order to remain eligible to receive a voucher. These rumours were investigated and determined to be unfounded.

Summary

The targeting for this project is totally dependent on the admission and discharge criteria of GTZ/IRC. This dependency has caused some implementation challenges.

High community interest in the ACF voucher meant there was less active case finding required from GTZ/IRC as mothers voluntarily brought their children to the nutrition program.

Clear targeting criteria helped the transparency of the project as the community understood that the project targeted malnourished children. However, inclusion of mothers with weaning babies into the project (at risk of malnutrition) has caused some confusion because the babies were not necessarily malnourished.

Vendor Selection Criteria

The selection of the project vendors was made through local consultation between ACF staff and camp management. This process was not documented but vendors were reportedly chosen and registered according to the following criteria:

- Fair and honest relationship with community.
- Regularly supply targeted food items with adequate capacity
- Able to store fruits and vegetables
- Able to keep records
- Access to legal cash transfer mechanisms
- Store located in camp market
- Sufficient capital to take part in the project

During the evaluation it was not possible to verify whether vendors had met these criteria.

However, beneficiaries all reported that they were happy with the vendor selection and **there were no reports of discrimination or poor service from the current project vendors.** The transparency of this process may have been improved if the logistic team had been involved. Within the ACF logistic team in Garissa there was previous experience with voucher programming and of contracting procedures and the formal documentation of such.

Each camp has around 10 vendors registered with the ACF project at any one time. In order to spread the benefits of participating in the project, the ACF team intended to rotate project vendors. Each vendor was therefore given a contract for a period of three months after which the contract expired. As part of the contract with ACF, vendors agreed to sell only those goods stipulated on the vouchers. Vendors found to be in breach of the contract i.e. selling non-permitted items or charging too high prices were removed from the project.

The rotation of vendors however has not gone according to the original plan for a number of reasons including requests from beneficiaries to keep some vendors, and delays in vendor payments. At the time of the evaluation, some vendors have been with the project for 12 months and only one rotation had been done in May 2008.

Summary

Although there was a set of criteria in place for vendor selection, the process has not been documented. It was therefore not possible to verify whether the vendors met the criteria.

The process may have been made more transparent if the ACF logistic team were involved as they had experience with ACF contracting guidelines.

Beneficiaries were happy with the current project vendors and reported receiving good service from them. No reports of discrimination against beneficiaries were found.

PROJECT COVERAGE

When determining coverage rates for the project it is necessary to compare beneficiary numbers from the GTZ/IRC nutrition programs with the ACF beneficiaries of the voucher project to verify that all beneficiaries were included.

At the start of the ACF project, it was clear that although the malnutrition rates in the camps were high, the coverage rate of the nutrition programs was low. Currently however, the situation has been reversed, with **malnutrition rates falling to within acceptable levels, and coverage rates improved**. As a result, the numbers of children in the nutrition programs have increased, thereby increasing the numbers of ACF voucher beneficiaries.

Some of the reasons for increasing numbers in the nutrition programs when the malnutrition rates are decreasing include:

- Regular influxes of new arrivals coming in poor condition and requiring nutrition program assistance
- Changes in admission criteria in late 2008 allow children to be admitted using MUAC alone
- **The ACF project has clearly been a significant pull factor into the GTZ/IRC nutrition programs.** As a result of the project, an increasing number of mothers are voluntarily bringing their children to the nutrition programs so that they will receive the fresh food voucher.
- GTZ staff members are being pressured to not discharge mothers from the nutrition program because they will lose the benefit of the fresh food voucher.

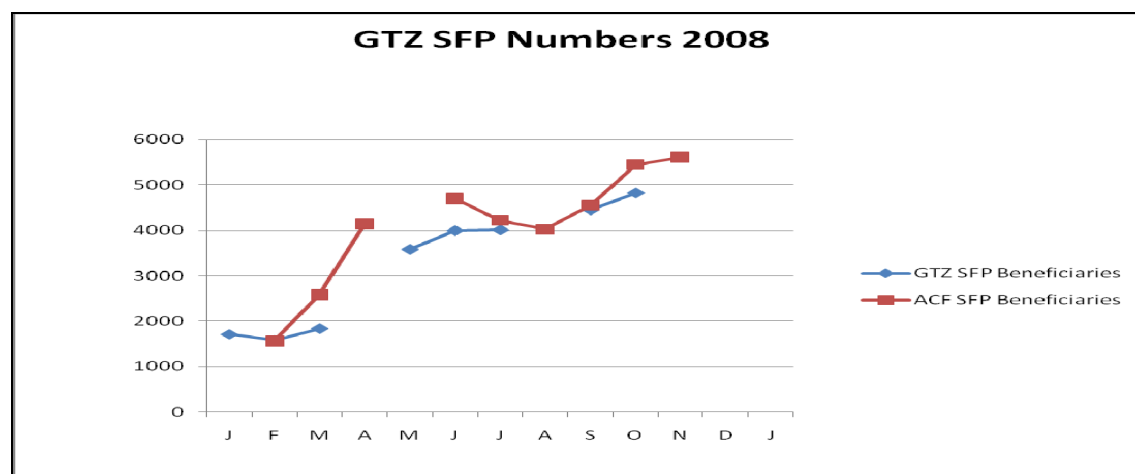


Figure 3 Comparison of GTZ and ACF beneficiary numbers 2008

Although the information from GTZ is incomplete, **it appears that all beneficiaries from the nutrition program were receiving ACF vouchers as intended**. Figure 3 indicates that there are some discrepancies in beneficiary numbers between agencies. This could have been addressed through formal coordination meetings on a regular basis.

Summary

It appears that all the GTZ/IRC eligible beneficiaries have received the ACF vouchers as intended.

Coverage rates of the GTZ/IRC nutrition programs have improved. This is partly due to the significant pull factor of the ACF project, with more mothers voluntarily bringing their children to be screened.

Formal coordination meetings may have addressed discrepancies in beneficiary numbers between the GTZ/IRC nutrition program and the ACF voucher project.

PROJECT IMPLEMENTATION PROCESSES

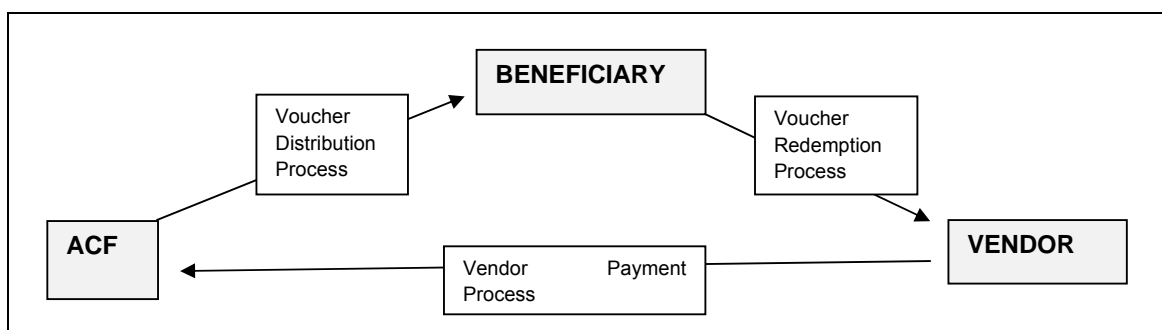
1. FRESH FOOD VOUCHER

The ACF project team distributes a voucher every four weeks to the targeted beneficiaries. Voucher recipients then exchange these vouchers with ACF selected vendors within the refugee camp markets for a permitted range of fresh food products. Every two weeks the participating vendors meet with ACF staff after collecting all the redeemed vouchers. ACF then starts the process of making payment to the vendors.

Much effort has been put into modifying and refining the project implementation processes – ensuring that each component ran smoothly. These modifications have been required partly as a result of inadequate technical support at the start of the project, but also because the increasing numbers of beneficiaries necessitated changing the systems: what was an appropriate distribution system for 200 beneficiaries was no longer appropriate for 2000 beneficiaries.

In addition, it is important to note that each of the project processes carries an administrative burden, with many forms to be filled, cross-checked and signed off. As beneficiary numbers increased, so too did the administrative component. **Voucher projects commonly have a high administrative cost and this should have been considered in the allocation of staff to the project.** As it was, the project team has handled all the paperwork themselves, without administrative support and should be commended for their efforts in this regard. However, the ongoing effort into refining the project implementation processes, although necessary, has cost the project team valuable time for project monitoring.

The specifics of each of the processes are explained in more detail below.



Source: ACF Capitalisation report, 2008

Figure 4 Voucher project implementation processes

a. Voucher Distribution Process

When the ACF voucher project started, the team only registered beneficiaries from the GTZ OTP project in order to keep numbers small, and test the processes. Once the processes were established, SFP beneficiaries were added (March 2008), greatly increasing the number of beneficiaries. Since then, voucher distribution has been carried out on a 4-week cycle to ensure that all eligible beneficiaries from the GTZ nutrition programs are included at least once, depending on their length of stay.

The GTZ/IRC OTP programs run a food distribution once a week, and an SFP and Ante-Natal Care (ANC) project distribution fortnightly. ACF takes advantage of these distributions to verify and register beneficiaries for the Fresh Food Voucher Project.

At the time the vouchers are distributed, ACF also collects pre-voucher distribution information on a random number of households to monitor changes in Household Dietary Diversity Score (HDDS). The health education component of the project is also implemented during this time (described below).

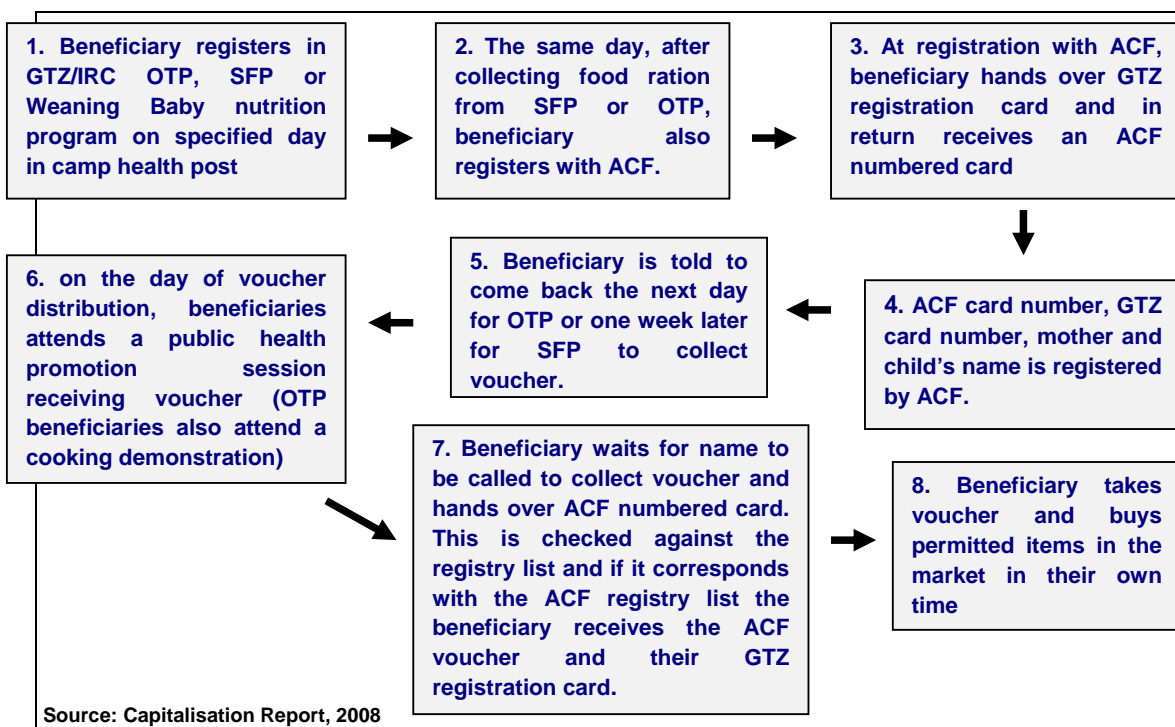


Figure 5 Beneficiary registration and voucher distribution process

b. Voucher redemption process

Once the beneficiaries receive their voucher/s they are free to redeem them at any time within the next month with the registered vendors. Each registered vendor displays an ACF sign-board on their shop so that they are clearly identifiable by the beneficiaries (see cover photo).

ACF staff members encourage beneficiaries to redeem only 300KSh at a time, in case there is a problem with vendor service and/or prices. However, it appears that the majority of beneficiaries redeem the full 600KSh at one vendor. The majority of the beneficiaries interviewed during the evaluation reported using the voucher like a post-paid credit system: they take the voucher to the vendor on the first day and then return to collect further items over the next few days.

Vendors are instructed by ACF staff not to allow exchange for non-food items, and beneficiaries are told during health education sessions about the types of foods that the voucher can be exchanged for. Despite this, vendors often reported that beneficiaries requested the purchase of non-approved food items (mainly rice, pasta and sugar).

The project has a voucher redemption rate of 98%.

c. Vendor Payment Process

In order to pay cash to the project vendors a number of mechanisms were considered. There is no banking system available in the camps because the residents are not Kenyan citizens. This limited the choice of payment option to direct cash carrying by ACF staff, payment through the Kenyan Postal Service (PostaPay) or payment through a local money transfer system (*Hawala*).

During the first few months of the project, ACF staff carried cash from their Garissa office to the project site in Dadaab to pay the project vendors. However, as beneficiary numbers increased (and therefore payment value increased) a different system was needed to ensure security of both staff and funds.

The *Hawala* system has a distinct advantage over other systems in that the transactions are fast. The system relies on a network of local brokers (some of whom are present within the camps) and vendors would be able to access their payment quickly. However, there were a number of problems associated with the system including a lack of privacy (security) to the vendors, a high commission requested of ACF of 6.5% per transaction, and difficulties with exchange rates¹¹.

The final payment option that was considered was PostaPay. The PostaPay system is used by a number of other agencies in Dadaab to pay their staff and Kenyan citizens are able to bank with this service at the post office. Using this system, ACF could directly transfer funds from their Nairobi office to PostaPay Garissa. From there, PostaPay had the responsibility of carrying the cash to Dadaab, where it could be paid directly to the vendors at the Post Office. Although this system is significantly slower than *Hawala*, the cost to ACF was less and it was perceived as more secure for the vendors, as they could travel to Dadaab Post office whenever they chose.

As a result of the above factors and after discussion with the project vendors, the PostaPay system was chosen by the ACF team for this project. The steps in the vendor payment process are described below.

Voucher Collection – the collection process usually takes several hours per camp and ACF staff then have one (1) day to send the vouchers to the Garissa office.

- Twice a month vendors from each camp gather in a designated location in order for ACF to collect the vouchers that vendors had received over the past two weeks.
- Each vendor is expected to have counted the number of vouchers and to have recorded each voucher number on a pre-prepared voucher collection form
- ACF staff members then re-count and verify the number of vouchers, signing, along with the vendor, to confirm the total number of vouchers on the voucher collection sheet.
- ACF staff members then calculate the total amount due to that vendor who then signs to confirm he/she agrees to amount that has been calculated and receives a payment voucher which they will be able to exchange at PostaPay for cash.
- The vouchers are then boxed and sent to the Garissa office for further verification.

Internal Financial Procedures – this process should take 9 working days

- Once vouchers have been collected, counted and verified the Program Officer in Dadaab sends the vouchers to the Program Manager in Garissa who then verifies the total number of vouchers and prepares a request for payment to the Finance Department.
- The vouchers and the request for payment is then forwarded to the Finance Assistant in Garissa who verifies the amounts, signs, scans and sends the request for payment to the Finance Assistant in the country office in Nairobi.
- The Finance Assistant in Nairobi receives the request, verifies and then requests approval from the in-country Financial Coordinator for the funds to be transferred to PostaPay.
- When the internal request is approved the Finance Assistant makes the electronic transfer of cash to PostaPay.

Cash Transfer to Vendor – this process can take up to 10 working days but is dependent on PostaPay's system

¹¹ The Hawala brokers would only accept payment in US Dollars therefore ACF would potentially lose money on exchange rates from Kenyan Shillings (KSh).

- The ACF Finance Assistant in Garissa provides PostaPay in Garissa with the appropriate paperwork for payment.
- This paperwork is sent to the Dadaab Post Office by PostaPay and the funds are released, after PostaPay have received confirmation from the bank that payment has been received from ACF.
- Vendors are then alerted by the ACF team in Dadaab that they can collect their payment.
- Once all the vendors have collected their funds the paperwork is returned to the ACF office in Garissa and then sent on to Nairobi for closure.

Source: ACF Capitalisation report, December 2008

The vendor payment process has had two main problems both of which have now been resolved.

1. PostaPay was responsible for carrying the cash from Garissa to Dadaab. At times, there was a delay due to poor road conditions, **and vendors were not paid for up to three months**. As a result of the payment delays some vendors voluntarily withdrew from the ACF project, a few new vendors were unwilling to take part in the project, and a couple of vendors from Hagadera were taken by the police for not paying their suppliers. Non-payment to the suppliers meant that the vendor's credit rating was impaired. ACF has been blamed for this delay even though it was PostaPay's responsibility. To compensate, vendors have increased the market price of some goods to voucher beneficiaries.
2. The commission agreed with PostaPay was only 75KSh per vendor per payment¹². This makes a total of around 5000 KSh¹³ per month. While it is not clear whether this was agreed in error, it is clear **that the amount was insufficient to cover the administration costs of PostaPay**¹⁴. In February 2009, after letters from PostaPay Regional Staff, the amount has been increased to 400KSh per vendor per payment.

At the time of the evaluation, both the vendors and PostaPay reported that they were now happy with the vendor payment system. However, if the project were to continue, the delays in vendor payment due to poor road access in the rainy season will likely continue to be an issue. **The resulting impairment of the vendor's credit rating has had a detrimental effect on the beneficiaries; therefore it is recommended that if the project continues, the vendor payment process be reviewed to see if a better alternative exists.** Vendors expressed a renewed interest in the *Hawala* payment system during the evaluation as it is fast and is unlikely to cause the delays that the current system has produced.

Other issues noted relating to the vendor payment process

In addition to the above issues, the following were noted:

- PostaPay staff reported a concern related to correct identification of vendors at the post office and requested that a photo identification card be issued to each project vendor by ACF.
- Vendors have to travel from the camps into Dadaab town (around 5km) in order to collect their money from PostaPay. They have frequently requested that ACF reimburse their travel costs (approximately 100 KSh).
- As the vendors are free to collect their money from PostaPay at any time, there has been some concern from the ACF finance team that they are unable to be present at the cash distribution. However, it appears that the documentation of this process is clear and there have been no problems with the payment process. ACF finance staff members have done spot-checks of registration/beneficiary and vendor documentation and found no problems.

¹² Vendors are paid once or twice a month.

¹³ 5000 KSh = approximately 50 Euro

¹⁴ PostaPay incurs costs of 5000 KSh to withdraw funds of >1 million KSh from the bank. They also have to pay security to carry the cash to Dadaab, and pay fuel, staff and administration costs.

- The evaluator raised some concerns that vendors have to travel back to the camps carrying large amounts of money. However, vendors reported that they often travel with the secure police convoy and **they reported no security incidents or threats.**

Summary

Voucher projects commonly have a high administrative component and this project was no exception. Allocated administrative support would have been beneficial and perhaps allowed the project team more time for programming issues such as project monitoring.

The increase in beneficiary numbers meant that project processes had to be modified and adjusted throughout the project implementation as problems arose. At the time of the evaluation, the beneficiaries and ACF staff were happy with the implementation of the project.

The vendor payment process had some problems that although now resolved, have impacted on the project beneficiaries. Delays in payment meant that the vendor's credit rating with their suppliers was impaired and some vendors increased their prices to the beneficiaries to offset this. In addition, the payment delays have led to a renewed interest by the vendors in the possibility of using the *Hawala* payment system as it would avoid the delays.

Vendors and PostaPay staff felt that they were able to manage the security threats of carrying large sums of cash. No security incidents were reported throughout the project.

2. HEALTH PROMOTION ACTIVITIES

To complement the distribution of fresh food vouchers, ACF provides health education to the voucher recipients covering two main topic areas: 1. Basic food hygiene education to reduce food borne illness and 2. Good nutrition guidelines in order to promote dietary diversity and incorporation of fresh fruits and vegetable into the diet of the family (ACF Progress report, Dec 2008).

Beneficiaries from the OTP project (with severely malnourished children) are also required to take part in an extended health education session that includes a cooking demonstration before receiving the vouchers. Topics are changed monthly (Box 4), as is the menu for the cooking demonstration.

During the health education sessions voucher recipients are told how to use the voucher, advised about selection of vendors and informed about the credit system available from the vendors when using the voucher.

Although the health education component was included in the original proposal, **insufficient budgetary resources were allocated to its implementation. As a result, resources such as cooking utensils, and the funding for ingredients has been an ongoing issue for project staff.** For the majority of the project duration, the volunteer mothers were asked to supply all the utensils while ACF provided the ingredients, mats, tables and chairs. This was intended to improve community ownership of the project but has caused some problems when items have been broken or damaged. At the time of the evaluation, ACF was using equipment from another ACF project to run the health education sessions.

The ACF staff members including the incentive workers and volunteer mothers have all been trained in health education using a manual written by the Public Health Promotion Coordinator in Garissa. The contract staffs do ongoing training and mentoring of the incentive workers and provide them with materials for each health education session. Volunteer mothers and incentive workers conduct follow up home visits to beneficiaries each month.

Box 4 ACF Health Education Topics

- Balanced diet
- Use of voucher
- Hygiene
- Nutrition
- Breastfeeding
- Cooking methods
- Food storage
- Prevention of disease
- Identification of malnutrition

A number of other agencies are also conducting health education sessions in the camps: CARE focuses on water, sanitation and hygiene (WASH) issues as well as infant and young child feeding (IYCF), GTZ does general hygiene education. **Although there has been no formal coordination with these agencies, because of the overlap of topic areas, ACF decided to focus only on food and nutrition related topics to complement the voucher.** Throughout 2008, CARE and ACF staff worked closely together to emphasise complementary feeding education and implement cooking demonstrations on the preparation of such foods.

CARE conducted a Knowledge, Attitude and Practice (KAP) baseline survey in late 2008. The results of the survey will be released in February/ March 2009 and may provide the ACF team with additional suggestions for food related health education topics.

Summary

The health education complements the voucher component of the project. Beneficiaries are taught how to use the voucher, and receive information on food hygiene and the importance of a balanced diet.

Informal coordination has been done with other agencies to ensure cohesive messages between agencies.

Insufficient budgetary allocation has been made to the health education component of the project. As a result the team has worked with limited resources to implement activities.

A recent KAP study conducted by CARE may provide ACF staff members with suggestions for food related health education topics where community knowledge is poor.

MONITORING AND REPORTING

As previously mentioned, ACFs intention in implementing this project, was to demonstrate to other agencies that a voucher project could be an appropriate method of supplying fresh foods to the refugee population. However, the monitoring undertaken for this project has not been comprehensive, and changes have been made to the database throughout the life of the project. This makes comparison over time difficult. In addition, some of the secondary impacts from this project can only be measured qualitatively as there is no available quantitative data.

Project baseline

In October 2007 (during the Deyr rainy season), the project team conducted focus groups with a total of 16 resident women. Information collected included how often they purchased different foods from the market and what their main concerns were related to the situation in the camps.

The concerns about the camp situation mentioned by the women at the time were as follows:

- As a result of the rainy season and stagnant water, many children were reported to have diarrhoeal disease and malaria
- Many items were unavailable in the market because it was rainy season and supplies could not get through.
- New arrivals were causing overcrowding and sharing of limited resources

The information collected from the participants about frequency of purchasing items in the market is seen in the table below (Table 6). The information indicates that women never purchased fruit or eggs and managed to buy vegetables (mainly tomatoes and potatoes) on a weekly basis. Milk was being purchased daily because it was the season, but usually milk is only purchased when available (monthly or less). Cereals were not being purchased in the market because they were provided by WFP.

Table 6 Frequency of market purchase of various food items – October 2007

	NEVER	DAILY	WEEKLY	FORTNIGHTLY	MONTHLY
VEGETABLES			√		
FRUIT	√				
MILK		√			
EGG	√				
OILS			√		
MEAT					√
CEREALS	√				
PULSES/STARCH			√		
OTHER (tea, salt, spices)			√		

Source: Baseline questionnaires, ACF

The baseline data has not been analysed or used for project monitoring.

No information was collected about Household Dietary Diversity Score at that time. HDDS data collection started in March 2008 when the SFP beneficiaries were added to the project.

Ongoing project monitoring

The two main sets of available monitoring information relate to household dietary diversity score (HDDS) and market prices.

1. Household Dietary Diversity Score

To monitor the main project objective the team has regularly collected information from beneficiary households on their pre-voucher and post-voucher HDDS. HDDS information is therefore available monthly from March 2008 to the present time and can be compared from month to month. The HDDS data is the most complete data set.

For this project the HDDS was created by summing the number of food groups consumed by the household over a reference period (in this case, the previous 3 days). A score of 1 is given to consumption of each group. Higher scores correspond to a more adequate range of foods groups in the diet.

At the start of HDDS monitoring (March 2008) a maximum number of 12 food groups were possible. However, with the revision of the monitoring system in October 2008, the number of food groups was extended, bringing the maximum score to 16 (Box 5). To make the data comparable and draw conclusions on impact, the evaluator has re-categorised the ACF HDDS data back to the original 12 food groups.

Box 5 Food Groups used for calculation of HDDS (Nov 2008)

- Cereals
- Orange vegetables and tubers
- White tubers and roots
- Dark leafy green vegetables
- Other vegetables
- Orange fruit
- Flesh meat
- Organ meat
- Eggs
- Fish
- Legumes/ nuts/seeds
- Oil
- Sugar
- Miscellaneous (tea, spices)

Source: ACF monitoring data

Pre-voucher distribution HDDS information is collected from beneficiary mothers at the time of voucher distribution. Post-voucher distribution HDDS is collected by the incentive workers/volunteer mothers during follow up household visits 1-2 weeks after voucher distribution.

Training was provided to all staff on HDDS data collection but more training is need to ensure accuracy. It was originally intended that the data collected be related to the consumption patterns of the malnourished child over the previous 3 days. However, it appears that information is being

collected about the household. As children less than 2 years of age often do not eat the same foods as the rest of the family, the data cannot necessarily be used to describe the diet of the child.

Dietary diversity is regularly monitored by GTZ during their nutrition surveys. Unfortunately ACF is using a different methodology (3 days recall instead of 7 days) and a different number of food groups, therefore the results are not comparable between the surveys.

2. Market Price monitoring

A comprehensive market price monitoring database was set up by the project team at the start of the project. It was intended that market prices would be monitored on a monthly basis from both the ACF registered shops and the non-ACF vendors in each of the camps as well as in Dadaab town and in Garissa town. Unfortunately the price monitoring has not been done regularly and the items to be checked have been modified so that it is currently not possible to ascertain the price of the ideal basket from the database.

During the evaluation, prices were collected from each of the camp markets and from project beneficiaries in order to establish whether prices had changed since the start of the project and whether project vendors charged higher prices to voucher recipients.

3. Other information

A revised monitoring system was put in place in October 2008. This system includes information about the changes to the vendors business (stock changes and customer numbers).

In addition to the above it would have been beneficial for the team to collect information on how much of what item had been purchased by the beneficiaries. This would enable a clearer understanding of price increases by the vendors, verified the use of the voucher and provided information about food preferences. Improved monitoring of changes as a result of the health education sessions would also be useful.

Expenditure data from beneficiary households would also have been useful to see if beneficiaries had reduced the sale of the WFP ration now that complementary foods had been provided. This could have been compared to the regular PDM data obtained by WFP.

Summary

This project was intended to demonstrate that a voucher system could be used to provide the refugee population with fresh fruit and vegetables without the need for a complicated logistic system.

Project monitoring has not been comprehensive and changes in the monitoring systems mean that data is not comparable from beginning to end of the project.

The baseline for this project was not adequate to measure impact as it did not collect data related to dietary diversity.

HDDS data is available from March 2008 to present therefore conclusions can be drawn related to changes in the dietary diversity of households.

A comprehensive database for monitoring market price data was established at the start of the project but was not well utilised.

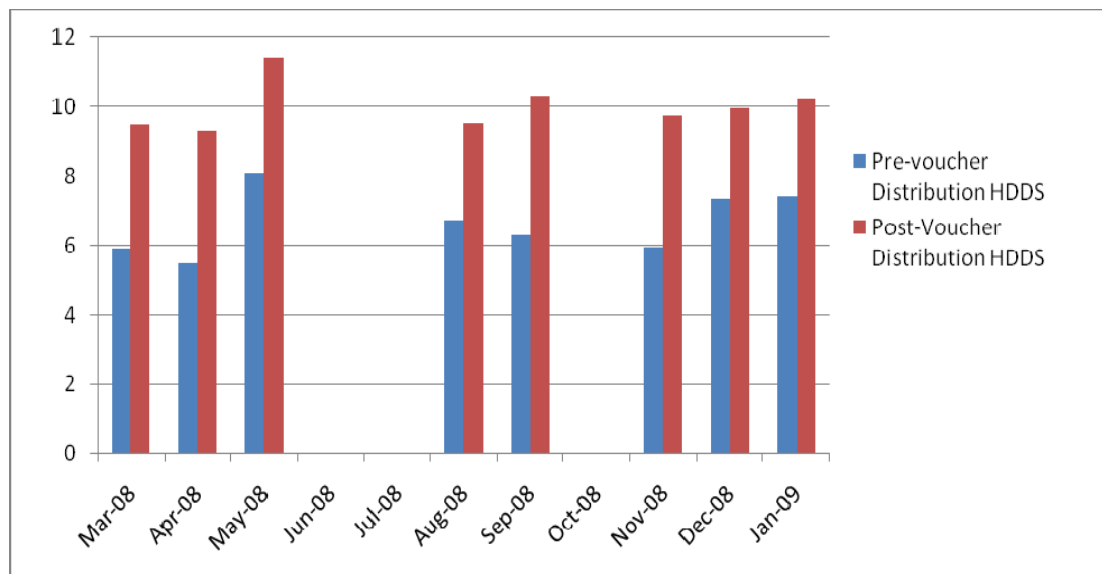
IMPACT

Discussion with beneficiaries and project key stakeholders indicate that this project has had a number of positive impacts, many of which were unintended. The main objective of the project was to improve household dietary diversity and this objective has clearly been reached. In addition, the project has helped reduce the prevalence of malnutrition in the camps, improved the availability of fresh fruit and vegetables in the markets, and increased the coverage of the nutrition programs. The project also enabled the vendors to increase their business (including increasing the number of customers, amount of stock held and profits made) and the health education component has improved the health awareness and cooking skills of the beneficiaries.

1. Increasing household dietary diversity

The intended impact of this project was to improve household dietary diversity. Dietary diversity is a qualitative measure of food consumption that reflects a household access to a wide variety of foods. It is also a proxy of the nutrient adequacy of the diet for individuals. Studies have shown that an increase in dietary diversity is associated with socio-economic status, household food security and adequate nutritional status (FANTA, 2006).

ACF monitoring data indicates that the voucher has indeed contributed to improving household dietary diversity as intended. As indicated in Figure 6 below, before the voucher distribution, most households are reporting consumption of 5-7 food groups (cereal, pulses, oil, miscellaneous, sugar and some vegetables), most of which is provided by WFP. After the voucher distribution, households reported increased consumption of eggs, milk, vegetables and fruit (average of 10 food groups) as intended. **This is clearly a positive outcome and shows that it is possible for refugee households to consume a balanced and varied diet.** Fish and meat consumption remains low even post-distribution as these items cannot be purchased with the voucher.



Source: ACF monitoring data

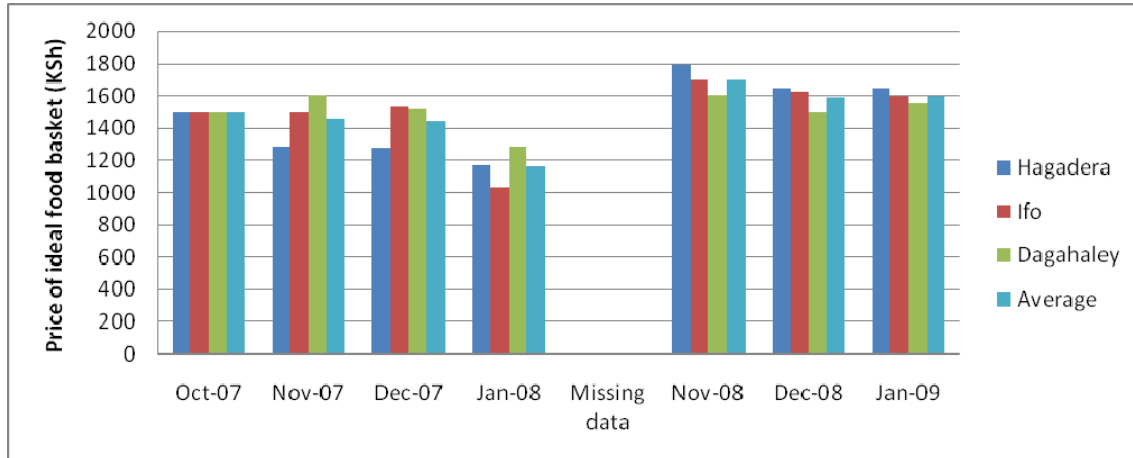
(NB. No data was collected in June. Data for July and October was not available. In addition, the evaluator has re-categorised ACF data to include the original 12 food groups)

Figure 6 Changes in Household Dietary Diversity Score during project implementation

Value of the voucher

It was originally intended that the value of the food voucher might need to be changed based on any arising issues during implementation such as highly fluctuating market prices or dramatic changes to beneficiary numbers. However, market price monitoring has been inconsistent and the items to monitor have been changed. As a result, **it is no longer possible to calculate the price of the above ideal basket from the ACF data.**

Market price monitoring at the time of the evaluation found that the price of the ideal basket has changed over time. It has increased from 1494 KSh in October 2007 to 1600 KSh in January 2009 (range = 1554-1649 KSh) (Figure 7). It is not possible to determine the full extent of seasonal price fluctuations as there is missing data over the 2008 rainy season.



Source: Compilation of project monitoring data and evaluation data collection

Figure 7 Changes in market prices of the ideal food basket

The basket was initially calculated as being for one child; however it is clear that mothers share the fresh food items with other family members, particularly other children. As a result, it is likely that the malnourished child is consuming only a small percentage of the food originally intended for them. Unfortunately there is insufficient monitoring data to confirm whether there is a direct relationship between the household size and the length of time the voucher lasts. This information would be useful to collect in future to help to improve the value of the voucher.

In addition to intra-household sharing, it became clear that **some project vendors charged more for some items to the voucher beneficiaries.** This was apparently due to the delays in payment and vendors wanting to ensure that their costs would be covered. As a result, since the value of the voucher has not been changed during the project, **the voucher no longer provides the intended 50% value of the ideal basket.**

However, it is important to note that the project faced a challenge of ever-increasing beneficiary numbers. With such changes it **would have been understandable if the team had had to reduce the value in order that all eligible beneficiaries continued to receive a voucher.** The team should therefore be commended on their effort to at least retain the 600KSh value of the voucher despite the changes to the proposed beneficiary numbers.

The main effect of the reduced “value” of the voucher was that **the impact on the households dietary diversity was short-lived** (on average households have less than 10 days benefit from the voucher) after which the household dietary diversity score likely returns to the baseline of 5- groups

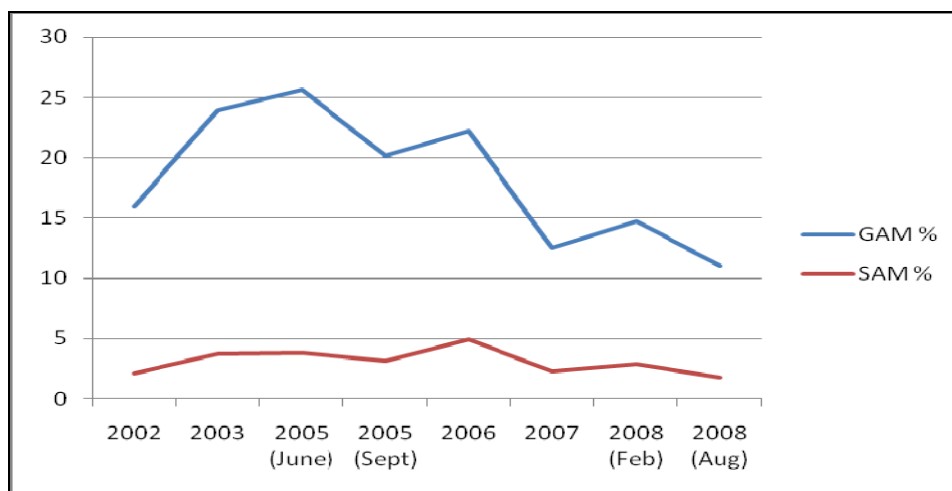
provided by WFP. **A more consistent impact may have been possible had the value of the voucher been monitored and modified according to market price changes.**

In recognition of the above factors, ACF increased the value of the voucher for OTP beneficiaries to 1000KSh per month in January 2009.

2. Contribution to decreasing malnutrition rates

As indicated in Figure 8 the malnutrition rates in the three refugee camps have improved significantly since 2005. Global acute malnutrition rates went from a very high level of 25.6% in June 2005, indicative of a critical situation as per WHO¹⁵ cut off points (GAM > 15%) to less than 12% in August 2008.

In addition, the most recent GTZ nutrition survey (August 2008) found a severe acute malnutrition rate of between 1.0 -1.5% in the three camps (below the international cut-off of 2%). This is a marked decrease since its maximum of 4.9% in July 2006.



Source: Compilation of GTZ nutrition survey data

Figure 8 Average malnutrition rates, Dadaab camps, 2002-2008

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

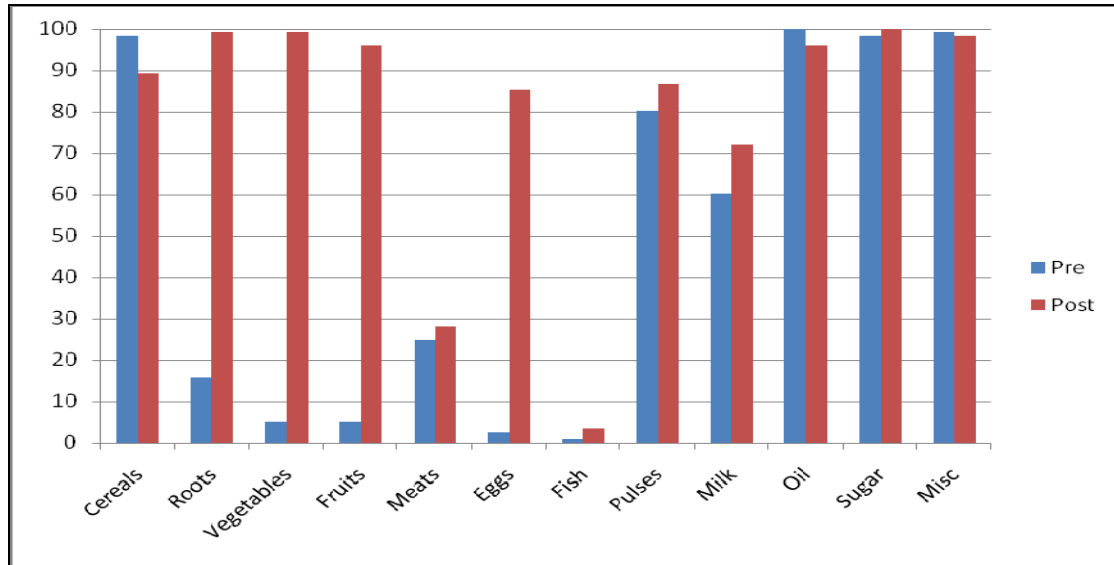
- Improvement in the quality of the food basket including complementary foods to vulnerable groups by ACF
- Ongoing efforts from health care providers to scale up health and nutrition education through training of health staff and community health workers on such issues as infant and young child feeding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

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

¹⁵ WHO (2004), Management of Nutrition in Major Emergencies

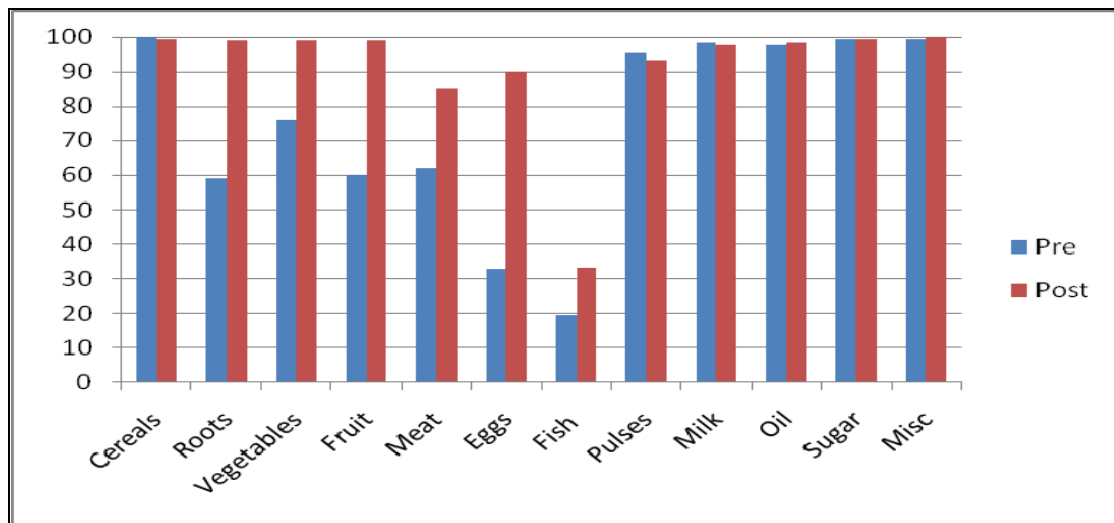
3. Impact of health education

Information on the percentage of households reporting consumption of each food group is documented in Figure 9 and Figure 10 below. Comparison of the data from March 2008 to January 2009 shows that even the pre-voucher consumption of many of the food groups has reportedly increased. When asked, **beneficiaries attributed the change to health education and improved availability of fruit and vegetable items in the market.** Increased consumption of meat and fish during the project is possibly because voucher recipients no longer need to spend as much household cash on vegetables and fruit and can therefore put more money to meat and fish and non-food items.



Source: ACF monitoring data

Figure 9 Percentage of households reporting consumption of each food group (March 2008)



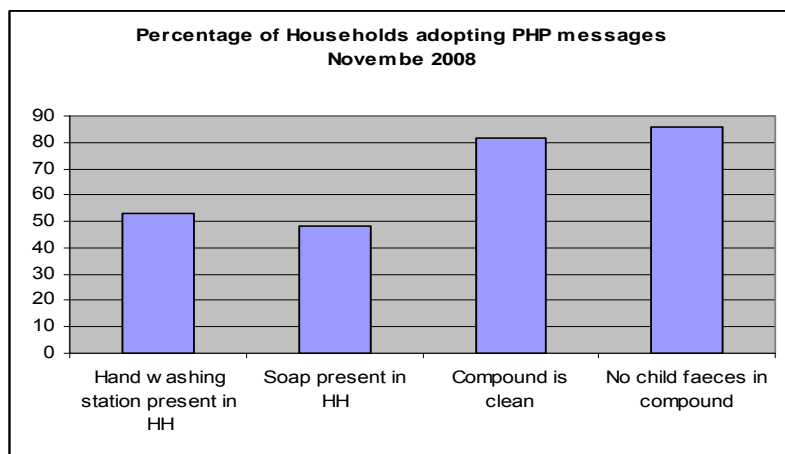
Source: ACF monitoring data

Figure 10 Percentage of households reporting consumption of each food group (January 2009)

OTP beneficiaries reported that the **cooking demonstrations provided them with increased awareness of new vegetables** especially *sukuma wiki* (dark green leafy vegetable) and cabbage, and that they now understood that you could eat boiled eggs instead of simply using them to cook pancakes!

Beneficiaries and ACF staff reported improved community knowledge on a range of health education topics. A baseline KAP survey would have helped to confirm the impacts from this component.

Although the project concentrated on food hygiene messages some non-food related messages were also included. Cleaning the compound regularly, washing hands after using the latrine and before food handling, are all messages that beneficiaries reportedly found easy to put into practice. This is confirmed by project monitoring data (Figure 11). However, more difficult were messages related to communal grounds including burning rubbish, removal of animal faeces from the compound and ensuring that children use latrines. Latrines are often shared and are insufficient in number.



Source: ACF Capitalisation report, 2008

Figure 11 Percentage of households adopting some key ACF health education messages

The benefits of the health education sessions are likely to have been disseminated to non-beneficiaries because many households live within the same compound. Health education sessions given at the health posts are often attended by non-beneficiaries and by GTZ incentive workers.

4. Improved market supply

No data was collected about the changes in the project vendor's business until November 2008. However, anecdotal evidence from beneficiaries, non-beneficiaries and other key stakeholders point to a number of changes in the market as a result of the ACF project.

The project intended to improve beneficiary access to fresh fruit and vegetables. While this has clearly been the case, an unintended impact of the project has been an increase in the availability of fresh fruit and vegetables in the market. Sukuma wiki and cabbage are now regularly available in the market even though they were unfamiliar vegetables to many Somali refugees before the project started. Eggs are also available in larger quantities. These changes were noted by both beneficiaries and non-beneficiaries during evaluation interviews and confirmed by the market vendors.

5. Improved business of project vendors

The project has helped improve the business of the project vendors. This is in terms of overall profits, customer numbers and increased stock. ACF data indicates that the project vendors have increased their business profits by up to 45% (ACF PDM, Dec 2008) and increased their stock by up to 60% (ACF PDM, Dec 2008). Project vendors increased their customer base and their profits during the project enabling them to expand their business and take on extra employees. This is a positive impact for the local economy.

In addition to the project vendors, **the local milk suppliers have benefited from the project.** Many of the fruit and vegetable vendors did not sell milk before the ACF project. In order to meet the list of items on the project vouchers some vendors have made informal agreements with milk vendors to sell milk at their shops. In return the milk suppliers were paid in cash by the project vendor when beneficiaries elected to purchase milk.

6. Improved coverage of nutrition programs

As described under the section on project coverage, **the ACF fresh food voucher has clearly been a strong pull factor for women to bring their children to the GTZ/IRC nutrition programs.** As a result, GTZ staff reported that have noted a decreased need for active case finding by community health workers.

In previous nutrition surveys (GTZ 2003-2007) SFP coverage rates have been as low as 25.1% (2003) due to lack of food provided to caregivers, non-palatability of CSB and poor quality health services. Admission numbers and coverage rates to the nutrition programs have since markedly increased despite an improvement in the overall malnutrition rates in each of the three camps. The latest nutrition survey conducted by GTZ (August 2008) indicate SFP coverage rates of 57.8%¹⁶.

7. Community perceptions

The ACF project has been highly visible and much appreciated by the community. ACF staff members have made ongoing efforts to keep community leaders and other key stakeholders informed about the project and this has resulted in a positive perception of ACF's work.

The community is dependent on aid organisations to meet their basic needs and while this project has again provided items to the beneficiaries, it has done so in an indirect way, leaving some level of choice with each household about how to spend their vouchers.

No discrimination was reported from the vendors against the beneficiaries and this has improved the perception of the project and helped improve vendors business.

In addition, anecdotal evidence indicates that by providing a voucher with a monetary value, households have been able to free up scarce cash resources that would otherwise have been spent on vegetables for other essential household items. Household expenditure data would have been useful to confirm this.

8. Adverse effects of the project

Two adverse effects of the project were noted during the evaluation.

- The delays in paying vendors damaged their credit rating with their suppliers. While not having a long term negative consequence, the impact was passed onto project beneficiaries when some vendors increased their prices to ensure their costs could be covered. A review of the vendor payment system will likely remove this problem.

¹⁶ Calculated from weight for height median (coverage rate – 69.2% by MUAC)

- Some of the key informants felt that by targeting malnourished children, the project was conflicting with prevention messages about eating a balanced diet. The rumour that mothers were “starving” their children played a role in this even though the rumour has been investigated and determined to be unfounded. If the project were to be continued, it might be worth looking into the possibility of linking the targeting to a “positive action” such as growth monitoring rather than “rewarding” malnutrition

Summary

The project has met its main objective of increasing household dietary diversity. On average, beneficiary households increased the number of food groups they consumed from 6 to 10 (adding, fruit, vegetables, milk and eggs to the WFP dry ration). This shows that it is possible for refugee households to consume a balanced diet even in a camp situation.

The majority of vouchers (95%) were spent within 10 days of distribution. This was due to increasing market prices and sharing of the food items within the household. The impact may have been more prolonged had the value of the voucher increased in line with market prices.

In addition, the project has had a number of unintended positive impacts.

- The malnutrition rates in the camps have improved and are now at acceptable levels. While this has been due to a collaborative effort from a number of agencies, the ACF project has been noted as making a significant contribution.
- The project has acted as a draw card into the nutrition programs, helping to improve the coverage rates and reduce the need for active case finding.
- Project vendors increased their customer base and their profits during the project enabling them to expand their business and take on extra employees. This is a positive impact for the local economy.
- The project has increased fruit and vegetable availability in the market. A greater range of fruit and vegetables, especially leafy green vegetables, are now available for purchase by project beneficiaries and non-beneficiaries alike.
- The health education component of the project has helped mothers increase their knowledge about nutrition and cooking new foods. A baseline KAP survey would have improved the measurement of the impact of this component.
- By providing a voucher, beneficiaries have retained some level of choice over what items to purchase. This has helped maintain the dignity of beneficiaries rather than continue to provide everything as in-kind distributions.
- The ACF project has been highly visible and the organisation has maintained its positive reputation within the community.

Delays in vendor payment impaired their credit rating with suppliers and this was passed on to beneficiaries as a price increase.

COHERENCE AND COORDINATION

To implement this project, **ACF staff has developed strong informal working relationships with GTZ and IRC, CARE, PostaPay and with UN agencies.** Input from WFP, UNHCR and GTZ nutritionists during project design meant that these agencies had a strong interest in following the implementation of the project. The ACF team has also developed strong relationships with the community and their efforts have been appreciated by the camp management and by the beneficiaries.

In addition to the informal relationships, ACF staff members have attended some formal meetings with other agencies. There is a weekly security meeting held by UNHCR, where updated security issues are discussed. There is also a regular nutrition meeting hosted by GTZ but it has been poorly attended by ACF staff. This meeting would have been a good forum for ACF and GTZ staff to compare beneficiary numbers and discuss implementation issues but it appears that the opportunity have been underutilised. **More effort into formal coordination is recommended especially because the project is dependent on other agencies such as UNHCR, GTZ and IRC.**

External visits to the voucher program have included the French Ambassador, representatives from the EC and ECHO and Assistant Secretary for Foreign Affairs from France.

Summary

ACF staff members have developed strong informal working relationships with other agencies and with project partners.

More effort into formal coordination such as attendance at meetings may have helped reduce implementation challenges.

EFFICIENCY AND COST EFFECTIVENESS

Staffing

For the first year of project implementation, there were only 3 contracted staff members working full time on the project (2 food security staff and 1 health promotion staff) as well as a small team of incentive workers and volunteer mothers. This number of staff was insufficient, particularly after beneficiary numbers increased markedly.

The administrative burden of voucher programs is well documented (including in the ACF cash guidelines) but unfortunately this was not considered in the project proposal and budget preparation and as a result **the program team had to do much of the administration, financial and logistical tasks themselves.** This has been an inefficient use of staff time and has been at the cost of program element (design, monitoring and measurement of impact). While the ACF contract staff members were busy with administrative tasks involved in voucher projects, much of the program work was done by the incentive workers and volunteer mothers without sufficient training.

When the second tranche of funding was made available in mid-2008, additional contract staff and incentive workers were recruited. This significantly eased the workload and allowed the staff to concentrate on improving the quality of the program.

An organogram of the staff for this project can be found in the Annexes (Annex 6).

a. Contracted ACF staff

The voucher program falls under the management of the Food Security Department within ACF and as such is managed by the Food Security Program Manager based in Garissa. In Dadaab there was eventually 1 Food Security Program Officer and 4 Food Security Program Assistants responsible for the voucher distribution and collection. There are also 2 ACF Public Health Promotion (PHP) Assistants from the ACF PHP team who are responsible for the PHP sessions and cooking demonstrations.

In addition to the contract staff, this project had a team of incentive workers and volunteer mothers, all of whom are camp residents. These cadres of staff provide a direct link to the refugee community rather than relying solely on external staff. There are 2 incentive workers per health post, with 3 health posts per camp, totalling 18 across all 3 camps. Each camp also currently has a small team of volunteer mothers.

The voucher program delivery team recommend that for each health post where the project is implemented there should be 1 food security program assistant, 1 health promotion, 2 incentive workers and a group of volunteer mothers.

b. Incentive workers

UNHCR has developed a pay-scale that enables refugees to be paid for work done within the camps, without being considered employment as per the GoK encampment policy. All agencies are expected to pay their incentive workers within this scale, depending on the position and experience of the worker. ACF pays their incentive workers within the recommended scale.

Many of the incentive workers have previously worked for other agencies before joining ACF and have received training in a number of topics from their previous roles. They are instrumental in supporting the contract staff with all the project implementation.

Box 6 Role of the ACF incentive worker

- Assist the contract staff at the cooking demonstrations
- Follow up with beneficiaries at home visits
- Provide health education
- Assist at registration, distribution as needed.

The main concern of the incentive workers during the evaluation is that ACF has not provided them with adequate training on HDDS and other topics.

c. Volunteer mothers

The volunteer mothers play an important role in the voucher project, particularly for assisting in the health promotion component and follow up beneficiary visits at home (Box 7). Many of the volunteer mothers have had children that were malnourished in the past and have since recovered.

ACF does not pay the volunteer mothers (either by monetary incentive or by goods in kind). **This appears to be inconsistent with other agencies working in the camps, and has been a source of tension within the project.** Other agencies reportedly provide their volunteer mothers with goods in kind on an ad hoc basis including jerry cans, mats and/or soap. To rectify this situation, the ACF team was planning to provide each of their volunteer mothers with a basket of fruit and vegetables however at the time of the evaluation this has not yet been done.

Box 7 Role of the volunteer mothers

- Home visits
- Conduct hygiene education to community
- Work on one-to-one basis with mothers with malnourished children
- Cooking demonstrations
- Assist incentive workers and ACF contract staff

d. Support from other Action Against Hunger offices

As part of this evaluation, the project team were asked about the support they received from other ACF offices (Garissa and Nairobi). Garissa and Nairobi staff members were asked how they could have better supported the project.

Clearly the main technical support to the project has been from the Food Security Program Manager (Garissa based). Technical support was also provided on a regular basis by the Public Health Promotion Program Manager (roaming). Time pressures on program managers and coordinators have limited their support to the project and it was clear that the Dadaab based project staff have fulfilled many roles outside their job descriptions.

All the Dadaab staff felt that they needed more support during project implementation, particularly administrative and logistic support which took time away from program activities. They also felt that they needed more training, particularly on HDDS, data analysis, food security and livelihoods.

The Budget

ACF requested initial funding of 500,000€ from the French Government to implement this project from September 2007 – August 2008. A second round of funding for a further 500,000€ was received to cover the period September 2008 – April 2009 bringing the total budget allocated to the project to 1,000,000€.

Table 7 Number of vouchers redeemed by vendors throughout the project

Round	Date	Beneficiary Groups	Number of Vouchers/ Beneficiaries	Total (KSh)
1	Jan 08	OTP	170	102,000
2	Feb 08	OTP	167	100,200
3	Mar 08	OTP + SFP + WB	1750	1,050,000
4	Apr 08	OTP + SFP + WB	2909	1,745,400
5	May 08	OTP + SFP + WB	4690	2,814,000
6	Jun 08	OTP only	212 ¹⁷	127,200
7	July 08	OTP + SFP + WB	6021	3,612,600
8	Aug 08	OTP + SFP + WB	5845	3,507,000
9	Sept 08	OTP + SFP + WB	5472	3,283,200
10	Oct 08	OTP + SFP + WB	5973	3,583,800
11	Nov 08	OTP + SFP + WB	6982	4,189,200
12	Dec 08	OTP + SFP + WB	7605	4,563,000
13	Jan 09	OTP + SFP + WB	8320 ¹⁸	5,180,000
Grand Total			56,116	33,857,600¹⁹

Source: ACF data

¹⁷ No vouchers were distributed to SFP beneficiaries in June. The vouchers paid this month were OTP beneficiaries only.

¹⁸ OTP Beneficiaries received 1000KSh, SFP and WB remained with 600KSh

¹⁹ 33,857,600 Ksh = 329,426 Euro (1 Euro = 102.7 KSh)

There were two conditions on the use of the funds – that at least 50% of the funds be used for food related inputs and 50% for other costs. These budgetary constraints have limited the ability of project management to allocate adequate staff and have not included the possibility of budgeting for an assessment or monitoring tools such as KAP study. However, despite the conditions set on the project funding, the team has managed to implement the project with a high proportion of funding directly benefiting the project beneficiaries. In addition, **the team has managed to maintain the monetary value of the voucher, despite increasing beneficiary numbers.**

An important element of this project was that it was implemented without the need for a high logistic spend. In-kind distributions generally bear the costs of transport, fuel, logistic staff and often, external contractors. The voucher methodology used for this project has meant that the project vendors have organised the transport of the food items as part of their own ongoing costs.

The total budget spend on the voucher component (including food, voucher printing and voucher project staff costs) is currently around €560,000 of which €337,426 (60.25%) have been the direct costs of the voucher printing (€8000) and redemption (€329,426). It is likely that **by the end of the project around 70% of the total budget will have been spent on program costs. This is commendable and shows that a voucher system provides substantial financial gains directly to the community, rather than to the organisation itself or to external contractors.**

Summary

This project has been implemented by a small team of contracted staff, with assistance from incentive workers and volunteer mothers residing in the camps. The implementation is highly dependent on the cadres of camp based staff and these linkages have been appreciated by the community.

Non-payment of volunteer mothers is inconsistent with other agencies and should be rectified in acknowledgement of the role that this cadre plays in the project.

Support services to the Dadaab team were inadequate and this has resulted in much of the Project Officers time being spent on support tasks.

The project had a high proportion of funding (expected to be around 70%) directly benefiting the beneficiaries rather than on logistic costs or support costs.

The project team has managed to maintain the value of the voucher at 600KSh despite increasing beneficiary numbers.

The budget for this project was allocated under the conditions set by the donor but without sufficient technical support to include adequate staffing or sufficient resources for the health promotion activities.

ACCOUNTABILITY

Accountability is the means by which power is used responsibly. Humanitarian accountability involves taking account of, and accounting to disaster survivors (HAP, 2007). Two components of accountability have been considered for this evaluation – financial accountability and accountability of project staff to the beneficiaries and community.

Box 8 The HAP²⁰ Principles of Accountability

1. Commitment to humanitarian standards and rights

Members state their commitment to respect and foster humanitarian standards and the rights of beneficiaries

2. Setting standards and building capacity

Members set a framework of accountability to their stakeholders²¹

Members set and periodically review their standards and performance indicators, and revise them if necessary

Members provide appropriate training in the use and implementation of standards

3. Communication

Members inform, and consult with, stakeholders, particularly beneficiaries and staff, about the standards adopted, programmes to be undertaken and mechanisms available for addressing concerns

4. Participation in programmes

Members involve beneficiaries in the planning, implementation, monitoring and evaluation of programmes and report to them on progress, subject only to serious operational constraints

5. Monitoring and reporting on compliance

Members involve beneficiaries and staff when they monitor and revise standards

Members regularly monitor and evaluate compliance with standards, using robust processes

Members report at least annually to stakeholders, including beneficiaries, on compliance with standards.

Reporting may take a variety of forms

6. Addressing complaints

Members enable beneficiaries and staff to report complaints and seek redress safely

7. Implementing Partners

Members are committed to the implementation of these principles if and when working through implementation partners

- **Financial accountability**

As previously noted, the project team has put in place a number of administrative processes in order to streamline the implementation of the project. Forms are checked and cross-checked and vouchers are counted then re-counted. The ACF finance team has made a number of random checks of the financial documentation for the project and have found no errors to date. In addition, there have been no reports of counterfeit vouchers, and no reported inconsistencies in financial records from PostaPay, vendors or ACF staff.

This indicates that there is a high level of financial accountability in the project implementation. This, however, can only be verified by a project audit. This is outside the expertise of the evaluator.

²⁰ Humanitarian Accountability Partnership - International

²¹ Framework of accountability includes standards, quality standards, principles, policies, guidelines, training and other capacity-building work, etc. The framework must include measurable performance indicators. Standards may be internal to the organisation or they may be collective, e.g. Sphere or People in Aid

- **Accountability to beneficiaries and refugee community**

The ACF team have not put any formal accountability system into place. However, the camp management and the beneficiaries were all very appreciative of the effort that ACF staff have put into keeping them informed about the project and making themselves available.

Camp management was involved in the selection of the project vendors and have been kept informed throughout the project by the Program Officer. Their only complaint during the evaluation was that unlike other agencies, ACF does not have an office within the camp and this has made complaint and information sharing more difficult than with other agencies. **Other agencies make use of designated complaint/suggestion boxes. This may have been an appropriate means of addressing some of the stakeholders concerns without the need for establishing offices within the camps.**

Incentive workers who are responsible for the collection of the project monitoring data would have liked to have more feedback on the analysis of the data.

The only area where there was a clear lack of transparency, resulting in conflicting messages was the exit strategy for the project. This is discussed in the next section of the report.

Summary

While no formal accountability system was put into place, all key stakeholders interviewed as part of the evaluation, felt that their complaints and suggestions have been considered by the ACF team.

A formal mechanism such as complaint/ suggestion box may have been useful.

Camp management, project vendors and beneficiaries all expressed appreciation of ACF efforts to keep them informed throughout project implementation.

It appears that the project has a high level of financial accountability but this should to be verified through an audit process.

SUSTAINABILITY

The ACF Fresh Food Voucher Project was intended to be a demonstration, to show other agencies that complementary foods can be provided to refugee households by using a voucher system approach. It was never designed to be sustainable even though it is addressing a long term need. It is clear that the lack of complementary foods in the refugee diet still needs to be addressed as it has impacts on anaemia status, malnutrition levels and the general long term health of the population.

The lack of distribution of complementary foods in the camps impacts on all camps residents except those who can afford to purchase adequate supplies from the local market. **Ideally, complementary foods should be provided to all camp residents by UNHCR as a component of the general food distribution.** UNHCR is mandated to supply complementary foods (Box 9) but has so far only been able to procure sporadic quantities of green gram and ground-nuts due to funding constraints. If this project was to continue, or should another NGO undertake a similar project, ongoing discussion and collaboration with UNHCR would be an important component.

The ACF project has generated significant interest particularly

Box 9 Extract from MoU between WFO and UNHCR

“..... WFP is responsible for mobilizing the following commodities.....cereals, edible oils and fats, pulses ... blended foods, salt, sugar and high energy biscuits.....”

“UNHCR is responsible for mobilising complementary food commodities when recommended by JAMs or on the basis of specific health/nutritional and/or social assessments, particularly when refugees have limited access to fresh food items. These complementary commodities include local fresh foods and therapeutic milk (to be used in selective feeding programs)”.

from the community and from nutritionists, who see the preventive health role that the provision of complementary foods can play. **Given the high levels of anaemia within the camps, complementary foods that will aid in improving the iron status of the children and pregnant women should be promoted.** Currently UNHCR is working with UNICEF on a suggestion to provide micro-nutrient sprinkles and iron supplementation in order to address the micronutrient deficiencies in the population. While this will directly address the micronutrient issues it will not have the additional benefits to the vendors, the markets, and to the local economy that this voucher project has shown possible. **It is the opinion of the evaluator that a voucher approach is a more appropriate means to start to tackle these issues.**

When the project funding ends in April 2009, there will clearly be an element of disappointment from the community given that the project was so visible and was addressing a prioritised need. **A clear exit strategy needs to be put into place now to allow the community, UNHCR and other key stakeholders' time to find a more sustainable mechanism for the provision of complementary foods.** At the time of the evaluation there were rumours circulating among the vendors and camp management that the project would be finishing, but no clear message has been relayed to them. It is anticipated by many that Save the Children will take over the project but this has also not been confirmed.

It is recommended that any agency wanting to continue this work on complementary foods should review the targeting for the project. Clearly the whole camp population would benefit from receiving complementary foods but funding constraints mean that targeting is necessary.

Linking a voucher to positive actions such as growth monitoring, ante-natal visits or vaccination might help encourage visit to the health centres. It is planned that a regular system of growth monitoring will be rolled out in each camp in the coming year and this might be a strong vehicle with which to link complementary food vouchers and target children less than 5 years. If the intention is to reduce anaemia, then targeting pregnant women at ante-natal visits might be appropriate.

The following target groups were prioritised for assistance by the community during the evaluation:

- Children under 5 years & pregnant women (if targeting anaemia reduction)
- The poorest households who are unable to purchase complementary foods with their available cash resources.
- Elderly, disabled and HIV affected households

Estimates of the numbers of households within these target groups are shown in Table 8. These numbers are based on the current camp population but it should be noted that it is likely that the camp population will continue to increase while the security situation in Somalia remains tense. Clearly the cost of providing complementary foods is an issue even through a voucher system and will continue to be so as the population of the camps increase. **Ongoing advocacy to donors and collaboration with UNHCR is needed if long term gains are to be made and for this type of project to be sustainable.**

Other agencies have already looked at cheaper ways to address the lack of fresh foods such as gardening projects (multi-storey gardens or community gardens) but the water scarcity and harsh climatic conditions of the area have not been conducive to the success of these garden projects. **A successful voucher approach such as the ACF project may therefore prove to be a more sustainable intervention if the funding can be raised.**

Table 8 Estimated numbers of beneficiary households for project continuation

Target group	Current estimated population numbers	Estimated number of households	Voucher value	TOTAL cost per month (KSh)	TOTAL cost per month (Euro)
Total population	247,182	70,200	1000	70,200,000	688,235
Children under 5 years	37,960	37,960 ²²	1000	37,960,000	372,156
Children under 2 years	18,980 ²³	18,980	1000	18,980,000	186,078
Malnourished children attending nutrition program and weaning babies (current ACF project)		Currently 8320	600 SFP and 1000 for OTP	5,180,000	50,784
Pregnant women	6057	6057 ²⁴	1000	6,057,000	59,382
Poorest households	123,591 – 135,950 ²⁵	Approx. 35000	1000	35,000,000	343,137
Other vulnerable groups	12359 ²⁶	12359	1000	12,359,000	121,166

Summary

The ACF project has addressed a clear, long term need of the refugee population but was never designed to be sustainable. Distribution of complementary foods falls under the mandate of UNHCR therefore any agency wishing to continue to address this issue should collaborate and discuss with UNHCR.

The project has generated much interest from the community and nutrition/health NGOs and UN agencies as a tool for preventing anaemia, malnutrition and improving the general health of the refugee population. As a result, there is currently some discussion about continuation of the project but a clear exit strategy needs to be put in place to ensure continued accountability to the community.

Ideally the whole camp population should benefit from a project on complementary foods as it has benefits for long term health of the residents. However, funding is clearly an issue therefore a number of vulnerable groups have been prioritised by the community and should be considered depending on the objective of a continuation project.

Ongoing advocacy to donors is needed in order to continue to address the health and nutrition needs of the resident population.

²² Based on one children under 5 years per household

²³ Based on 50% of children under 5 years

²⁴ Based on 10% of all women of reproductive age

²⁵ Based on 50-55% of population as per wealth ranking by WFP

²⁶ Based on 5% of total population

CONCLUSION

The context of the Dadaab camps, with local, functioning markets and a clear need for complementary foods has been an ideal opportunity for ACF to demonstrate that a voucher approach is an appropriate means of providing fresh foods to a refugee population.

ACF has shown that a voucher approach can be a cost-effective way of meeting the needs of a large population without the need for large logistic inputs. In addition, since the approach utilises the existing market infrastructure, the approach has helped improve the local economy.

In addition, the project has met its intended objective of increasing household dietary diversity while also helping to improve the coverage rates of the nutrition programs, and contributing to a reduction in malnutrition rates. The community has appreciated the voucher approach as it provides them with some level of choice about the foods to purchase rather than receiving everything as in-kind distributions.

The only adverse effects of the project were found to be related to internal issues which have since been addressed. Lessons learned from this project will therefore be important to other agencies wishing to continue the work of addressing the lack of complementary foods in the camps.

The dependency of the refugee population on humanitarian aid means that a long term solution needs to be found for the ongoing provision of complementary foods. Previously, agencies have tried to address the issue through gardening projects and through ad hoc distributions of ground nuts and green gram. However, the climatic conditions of the area proved un conducive to gardening approaches and the funding for in-kind food distributions has been insufficient.

If funding can be found, a voucher approach may prove to be a long term sustainable solution to the lack of complementary foods in the refugee camps of Dadaab.

LESSONS IDENTIFIED

Assessment / design

- The Dadaab context was an ideal testing ground for a voucher response because a number of conditions were in place:
 - The need for complementary foods affected a large number of people
 - Other basic needs of the population were being met
 - Local supply could be organised as the camps has pre-existing, functioning markets with vendors and suppliers of fresh foods
 - The vendors/suppliers could increase their supplies of fresh foods depending on the demand of the project
 - The project team wanted to retain some control over the beneficiaries purchasing, therefore a voucher approach was more appropriate than cash.
- A market assessment at the start of the project would have been useful to help determine whether the existing market could cope with the added demand of a voucher project.
- Voucher projects tend to have a high administrative burden. This should be considered when allocating staff to a voucher project as additional administration support may make the project more efficient.
- The value of the voucher was appropriate at the start of the project. However, market prices should be monitored throughout project implementation to ensure that the voucher retains the intended value.

Implementation

- Clear targeting criteria helps community mobilisation and understanding and acceptance of the project.
- If the project is to be continued, it is recommended that the target groups be reviewed. Linking the voucher to a preventative project might be an appropriate approach as it could help encourage attendance at health centres for growth monitoring activities or ante-natal care.
- Vendor selection should be done according to strict criteria and the choice of each vendor should be documented. This improves transparency of the project.
- Formal coordination mechanisms allow staff an opportunity to work through implementation challenges and share learnings.
- A voucher approach can be cost effective. Often a high proportion of funding directly benefits the beneficiaries.
- Cohesive health education messages has improved the impact of the voucher and improved health awareness within the community.
- A formal accountability mechanism such as complaint/suggestion boxes increases project transparency and accountability to stakeholders.
- Monitoring data provides ongoing information about project implementation and the impact of the project. Monitoring systems should therefore be utilised throughout the project so that changes can be noted and adjustments made as necessary.
- Market price monitoring is an integral part of a voucher project as it provides information on whether the voucher is having its intended value.

- If the project were to be continued, it is recommended that a review of the vendor payment process be done to look again at the pros and cons of the *Hawalat* and PostaPay systems while bearing in mind the challenges that the PostaPay system has brought.

Impact

- ACF has shown that a voucher response can be an appropriate response to address the issue of complementary foods in refugee camps.
- The project has improved the refugee household's dietary diversity as intended.
 - Beneficiary households had a short term increase in their Household Dietary Diversity Score after redeeming their vouchers. The impact would have been more prolonged had the value of the voucher been increased in line with market prices.
- A voucher approach can have positive secondary impacts particularly on the market and on the local economy. In this case it has increased the availability of fresh food items in the market, increased the profits of project vendors as well as improving household access to fruit and vegetables.
- The ACF project had a component of food production in Garissa that has not been evaluated. However, it may be useful for other agencies wishing to continue with the provision of complementary foods in the camps, to investigate the production aspect and market linkages more closely as the project has clearly had positive impacts on the local market supply.
- The project has had a number of other unintended positive impacts such as improving the coverage rates of the GTZ/IRC nutrition projects, helping to reduce the malnutrition rates and improving health awareness of the population.
- Health promotion activities have complemented the voucher project and reinforced project messages.
- The health education component of the project has helped mothers increase their knowledge about nutrition and cooking new foods. Baseline KAP data would have improved measurement of the impact of this component.
- Delays in vendor payment impaired their credit rating with suppliers and this was passed on to beneficiaries as a price increase. This problem may have been identified and avoided if a market assessment had been done at the start of the project.

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Project proposal & budget

Annex 1 List of evaluation interview participants

Action against Hunger Staff

NAME	POSITION	ORGANISATION
Hakima Abdi	Finance Assistant	ACF Garissa Office
Hashim Abdi Sahal	Program Assistant (Food Security and Community Mobilisation)	ACF Dadaab Office
Hassan Digale Baraki	Program Assistant (Food Security and Livelihoods)	ACF Dadaab Office
Hassan Mohamed Abdulla	Program Officer (Food Security and Livelihoods)	ACF Dadaab Office
Ismail Rashid Ali	Program Assistant (Food Security and Livelihoods)	ACF Dadaab Office
Jude Powell	Food Security Program Manager (incoming)	ACF Garissa Office
Judy Walrimu	Program Assistant (Public Health Promotion and Community Mobilisation)	ACF Garissa Office
Lani Trenouth	Food Security Program Manager (outgoing)	ACF Garissa Office
Maryan Hish	Senior Program Assistant (Public Health Promotion)	ACF Dadaab Office
Maurice Musingo	District Logistician	ACF Garissa Office
Medina Shariff	Program Assistant (Food Security)	ACF Dadaab Office
Mohamedhadi Hasan Sheikh	Program Assistant (Food Security and Livelihoods)	ACF Dadaab Office
Paulo Rottmann	Field Coordinator	ACF Garissa Office
Randal Rhoades	Financial Controller	ACF Nairobi Office
Sophie Bruas	Head of Mission	ACF Nairobi Office

Key informants

NAME	POSITION	ORGANISATION
A.A. Maalim	Postmaster Dadaab	PostaPay
Abdirazak A. Yussuf	Head Postmaster – Garissa	PostaPay
Ann Campbell	Head of Sub-Office	UNHCR
Evans Kyule	District Officer	Government of Kenya
Gloria Kisia	Nutritionist	UNHCR
Josephine Muli	National Program Officer	WFP
Moses W. Khaemba	Assistant Manager Operations and Customer Service. Northern Region	PostaPay
Olivia Agutu	Nutritionist	GTZ
Philip Langat	Camp Officer Dadaab Refugee Camps.	Government of Kenya. Department of Refugee Affairs, Ministry of State for Immigration and Registration of Persons
Saikouba Ahmed Manneh	Head of Sub-Office	WFP
Victor Mwiti	Nutrition Officer – IYCF	CARE

Hagadera Camp

NAME	POSITION	ORGANISATION
Sirat Amin	Nutrition Nurse	IRC
Noor Mahamud Ismail	Community Health Worker In-charge: Health Post G6	IRC
Aden Hassan Dakat	SFP Supervisor	IRC
Kaim Mohamed Ahmed	Weight/Height Screener	IRC
Abdullah Hussein	Nursing Officer	IRC
Abdi Helowle Ahmed	Project Vendor	
Abdi Gure Santur	Project Vendor	
Abdikadir Sheik Dahir	Project Vendor	

Hassan Rage Ali	Project Vendor	
Nimo Ibrahim Omar	Project Vendor	
Salado Hussein Hassan	Project Vendor	
Bashir Abdi Aden	Project Vendor	
Kadijo Mahamed Osman	Project Vendor	
Ahmed Mahamud Farah	Project Vendor	
Kasim Sheik Muhamed	Camp Chairman (Section D)	
Bilay Mohamed Jama	Camp Chairlady (Section D)	
Abdi Ali Hussein	Previous Camp Chairman	
Abshir Salat Hassan	Section Leader – A	
Abdinseck Ahmed Kasim	Section Leader – A	
Kusow Abdi Nuni	Section Leader – B	
Hassan Hashi Muse	Section Leader – C	
Ahmed Muhumed Ibrahim	Section Leader – E	
Luul Ali Uorchim	Section Leader – E	
Fadumo Hared Abdi	Section Leader – F	
Nuur Abdi Adan	Section Leader – H	
Mohamed Osman Adam	Section Leader - I	
Nado Bulham Shabel	Section Leader – I	
Rugiyo Forah Heyd	Section Leader – J	
Khalif Dhubow Ali	Section Leader – L	
Habibo Abdikadir Halil	Section Leader – L	
Abdullahi Sheik Shafic	Section Leader – M	
Habibo Hanshi Affrah	Section Leader – M	
Suado Mahumed Ibrahim	Volunteer Mother - E6	ACF
Kayro Muhamed Abdi	Volunteer Mother - E6	ACF
Fauma Massan Yussuf	Volunteer Mother - E6	ACF

Shamso Sheikh Ali	Volunteer Mother - E6	ACF
Fatuma Nuna Abdi	Volunteer Mother – G6	ACF
Kaha Mahamed Hussein	Volunteer Mother - G6	ACF
Sadio Ahmed Mohamed	Volunteer Mother - G6	ACF
Fatuma Hilowle Gure	Volunteer Mother – A6	ACF
Sadio Issack Ibrahim	Volunteer Mother – A6	ACF
Dhahira Abdi Aden	Volunteer Mother – A6	ACF
Bisharo Abukar Diriye	Volunteer Mother – A6	ACF
Abdirashid Omar Ishmail	Incentive Worker – Health Post E6	ACF
Isnino Rage Ali	Incentive Worker – Health Post A6	ACF
Mohamud Kadiye Hussein	Incentive Worker – Health Post G6	ACF
Hassan Ahmed Mohamud	Incentive Worker – Health Post G6	ACF
Mahdi Sheikh Omar	Incentive Worker – Health Post E6	ACF
Farhiyo Hassan Osman	Incentive Worker – Health Post A6	ACF
Agmino Farah Warsante	Incentive Worker – Health Post E6	ACF

Dagahaley Camp

NAME	POSITION	ORGANISATION
Halima Ahmed	Nutrition Nurse (OTP)	GTZ
Ahmed Mohmud Jamal	Section Leader - A2	
Saynub Mohmed Hassan	Section Leader - A5	
Said Macolin Mohmed	Section Leader - AB	
Kune Mohmed Farah	Section Leader - B3	
Noor Ismail Abdi	Section Leader - B5	
Nadufo Mohmed Maldin	Section Leader - B6	
Bashir Ahmed Bihi	Section Leader - C3	
Halimo Hassan Ibrahim	Section Leader - F4	
Fuduno Noor Mohmud	Section Leader - G1	

Nadufo Abdalle Osoble	Section Leader - G4	
Mohmud Yusuf Abuber	Section Leader - G9	
Bashir Abdullah Diringe	Section Leader - G9	
Fahmo Iftin Isail	Section Leader - H5	
Fatumo Issak Alrizak	Section Leader - H9	
Daulal Abdi Base	Project Vendor	
Zahra Abdikadu Abdulle	Project Vendor	
Ibado Amed Jibril	Project Vendor	
Fatimo Abdi Said	Project Vendor	
Asha Abdi Mursal	Project Vendor	
Mohid Abdiweli Sheikh	Project Vendor	
Ibrahim Abdi Hassan	Project Vendor	
Norto Gudle Aden	Project Vendor	
Fatumo Mohamed Dahir	Project Vendor	
Bishoro Abdi	Project Vendor	
Abdullalu Noor Diriye	Incentive worker HP4 – Team Leader	ACF
Fatuma Noor Elmi	Incentive worker HP4	ACF
Abdirizak Ibrahim Farah	Incentive worker HP5	ACF
Abdullah Aden Mohamud	Incentive worker HP5	ACF
Mohamed Sheikh Yusuf	Incentive worker HP7	ACF
Hawo Ahmed Khalif	Incentive worker HP7	ACF
Fatumo Said Sed	Volunteer Mother	ACF
Habibo Diriye Isse	Volunteer Mother	ACF
Amina Isak Yarow	Volunteer Mother	ACF
Muhubo Dekow Abdi	Volunteer Mother	ACF
Abshira Dakane Gudle	Volunteer Mother	ACF
Sahro Mohed Arab	Volunteer Mother	ACF
Deko Mohamed Afrah	Volunteer Mother	ACF

Maryan Alsain Ali	Volunteer Mother	ACF
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Ifo Camp

NAME	POSITION	ORGANISATION
Mowlid Ali Abramam	Project Vendor	
Halima Abdi Bare	Project Vendor	
Maryan Ahmed Jalani	Project Vendor	
Rashid Bishar	Project Vendor	
Ahmed Halif Farah	Project Vendor	
Arto Omar	Project Vendor	
Abdallahi Ahmed Mohamed	Project Vendor	
Ahmed Hassan Abdilla	Project Vendor	
Mohammed Abdulkada	Project Vendor	
Gedi Mohamud	Incentive Worker Supervisor	ACF
Ojulu Obang Cham	Incentive Worker – Health Post 5	ACF
Ahmed Hire Noor	Incentive Worker – Health Post 1	ACF
Mohamed Abdi Omar	Incentive Worker – Health Post 2	ACF
Hassan Sharif Hassan	Incentive Worker – Health Post 7	ACF
Rahmo Aden Mohamed	Incentive Worker – Health Post 5	ACF
Mohamed Moor Hagin	Camp Chairman	
Ishina Ali Rege	Camp Chairlady	
Habiba Abdi Mohamed	Section Leader - B	
Abdi Abdi Geli	Section Leader - A	
Kilonzo M. Daniel	Nutrition Nurse	GTZ

Focus groups conducted with beneficiaries

- SFP beneficiaries Hagadera
- Non-beneficiaries Hagadera
- Non-beneficiaries Ifo
- Weaning babies beneficiaries Dagahaley
- OTP beneficiaries Dagahaley
- SFP Beneficiaries Ifo
- OTP Beneficiaries Ifo

Annex 2 Timetable of the evaluation

		Activity am	Location	Activity pm	Location	
January	26	Briefing Nairobi	briefing with finance and log		program briefing	
	27	Travel to Garissa	travel		briefing with GRS team - finance, log, coordo	
	28	Travel to Dadaab	briefing with Dadaab team		Visit DO (Kyule) & DRA (Dhadho); PostaPayPay	
	29	Dadaab	camp leaders / non-beneficiary FGD	HAG	visit UNHCR (Gloria) 2:30	UN compound
	30	Dadaab	distribution / SFP beneficiary FGD	HAG	visit GTZ (Olivia) 2:30	UN compound
	31	Dadaab	volunteer mothers / ACF incentive workers	HAG	non-beneficiary FGD / ACF incentive workers	IFO
February	1	Dadaab	distribution / vendors	HAG	WB beneficiary FGD	HAG
	2	Dadaab	voucher collection	IFO / DAG	visit WFP (Josephine) 2:30	UN compound
	3	Dadaab	camp leaders / OTP registration / GTZ nurses (make appt)	DAG - HP5	meet with other relevant agencies: IRC (make appt)	HAG
	4	Dadaab			meet with other relevant agencies: CARE (make appt)	UN compound
	5	Dadaab	cooking demo / OTP beneficiary FGD	DAG		
	6	Dadaab	camp leaders / GTZ nurses (make appt)	IFO	follow up visits at homes of beneficiaries	HAG
	7	Dadaab	SFP registration / SFP beneficiary FGD	DAG	meet with ACF staff - focus on PHP	Office
	8	Dadaab	cooking demo / OTP beneficiary FGD	IFO	meet with ACF staff - focus on vouchers	Office
	9	Dadaab	debrief with DDB team	Office		
	10	Travel to Garissa	clarifications/discussions GRS		debrief in GRS	
	11	Travel to Nairobi	departure at 8am			
	12	Nairobi	clarifications/discussions NBO		debrief in NBO	
	13	Departure from Nairobi				

Annex 3 Photo of the ACF Voucher with counterfoil



Annex 4 Project Logframe

Principal Objective	Reduce risk of mortality due to severe malnutrition in children < 5, in Garissa district, both for refugee and host population.			
	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Risks and Assumptions
Specific Objective	Diversify diet for vulnerable refugee families and boost primary production for poor host households.	- At least 70% of beneficiary household increase their consumption of fruits and vegetables	Baseline data Monthly or quarterly reports Program M&E reports	- Commitment of international donors
Results	<ul style="list-style-type: none"> • 17,200 families receive food vouchers to diversify the diet. • 3,000 families participate in seed fairs to boost their primary food production • 50 “pilot” families establish seed nurseries adapted to local climatic conditions. 	<ul style="list-style-type: none"> - At least a 90% redemption rate of vouchers distributed - At least 70% of beneficiary household add 2 of the following groups to their diet (vegetables, fruits, and/or eggs) 	<ul style="list-style-type: none"> - Distribution reports - Baseline data, Household dietary diversity assessment - Program M & E reports - Weekly debriefings and monthly reports 	<ul style="list-style-type: none"> - Communities willing to change behaviour and/or adopt new techniques or practices - Good participation of the local communities - Local availability of materials - Local markets can supply - Access to sites (e.g. not blocked by rain or insecurity)
Activities	<p>As per result 1</p> <p>1.1 Sensitization of all stakeholders (NGOs, authorities, camp leaders, people at nutrition distribution)</p> <p>1.2 Definition of food basket</p> <p>1.3 Identification of beneficiaries as those in GTZ’s SFP and OTPs</p> <p>1.4 Selection and training of vendors</p> <p>1.5 Baseline data collection</p> <p>1.6 Market assessment</p> <p>1.7 Monthly distribution of vouchers</p> <p>1.8 Monitoring and Evaluation</p> <p>As per result 2</p> <p>2.1 Agricultural support to host population left in need by the last floods, through seed fairs.</p> <p>As per result 3</p> <p>3.1 Pilot project for introduction of drought resistant seeds.</p>			<ul style="list-style-type: none"> - Market price for food basket items remains stable (inside a range) - Favourable weather/climate conditions for agriculture and horticulture (i.e. no droughts, on floods) - Local merchants are willing to participate in market fair system to deliver inputs to beneficiaries <p><u>Pre-conditions</u></p> <p>Security and political situation remains stable.</p>

Annex 5 Information collected for the evaluation

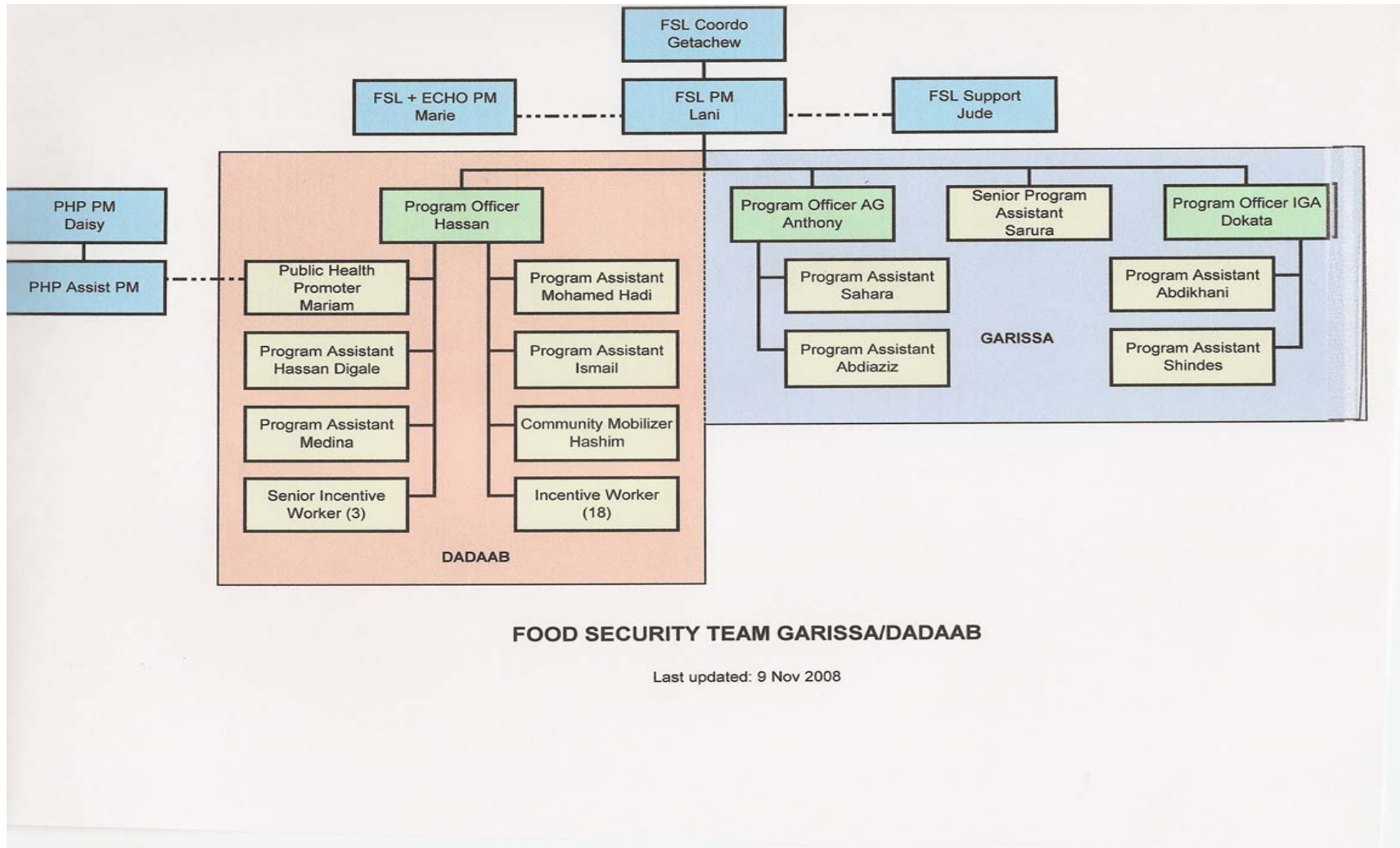
INFORMATION REQUIRED		SOURCE								
		Secondary Info	ACF Staff	Vendors	BNF	Non-BNF	Camp Leaders	Incentive workers	PostaPay	Other Agencies
Background Information	Political situation, map, economic situation, ethnicity, population statistics, basic project data	X	X							
Assessment/ Project Design	Who did assessment?	X	X							
	What were the main assessment findings?	X	X							
	Why decided to use voucher response vs. Alternatives?	X	X							
	Who was involved in project design?	X	X							
	Coordination with other agencies about complementarities		X							X
Planned project	No. of bnf originally planned, why this number? Any changes now? Why?		X							
	Project objectives, results, activities	X	X							
	Selection criteria and targeting methodology		X							X
	Any changes made throughout project? Why?									
	Initial planned exit strategy/ duration		X							
Relevance/ Appropriateness	Was it necessary for ACF to intervene?	X	X							
	Was project design based on assessment findings?	X								
	in what other ways could needs have been met?	X								
	Community perspective on voucher programming			X	X	X	X	X	X	
	Timing and duration of intervention per household			X	X	X		X		
	Choice of items on voucher. Value of voucher		X	X	X			X		
	Why voucher and not cash or other methodology?		X							

	INFORMATION REQUIRED	SOURCE								
		Secondary Info	ACF Staff	Vendors	BNF	Non-BNF	Camp Leaders	Incentive workers	PostaPay	Other Agencies
Project Implementation process	Involvement by all stakeholders in analysis, design, implementation		X	X	X		X	X	X	X
	Did beneficiary selection go as planned? Any issues?		X		X	X		X		X
	Consideration of HH preferences?		X	X	X					
	Vendor selection. Whose choice and why?		X	X	X	X	X	X		
	Community sensitisation		X	X	X	X	X	X	X	X
	Consideration of capacity of team?		X					X		
	How was voucher calculated? Is it appropriate?		X	X	X			X		
	Any issues with payment process?		X	X	X		X	X	X	X
	implementation within budget, time period, and planned methodology?		X					X		
	Use of M&E data? Alter project accordingly		X					X		
	Limitations, enablers and disablers including support		X					X		
	Main challenges encountered		X	X	X		X	X	X	X
	Gender considerations		X			X	X	X		
Coverage	Why were the beneficiaries chosen? Is selection criteria clear to community?		X	X	X	X	X	X		
	What proportion of affection population is targeted?		X		X	X	X			X
	No. Bnf relative to GTZ figures									
	Any groups indirectly benefiting?		X	X	X	X	X	X		X
	Inclusion and exclusion error with targeting?		X	X	X	X	X	X		X

INFORMATION REQUIRED		SOURCE								
		Secondary Info	ACF Staff	Vendors	BNF	Non-BNF	Camp Leaders	Incentive workers	PostaPay	Other Agencies
Coherence and coordination	Were activities coordinated with other actors?		X					X	X	X
	Was camp management informed throughout process?						X			
	Complementarities of voucher and health promotion activities		X		X		X	X		X
	Complementarities with other agencies activities		X		X		X	X		X
Efficiency	Any difference between planned cost and actual spend	X	X							
	Human resources used for implementation, documentation, reporting etc		X	X	X		X	X		
	How many staff used of each cadre? Need for more?		X	X	X			X		
	Any part of voucher payment that could have been done better?		X	X	X	X	X	X	X	X
	Were the necessary resources available to implement the project efficiently?		X	X			X	X	X	X
Cost - effectiveness	Total budget vs. Spending on households	X	X							
	Value of input to bnf relative to cost of delivery, transport, distribution etc	X	X							
Impact	Were activities implemented? Objectives met? (as per log frame)	X	X							
	How has project affected the beneficiaries? What is their perception?				X	X	X	X		
	Direct impact to bnf HH of receiving voucher & indirect impacts			X	X	X	X	X		

	INFORMATION REQUIRED	SOURCE								
		Secondary Info	ACF Staff	Vendors	BNF	Non-BNF	Camp Leaders	Incentive workers	PostaPay	Other Agencies
	Any unexpected impact? Social, economic.....		X	X	X	X	X	X	X	X
	How was the voucher used? Any exchange for cash? Any purchase of non-food items?		X	X	X	X	X	X		X
	Change in item price over life of project?		X	X	X			X		
	What proportion of total business is the project to each vendor? Change over life of project			X						
	Nutritional impact of project - dietary diversity + other		X		X			X		X
	Food handling/ cooking and KAP impact							X		
	Conflict within community or within household?				X	X	X	X		X
	Gender impacts		X		X	X	X	X		
Sustainability	How will impacts be continued if project ceases?		X		X		X			X
	Has the voucher effected long term food/income security?		X	X	X	X	X	X		
	Exit strategy		X							
Accountability	What mechanisms were put in place to ensure accountability? Suggestion box/complaint system		X	X	X	X	X	X	X	X
	Were all stakeholders able to voice opinion about project at any time?		X	X	X	X	X	X	X	X
	Feedback to stakeholders		X	X	X	X	X	X	X	X
	Sharing of monitoring and other data to others		X	X	X	X	X	X	X	X
	Involvement of all stakeholders throughout the project cycle		X	X	X	X	X	X	X	X

Annex 6 ACF staff organogram



Annex 7 Evaluation terms of reference



Terms of Reference for the internal evaluation of the following Action Against Hunger's program funded by CIAA/French Government:

“Projet de soutien d’aide alimentaire auprès des populations réfugiées et résidentes du nord est

Kenya (District de Garissa).”

References of the contract(s):

No: 2007-VI-018-00

TORs produced on the 08/01/09

1. Background

The Dadaab area in North Eastern Kenya has been receiving refugees from Somalia since 1991²⁷. Today the three camps in the area, Hagadera, Dagahaley and Hagadera, are host to over 217,000 people and the number is increasing at a rate of 4000-6000 each month since January 2008. The three camps are fairly well provisioned by UNHCR and its implementing partners, and the basic physical needs of the residents are generally covered.

CARE Kenya is responsible for the general food distribution supplied by WFP which totals between 1800 – 2000 calories per person per day and typically consists of maize flour, yellow pulses, beans, corn-soy blend, sugar and vegetable oil. GTZ is responsible for nutrition programs in the camps which include treatment of acute malnutrition through a distribution of corn-soy blend porridge for the moderately malnourished and plumpy nut for the severely malnourished. According to the nutrition survey carried out by GTZ in August 2008 the GAM was between 10.8 and 12 and the SAM was between 1.0 and 1.5 in the three camps.

While GTZ is working to reduce malnutrition in the camps from a curative standpoint, few activities aim to address underlying causes from a food security framework. Two important factors which contribute to the high prevalence of malnutrition among young children are: 1) limited access to fresh food items rich in micronutrients; and 2) a lack of understanding of the importance of consuming a range of foods including fruits and vegetables. As a result, the effect of a narrow dietary diversity typically devoid of fresh fruits and vegetables is a large contributing factor to reduced food and nutrition security, and there are likely to be a significant factor in the manifest cases of severe and moderate acute malnutrition in young children.

In order to address these underlying causes and their effects a voucher program designed to facilitate an increased consumption of nutritious foods among households in the refugee camps was proposed and ultimately accepted for funding by the French Embassy in Kenya²⁸. The program received 500,000 Euro and was to be carried out between 1 September 2007 and 31 August 2008. A cost extension of an additional 500,000 Euro was granted and the program is to continue until April 2009.

2. Program Overview

The analysis of the underlying causes of malnutrition in the camps through a food security lens has led to the development of a program which aims to improve dietary diversity within households with acutely malnourished children (severe or moderate) and households with weaning babies.

Camp residents have low levels of access to food beyond that which is part of the general food distribution, which does not currently include complementary foods. Residents are highly dependent on cash to access perishable foods. Their ability to obtain these foods is closely related to the level of external support they get from remittances, if a family member is employed as an incentive worker in the camps, and through sale of part of the general food ration.

Furthermore, an understanding of the importance of a balanced diet remains limited among many of the camp residents. Somali food preferences place limited value on consuming fruits and vegetables and much of the money obtained by the household goes towards the purchase of additional sugar beyond that which is given in the general food ration.

²⁷ While there are some refugees from Sudan, DRC and Ethiopia the vast majority are from Somalia

²⁸ The program also contained an agriculture support component which addressed needs in the nearby area of the Tana River where much of the produce sold in the Dadaab camps is cultivated. However, this component of the program will not be included in the evaluation.

The food security program uses a double pronged approach to improve dietary diversity within targeted households. Firstly, the program addresses the lack of economic access to a variety of nutritious foods by injecting cash through a voucher program whereby targeted households receive two vouchers each month totalling 600 KSh which can be used to purchase fresh fruit, vegetables, milk and eggs from local camp vendors. Secondly, the program addresses a limited knowledge base of primary caregivers in terms of appropriate feeding practices, balanced diets, good food hygiene, etc.

Follow up at the household level is carried out to reinforce the messages given on the distribution day as well as to observe the households and status of the children in the household.

3. Aim of the Evaluation

The primary purpose of this evaluation is to draw on lessons learned and capitalize on best practices in order to improve the existing program and to contribute towards the technical knowledge base within ACF on good practices related to voucher programs. In order to meet this objective the evaluation should examine both the programming and the implementation aspects of the program and provide specific and concrete recommendations. These recommendations will be used to improve both the programmatic as well as the operational side of the program.

Program design

- **Impact** – value of the vouchers; frequency of voucher distribution; length of time in the program; length, frequency and format of public health promotion sessions and cooking demonstrations; format of messaging; frequency and format of follow up visits; the use of positive deviants and incentive workers to convey messages
- **Appropriateness and relevance** - vouchers versus cash intervention; permitted food basket; health promotion messages; balance of focus on vouchers and on health promotion; use of local vendors to supply goods; beneficiary targeting; vendor identification; selection of aspects to monitor and tools used
- **Coverage** - targeting through GTZ nutrition program; impacts of ACF program on GTZ coverage; implications of carrying out independent case finding
- **Sustainability** - prospects for sustainability over the long term of the program as a whole and of components of the program

In a broader sense it should be considered if a cash-based intervention in the form of a voucher program is the best possible type of program to be implementing in order to achieve the stated objective.

Program implementation

- **Impact** – actual change in dietary diversity; change in knowledge, attitudes and practices; change in business volume and practices of vendors; implications of vendor payment system; implications on the work of other agencies
- **Efficiency** - timeliness of program adaptation and responsiveness; staff response times to program needs, to requests for information, and to address problems; vendor payment system; application of monitoring tools
- **Cost effectiveness** - costs of voucher component and cost of health promotion / cooking demonstration component versus relative impact of each component; additional costs of operating from a remote base
- **Coherence and coordination** - working relationships and collaboration with GTZ; coordination with WFP and UNHCR; coordination with other relevant partners; health messages by both ACF and GTZ; follow up visits of ACF and GTZ

- **Accountability and transparency** - level of community involvement from stakeholders; reporting to stakeholders; proactiveness in sharing with stakeholders and availability to respond to questions from stakeholders; following appropriate financial accounting protocols; sharing of data collected in monitoring activities

Additional elements to be considered are the program processes including: vendor selection, vendor payment modalities, beneficiary registration, voucher distribution, cooking demonstrations, health promotion sessions, and beneficiary follow up. Perceptions of the program from beneficiaries, vendors, camp leaders, the community at large, appropriate government officials, and program partners (including UN agencies, other NGOs, and Kenya PostaPay Agency) should also be included in the evaluation.

Program support

- Level of technical support from Garissa and Nairobi to Dadaab staff
- Level of operational support from Garissa and Nairobi in planning and implementation (finance, logistics, human resources)
- Level of support specifically with regards to vendor payments
- Level of support specifically with regards to security

4. Evaluation Activities and Deliverables

The evaluation team should:

- submit a proposed evaluation design and timetable
- review existing information/documentation
- undertake site visits, observe program implementation, and conduct interviews/discussions with beneficiaries, vendors, camp leaders, the community at large, and relevant program partners
- analyze and synthesize information; interpret findings; develop and discuss conclusions and recommendations; draw lessons learned
- discuss preliminary findings of the evaluation to staff at Dadaab, Garissa, and Nairobi levels
- prepare a draft final report including an executive summary, a list of key lessons learned, and prioritized recommendations
- receive, analyze and incorporate comments from ACF staff on draft report
- submit a final report

5. Work Plan and Timetable

The evaluation should start early February and will last for 21 days.

	Working Days
Briefing HQ	1 day
Travel to the mission	1 day
Briefing Mission, review of documents, and preparation of field work	2 days
Field Work	10 days
Data Analysis and preparation of the draft report	4 days

Debriefing in country on the basis of the draft report	1 day
Debriefing with HQ and feedback on draft report	1 day
Finalization of the report on the basis of Field, HQ comments	1 days
TOTAL	21 days

6. Available Documents

External documents

- GTZ nutrition survey August 2008
- UNHCR Mission Dadaab Refugee Camps 2008

ACF documents

- Program proposal and extension proposal
- Progress report December 2008
- Capitalization report
- Donor quarterly reports
- Training manual for volunteer mothers and incentive workers in Dadaab refugee camps
- ACF health educator training manual
- Vendor and beneficiary monitoring forms
- HDDS monitoring form