IMPROVING FOOD ACCESS AND NUTRITION FOR VULNERABLE DISPLACED AND HOST POPULATIONS IN YOBE STATE (DAMATURU, POTISKUM & FUNE)

YOBE STATE, NIGERIA

Final Report: November 2014 – March 2016

Grant number: AID-FFP-G-15-00005

EXECUTIVE SUMMARY

Applicant Organization Name: Action Against Hunger USA / AAH International (AAH)	
Headquarters Contact Information	**Field Contact Information**
Contact Person: Mr. Andrea Tamburini	**Contact Person**: Mr. Yannick Pouchalan
Mailing Address: 247 West 37th Street, 10th Floor – New York, NY 10018 – USA	**Mailing Address:** Plot 69 Crescent, 6th Avenue, Gwarinpa, Abuja
Telephone:+1 212 967 7800 Ext. 107	**Telephone:** +234 813 0000 136
Fax: +1 (212) 967 5480	**Fax:**n/a
E-mail: atamburini@actionagainsthunger.org	**E-mail:** cd.ng@acf--international.org

Project Title:	Improving Food Access and Nutrition for Vulnerable Displaced and Host Populations in Yobe State (Damaturu, Potiskum & Fune LGAs)
Country/Region:	Nigeria / Yobe State
Geographic Areas of Activity:	Damaturu, Fune, Potiskum Local Government Areas (LGAs)
Duration of the Project (no. of months):	18 months (November 10, 2014 – March 31, 2016)
Reporting Period:	November 10, 2014 – March 31, 2016
Total Beneficiaries Targeted:	3,000 households (HHs)
Total Individuals Targeted:	21,000 individuals
Type of Disaster/Hazard:	Conflict

PROJECT OVERVIEW

1. Goal and Objectives of the Project

To ensure vulnerable displaced and host populations are able to meet their food needs and improve child nutrition among children under-five in three local government areas (LGAs) of Yobe State. The program has two specific objectives:

- ✓ To address the immediate food needs of vulnerable households (HHs);
- ✓ To improve the knowledge of the beneficiary households about nutrition and healthy diets.

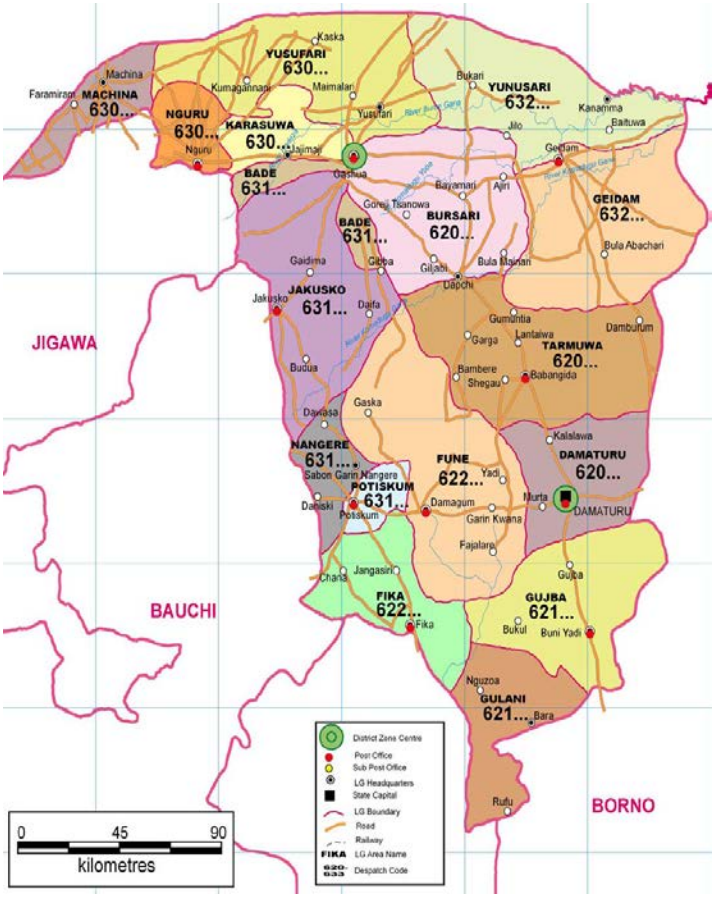
2. Components of the Project:

- ✓ **ADDRESSING IMMEDIATE FOOD NEEDS OF VULNERABLE HOUSEHOLDS**
  3,000 targeted HHs receive cash and voucher assistance for nine months during the project period. Each HH will receive a monthly unconditional cash grant of 10,000 NGN or unconditional food commodity vouchers of equivalent monetary value.

- ✓ **THE KNOWLEDGE OF THE BENEFICIARY HOUSEHOLDS ABOUT NUTRITION AND HEALTHY DIETS ARE IMPROVED**
  Nutrition education sessions are conducted to improve nutrition literacy and various issues related to balanced diet such that at least 90% of the targeted women who attend education sessions can articulate various issues of a balanced diet.

PROJECT PERFORMANCE

1. Brief Overview of Performance



Action Against Hunger (AAH) implemented this USAID/FFP-funded project in targeted three LGAs of Yobe State, namely **Damaturu, Potiskum, and Fune.** The project aimed at reducing food insecurity of the most vulnerable displaced and host populations through increasing short-term purchasing power to meet the immediate food needs, increase dietary diversity, and support the restoration of livelihoods. To this end, the project provided unconditional cash grants to vulnerable population of the host and IDP communities and delivered nutritional education / awareness sessions to beneficiaries. Project implementation lasted for eighteen months (November 2014 through March 31, 2016), inclusive of two consecutive no cost extensions that totaled five months. These were requested to allocate project savings resulting from the devaluation of the naira against the dollar to beneficiaries through two additional cash-based transfers and to make up for delays due to insecurity, staff recruitment, and beneficiary verification challenges experienced at the onset of the project. This extended programming until February 8th, 2016. The final extension was approved to enable existing staff to start preparation for the follow on program, ensuring a smooth and rapid start-up for Phase II.

The project achieved its objectives insofar as all planned activities were completed and achieved. For performance indicators that were not met, AAH has identified lessons learned to improve future performance. During the course implementation, 3,000 households (HHs) comprising of 24,554[1] individuals were directly assisted as follows:

- **3,000 HHs** for unconditional cash grants of which 1,500 HHs and 900 HHs received cash and food voucher in Damaturu and Potiskum LGAs respectively while 600 HHs benefited only food commodity voucher in Fune LGA. This was due to availability of money agents and beneficiary preference. Assistance of 10,000 naira per month was provided to each household for a total of nine months.
- On a monthly basis, up to **2,790 beneficiaries** (single count) were directly provided with nutrition and health education /awareness sessions at the community level.[2]

[1] Actual total number of selected beneficiary after registration / selection exercise, which is higher than the projected HH size of 7.5

[2] Nutrition and health education sessions were held on a monthly basis at the community level. While 2,790 individuals is the largest total number of beneficiaries sensitized in one month, more than 2000 individuals received nutrition and hygiene promotion messages every month.

Project implementation was preceded by an inception phase. Preparatory activities under this phase included stakeholder meetings, community mobilization, vulnerability criteria identification, beneficiary registration and selection, training on the RedRose platform and vendor/trader selection. Stakeholder meetings held with community and traditional leaders as well as the State Emergency Management Agency (SEMA) served as an opportunity for AAH staff to explain project objectives, geographical coverage, delivery mechanisms, beneficiary selection methodology and trader identification, etc. The beneficiary selection criteria were defined after receiving inputs from local partners / stakeholders during these meetings. Stakeholders also supported community mobilization, sensitization and beneficiary registration and selection. Smart cards were then distributed to the selected and enrolled beneficiaries and a baseline survey and market assessment were conducted (Annex 1: Baseline Survey Report and Annex 2: Market Assessment Report). To ensure smooth management of the delivery mechanism, detailed Standard Operating Procedures (SOP) were developed and shared with AAH program and support staff through a series of trainings and MoUs were signed with selected traders and money agents.

During project implementation, the following activities were conducted to support the food assistance component: post distribution monitoring (PDM); bi-weekly price monitoring; monthly traders / vendors monitoring; cash disbursement through the RedRose electronic payment system; introduction and management of feedback mechanism through a toll free telephone line along with follow up to resolve all issues; and an end-line survey. A mid-line evaluation was conducted in September 2015 to provide recommendations for refining programming and to inform the follow on program (Annex 8: Midterm Review). Key recommendations were incorporated into programming such as: training staff on humanitarian principles; coordination with SEMA; promoting humanitarian principles with traders/money agents; coordination with other actors in the area and involved in CBTs identification of beneficiaries through refined vulnerability scoring criteria; promoting beneficiary empowerment through choosing traders/agents they are comfortable with; improving security during distribution to limit large crowds; prompt payment to traders/agents through bank transfers; beneficiary photos on cards for identification; payment to beneficiaries must be done inside shops; additional RedRose training; clear communication to beneficiaries on transfer dates; and all data collection done electronically rather than with paper.

For nutrition, community volunteers (CVs), health workers (HWs) and project staff were provided refresher trainings with emphasis on specific nutrition / health themes for capacity building purposes. Flyers with key nutrition and health messages with pictures were distributed each month to all beneficiaries to reinforce nutrition and health education. In addition, radio jingles were aired on same topics. The nutrition team from other AAH projects also contributed in reviewing the nutrition / health messages for harmonization purposes. Coordination (conducting a joint assessment, harmonizing geographical coverage, sharing best practices, community outreach issues, etc.) with other stakeholders was also ensured, especially with the food security and nutrition in emergency working groups, relevant LGA authorities, state government line ministries /departments, INGOs and UN agencies.

To ensure an adequate close-out plan was put into action, an internal grant ending meeting was held at the field level on 9th December 2015 with detailed action points derived to complete all pending project activities. Sensitization of the beneficiaries about project closure was done followed by a lessons learned workshop attended by stakeholders and traders organized in Damaturu on January 29th. Lessons learned over the course of project implementation include: the electronic transfer of cash is transparent, thus limiting potential fraudulent transactions; introduction of RedRose technology requires follow-up training for traders to ensure knowledge retention of electronic payment systems; beneficiaries need better identification verification such as biometrics; need for continued coordination; more availability of traders than money agents may require less cash options; and traders and money agents should receive advanced Bluetooth printers that can save the data for another day printing of receipts. These lessons learned are valuable recommendations that will be captured for follow-on programming.

Figure 1. Project Performance Indicators

Objectives/Strategies	Indicators	Baseline	Target	Achievement
General Objective: To ensure vulnerable displaced and host populations are able to meet their food needs and improve child nutrition among under-fives.				
IR 1. Immediate food needs of vulnerable HHs are addressed.	1.1 **3,000** targeted HHs received cash and voucher assistance for nine months during the project period	0	3,000	3,000
	1.2 90% of the HHs have stabilized or improved their Food Consumption Score	0%	90%	94.3% have an acceptable FCS[3]
	1.3 90% of the HHs have stabilized or improved their Coping Strategy Index	CSI = 22.7	90%	98% HH CSI < 22.7
	1.4 90% of HHs have stabilized or improved their household dietary diversity score	HDDS = 3.8	90%	98% HH HDDS > 3.8
	1.5 90% of HHs have stabilized or improved their individual U5 dietary diversity score	IDDS = 4.2	90%	61% HH U5 IDDS > 4.2[4]
IR2. The knowledge of the beneficiary HHs about nutrition and healthy diets are improved.	2.1 90% of women who attended education session can articulate various issues of a balanced diet.	0%	90%	86%[5]

2. Results

Result 1: Immediate food needs of vulnerable households are addressed.

Community Outreach and Mobilization

AAH officially invited all state stakeholders in the project zone including LGA authorities, emirs, village and ward heads, and a representative from SEMA to participate in a one-day project kick-off meeting to orient them on project objectives, implementation methodology,

Figure 2: AAH staff with community leaders during outreach activities in Damaturu.

oor FCS = 0-21, borderline FCS =1.5-35 and acceptable

vas an overly ambitious projection and serves as a lesson
s and promote behavior change through DBC approach
conditional transfer that necessitates beneficiaries

atory and not through a Care Group Model that has
ps is not translatable in Hausa and mothers found it

service delivery mechanism, geographical implementation areas and beneficiary selection approach, etc. The meeting also served as a venue to discuss and agree on geographical coverage and beneficiary selection criteria, gauge the level of commitment of the stakeholders in supporting the project and enabled AAH to expound upon details of the project and answer related questions from the participants, etc. At the end of the meeting, all participants were enlightened about the project, agreed on the implementation, and promised to support the project. For their part, the LGA authorities committed to avail LGA-employed Community Development Officers (CDOs) and CVs who have deep knowledge on the geographical situation.

Targeting and Beneficiary Selection

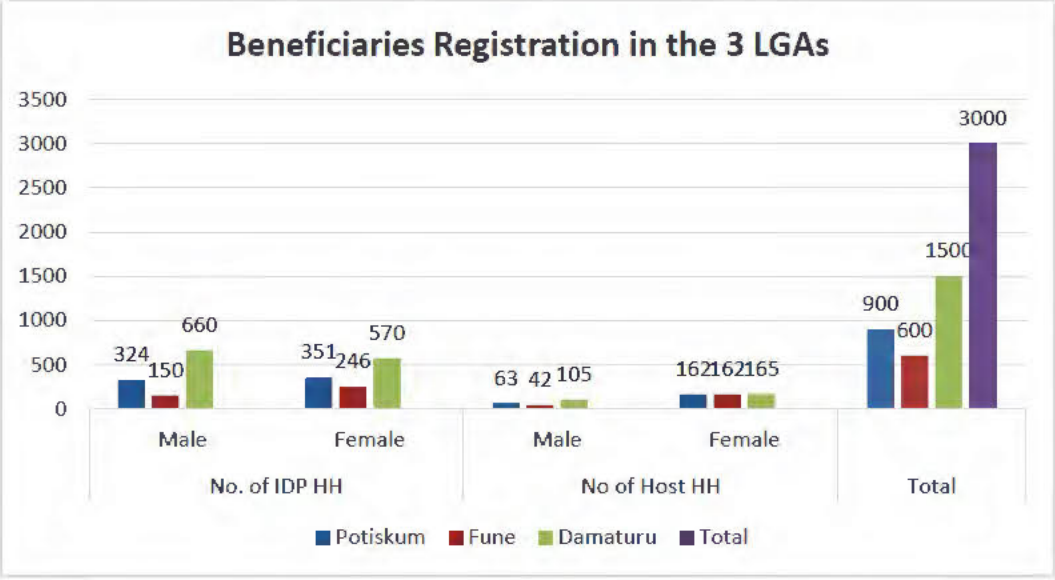
Initially a list of 3,000 potential beneficiary households was prepared by local stakeholders including emirate council representatives, district and ward heads, LGA authorities IDPs and SEMA representatives under the auspices of AAH project team. This list was prepared on basis of agreed beneficiary selection criteria as follows:

- IDP households whose livelihoods have been destroyed by the insurgency;
- Destroyed/ loss of livelihoods of host community;
- Households with several acute malnourished (SAM) children;
- Female headed households;
- Children headed household;
- Households headed by chronically ill/ elderly persons / persons with disability;
- Households with large size depending on a single income earner.

In order to validate the above list, AAH project team conducted a physical verification of a sample of size of 10% (300 HHs) of the selected beneficiaries with the support of Community Development Officers (CDOs) of each LGA. This exercise led to a detection of 5% (n=15) inclusion errors in light of which, AAH subsequently decided to carry out an ad hoc physical verification exercise of 100% of the beneficiaries. Learning from this exercise, AAH has developed vulnerability criteria which was electronically scored to ensure impartiality. Please see Annex 3: Beneficiary Validation Report for additional details on the vulnerability criteria that was subsequently developed. Following this, AAH also instituted a standard practice of verifying at least 10% of all registered beneficiaries prior to beginning activities in order to confirm the assistance is receiving the intended recipients for all projects.

The Fune LGA beneficiaries were targeted for food voucher whereas Damaturu and Potiskum beneficiaries were targeted for both cash and food voucher. The reason for Fune LGA beneficiaries to benefit only from food vouchers was that there is no bank in Fune LGA that would enable the money agents to withdraw cash from the bank in the event where the money agent was in shortage of cash or exhaust cash in the middle of the presence of beneficiaries. The registration exercise was carried out in January 2015 and Table 1 below shows the registration statistics.

Figure 3: Beneficiaries Registration Summary



The above data reflect that 55% beneficiaries were female headed HHs against 45% male HHs. One main reason for this is that female headed HHs were more vulnerable compared to male headed HHs in terms of livelihood opportunities, source of income and dependency ratio.
Similarly, 77% beneficiaries were IDPs and 33% beneficiaries were targeted from a host community. The IDPs beneficiaries were a higher proportion than host-community based on vulnerable scoring categories of mainly income sources, loss of household assets and food insecurity.

Traders Identification for Establishment of Cash Delivery Mechanism
In order to safeguard a more secure delivery process and ease of management and monitoring of beneficiary purchase pattern / trend amongst others, AAH procured an electronic payment system called "One Solution Platform" from an ICT company (Noble House / RedRose) along with the required electronic devices and supplies. This wireless system provides for the beneficiaries to use smart cards to redeem cash or purchase food items from identified traders / money agents, with whom the AAH dully signed MoUs following a formal traders / vendors assessment and vetting. This process began with a Request for Quotation (RFQ) and then a questionnaire to be filled by applicants. AAH staff then reviewed the capacity of the traders/vendors, their business registration and the presence and quality of a variety of food items (more details on this process can be found in Annex 2 Market Assessment Report). Monthly staff visits during implementation monitored the regularity of stock replenishment. In addition, all traders were sensitized to on the necessity to offer fair prices and encourage free market competition, on their roles and responsibilities within the project and the need to respect beneficiary rights (e.g. not impose fees on beneficiaries, etc.). All traders / money agents were provided with the standard e-payment kits (the contents of which are detailed in the next section) and subsequently trained by a joint team of RedRose technicians and AAH staff on the e-payment system with emphasis on how to use the devices, including practical demonstrations on processing transactions. The proposed trader/agents to beneficiary ratio was one trader / money agent per 100 beneficiary households with fifteen money agents / traders in Damaturu, and nine in Potiskum and six in Fune. However, during implementation, the ratio was increased to one trader to one hundred and fifty HHs. In Pokistum, the team only identified four traders / agents out from which one trader withdrew after five months of the project, leaving only three traders / money agents active. Similarly, in Damaturu, fifteen traders / money agents were selected, but three withdrew, one of which was replaced. The primary reasons cited when traders / agents withdrew from the project was that they did not have capacity or were unwilling to increase their stocks and personal reasons. Even though three traders withdrew from the program, no problems regarding the timely provision of food for the beneficiaries were observed or reported. However, in Damaturu particularly during the last two months of cash transfers, crowds were observed at the money agent locations during the

first two days following smart card crediting. The money agents managed these crowds by informing the beneficiaries to come in groups of 50 in one-hour intervals.

Figure 4: Final Trader/Agent Breakdown

No.	LGA Name	Trader	Money Agent	Total
1	Damaturu	9	4	**13**
2	Potiskum	1	2	**3**
3	Fune	6	0	**6**
Total		**16**	**6**	**22**

Electronic Payment Devices and Supplies

AAH procured the electronic devices along with the necessary consumables / supplies from RedRose to facilitate the cash transfer to the beneficiaries. Each trader was loaned a standard kit containing a smart phone/tablet, Bluetooth printer, ribbon for printing transaction receipts, etc. Below is the breakdown of e-payment system items purchased:

Figure 5: Breakdown of E-Payment Items Purchased

No.	Device Name	Unit	Quantity
1	Smart Cards	Card	3,000
2	Smart Phones	piece	33
3	Bluetooth Printer	piece	32
4	Smart card Printer	Piece	1
5	USB NFC card programmer	Piece	1

Following beneficiary registration, the 3,000 smart cards were printed by the AAH team in Damaturu. After initial lessons learned with printing and verification, the printed cards featured beneficiary photos for verification purposes.

Beneficiary Smart Card Distribution

The 3,000 printed beneficiary smart cards, based on the final verified beneficiary list, were then dispatched to the respective community meeting places, including the emirs' palaces, for distribution to the beneficiaries. The beneficiary lists were displayed at these meeting places where individuals came and checked their status. Card numbers were indicated on the list for reference purpose during cards distribution. In total there were seven card distribution centers (4 in Damaturu, 2 in Potiskum, and 1 in Fune). The emirate palaces served as the distribution centers because they were considered more secure given the challenging security environment and ease of access. Separate distribution arrangements were made for both male and female because of local culture and custom.

Once beneficiaries reached the distribution point, they entered in a waiting room where verification was done. Afterwards, the beneficiaries headed to the area earmarked for sensitization where AAH project staff oriented them on using the smart card and pin code, their importance, the monthly transfer amount, the available trader / money agent lists and the Feedback Response Mechanism. Beneficiaries were also sensitized on the project's objectives and their rights under the project. This included highlighting that the transfers are intended for the beneficiary, that no fees should be collected by the vendors or agents and that they are free to shop or collect cash from their preferred vendors and money agents. This information was also printed on flyers in both English and local Hausa language and given to each beneficiary. Having gone through the sensitization process, each beneficiary was then directed to the card collection point where AAH team verified his / her data in line with the data collected at time of beneficiary registration. After

verification, each beneficiary received a smart card and signed or made thumb impression on the smart card distribution acknowledgment sheet prior to leaving the site / exit gate. A total of 2,961 (98.7%) beneficiaries collected their smart cards as of end of April 2015. The remaining 39 beneficiaries did not show up to collect their cards because of their reported internal movement from one LGA to another. The AAH team tried to trace them for two weeks with the support of LGA members but to no avail in the end. As a consequence, an additional thirty-nine vulnerable beneficiaries were identified / selected within the framework of the selection committee. By the end of May 2015, the remaining thirty-nine smart cards were distributed to these additional beneficiaries. AAH used its smart printer to print smart cards for these thirty-nine additional beneficiaries. The advantage of AAH having its own smart card printer was to ensure independence from RedRose in case of any future smart card printing needs.

Monthly Cash Transfer to Beneficiaries Smart Cards

Once the smart cards were distributed, a 10,000 Naira unconditional cash grant was credited on each smart card and the project team communicated this information to the beneficiaries. The crediting of smart cards was subsequently done each month for a total period of nine months till the final disbursement in December 2015. RedRose received 2% service charges on the entire cash transferred through their platform.

The summary of the cash transfer is mentioned in the below table as:

Figure 6: Number of Beneficiary Households Receiving Monthly Cash Transfers (2015)

LGA	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Fune	600	600	600	599	599	599	590	596	596
Potiskum	900	900	900	900	900	900	900	900	900
Damaturu	1411	1422	1500	1498	1498	1498	1443	1490	1499
Total	2911	2922	3000	2997	2997	2997	2933	2986	2995

Cash / Food Vouchers Redemption from Traders / Money Agent

As already indicated, beneficiaries redeemed cash from money agents while others purchased food commodities from traders. At the time of purchase or cash redemption, two receipts were generated by the trader / money agents. Both invoices are signed by trader and beneficiary; one invoice is given to beneficiary and the one is kept by trader for eventual submission to the AAH Finance Department for reimbursement. On a bi-weekly basis, all traders and money agents submitted the three required documents (receipt, daily transaction report and sales invoice) to the AAH Finance Department at the field level for review and verification. The Finance team then cross checked the trader transaction summary with the transaction summary generated from RedRose platform. Once all the documents have been verified, cleared/ approved by Finance team, outstanding amount was then reimbursed to the respective trader / money agent plus the 7% service charge through check or wire transfer.

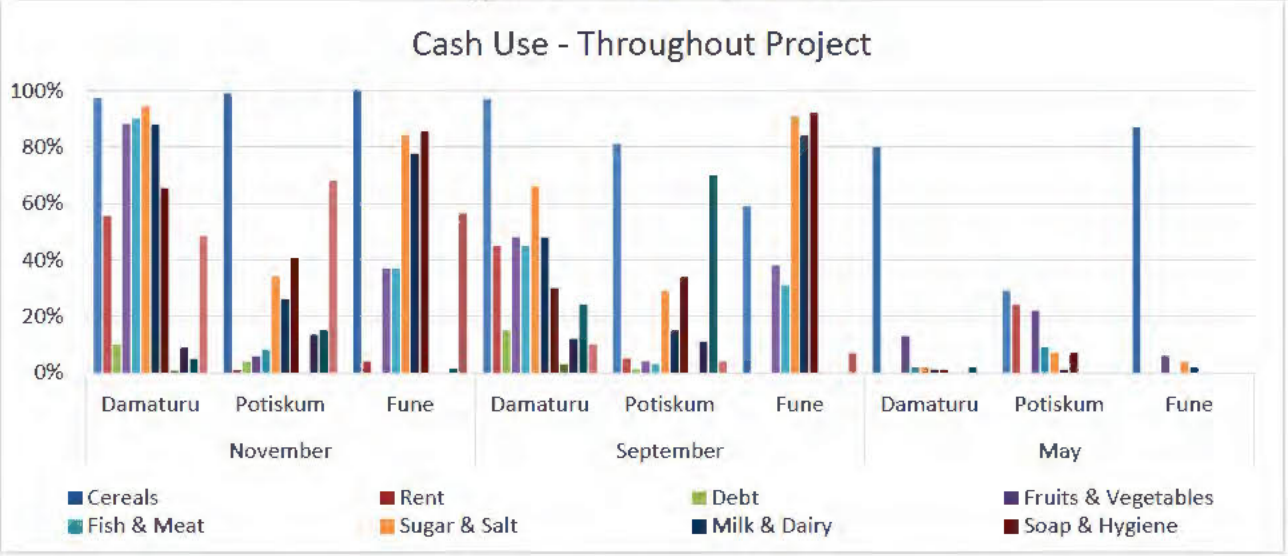
Monthly Cash Utilization / Expenditure by Beneficiaries Analysis

Usage of food commodity trends were analyzed during the project period: The most purchased commodity consistently across all the LGAs remained cereals with utilization as high as 87% and 80% in Fune and Damaturu respectively, (only 29% in Potiskum) and subsequently nearing the end of the project in November cereals were at its highest point at up to 100% of beneficiaries reporting using cash for cereals.

For Potiskum and Damaturu, the percentage of HHs buying cereals remained high in September at 81% and 97% of the HHs respectively. However, their purchases were more diversified as the

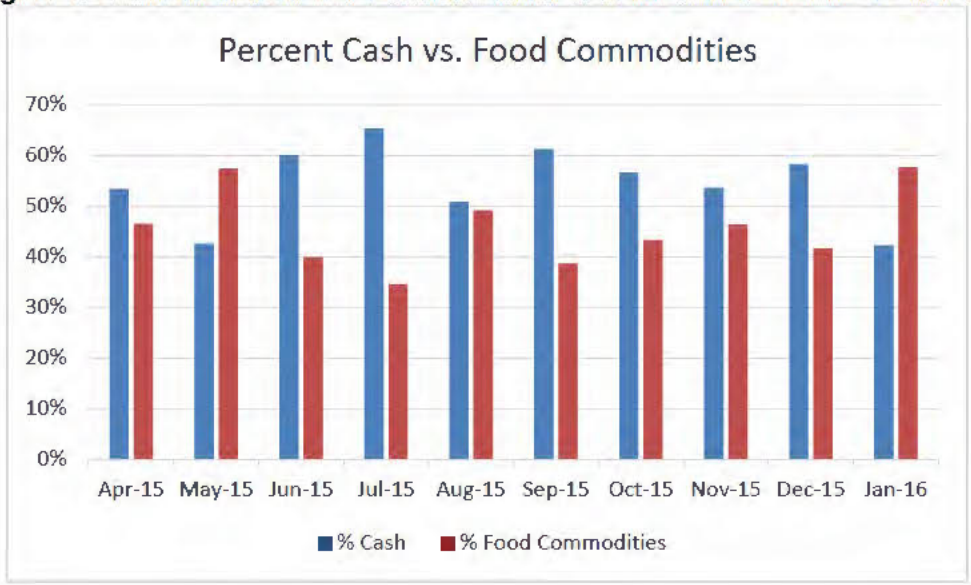
project continued up until November/December, as seen in figure 7, the purchasing behavior from May to November changed significantly with more nutritious foodstuffs bought and more emphasis on other household items. A key example of this is the average percentage of cash used in May (3%) to September (52%) and November (64%) on soap and hygiene products increasing consistently. A significant increase was also noticed in the percentage of HHs using their cash to pay their rentals in Damaturu from 0% (May) to 45% (September) and then 55% (November); debt reimbursement from 0% (May) to 15% (September) and 10% in November and to pay for their children's education from 0% (May) to 12% (September).

Figure 7: Cash Use per LGA



For the comparison between cash and food voucher preference, Figure 8 provides a chart of the breakdown. While there was a slight trend from the onset of the program throughout program implementation moving towards cash, the spike in January demonstrates that flexibility for beneficiaries is an important aspect of the program (the last cash disbursement was in December but beneficiaries were still spending their food allowance into the new year). To analyze if enabling this complete flexibility and no conditionality results in the best outcome for nutritional improvement, AAH will conduct a comparative study in the follow on program.

Figure 8 Cash Withdraw vs. Food Voucher Use in Damaturu and Potiskum



Beneficiary Mobilization and Smart Card Collection

Following the ninth and final cash disbursement in December 2015, the AAH staff re-iterated to beneficiaries that this was the last transfer of the project, and explained to them to spend their full transfer amount before February 8th. They were reminded that they needed to turn in cards after final use and where they could do so. The AAH team then monitored spending through the Red Rose platform to ensure beneficiaries used their full transfer amount prior to the end of project activities. As of January 31, a total of 81,002.47 naira was still unspent according to the Red Rose platform, so the team intensified their efforts to reach beneficiaries. To encourage spending, staff worked with community volunteers, community leaders, vendors, the money agents and even called specific beneficiaries through their registered mobile numbers to remind them of the upcoming end of activities. With the grant then being extended through March 31st, all of the money was retrieved by beneficiaries well before the closure date. Beneficiary cards were collected at distribution points, as well as some were turned in to vendors and money agents who, in turn, returned them to AAH. Final vendor clearance and reimbursement was also conducted.

Stakeholder and Trader's Lesson Learned Workshop

A one-day lesson learned workshop was conducted at field level on January 29, 2016 to which traders and money agents participated along with all program field staff. In total, twenty-three participants (21 males and 2 females) contributed, providing for an effective workshop. The workshop started with an overview of the objectives, as well as the project overview, agenda, and workshop methodology, etc. Key highlights coming up from the discussions included best practices, challenges and future recommendations. The best practices shared by all participants included the need to always ensure transparent systems, easy use of electronic devices and maintenance, capacity building for local vendors and traders, efficiency and safety of cashless programming, easy data synchronization of the electronic system, building / fostering of mutual relationships with stakeholders, business scale up by traders and accountability. Conversely, some challenges shared during the workshop included an issue of telephone network / connectivity at field level, improvement of vendor payment clearance, and fixing of amount of dairy and meat / fish food groups. Participants were very active in giving interesting recommendations for future programming such as the need to continue prioritizing vulnerable beneficiaries and involving vendors in village committee groups. The detailed lesson learned workshop meeting minutes are attached in Annex 4.

Transition to Phase II

The transition phase refers to activities performed from February 9 – March 31. Following the end of project activities, bi-weekly price monitoring continued in all three LGAs. An increase in the prices of all food commodities except cassava was observed due to high petrol and transportation costs (see Price Monitoring on page 14 for more details). A vulnerability assessment was also conducted in all three LGAs. Two gender separate focus group discussions were held in Damaturu and Potiskum to receive both female and male observations for the vulnerability assessment. A total of 48 individuals participated; 14 men and 10 women in both of the groups in both LGAs. The results of these discussions informed the new vulnerability criteria to be applied in the next phase. Project management tools were developed and recruitment for phase II was also ongoing during this phase.

Result 2: The knowledge of the beneficiary households about nutrition and healthy diets is improved.

Identification of Community Extension Workers and their Capacity Building on Nutrition Issues

The AAH Nutrition focal person conducted meetings with the LGA Nutrition Focal persons in all three project LGAs. The objectives of these meetings were to discuss the nutrition component of the project and brainstorm the best method(s) to link community volunteers (CVs) with the targeted beneficiaries. Through internal coordination with the AAH Nutrition team, it was agreed that the best approach was to utilize the existing CVs from these same LGAs for the designed nutrition and hygiene sessions. As such, all 436 active CVs received refresher trainings on key nutrition and hygiene awareness messages such as dietary diversity (preparation of food containing more than

four food groups, the most common of which were cereals, meat/fish, vegetable/fruits and oil), exclusive breastfeeding, complementary feeding and hygiene practices such as hand washing before and after meal preparation and after using latrine. These CVs received their nutrition and hygiene trainings from AAH-trained health workers. One hundred and twenty-seven (34 Damaturu, 55 Fune and 38 Potiskum) health workers from 35 health facilities across the three LGAs received a three-day training on nutrition and hygiene facilitated by the AAH Nutrition Officer and the State Nutrition Officer (SNO) in May 2015. The trained HWs cascaded the training at community level where 436 (108 Damaturu, 190 Fune and 138 Potiskum) CVs were trained for one day on exclusive breast feeding, hygiene messages, and dietary diversity in June 2015. In the end, the trained CVs were linked up with the beneficiaries in each LGA and conducted nutrition and hygiene sessions with the project beneficiaries. CVs reached out to beneficiaries in the different districts across the 3 LGAs and conducted monthly nutrition awareness sessions under the supervision of LGA assistants and the AAH Nutrition team. All the beneficiaries attended a half-day nutrition awareness session on exclusive breast feeding, demonstration on food preparation, balanced diets and dietary diversity. IEC materials with key messages were also distributed to beneficiaries during monthly sessions. All these awareness sessions were conducted by CVs. Beneficiary participant details are mentioned in below Figure 9:

Figure 9: Monthly Beneficiaries Training Details

No.	Participants	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
2	# of male participants	1,277	1,078	1,096	1,285	1,287
3	# of female participants	1,513	1,329	1,498	1,482	1,384
Total Participants		2,790	2,407	2,594	2,767	2,571

A radio jingle with the key behavior change messages ("healthy eating habits promote healthy living", "you are what you eat so eat healthy food", "balanced diet with regular physical activities prevents diseases", "exclusive breast feeding and use of colostrum help the baby to develop immunity", "proper personal hygiene and washing hands promotes health and prevents diseases") was aired over the Yobe State Radio Broadcasting Corporation twice a day after the morning and evening news hours, when the number of listeners is higher in order to ensure the larger coverage possible. This was done for a period of three months.

Refresher Training for Health Workers and CVs

A two-day refresher training on Infant Youth Child Feeding (IYCF) was dispensed to HWs and selected CVs that were proactively engaged in the voluntary sensitization of the communities / beneficiaries in their respective locations / villages. The refresher training was given by the AAH Nutrition Officer.

Barrier Analysis

The purpose of this barrier analysis was to identify the existing practices and barriers surrounding specific behaviors in order to determine what interventions would be required to ensure these practices are adopted. The barrier analysis was conducted in Fune and Potiskum in January 2016 focusing on the consumption of iron-rich foods by pregnant women five times a week and exclusive breastfeeding of children 0 – 6 months by mothers. The results from the maternal nutrition analysis clearly showed that both those who do and do not consume iron-rich foods (doers and non-doers) have an understanding of the importance of consuming iron-rich foods and are aware of some the negative consequences of low consumption of iron rich-foods. Low consumption of iron-rich foods was due to a lack of access (unavailability in market or lack of funds) rather than negative perceptions. As a result, this calls for strategies that can increase accessibility of iron rich foods to mothers and also increase their knowledge on the different benefits of adequately consuming iron-rich foods. Mothers should be instructed on the different sources of locally-available iron-rich foods and different ways to prepare the food to reduce nutrient loss. The exclusive breastfeeding barrier analysis findings showed that both the doers and non-doers do not associate malnutrition with poor breastfeeding practices. A few of the respondents are convinced that exclusive breastfeeding can prevent malnutrition. A positive fact is that members of the community approve of exclusive breastfeeding. Therefore, a possible

recommendation is to empower the community support system with knowledge on benefits of exclusive breastfeeding and skills on how to support women to practice this. These recommendations will be incorporated into follow-on programming. For a copy of the full Barrier Analysis report, please see Annex 7.

3. Monitoring and Evaluation

Baseline Assessment

Out of 3,000 targeted households 600 (20%) were selected for the baseline using the stratified random sampling method (300 households in Damaturu, 180 in Potiskum and 120 in Fune). For each selected household, a structured and coded household questionnaire was administered to the head of household. The responses were entered, cleaned and imported into Excel software for analysis. The findings of the survey indicated that on average 11 people were living in one household, casual labour and petty trade were the top two income sources for the interviewed households. Out of five coping strategies eating of less preferred food was the most practiced by the interviewed households with 5.2 days and followed by reducing the number of meals per day with 4 days in a week time. In assessing the households' food consumption, starchy food with cereal and legumes were found to be the main consumed foods. Animal protein was less consumed. The baseline survey indicated that the targeted households were food insecure households. The baseline survey report can be seen in Annex 1.

Market Assessment Conducted

A market assessment was conducted with the objective to understand the functioning of the market and the capacity of traders conducted at the start of the program**.** Focus Group Discussions were conducted in all the main markets of the three LGA, Potiskum Market, Damagun Market (Fune) and Damaturu Market. Availability and access of food commodities for traders and the community was evaluated during the market assessment and indicated that food commodities are generally available although the markets experience some seasonal shortages. Seasonal shortages include a relatively scarce supply of beans between March and April and vegetable shortages in January 2015. Apart from seasonality, the relatively low local supply of food commodities has been attributed to poor agricultural productivity in the states because of insecurity, which disrupted farming activities. It was also noted that there was a general increase in demand for the staple commodities in the market owing to the influx of IDPs from villages, especially in Damaturu, the state capital. However, the traders were able to meet this increased demand through buying enough food stocks.

All three markets were readily accessible to both buyers and sellers except during curfew. Traders get their supplies from local and regional sources in neighboring states such as Kano and Jigawa for Potiskum Market and Kaduna, Taraba and Gombe for the Damagun Market. The only means of transporting goods to the markets is by road. The transportation of the goods has had some challenges, but traders were confident in their ability to source and store goods. In Potiskum Market traders indicated that they have several suppliers both locally and regionally and can increase their supply significantly (by at least 50 %) if there is an increase in demand. Traders from Damagun and Potiskum markets have also established central storage facility for preserving and storing their excess goods. In Damaturu the traders highlighted that they have a credit facility which allows them to get goods on credit and pay back after selling them. Please see Annex 2 for additional details in the Market Assessment Report.

Post Distribution Monitoring

Post Distribution Monitoring (PDM) was conducted two weeks after each cash disbursement except during July due to Ramadan and the upgrade to a new data collection system, and after the last distribution as an endline assessment replaced the PDM. The PDM is a tool for monitoring the change in household food security and identifying any problems to take corrective measures in a timely fashion. A sample size of beneficiary households was randomly selected using simple random sampling from the beneficiary distribution list for interviews every month. For the first three months, the data were collected on paper questionnaires. The PDMs after August were conducted

using Open Data Kit (ODK), an online, open-source tool for authoring, fielding managing mobile data collection. The findings of the PDMs indicate improvements in key food security indicators such as the average household dietary diversity scores across the three LGAs (baseline HDDS 3.8; May HDDS 4.9; June HDDS 5.7; August HDDS 5.4; September HDDS 6.7, October & November 8.4, and December HDDS 10.3).

Some of the problems reported included: some traders were selling at higher price than others and a related increase in commodity prices from the source. AAH staff discussed these discrepancies with the traders and they explained that the price of newly imported / purchased food commodities was higher than previously due to inflation of naira and increase in the purchasing price of the commodities from source. As these amounts were not significantly different, the traders were not exited from the program and beneficiaries were reminded of the freedom to choose their preferred trader.

Traders' shops were also monitored to ensure that shops are always kept neat, holding diversified food varieties apt for beneficiaries and well arranged for visibility of items in the food basket and ease shopping process.

During the monthly PDMs, the beneficiaries were asked about their level of satisfaction with the program service delivery and modalities. Of the respondents, 99% of the interviewed beneficiaries were satisfied with the delivery mechanism. These beneficiaries who expressed dissatisfaction cited concerns that the system is electronic with PIN numbers which, when misplaced, can lead to challenges in redeeming one's assistance. However, AAH further clarified that smartcard reprinting along with newly issued PIN numbers are a possible solution for misplaced cards.

Market Price Monitoring

Price monitoring was carried out on a bi-weekly basis during the second and fourth week of each month to ensure traders transparently bargain and sell their commodities to beneficiaries based on the prevailing market prices. Price monitoring also captured the trend of food prices to shed light on the factors causing increases or decreases in commodity prices. The rise in food market price impact on the INGO harmonized food basket has been analyzed for the months of November and December in 2015. With prices being the highest in December, the monthly transfer amount of 10,000 NGN was able to cover 75% of the nutritional needs based on the sphere minimum standards of 2100 Kcal/person/day. With continued significant price increases, future programming will utilize price monitoring and regular calculation of the cost of the food basket will be conducted; if the food assistance amount falls below 50% of the food basket, AAH will adjust the cash transfer amount to continue providing for at least 50% of a household's nutritional needs.

Prices of five food items (maize, rice, cassava, beans and sorghum) were monitored June to April 2015. In July the price data collection tool was revised and additional five food items (wheat, Semolina, Spaghetti, ground nut oil, and palm oil) were included in the monitoring tool. Comparing overall prices of commodities in the project period, it indicated that the price of maize and cassava increased by 20% and 22% respectively. This is because December is the start of the lean period where the locally produced food items are exhausted and these food items are coming from southern part of Nigeria to Northern and/or northeastern Nigeria. The transport cost, Naira inflation and supply shortage could also be a factor for the increase in price.

Figure 10: Price Monitoring

No.	Commodities	April – June 2015	July – Sept 2015	Oct-Dec 2015	Jan - Mar 2016
1	Maize	-7%	-2%	20.7%	9.3%
2	Rice (imported)	+3.8%	+10.2%	4.9%	16.8%
3	Cassava	-22%	+5.56%	22.4%	-14.7%
4	Beans	-17%	-1%	4.2%	0.9%
5	Sorghum	+12.4%	-6%	1.2%	1.1%

6	Wheat flour	-2%	-2%	-0.8%	6.9%
7	Semolina	+2%	+1%	-2%	27.4%
8	Spaghettis	-1%	-1%	1.7%	14.7%
9	Groundnuts oil	+1%	No change	-1.4%	16.3%
10	Palm oil over	-1%	-6%	-2.9%	13.3%

During the second and third quarter of 2015, during the pre- and post-election period, the rising fuel prices caused an increase in the transportation cost for food items coming from southern part of Nigeria and neighboring countries (Niger and Cameroun). In turn, these costs contributed to a rise in the price of food items. However, during the October to December 2015 period, the price of fuel stabilized and the change in food prices was less except for the cost of imported rice which has increased because of ban imposed on the illegal importation of commodities from the neighboring countries like Niger. In the first quarter of 2016, the price of food items rose in comparison to the prices at the end of 2015 because of devaluation of the Naira currency and increase in the price of fuel that had implication in the rise for transport in turn contributing to increase the price of food commodities.

Feedback Response Mechanism

During the last quarter of the program, the following feedback was received from beneficiaries through the response mechanism:

Feedback Issues

- 22 beneficiaries called the feedback hotline to express their thanks for the assistance received during November. One of these beneficiaries expressed their wish that the assistance continues. 2 were made by neighbors of beneficiaries who called to thank the program for the inclusion of their neighbors
- 2 beneficiaries called to report that their phone numbers had changed.
- 1 beneficiary called to confirm the location of the money agents.
- 1 beneficiary called to complain that the food vendor was unable to also distribute cash. This individual was advised to go to a money agent and provided the locations of available money agents.
- 1 beneficiary called to note that their card was not working with the vendor's device. This beneficiary was advised to submit their card and collect a new one that would work.
- 1 beneficiary called to report a lost pin number. A pin number was reissued to him and he confirmed it was working in a follow-up call.
- 2 beneficiaries called with concerns that their cards had not been credited for several months. During follow up on these complaints, it was confirmed that the first beneficiary's card was credited and the cash was used at a money agent by the beneficiary, while for the second, the card was faulty. AAH staff credited the card with the previously not received transfers during the next disbursement.
- 3 beneficiaries called to confirm where they should submit their cards upon the project conclusion.
- 1 beneficiary called to request that the assistance continue beyond December.

Endline Survey

The end line survey was conducted after the last cash disbursement to assess the changes in household food security in comparison to the baseline. During the endline, 20% of the 3,000 beneficiary households were randomly selected for interviews. The results of the endline indicated that the food security situation of beneficiary households has improved over the course of the project. The changes in food security indicators are highlighted below:

- Coping Strategy Index: The coping strategy eating less preferred foods reduced by 3.2 days per week, from 4.8 days in the baseline to 1.6 days in the endline. The frequency

with which beneficiaries resorted to borrowing food or relying on help reduced by 4.02 days a week from 5.5 days in the baseline to 1.48 days in the endline. Beneficiaries limiting portion sizes at meal times reduced by 2.63 days per week from 3 days in the baseline to .37 days in the endline. The coping strategy of restricting adult consumption so that children can eat reduced significantly by 5.82 days a week (6.3 baseline; .48 endline). Finally, beneficiaries decreased the days per week that they reduced their meal size by 2.88 days per week from 3.2 days in the baseline to .32 days in the endline.

- Food Consumption Score: 94.3% of interviewed households had a FCS value of over 35 which is in the acceptable food security threshold. Of the remaining beneficiary households, 4.11% had a borderline FCS and 1.58% had poor food security status, as indicated in Figure 11.

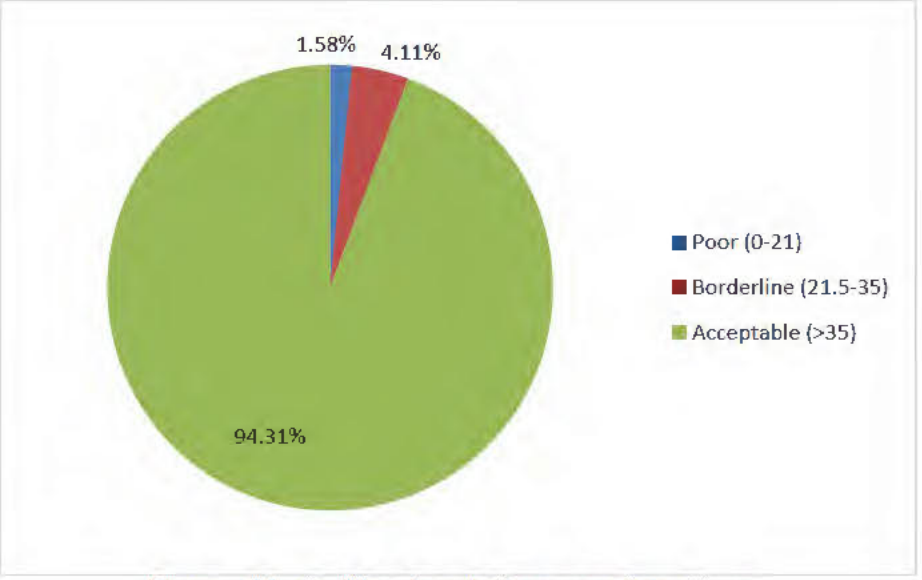


Figure 11. Endline Food Consumption Score

- Household Dietary Diversity Score: The average household dietary diversity score increased by 6.7 from 3.8 in the baseline to 10.3 in the endline. Household dietary diversity scores are calculated based upon the number of food groups out of the standard 12 consumed within the 24 hours prior to the survey.[6] This is a significant improvement in the beneficiary households' dietary diversity.

While conducting the endline survey, a few households indicated that they utilized the cash transfer to build their livelihoods by starting small scale business. The AAH enumerators also noted that many of the interviewed households expressed their concern of returning to their previous food insecure state when the project ceased. IDP households specifically indicated they lacked income to build their livelihoods and meet or sustain household food requirements as displacement rendered them dependent on the humanitarian aid from NGOs. The full endline KAP report can be reviewed in Annex 6.

4. Challenges

- During the first half of 2015, the security situation in Yobe was volatile and this created some operational challenges for program implementation. However, with the increased

[6] Household dietary diversity score is calculated based upon the number of food groups from the following twelve consumed within the past 24 hours: cereals, roots/tubers, pulses/legumes/nuts, vegetables/leaves, meat/poultry/offal, fish/seafood, milk/dairy products, eggs, sugar/sugar products/honey, oil/fats and condiments.

military counter-insurgent operations especially in the second half of the quarter, the field team managed to advance on key activities;

- During the ad hoc verification of the initially selected beneficiaries, 5% errors were detected. Consequently, 100% of the beneficiaries were then verified which delayed programming. Beneficiary verification (10%) is now an AAH standard practice as a result of this challenge.

- The vendor / money agent to beneficiary ratio was lower than the proposed 1/100 ratio, due to a lack of available vendors / money agents and a number of vendors / money agents leaving the project. However, the 1/150 ratio was closely monitored and produced no challenges and/or delays in the timely delivery of food to the beneficiaries.

- Mobilization of the community volunteers (CVs) to assist in nutrition awareness has been challenging due to the lack of motivation as they continue to ask AAH for financial remuneration instead of in-kind motivations. However, through different meetings and nutrition awareness sessions about 44 community volunteers remained proactive and sensitizing communities;

- Due to the strongly fluctuating Naira, the project experienced some under spending. However, AAH requested five months no cost extension which enabled to transfer cash for the beneficiaries for additional two months to utilize the project savings;

- Malfunctioning of trader's devices and internet connection problem. The printers supplied to the vendors needed an internet connection in order to connect to the smart phone via Bluetooth to print the beneficiaries' receipts. However, the MIS Officer traveled to the field, made troubleshooting and updates of application software on the smart phone. For future projects, AAH will use technology with peer-to-peer syncing that can be done without an internet connection.

- Floods as result of heavy rain: the heavy rain in July and August limited access to the field and beneficiaries - the CVs were used to disseminate information to the beneficiaries.

5. Conclusion

The project achieved its objectives of addressing the immediate food needs of vulnerable households and improving the knowledge of beneficiary households on nutrition and healthy diets. The nine-month cash transfer activity helped households to buy food from the traders or collect money from money agents to meet at least 50-75% of their nutritional needs. The flexibility of the unconditional cash transfer assistance in Damaturu and Potiskum also allowed households in those LGAs to fulfill other pressing household needs such as paying rent, debt or children's school fees. The nutrition and hygiene trainings for health workers and community volunteers built their capacity so that they were able to deliver infant and young child feeding messages on exclusive breast feeding and complementary feeding to children as well as disease preventative messages on hygiene and sanitation to more than 2,790 beneficiary households.

Out of 60,615 individuals (Damaturu 41,580, Fune 6,834 and Potiskum 12,201) in need of humanitarian assistance in three LGAs, AAH exceeded its target of extending assistance to 21,000 people and provided support to 24,554 individuals. However, as IDPs do not have access to land to produce crops and implement other agricultural activities to rejuvenate their livelihoods, their income source has not improved as they could not have access to alternative livelihood. As the project ends the targeted beneficiaries could have a gap of up to 75% of the required food to sustain their households and also shortage of income source that will limit their access to food and their ability to cover other immediate needs. With the follow on program currently in start-up phase, AAH will reach out to beneficiaries from this program and re-conduct vulnerability

registration to determine the most vulnerable population. AAH will also be able to use the lessons learned from this program to improve the quality of the follow on for more efficient programming. This includes among other lessons learned: applying information from the Barrier Analysis to improve behavior change, defining food groups better, refining targeting criteria, updating data collection tools, re-enforcing the feedback response mechanism, updating the transfer value based on market prices, and coordinating with other actors engaged in food assistance. These lessons learned will also be shared with other new partners to identify best practices.

6. Annexes

- Annex 1: Baseline Report
- Annex 2: Market Assessment
- Annex 3: Beneficiary Verification
- Annex 4: Lessons Learnt Workshop
- Annex 5: Post Distribution Monitoring for October and November 2015
- Annex 6: Endline Survey Report
- Annex 7: Barrier Analysis
- Annex 8: Cash Project Midterm Review July 2015
- Annex 9: Post Distribution Monitoring for September2015
- Annex 10: Post Distribution Monitoring for May and June 2015